

**DATE: 02/01/2012**

**REQUEST FOR PROPOSAL**

**ITEM:** General Contractor Construction Services for:  
Detroit Receiving Hospital - Flow Cytometry & Blood Bank Renovation  
4201 Saint Antoine Street, Detroit, MI 48201-2194

**CONTRACT PERIOD:** Approximately Two (2) Months

**FIRM PRICING PERIOD:** For the project duration.

The Detroit Medical Center, hereinafter referred to as ("DMC"), represented by it's Procurement Department as the Purchasing Agent for the parent entity and all subsidiaries, hereby invites you to submit a formal proposal to provide goods and/or services for certain for profit hospitals principally located in southeastern Michigan.

The Request for Proposal is a six-part package consisting of the following:

- A. The General Cover Letter
- B. Scope of Work
- C. Standard Terms and Conditions
- D. Vendor Letter of Intent
- E. Proposal Invitation Quote Sheets
- F. Attachment(s)

The Detroit Medical Center (DMC) is soliciting proposals for General Contracting Services to renovate the Flow Cytometry & Blood Bank in the existing Detroit Receiving Hospital building. The approximate square footage of the area is 1,000 square feet.

The selected contractor will coordinate their work with The DMC.

**Mandatory Pre-Proposal Conference:**

The Mandatory Pre-Proposal conference will start @ **9:00 A.M. EST on Wednesday, February 8, 2012 at Detroit Receiving Hospital, 4201 Saint Antoine Street, Detroit, MI 48201-2194. Meet at the hospitals Information Desk.** Conducting the meeting will be Mr. Arthur Eckert, Plante Moran CRESA Project Manager.

In consideration of the premises and the mutual covenants and promises contained herein, the following terms and conditions shall apply, and remain in full force and effect unless duly modified in writing and found acceptable to the DMC.

The completed proposals are to be returned to DMC Procurement offices located at 3663 Woodward, Suite 200, Detroit, MI 48201, no later than **February 15, 2012 at 11:00 A.M. EST**, to be formally considered. If you have any questions or concerns regarding the attached, please do not hesitate to call at (313) 578-2673.

Sincerely,

Gregory W. Pierce, C.P.M.  
Contract Administrator  
DMC Procurement

## SCOPE OF WORK

### 1. Instructions to General Contractor

The Detroit Medical Center invites firms with Hospital renovation experience to submit proposals for the provision of General Contractor construction services for selective renovations to 4201 Saint Antoine Street, Detroit, MI 48201-2194

This Request for Proposal (RFP) defines the requirements and expectations for the General Contractor, and provides information to define the project, and guidelines for preparation of proposals used in selecting a General Contractor for the project.

Proposals are due no later than **Wednesday, February 15, 2012 at 11:00 A.M. EDT**. Proposals received after this time will be rejected. Three copies of the proposal are to be submitted in a sealed envelope or box at The Detroit Medical Center's Procurement Department. Proposals shall be addressed to:

Mr. Greg Pierce, Contract Administrator  
DMC Procurement Department  
Orchestra Place  
3663 Woodward Avenue  
Suite #200, Workstation #2-1525  
Detroit, MI 48201  
Phone: (313) 578-2673  
E-Mail: gpierce@dmc.org

All inquiries regarding this RFP and this project shall be made in writing and submitted to Mr. Greg Pierce per the schedule below. Inquiries directed to other DMC personnel or project partners may result in disqualification. The DMC's, Procurement and Facility Engineering and Construction Departments will evaluate all inquiries and will determine whether an addendum is required, and issue responses according to the following schedule.

Issue of RFP	February 1, 2012
Mandatory Pre-Proposal Conference	February 8, 2012
<b>Bids Due</b>	<b>February 15, 2012</b>
Award of Project	February 17, 2012
Construction Start Date	February 22, 2012
Project Completion	April 22, 2012

## PROJECT SCOPE:

- **Demolition**  
Selected minor demolition including but not limited to: Removal of selected existing partitions, finishes, flooring, doors, hardware, ceilings, electrical, and mechanical items. Removal from site and disposal of demolished items at the owner's option to turn over certain items to owner for salvage. Termination of drain and water lines to existing plumbing fixtures scheduled to be removed.
- **Architectural**  
Supply and installation of selected gypsum board and metal stud partitions. New doors, frames and hardware for doors. Supply and installation of finish material, i.e. paint, flooring, base and suspended ceilings. Patching and repair of existing materials adjacent to demolished area. Supply and installation of casework and countertops.
- **Equipment**  
Coordination of installation of Owner furnished equipment including Medical Equipment. Supply and installation of miscellaneous equipment.
- **Fire and Smoke Detection System**
- **Plumbing**  
Drains, hot and cold-water cut and cap. Rework of existing drains, hot and cold water for new fixtures.
- **Mechanical**  
Ducts, routing and equipment necessary to condition renovated area and new equipment. Support of mechanical equipment, as required.
- **Data and Telephone**  
Boxes and accessories to allow telephone receptacle and wiring by the owner. Boxes, accessories and wiring (Cat-5) for data distribution. Data receptacles by owner.
- **Electrical**  
Power to owner provided equipment as directed. Power to, supply of, and installation of wall outlets and light fixtures. Distribution system for renovated area power, emergency power, critical power and lighting from existing generation equipment.
- **Miscellaneous**  
Permit costs and application for renovation project. All customary Project Manager coordination and duties.

