



**SPECIFICATIONS FOR**

**TENDER # 0171-0880**

**LEASE OF SPACE FOR EYE CARE CENTER  
FOR WESTERN HEALTH**

**CLOSING DATE: 23 January 2009**

**CLOSING TIME: 11:00 AM (Newfoundland Time)**



## **Invitation to Tender for Lease of Space for Eye Care Center**

### **1.0 General Provisions**

#### **1.1 Intent**

This invitation to Tender is intended to obtain leased space for the operation of an Eye Care Center for the Western Regional Health Authority (Western Health) at Corner Brook.

#### **1.2 Client Background**

Western Health was established in 2005 and is responsible for the delivery of Health and Community Services in the Western Region.

#### **1.3 Vendor Response**

1.3.1 Vendor's tender must contain an Executive Summary which shall contain:

- a. A brief description of the space being quoted.
- b. The name, title and address of the Vendor's representative responsible for the preparation of the Tender.

1.3.2 All prices quoted for goods and services must be specified in Canadian dollars, FOB Corner Brook . All Tenders will be held to be valid for ninety (90) days following the Tender closing date.

1.3.3 Tenders must be received in full on or before the exact closing time and date indicated. **TENDERS RECEIVED AFTER THAT TIME WILL NOT BE CONSIDERED.**

1.3.4 All costs relating to the work and materials supplied by the Vendor in responding to this Invitation to Tender must be borne by the Vendor.

## 1.4 Release of Information

### 1.4.1 While Tender is Open:

The names of individuals or companies who have picked up the tender documents will **not** be released.

### 1.4.2 At Tender Opening:

Only the names of the bidders will be read out.

### 1.4.3 After Tender Opening:

1. No further information will be released until after the contract is awarded.
2. After award, only the name and bid price of the successful bidder will be made available.
3. Information will be made available for a 90 day period only.
4. Successful Awards will be posted on Web Site.

### 1.4.4 FYI, Statements that are included as part of our Tender calls:

While bidders are welcome to attend the public opening, please be advised that it is not our policy to release bid information. Only the names of the bidders will be released.

## 1.5 Communication During Tendering

- 1.5.1 All communications with Western Health with respect to this invitation to Tender must be directed in writing to the attention of:

Mr. John Piercey  
Regional Director, Materials Management  
Western Health  
P.O. Box 2005  
Corner Brook, Newfoundland  
A2H 6J7  
Tel: (709) 637-5511  
Fax: (709) 634-2649  
Email: [johnpiercey@westernhealth.nl.ca](mailto:johnpiercey@westernhealth.nl.ca)

- 1.5.2 Western Health may, during the assessment period, request meetings with the Vendors to clarify points in the Tender. No changes by the Vendor will be permitted after the Tender closing date.

- 1.5.3 Faxed Tender responses will be accepted with the condition that the original Tender documents are received at Western Health's Materials Management Department no later than **Five** working days following the Tender closing date.
- 1.5.4 All bids must be sent in a sealed envelope clearly marked with Tender Name and Number to: Materials Management Department, Western Health, Western Memorial Regional Hospital, Lower Level, P.O. Box 2005, Corner Brook, NL A2H 6J7.
- 1.5.5 Bids submitted by electronic transmission (e-mail) will not be accepted.
- 1.5.6 Companies submitting fax Tenders are doing so at their own risk and the fax Tender must be at the public opening as specified in the Tender information. This Authority will not be responsible for in-house courier services if companies submit quotations by fax machine. The time stated on the fax Tender will become null and void since it is the responsibility of the company placing the Tender to have their Tender at the public opening, therefore, this Authority will not be responsible for any damages or liabilities.
- 1.5.7 Are the quoted price(s) on this tender (where applicable) available to our employees?

Yes  No  N/A

Administratively the Western Integrated Health Authority will not be involved in ordering, servicing, warranty and payment; the employee(s) would deal directly with the company.

## 1.6 **Tender Acceptance**

- 1.6.1 Any acquisitions resultant from this invitation to Tender shall be subject to the Public Tendering Act.
- 1.6.2 The Tenders shall be opened in the Private Dining Room at The Western Memorial Regional Hospital on the scheduled date and time.
- 1.6.3 Any Tender may be accepted in whole or in part. The lowest Tender may not necessarily be accepted and Western Health reserves the right to cancel the Tender call. Western Health shall not be held responsible or liable for the payment of any costs that are incurred by the bidder in preparing a Tender in response to this invitation to Tender.

