



# Cornell University

SUCF # 191008

Replace Roof on Clinical Programs Building

Cornell University at the Ithaca Campus is seeking Letters of Interest from design consultants to design the replacement of the existing ballasted EPDM roof with a fully adhered roof system. The roof is approximately 16,000 square foot with an optional 7,000 square foot roof addition in the Clinical Programs Center at the College of Veterinary Medicine. All phases of design and construction administration will be included.

Approximate construction cost: \$600,000

Design to start October 2017 with expected construction completion in spring/summer 2018.

## **INSTRUCTIONS FOR SUBMITTING LETTERS OF INTEREST**

Interested firms must submit a Letter of Interest (LOI) in pdf format via email as indicated below. *The LOI must be concise and formatted as indicated below.* It should describe the respondent's specific understanding of and its ability to meet the requirements for the Project.

A Letter of Interest must be submitted via email to: Erin Root at [ep464@cornell.edu](mailto:ep464@cornell.edu)

Questions regarding this request shall be directed only to the following contacts:

Erin Root  
607.254.8563  
[ep464@cornell.edu](mailto:ep464@cornell.edu)

Please use the following naming convention for your pdf: **"Firm Name LOI – Replace Roof on Clinical Programs Building"**. All materials must be received by Cornell University no later than (3:30 PM) on July 19, 2017.

Letters of Interest shall be organized into the following sections and shall be **no more than 5 electronic pages** (excluding the cover letter, table of contents, and MWBE Utilization Plan). Incomplete LOIs will be considered non-responsive and may be rejected.

**Cover Letter:** A signed transmittal letter describing your understanding of the project and addressing your ability to meet the requirements of the project. The cover letter shall also include the name, title, address, phone number and email address of the contact person for your firm specific to this solicitation.

**Experience:** Indicate the experience of your firm that relates to the scope of the Project. Include a list of three (3) unique projects completed by your firm that are similar in scope to this Project. Provide the following information for each project listed:

- The name, title and telephone number of the client's representative that served as the day-to-day liaison during the project. If the liaison is no longer with the client's firm, please provide a contact person that is familiar with the project and your firm's work on such project. Please be sure that the contact information provided is current and accurate.
- A brief description of both the construction scope of work and the design and construction phase services provided by your firm.

**Staffing:** Describe the proposed organization of staff to be assigned to the project. Also provide brief resumes of the key and senior personnel that will be involved in the Project. Resumes should include relevant experience with similar projects.

**Sub-consultants:** Provide a list of proposed subconsultant firms that would be employed for the project.

**M/WBE consultants:** Complete and return M/WBE Construction-Related Consulting Utilization Plan.

### **ADDITIONAL INFORMATION**

All LOIs received for this project will be reviewed by a committee of professionals in order to produce a short-list of firms that will be given further consideration. The short-list of firms may be requested to submit additional information with respect to their firm, staff and proposed approach to the project. The committee will select the firm deemed to be most qualified, based upon factors such as the qualifications and experience of the firm and the staff to be assigned to the project; the firm's approach to successfully completing the project; and the result of professional reference checks.

The successful firm will be required to provide evidence demonstrating that it and any of its engineering, land surveying, architectural or landscape architectural subconsultants, are legally authorized by the NYS Education Department to do business in New York State. All firms must also provide proof of New York State Workers' Compensation Insurance and Disability Insurance coverage.

Firms are encouraged to follow the selection progress as it is periodically updated on our website at <https://ipp.cornell.edu/content/contract-colleges-facilities-consultant-selection-status>

M/WBE utilization goals for these services are 3.7% (MBE) and 3.1% (WBE).