All work must be carefully coordinated with Facility Engineering and Construction (DMC) to minimize any disturbance or rework.

## 2. Project Schedule

The selected General Contractor working with the Owner and Architectural Firms shall base their fees, general conditions, and project management costs on this schedule. However, the DMC welcomes critical considerations in the proposal that demonstrates approaches that can reduce activity duration and corresponding project costs.

In order to meet the required schedule, time will be of the essence in terms of executing the contract. Firms are required to understand that no amendments are requested and the contract documents are acceptable as released herein.

The DMC is inviting proposals from General Contractors with Hospital renovation experience for completion of the project construction scope.

The allocation of roles, responsibilities and risk as defined by this RFP and the attached contract documents is according to General Contract for Construction Services. The DMC intends that remuneration be provided by a Lump Sum amount for all specified work including staffing costs, overhead and profit, sub-trade contractor work, allowances, and insurance. The selected General Contractor and the DMC's design consultants will work cooperatively and be jointly responsible for the successful completion of the project, within budget and on schedule.

### 3. General Contractor Deliverables and Services

- A. The General Contractor will provide complete project management, superintendence and administrative support as required to completely deliver pre-construction and construction phase services associated with the project.
- B. The Lump Sum Bid shall include a list of allowances, clarifications, assumptions, exclusions and alternates proposed.
- C. Prepare a CPM schedule in sufficient detail to define the entire project duration. Activities shall include all phase efforts, the preparation of submittals and punch list activities.
- D. Assist the DMC and design consultants in optimizing the scope of work and develop value engineering options as required to maintain a scope of work that is within The DMC's budget and schedule. At a minimum, this shall be done by participating and attending weekly project meetings, actively participating in review of constructability and material selection, and shall include cost and schedule impact analysis. Provide advice and value engineering options regarding materials, methods, systems, schedules, labor and other conditions affecting construction and contracting.
- E. Provide General Contractor construction services to execute the construction of the project on time and within budget. Conduct post-construction activities and commissioning.
- F. Construct the work. Provide full-time, on-site staff to plan, manage, and coordinate on-site trade contractor activities. Self-performed work must be competitively bid, unless justified and approved in advance of the work being performed. Coordinate cooperatively with the DMC's other prime trade contractors for the installation of technology and security systems, or other scope as may be required by The DMC.
- G. Maintain, update and submit the CPM schedule with each payment application. Clearly define adjustments made to maintain substantial and final completion dates.
- H. **Please Note:** Provide a complete list of each bid work package and allowances.
- I. Submit procurement plans for trade contractors. Report on M/WBE participation.
- J. The DMC reserves the right to reject trade contractor bids if it is in the best interest of The DMC to do so.

- K. Issue reports and minutes of project meetings during construction. The design consultant will perform this task during design phase. Conduct weekly job meetings and prepare written progress reports. Conduct project meetings for planning, coordination and payments.
- L. Institute and administer procedures for shop drawings and sample submittals for processing. Review trade contractor submittals to ensure compliance with design before presentation to the DMC and/or design consultant.
- M. Monitor, evaluate and administer change order requests and coordinate with The DMC and design consultant approvals. When conducting or considering the submission of change orders, assume agency alliance position with The DMC and not with the trade contractors of the project.
- N. Prepare and administer payment and cost control procedures, including preparing trade contractor lien waivers.
- O. The general contractor and design consultant will be required to develop and implement a project-commissioning plan. Commissioning activities will include appropriate reviews, tests, and inspections of constructed work at the critical points of the design and construction process to ensure, to the extent possible, that a fully functional and trouble free project is delivered to The DMC at project completion. The DMC may retain an agent to provide peer design review services.
- P. Promptly resolve deficient trade contractor work whenever observed. Prepare punch lists at the substantial completion of each work package; coordinate final inspections and commissioning of completed work with The DMC, design consultant and regulatory authorities. Assist The DMC during occupancy including the coordination and probable connection of DMC purchased equipment and furniture installations to electrical, plumbing and mechanical systems.
- Q. Provide project closeout documents including **CAD as-built drawings** and specifications, O&M manuals, RFI's, submittals, bulletins, shop drawings, field logs, warranties, and other project correspondence requested by The DMC.
- R. Coordinate and sign-off on training of DMC maintenance personnel on systems and equipment.
- S. Provide post construction follow-up for the duration of the longest warranty period by a trade contractor on the project. Review and submit warranty claims for all systems and equipment.
- T. When requested and authorized, consult, advice and assist The DMC with special and/or additional services beyond the scope of general contractor services.

#### 4. Proposal Requirements

All firms responding to this RFP must submit complete responses to the information requested in this section and note any exceptions to any information contained in the RFP. Proposals will be evaluated based upon the selection criteria presented in section 6, General Contractor Selection/Evaluation Criteria. Proposals should present information in a clear and concise manner, following the format indicated below:

Limit Proposal responses to 7 Pages.