## 2.0 Product Specifications

Proposals shall include costing for both the general specification requirements and specific space requirements as listed below.

### General specifications:

- 2.1 All Heat, Air Conditioning and Electricity shall be included in the monthly rate.
- 2.2 Janitorial services as specified in the attached Appendix A shall be included in the monthly rate.
- 2.3 The vendor shall provide adequate parking space in accordance with City of Corner Brook guidelines and the operational requirements of the Eye Care Center.
- 2.4 The tendered property and office space must be wheelchair accessible and include a minimum of one wheelchair accessible washroom.
- 2.5 Air conditioning shall be provided in all tendered space.
- 2.6 Snow clearing shall be the responsibility of the vendor. This shall include all doorways, ramps, roads, pathways, and parking areas. Sand and salt as required.
- 2.7 Awarding of the tender shall be subject to the acceptance by Western Health of a suitable floor plan to be submitted by the vendor. All renovation costs required to create the proposed design shall be the responsibility of the vendor.
- 2.8 All space design shall meet all accessibility codes.
- 2.9 All space shall have all required washrooms, including public and staff, including required accessible washrooms, as per the requirements of OH & S Regulations and the requirements of the National Building Code.  
  
**Note:** These are not currently included on the attached drawing.
- 2.10 The tendered space must be on one of the City of Corner Brook's bus routes.
- 2.11 Western Health prefers that all leased space, including buildings and grounds, be designated as smoke free. Please advise your company's position on this issue.

## Specific Space Requirements:

| Description         | Qty | Unit Area ( Sq Ft) | Total Area ( Sq Ft) |
|---------------------|-----|--------------------|---------------------|
| Physicians Office   | 3   | 143                | 429                 |
| Examination Rooms   | 5   | 154                | 770                 |
| Field Analyzer Room | 1   | 121                | 121                 |
| Fluorescein Room    | 1   | 154                | 154                 |
| Laser Room          | 1   | 121                | 121                 |
| Minor OR Room       | 1   | 154                | 154                 |
| Orthoptist Room     | 1   | 198                | 198                 |
| Check In Room       | 2   | 121                | 242                 |
| Registration Room   | 2   | 48                 | 96                  |
| Staff Room          | 1   | 198                | 198                 |
| Waiting Room        | 1   | 792                | 792                 |
| Sub-Waiting Room    | 1   | 154                | 154                 |
| Filing Room         | 1   | 560                | 560                 |
| Corridors etc.      | 1   | 944                | 944                 |
|                     |     |                    |                     |
| <b>Total</b>        |     |                    | <b>4933</b>         |
|                     |     |                    |                     |

Please review the attached draft plan.

### 3.0 Presentation

#### 3.1 Presentation

A presentation of the Tender and / or a demonstration of the product / system shall be provided, if requested, at the Vendor's expense.

### 4.0 Financial Considerations

4.1 All applicable taxes shall be indicated in the Tender.

5.0 **Vendor Confirmation** (please sign)

I confirm that our Tender meets or exceeds the specifications detailed in this invitation to Tender. I also confirm that all specifications are included in the quoted price. Any items that are optional are noted accordingly.

Signed \_\_\_\_\_

Title \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

**Tender Price \$** \_\_\_\_\_

**Tax Extra** Yes \_\_\_\_\_ No \_\_\_\_\_

## TENDER CHECKLIST

TENDER #0171-0880

DID YOU INCLUDE

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| HAS TENDER SUBMISSION BEEN SIGNED                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF REQUIRED TENDER DOCUMENTS                 | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF BROCHURES (IF REQUESTED)                  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF WCB LETTER OF GOOD STANDING (IF REQUIRED) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| COPY OF PROOF OF INSURANCE (IF REQUIRED)          | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| AMOUNT OF TAX NOTED ON REQUEST FOR QUOTATION FORM | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| OPTIONAL PRICING FOR TRAINING INCLUDED            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