# MWBE Construction-Related Consulting Utilization Plan

## Architecture and Engineering

See page 3 for Instructions

Consultant Name:

Project Title: 191008 Replace Roof on Clinical Programs Building

Date:

Goals: 3.7% MBE 3.1% WBE

### Subconsultant Staffing List

Consultant/Subconsultant /Vendor Name and Address	Federal ID No.	MBE or WBE	Contract Value Percentage %	Contract Dollar Value \$ <i>See line 10 under Instructions on page 3</i>	Partner in Charge and/or Key Staff
Architecture					
Civil Engineering					
Landscape Architecture					
Structural					
Plumbing / Fire Protection					
HVAC					
Electrical					
Cost Estimating					
Asbestos / Hazmat					
Other (Please Specify)					
Other (Please Specify)					



# MWBE Construction-Related Consulting Utilization Plan

## MWBE Participation List

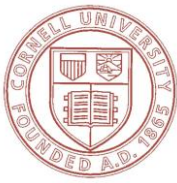
<b><u>Firm Name</u></b>	<b>MBE or WBE</b>	<b><u>Discipline</u></b>	<b>Has your firm held contracts with this firm in the past? Y or N</b>
<b>Brief summary of services to be provided with justification of estimated participation:</b>			
<b><u>Firm Name</u></b>	<b>MBE or WBE</b>	<b><u>Discipline</u></b>	<b>Has your firm held contracts with this firm in the past? Y or N</b>
<b>Brief summary of services to be provided with justification of estimated participation:</b>			
<b><u>Firm Name</u></b>	<b>MBE or WBE</b>	<b><u>Discipline</u></b>	<b>Has your firm held contracts with this firm in the past? Y or N</b>
<b>Brief summary of services to be provided with justification of estimated participation:</b>			
<b><u>Firm Name</u></b>	<b>MBE or WBE</b>	<b><u>Discipline</u></b>	<b>Has your firm held contracts with this firm in the past? Y or N</b>
<b>Brief summary of services to be provided with justification of estimated participation:</b>			
<b><u>Firm Name</u></b>	<b>MBE or WBE</b>	<b><u>Discipline</u></b>	<b>Has your firm held contracts with this firm in the past? Y or N</b>
<b>Brief summary of services to be provided with justification of estimated participation:</b>			

**Name:**

**Title:**

**Date:**

**Signature (Officer of the Company):**



# MWBE Construction-Related Consulting Utilization Plan

## Instructions for completing Subconsultant Staffing List form

1. Fill in all requested information including your firm name, Project Title, date and the Minority- and Women-Owned Business Enterprise (MWBE) goals as specified in the Project advertisement.
2. In the Consultant/Subconsultant/Vendor field, enter both your firm as prime and all proposed Subconsultant/Vendor firms. Firms located out of New York State should have the appropriate approvals in place to practice in NYS. If a firm, including your firm provides service in multiple disciplines, list them for each area of expertise. Discipline areas may be modified as appropriate. Add additional pages if necessary.
3. Enter the Federal ID number for your firm and any Subconsultant/Vendor firms.
4. Enter "MBE" or "WBE" if your firm or any proposed Subconsultant/Vendor firms are certified by NY State as a Minority- or Woman-Owned Business Enterprise. MWBE certified directory is located at <https://ny.newnycontracts.com/FrontEnd/VendorSearchPublic.asp?TN=ny&XID=4687>.
5. **With the submittal of qualifications:** Enter the estimated **percentage** of the work scope for your firm and any identified Subconsultants. **Do not enter "TBD"**. The sum of the individual percentages should add up to 100%.
6. Enter the name of the Partner in Charge and/or Key Staff member from your firm and Subconsultant/Vendor firms.
7. Complete page 2 with the name of each certified MBE or WBE Subconsultant/Vendor identified on page 1 of the Subconsultant Staffing List, note whether the firm is an MBE or WBE and their discipline. Provide a brief summary of the services to be provided by the certified MBE or WBE with justification to support the estimated participation.
8. The certification must be signed and dated by an individual from your firm who is authorized to sign on behalf of your company. Electronic file naming convention: **MWBE Staffing List AE (e-Builder project no).docx**
9. Retain a copy for your files and as a reference for proposing any future changes. Any proposed changes to this approved MWBE Utilization Plan must be reviewed with the CU MWBE Coordinator.
10. **If your firm is selected, at the time the cost proposal is submitted an updated Subconsultant Staffing List with Dollar Values is required.**