##### A. Firm Overview

1. Name, telephone, address, e-mail and fax numbers of the project representative designated to receive all RFP information, addenda or any other official correspondence relating to the project.
2. If a joint venture, list similar information for each firm and the rationale for the joint venture, previous similar experience as a joint venture, and a summary of the joint venture agreement indicating the roles and responsibilities of each party in the joint venture.
3. Briefly describe, in narrative form, your team's qualifications, experience and ability to successfully manage the construction of this project.

B. Describe the challenges anticipated in performing the requested services, the impact these challenges will have on quality, cost and/or schedule and your proposed solution to address these issues. Present a detailed schedule that will explain how you will complete the construction within the specified schedule.

C. The selection of the general contractor will be based, in part, on specific members of team proposed. Please discuss the proposed individuals and your firm's commitment to maintaining the integrity of the assigned staff throughout the project.

D. Furnish your experience modification factors for the past five years.

E. Discuss your plans to involve M/WBE firms in the project. Indicate if M/WBE firms will be as a joint venture or as a trade contractor. Also indicate your firm's commitment to M/WBE trade contractors as a percentage of the Lump Sum bid.

##### F. Proposed Fee Basis and Fee Proposal

- Provide Lump Sum Bid, **itemized by division** including all staffing costs overhead and profit, exceptions and allowances for the delivery of this project.
- Specify whether the fee covers all services outlined in this RFP and indicate fees for any additional services to be provided for the project. Describe and estimate any costs not included in the fee. Proposals should list any items excluded from the services proposed. Proposals should also list those services that should be made a part of this

scope of work, but were not requested by The DMC. In the latter case, provide a proposed fee for those services.

- Any exceptions taken to the RFP shall be specifically discussed in the proposal. The DMC reserves the right to request additional information from the general contractor at any time during the selection process.

## 5. General Contractor Selection/Evaluation Criteria

A. DMC will select the general contractor that best meets the needs of The DMC for completing the project. The selection will be based on the details contained in the response to the RFP, and reference checks.

B. Specifically, the selection committee will review and consider the following:

- Proposals received in response to this RFP and all RFI's associated with this RFP.
- The quality and comprehensiveness of the plans provided to deliver the project on time and within budget.
- The qualifications of the proposed project team and personnel to successfully deliver the project.
- Commitment to the participation of Woman and Minority Owned Business Enterprises as either joint venture partners, or trade contractors.
- A check of references provided by the firms.
- Pricing will be considered to determine the best value for The DMC.

## **DMC STANDARD TERMS AND CONDITIONS**

1. **Incorporation Into Agreements.** These DMC Standard Terms and Conditions (the “Standard Terms”) are attached to and incorporated by reference into the agreement and/or are incorporated into any arrangement (any arrangement or agreement between DMC and Contractor is referenced herein as an “agreement”) entered into between the recipient of these Standard Terms (the “Contractor”) and The Detroit Medical Center, or its subsidiaries and affiliates (“DMC”). Contractor is hereby notified that by performing services for DMC, Contractor accepts and is bound by the Standard Terms, compliance with which is an express condition of the obligation of DMC to pay Contractor or otherwise perform under any agreement with Contractor. The Standard Terms are supplemental to any agreement between Contractor and DMC, and to the extent of any inconsistency or express conflict, the Standard Terms control. The Standard Terms shall apply without regard to the manner in which the Contractor or DMC is identified in any agreement between the parties.
2. **New Participants.** Any new participants joining the DMC after initiation of this contract shall automatically be accorded the rights of this contract.
3. **Contractor Selection.** The DMC reserves the right to reject any and all proposals and to waive any or all formalities in connection with bidding and selection of a Contractor.
4. **Pricing.** All prices and discounts are to be quoted firm against increase for the above period, on a F.O.B. hospital (delivered) basis. Any industry price decreases during the term of this contract are to be passed along to the DMC. If, at any time during the term of this Agreement, the Contractor quotes a DMC entity a lower price, that price shall automatically become the Agreement price chargeable hereunder.
5. **Contract Award.** The DMC reserves the right to award this contract in whole or in part, subject to paragraphs 3 and 12 of these Terms and Conditions. In case of a low tied proposal, the contract will be awarded according to established policy.
6. **Contract Term.** Submission of a quotation is construed as willingness on your part to enter into a minimum one-year proposal contract with the DMC for this business.
7. **Billing.** The vendor agrees herewith to invoice all hospitals on a direct basis. In addition, the vendor agrees to submit quarterly recaps, indicating the per-line, per-item usage, both in dollars and volume per hospital, of all business transacted under this contract, to the DMC.
8. **OSHA Standards.** Seller warrants that the product sold or service rendered conforms to the OSHA Standards and/or regulations promulgated by the U.S. Department of Labor under the Occupational Safety and Health Act of 1970 (29 U.S.C. 651, 91-596). Products sold by the seller which do not conform to the OSHA Standards and/or regulations must be replaced or corrected by the seller at the seller’s expense or by the buyer at the seller’s expense in the event the seller fails to make the appropriate replacement or correction within a reasonable amount of time.
9. **Civil Rights Act.** The vendor agrees that he is in full compliance with Title VII of the Civil Rights Act of 1964 (as amended); the Equal Pay Act of 1963 (Section 6, 7, and 12 of the Fair Labor Standards Act); the Age Discrimination in Employment Act of 1967; Executive Orders 11246 (where applicable); and such other State or Federal laws defining and prohibiting certain discriminatory employment practices as the same may be applicable to the vendor.
10. **Non-Discrimination.** The vendor will not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, disability or veteran status. The vendor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, national origin, disability or veteran status. Reference E.O. 11256 as amended.