**NOTE: TENDER RESPONSES MAY BE REJECTED IF YOU ANSWER "NO" TO ANY OF THE ABOVE QUESTIONS.**



## **SCHEDULE "A"**

### **Cleaning**

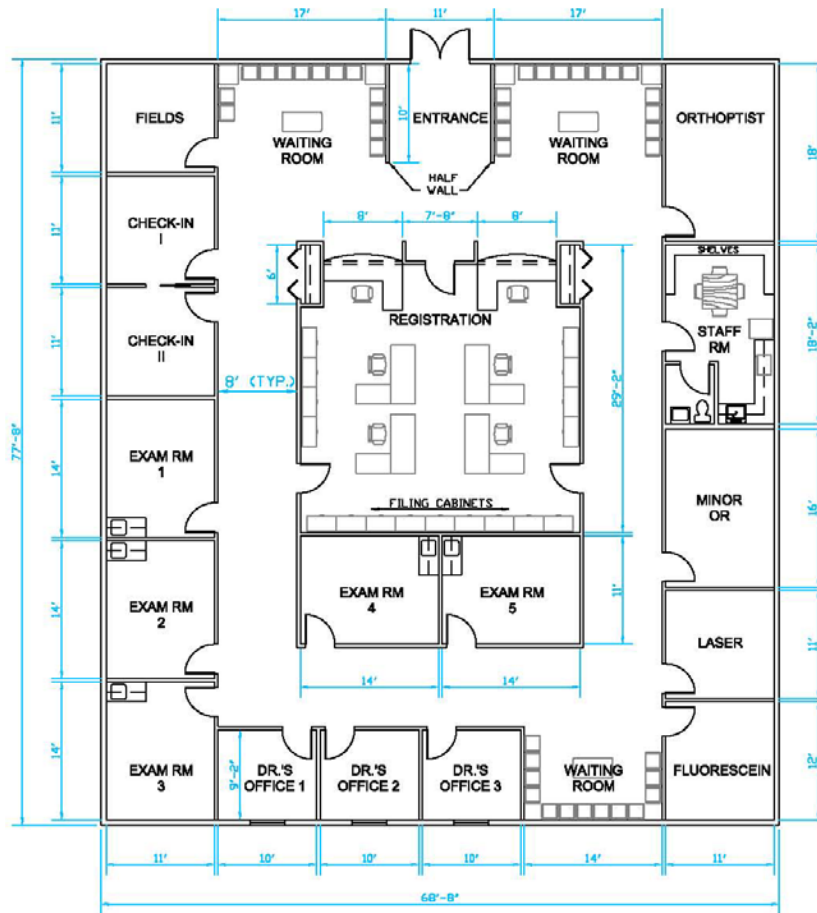
The following cleaning must be carried out two days a week:

- a. Washroom cleaning, including all plumbing fixtures, dispensers, and spot cleaning floors, doors and walls.
- b. The top surfaces of all desks and tables must be dusted.
- c. All carpeted surfaces must be vacuumed; spot cleaning should be carried out when required.
- d. All waste receptacles must be emptied and removed from the building. (Waste receptacles should be washed once a month).
- e. Sweeping: All floors, stairways, landing and steps shall be swept and dusted and debris removed to sanitation containers provided by the Lessor for this purpose at the service entrance.
- f. Mat Cleaning: Clean all dirt-removing mats at entrance and remove all dirt and dust deposits underneath.
- g. Damp-Mopping Floors: Floors in entrances, corridors and public lobbies to be damp-mopped and buffed, if required.
- h. All furniture, equipment, mats and trash baskets shall be replaced to their original positions on completion of all cleaning activity.

A general cleaning of walls, painted trim, windows, and drapes and shampooing of carpet must be carried out once a year.

### **Supplies**

1. The Lessor must provide, at his or her own expense, all supplies and materials necessary to carry out cleaning and janitorial services in the manner outlined.
2. The Lessor must provide, at his or her own expense, washroom supplies (i.e. soap, toilet tissue, paper towels) and ensure that those items are available in all washrooms at all times.



**Western  
Health**

**PROJECT / TITLE:**  
EYE CARE CENTRE  
CORNER BROOK, NL  
PROPOSED FLOOR PLAN

|   |                         |
|---|-------------------------|
| <b>DRAWN BY:</b> ERICA MENCHENTON, C.E.T.<br>ENGINEERING TECH. II |                         |
| <b>SCALE:</b> 1/16" = 1'  | <b>DATE:</b> JULY 30/08 |
| <b>PAGE:</b> 1  | <b>DWG No.:</b> A1      |