11. Omnibus Reconciliation Act. Seller must comply with Section 952 of the Omnibus Reconciliation Act of 1980 (P.L. 96-499) which provides for access to the books and records of sub-contractors of Medicare providers by the Secretary of Health and Human Services (HHS) and the Comptroller General when requested by said parties.
12. Commitment to Agreement. This proposal is solicited for all listed hospitals only, and the hospitals herein listed have committed themselves in advance to purchase under this contract, provided that the quality continues to be equal to or better than that presently being enjoyed.
13. Award Process. Any contract award will be made within thirty (30) days of the due date as specified herein or by the contract date whichever comes first.
14. Effective Date. The effective date of any contract, resulting from this proposal, shall be within thirty (30) days of award date, or date of mutual agreement.
15. Proposal Amendment. No proposal shall be altered, amended or withdrawn, after the opening date, unless the acceptance date of the proposal has expired. Negligence on the part of the vendor in preparing the proposal confers no right for the withdrawal of the proposal after it has been opened. In case of error in the extension of prices on the proposal, the unit price will govern.
16. Award Notification. The successful vendor will be notified of both the date the contract is awarded and the effective date of the contract.
17. Year 2000 Compliance. The contracted vendor must guarantee that equipment and/or software provided in accordance with any resulting contract must be Year 2000 compatible as indicated in the attached Warranty document. In addition, the vendor must provide a statement regarding the current status of Year 2000 compatibility as well as guaranteed release date of Year 2000 compliance software if not currently compatible.
18. Compliance with Laws & DMC Policy. Each party is responsible for compliance with all laws, including but not limited to anti-discrimination laws, which may be applicable to its respective activities and responsibilities under this Agreement. Contractor agrees to comply with all DMC policies as they may be modified from time to time.
19. Assignment or Subcontract. Contractor may not assign or subcontract any part of its duties, obligations, or rights without the prior written consent of DMC.
20. Authority to Sign. Contractor representative signing any agreement or other document has the authority to sign and bind Contractor.
21. Confidentiality. Contractor agrees to maintain and keep confidential any and all information derived from its relationship with DMC, and the information will not, without the prior written consent of DMC, be disclosed by Contractor, its officers, directors, partners, employees, affiliates, agents or representatives, in any manner whatsoever. This provision survives the expiration or sooner termination of any agreement.
22. Entire Agreement. The agreement, the Standard Terms, and any exhibits properly incorporated from time to time are the complete agreement between the parties and may be modified only by a written instrument executed by the parties. The agreement supersedes and renders void any prior agreements between the parties relating to its subject matter.
23. Choice of Law. The agreement will be governed by and construed in accordance with the laws of the State of Michigan.

24. Medicare Access to Books and Records. If the Secretary of Health and Human Services or the Comptroller General of the United States or their representatives determines this agreement is a contract described in Section 1861(v)(1) of the Social Security Act, 42, U.S.C. Section 1395x(v)(1)(I) as amended from time to time, until the expiration of four years after the furnishing of services under this Agreement, upon the request of the Secretary or Comptroller General or their duly authorized representatives, Contractor will make available to the organization requesting the materials and to DMC such books, documents, and records as are necessary to certify the nature and extent of compensation paid by Contractor pursuant to this Agreement. Contractor will notify DMC of such request within ten (10) business days, and will promptly provide to DMC copies of all documents provided to the requestor.
25. Federal Law Compliance. DMC currently may be, and in the future may become, subject to the Executive Order Program of the Office of Federal Contract Compliance applicable to employers that receive federal grants or perform services or provide goods and services pursuant to federal contracts. To the extent applicable, Contractor shall (and shall cause any authorized subcontractors to) comply with the nondiscrimination and affirmative action requirements of applicable law and of the requirements of the Executive Order Program.
26. Minority and Women Owned Business. The DMC is committed to supporting minority and women owned businesses. Contractor, if minority or women owned, will provide to DMC a copy of Contractor's certification from the Michigan Minority Business Development Council (MMBDC), Majority Business Initiative (MBI) or other authoritative agency. If Contractor is not minority or women owned, Contractor agrees to provide a listing to the DMC of all subcontractors providing services to DMC who are minority or women owned.
27. Stark/Fraud & Abuse. To evidence compliance with federal laws prohibiting payments for referrals, including the Stark Law, Medicare and Medicaid Anti-Fraud and Abuse laws and HIPAA, Contractor represents and warrants that any financial relationship (as defined in the Stark Law, Fraud and Abuse laws and related regulations) between a physician and Contractor, currently and during the term of this Agreement, conforms now or will conform from its inception with an exception under the Stark Law and a safe harbor under the Fraud and Abuse laws. No payments hereunder shall be for referrals of patients and no provision of this Agreement shall require or is intended to be construed to require that Contractor or physicians under the control of Contractor shall make referrals of patients to the DMC. Contractor shall permit DMC, upon reasonable notice and during reasonable business hours, to review, audit and copy any books, documents or records necessary or appropriate to evaluate the performance of Contractor, the amounts properly paid by or to DMC, and compliance with law and the terms of the agreement, including the Standard Terms. DMC shall not divulge to third parties the information reviewed in such audit, except as required by law or as necessary or appropriate to protect the interests of DMC.
28. Not Excluded From Medicare. CONTRACTOR certifies that neither CONTRACTOR nor those individuals or entities which own or control CONTRACTOR have been excluded or otherwise prohibited from participating in, or providing goods or services for which reimbursement might be obtained from, Medicare or Medicaid.
29. Conflicts of Interest. Contractor shall refrain at all times from any action which could reasonably be construed to constitute self-dealing, a conflict of interest or which would be in competition with DMC's proprietary or business interests, and Contractor agrees to abide by the conflict of interest policies applicable to independent contractors of DMC.
30. Ownership of Intellectual Property. All reports and other data (including without limitation, written, printed, graphic, video and audio material contained in any computer data base or computer readable form) (hereinafter "Works of Authorship") developed during the term of this Agreement are the property of the DMC. Works of Authorship created during the term of this Agreement are "Works for Hire", as that term is defined in copyright law. DMC shall own all rights to any inventions, discoveries, new uses, advances on the state of art, protocols, ideas, products or other protectable rights arising from any activities within the

scope of this Agreement (hereinafter “Inventions”). Contractor shall (and cause its subcontractors and employees to) execute all documents, provide all information, and otherwise take all actions requested by DMC, including, without limitation, assignments of rights Contractor may have in such works, to secure for DMC the ownership rights and available legal protections for all Works of Authorship or Inventions. Contractor expressly disclaims any droit moral rights in Works of Authorship or Inventions related to the performance of services under this Agreement.

31. No Solicitation. During the term of this agreement and for a period of six (6) months after termination or expiration, Contractor shall not solicit or employ any employees of DMC or a DMC subsidiary without the express written permission of an officer of DMC.
32. Waivers. No part of this Agreement may be waived except by the written agreement of the parties. Forbearance in any form from demanding performance is not a waiver of performance. Until complete performance under this Agreement, the party owed performance may invoke any remedy under this Agreement or under law, despite its past forbearance.
33. Term, Termination, and Non-Renewal. The term of the mutual obligations of DMC and Contractor under the agreement and the Standard Terms is one (1) year from the date of the agreement. The agreement between Contractor and DMC may be terminated, at any time, without cause, by DMC upon thirty (30) days written notice to Contractor. In no event shall the agreement renew for any additional term; provided, that services provided by Contractor and accepted by DMC after the term of the agreement has expired shall be deemed performed on a month-to-month extension basis. All such services shall be provided in compliance with the Standard Terms.
34. Premier Award: In the event that a Premier contract is awarded to Contractor prior to termination of this agreement, this agreement shall be considered as a locally negotiated price tier. DMC shall be afforded the opportunity to access the appropriate or courtesy Premier tier level if that established level provides a more aggressive pricing structure than that described in this agreement.
35. Premier Reporting: Notwithstanding anything to the contrary, all purchasing activity of the Hospital and its facilities shall be deemed to have occurred under the Group Purchasing Agreement (the “Premier Agreement”) between Premier Purchasing Partners, L.P. (“Purchasing Partners”) and the undersigned supplier to the extent the products covered by this agreement are included in the Premier Agreement. As a result, the terms and conditions of the Premier Agreement shall apply to such purchasing activity. Without limiting the foregoing, the undersigned Supplier will therefore be responsible for reporting to Purchasing Partners all administrative fees due as a result of such activity in accordance with the terms of the Premier Agreement.
36. Vendormate To the extent applicable, contractor shall maintain registration in good standing with Vendormate and agrees to properly use the system wherever available. Non-conformity to Vendormate requirements may result in termination of services or banishment of company representatives at DMC locations.
37. Taxes. DMC shall be responsible for the payment of any taxes imposed on Vendor, including, without limitation, sales and use tax and personal property tax, resulting from this Agreement or any performance under this Agreement. The DMC shall provide self reporting of such taxes and shall provide the vendor with documentation certificate of such upon request.

38. Retain one copy of the completed quotation for your records and submit three completed copies, with the outside envelope or cover clearly marked: **“GENERAL CONSTRUCTION SERVICES FOR: The DMC Detroit Receiving Hospital - Flow Cytometry & Blood Bank Renovation”** to:

DETROIT MEDICAL CENTER  
ATTN: Greg Pierce, Contract Administrator  
DMC Materials Resource Management  
3663 Woodward Avenue, Suite #200, Workstation #2-1525  
Detroit, MI 48201

It is the sole responsibility of the vendor to ensure that proposals are received at the time and place specified herein; any assumption as to the dependability and/or reliability of services such as UPS or the U.S. Postal Service, are made at the vendor's own risk. If you have any questions or require further information, contact Greg Pierce, Contract Administrator, Detroit Medical Center, Materials Resource Management at [gpierce@dmc.org](mailto:gpierce@dmc.org) or 313-578-2673.

**PARTICIPATING INSTITUTIONS**

Detroit Receiving Hospital  
4707 St. Antoine  
Detroit, MI 48201



**PROPOSAL INVITATION QUOTE SHEET**

**DRH FLOW CYTOMETRY & BLOOD BANK RENOVATION**

(MUST BE COMPLETED AND RETURNED AS A PART OF YOUR SUBMITTAL)

**Vendor Name:** \_\_\_\_\_

**Lump Sum Bid:** \_\_\_\_\_

**Itemized by Division:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Include all staffing costs, overhead and profit, sub-trade contractor work, insurance, exceptions and allowances for the delivery of this project)

<b>Alternate #1 – Include metal stud, drywall, doors, hardware, associated lighting and ductwork rework to bisect existing conference room 2S-7 within the space per the attached Alternate Sketch</b>	<b>\$</b> _____
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## DETROIT MEDICAL CENTER/SUBSIDIARIES

### **BACKGROUND**

The following data (Attachments 1 and 2) is intended to provide an overview regarding the extent and scope of The Detroit Medical Center, its facilities and subsidiaries. The Detroit Medical Center is comprised of eight hospitals with more than 2,000 licensed beds and is the leading affiliate of the Wayne State University School of Medicine. The DMC accounts for approximately 30% of the total inpatient days of the major hospitals in the Metro Detroit area. The main campus is located in downtown Detroit and consists of five of the following eight hospitals:

#### **Children's Hospital of Michigan**

Founded in 1886, Children's Hospital of Michigan is the only freestanding hospital in the state dedicated to the treatment of children. With a staff of over 200 pediatricians, 125 pediatric specialists, 800 pediatric nurses and over one thousand pediatric-trained employees, more pediatricians are trained at Children's Hospital of Michigan than at any other hospital in the state.

From immunizations to baby sitting classes, car seat safety checks and other safety and prevention education, Children's Hospital of Michigan's commitment to children goes beyond the doors of our hospital and spans the entire state.

- In 2004, Children's Hospital of Michigan was the only hospital in Michigan to be recognized in pediatrics by *U.S. News & World Report* "American Best Hospitals."
- Children's Hospital of Michigan has more than 75,000 emergency room visits, and is a verified Level I pediatric trauma center. The hospital's specialty clinics treat over 140,000 outpatients each year, in specialties ranging from Genetics to Urology.
- Children's Hospital is also a designated Injury Free Coalition for Kids (IFCK) site, an organization that strives to reduce and prevent injuries to children in their neighborhoods.
- The Regional Poison Control Center is one of two in Michigan focused on poison prevention, education, triage and treatment.
- The Children's Pediatric Mobile Team and School Mobile Health Center travel to areas across Southeastern Michigan and provide on-site medical care to children and families.

#### **Detroit Receiving Hospital and University Health Center**

Detroit Receiving Hospital (DRH) was founded in 1915 as a city-owned hospital, dedicated to caring for everyone, regardless of ability to pay. In 1965, the hospital was renamed Detroit General, and maintained that mission. In 1980, Detroit General moved to its new, award-winning, 320-bed facility, and reclaimed the name Detroit Receiving Hospital. Today, Detroit Receiving Hospital, and the University Health Center, still focus on providing the best medical care, using the latest technology, regardless of the patient's ability to pay.

- DRH was the first American College of Surgeons verified Level I Trauma Center in Michigan, and one of the first in the nation. Focusing on adult medical care for emergency, trauma, and critically ill patients, the majority of DRH patients arrive through the emergency department (ED). DRH's ED treats more than 80,000 patients each year. The University Health Center clinics treat more than 250,000 patients annually, making it one of the busiest ambulatory facilities in the country.

- As a teaching institution, DRH is committed to physician education. Approximately 95% of the physicians on staff at the hospital also serve on the faculty of Wayne State University School of Medicine.
- DRH physician expertise includes emergency medicine, orthopaedic traumatology, neurosurgery, trauma surgery, and burn treatment, earning national and international recognition for the hospital. DRH was also the site of the first cranioplasty, using a pre-cast replica of missing bone to repair a skull.
- Detroit Receiving hosts the longest-running, annual trauma conference in the country, the Detroit Trauma Symposium, attracting physicians worldwide. The Symposium features the latest treatment and management techniques for the injured patient.
- Along with exceptional medical treatment, the facility itself earned an award from the American Institute of Architecture for design, and also houses an extensive hospital-based art collection, comprised of donations to DRH over a 30-year period. The collection features more than 900 pieces, estimated at more than \$3 million, one of the largest hospital-based collections in the nation.

### **Harper University Hospital**

Harper University Hospital is one of the nation's premier health care centers providing exceptional care to patients from around the world. It offers award-winning services in a broad range of clinical areas, including neurology, neurosurgery, kidney transplant, cardiology, and bariatric surgery.

Affiliated with Wayne State University School of Medicine, Harper is staffed by leading experts, most of whom are teaching faculty with the university. These exceptional doctors are pioneers in medical research, creating breakthrough treatments that dramatically improve the health patients' lives.

- Harper's Department of Neurological Surgery is internationally recognized for excellence in clinical skills, innovative research and advanced education in the neurosciences. It was the first to debut technologies such as the Gamma Knife in 1995 and Intraoperative Magnetic Resonance Imaging (MRI) system in 2004 in Michigan.
- The hospital's neurologists are nationally recognized for their expertise in researching and treating neuromuscular diseases, multiple sclerosis, epilepsy and stroke.
- More than 60 percent of the cardiologists in Michigan received some or all of their training at Harper. It is home to some of Michigan's top cardiologists and its specialists take the most comprehensive approaches to cardiovascular disease, intended to achieve the highest-quality outcomes in the state. Harper's cardiologists are internationally recognized as the experts in electrophysiology and new techniques such as cytoplast.
- The Transplant team recognizes the complex needs of transplant donors and recipients, both before and after surgery and is nationally-recognized for their medical expertise. Harper's program offers living and deceased donor transplantation.

### **Huron Valley-Sinai Hospital**

Huron Valley-Sinai Hospital (HVSH) is western Oakland County's newest, only and fastest growing hospital founded in 1986. The hospital doubled in size in 1999 adding an even wider range of medical, surgical and diagnostic specialty care. In spring of 2004, a \$27 million expansion project was completed resulting in expanded surgical services, endoscopies, cardiopulmonary diagnostics, and a new home for the Krieger Center for geriatric care.

The hospital has earned the distinction of being among the top hospitals in the area and nation in customer satisfaction. Its staff continues to provide the warm, personalized care for which it is known and its affiliation with the Detroit Medical Center provides a depth of resources and expertise available at few community hospitals. Patients benefit from advanced medical technology, new treatments and expert staff -- all close to home.

The hospital's spacious campus, adjacent to an orchard in Commerce, provides an unusually pleasant and tranquil environment. The hospital is designed to be accessible, comfortable with warm, appealing decor, gardens and works of art.

## **Hutzel Women's Hospital**

Hutzel Women's Hospital is Michigan's first and only hospital for women. It is home of the National Institute of Health (NIH) perinatal branch and is one of the top teaching hospitals in Michigan in partnership with Wayne State University for obstetricians, gynecologists and maternal fetal medicine specialists. The NIH awarded WSU School of Medicine a #1 rank for Obstetrics and Gynecology for Extramural Awards to Medical School Departments.

Hutzel physicians are experts in women's medicine and provide care in the areas of high-risk pregnancy, infertility, menopause and research. Thousands of women over the past 136 years have turned to Hutzel – known as The Destination for Women's Care.

- Hutzel houses Michigan's only intensive care unit for expectant mothers with a state-of-the-art Neonatal Intensive Care Unit (NICU). The hospital is a national referral center for genetic testing and treatment of birth defects during pregnancy.
- Hutzel was the first hospital in Detroit to treat infertility more than 50 years ago and is still a leader with the latest treatments including: in vitro fertilization, artificial insemination, donor egg procedures and surgical therapies.
- From the latest urogynecological tests and procedures to minimally invasive and complex surgeries, the subspecialties at Hutzel work closely with referring physicians from around the state. Hutzel was the first to bring the Essure Method, a non-incision form of permanent contraception to Michigan.
- A joint effort of Hutzel and Children's Hospital of Michigan, the Maternal Fetal Diagnosis project uses advanced diagnostic tools and innovative therapies to identify and treat fetal abnormalities during and after pregnancy.

## **DMC Surgery Hospital**

DMC Surgery Hospital is Michigan's only hospital focused exclusively on orthopaedic services. Offering modern facilities and patient amenities, it is staffed by an expert orthopaedic surgical team, many of whom have been listed as "America's Top Doctors."

A valuable affiliation with Wayne State University School of Medicine allows Michigan Orthopaedic Specialty Hospital to continue to be the state's premier training program for orthopaedic surgeons.

Full service facility offering:

- Physical Therapy and Occupational Therapy: Provided by Rehabilitation Institute of Michigan professionals, available to surgical patients before leaving the hospital.
- Intensive Care Unit: For patients that require special attention, the unit is remarkably equipped and expertly staffed.
- 24-7 Emergency Care: Quick and efficient emergency care center is available 24 hours a day, 7 days a week for the prompt treatment of minor emergencies from illnesses to injuries.
- Physician Research Resource: One of the finest full orthopaedic library services anywhere. On-staff librarians can quickly and conveniently find the answers to any and all of your orthopaedic questions by drawing from the latest publications on-site and online.
- On-site Diagnostic Services: Lab testing and radiology procedures including x-rays, CT Scan and ultrasound testing.

## **Rehabilitation Institute of Michigan**

Rehabilitation Institute of Michigan is a national leader in the delivery of physical medicine and rehabilitation, and one of the country's largest freestanding, academic rehabilitation hospitals.

A comprehensive spectrum of both inpatient and outpatient services and programs are available for spinal cord injuries, brain injuries, stroke, cerebral palsy, musculoskeletal disorders, low back problems, amputations, sports injuries, work-related injuries and other medical conditions which require physical rehabilitation. In addition, Rehabilitation Institute of Michigan is one of 17 federally designated centers of excellence for the treatment of brain injuries in the United States.

The Institute's clinical capabilities are broad and diverse, and include psychiatry, rehabilitation nursing, physical therapy, occupational therapy, therapeutic recreation, neuropsychology, speech and language pathology, social work, electrodiagnostics, driver training, environmental evaluations and vocational counseling. These programs along with the Institute's educational services are aimed at helping persons with disabilities reach the highest level of functioning, independence and productivity.

- The Institute is licensed for 94-beds and treats more than 1,600 inpatients and conducts over 100,000 outpatient visits each year.
- RIM houses the Southeastern Michigan Traumatic Brain Injury System (SEMTBIS), one of 17 federally designated centers of excellence in the United States for the treatment of brain injuries.
- During the last five years, RIM has been awarded \$9.5 million in federal and private grants for rehabilitation research focusing on restoring function, improving quality of life and developing innovative therapeutic techniques.
- In addition to Rim's main hospital, there are 19 outpatient facilities located throughout southeastern Michigan.

The Institute houses a state-of-the-art Motion Analysis and Gait Laboratory. Research in the lab focuses on improving human performance on skills such as walking or stair climbing or improving sports related techniques through proper body mechanics.

## **Sinai-Grace Hospital**

Sinai-Grace Hospital (SGH) was created in 1988 when two well-established community hospitals – Sinai and Grace – joined together to offer compassionate, high quality patient care. Its roots in the community stretch back to 1888.

SGH provides inpatient services in the basic care of medicine, including cardiology, emergency medicine, women and infant services (obstetrics and gynecology), geriatrics, surgery, psychiatry, radiation oncology, and physical medicine and rehabilitation. SGH also provides many subspecialties such as neurological, plastic and urological surgery. Other specialized services include acute renal dialysis, weight management and bariatrics; sleep disorder therapy, urology and movement disorders.

SGH is also dedicated to providing quality surgical care to patients requiring joint replacement surgery. Through its comprehensive Joint Replacement Center, the hospital offers the most technologically advanced techniques, including the minimally invasive knee replacement procedure performed by one of the nation's top orthopaedic surgeons.

SGH is one of The Detroit Medical Center's premier sites with approximately 404 beds, more than 660 physicians, and 900 nurses and over 2,000 health care professionals and support staff.

(MUST BE COMPLETED AND RETURNED AS A PART OF YOUR SUBMITTAL)

## DMC Environmental Statement

In accordance with its mission, The Detroit Medical Center is dedicated to the health and safety of its patients, employees, customers, community and environment. Further the DMC is committed to continuous improvement, prevention of pollution and compliance with relevant environmental regulations and other requirements.

All contractors working at a DMC on site are required to comply with the requirements of the EMS and the environmental policy. This Environmental briefing provides general details of the DMC Environmental Management System and statement.

**Supplier/Contractor is financially responsible for on-site environmental remediation actions resulting from incidents involving their employees and subcontractors:**

- Supplier/Contractor understands the importance of compliance with relevant environmental legislation and regulations and the consequences of noncompliance.**
- All Suppliers/Contractors working at the site are required to comply with and ensure their employees and any Suppliers/Sub-Contractors or agents comply with the facility's Environmental Management System (EMS) and environmental statement.**
- All Suppliers/Contractors acknowledge receiving or were made aware of the DMC environmental statement, as well as applicable system procedures and work practices.**
- Suppliers/Contractors shall not discharge anything to drains and/or sewers without prior approval from the Site Safety Officer. Spills and other releases to the environment must be immediately reported to the Site Safety Officer.**
- Suppliers/Contractors shall provide adequate spill release prevention, as approved by the Site Safety Officer.**
- Suppliers/Contractors shall immediately notify the Site Safety Officer and Program Manager of any abnormal conditions found during excavation activities at the site.**
- Suppliers/Contractors shall properly label, store, and dispose of all their waste materials used on-site in accordance with site procedures and all legal requirements.**
- If site personnel are required to work with potentially hazardous materials brought on-site by a contractor, prior approval of the material by the Site Safety Officer is required.**
- Suppliers/Contractors shall minimize the effects of noise, odor, light, fugitive dust emissions, and traffic movement on and/or adjacent to site property.**
- Suppliers/Contractors shall obtain, prior to commencing work, all necessary environmental approvals or permits and present copies of such permits to the sites Program Manager.**
- Suppliers/Contractors were informed of actions to be taken during an actual emergency situation.**
- The Supplier/Contractor understands that the site may interrupt Supplier/Contractor activities that violate site policies and/or all legal requirements.**

**Supplier/Contractor is financially responsible for on-site environmental remediation actions resulting from incidents involving their employees and subcontractors. To minimize the risk of environmental accidents please review and initial the items contained in the Environmental Management Basics Table below:**

<b>Environmental Management Basics</b>	<b>Supplier/Contractor Initials</b>
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