CONFEDERATED TRIBES OF SILETZ INDIANS

SILETZ COMMUNITY HEALTH CLINIC

REQUEST FOR PROPOSALS

ARCHITECTURAL AND ENGINEERING SERVICES

TWO-PHASE SILETZ COMMUNITY HEALTH CLINIC REMODEL

Issued: September 28th , 2026
Questions Due October 23rd , 2026 - 5:00 p.m. Pacific Time
Proposal Due November 10th , 2026 - 5:00 p.m. Pacific Time
Anticipated Selection November 20th, 2026

PROJECT LOCATION

Siletz Community Health Clinic
200 Gwee-Shut Road
Siletz, Oregon 97380

RFP / BID CONTACT

Ian Keene, Planning Director
IanK@ctsi.nsn.us | 541-444-8323 | 800-922-1399 ext. 1323

CLINIC / PROJECT CONTACT

Miranda Williams, Executive Health Director
MirandaW@ctsi.nsn.us | Clinic: 541-444-1030

Confederated Tribes of Siletz Indians | 201 SE Swan Avenue | P.O. Box 549 | Siletz, Oregon 97380

PART I - PROJECT SCOPE

1. Project Summary

The Confederated Tribes of Siletz Indians (CTSI), through the Siletz Community Health Clinic (SCHC), is requesting proposals from qualified architectural and engineering (A/E) firms to provide planning, design, bidding support, construction administration, and closeout services for a two-phase remodel of the Siletz Community Health Clinic at 200 Gwee-Shut Road, Siletz, Oregon.

The remodel is intended to improve clinic function, patient and staff flow, privacy, safety, accessibility, and long-term operational efficiency while allowing SCHC to remain operational to the greatest extent practicable. The selected A/E shall work closely with Clinic leadership and CTSI Planning to confirm the final scope, sequencing, and boundaries of the two construction phases.

CTSI anticipates a collaborative delivery approach in which the selected A/E develops the design and procurement documents, assists CTSI through contractor selection, and then remains actively involved through construction and project closeout.

2. Two-Phase Construction Approach

The project shall be planned as two coordinated construction phases. The exact boundaries and sequence of Phase 1 and Phase 2 will be finalized during programming and design with Miranda Williams, Executive Health Director, and Ian Keene, Planning Director. The phasing plan shall maintain safe patient access, protect healthcare operations, minimize utility and service interruptions, and identify temporary access, work zones, barriers, infection-control measures, staff relocation needs, and required after-hours work.

3. Required A/E Services

- **Existing Conditions and Programming:** Perform site visits; verify existing conditions; review available record drawings; meet with Clinic staff to document space, operational, workflow, security, privacy, accessibility, equipment, technology, and future-growth needs.
- **Concept Design:** Develop alternatives and a preferred concept, including a two-phase construction plan, preliminary code/life-safety review, and approximately 35% design documents.
- **Cost Estimating:** Prepare construction cost estimates at concept and subsequent design milestones, with separate costs for Phase 1 and Phase 2 and identification of allowances, alternates, escalation, and contingency assumptions.
- **Design Development:** Advance the project through approximately 65%, 95%, and final/back-check design milestones, incorporating CTSI and Clinic review comments.
- **Construction Procurement:** Prepare a complete construction RFP / Invitation to Bid package; assist with pre-bid activities, bidder questions, addenda, bid review, responsibility review, and award recommendation as requested by CTSI.
- **Construction Administration:** Coordinate with the selected contractor; review submittals, RFIs, substitutions, change proposals, schedule updates, and pay applications; conduct progress meetings and site observations; and support CTSI through both construction phases.
- **Closeout:** Assist with substantial completion, punch lists, final inspection, commissioning coordination where applicable, warranties, O&M documentation, training, record drawings/as-builts, and final closeout documentation.

4. Design and Operational Requirements

- Coordinate architectural, structural, mechanical, electrical, plumbing, fire/life-safety, low-voltage/data, security, accessibility, and other disciplines necessary for a complete project.
- Comply with applicable Tribal requirements and applicable federal, state, and local building, accessibility, fire/life-safety, and healthcare-facility requirements, as applicable to the work.
- Plan work so that clinic operations can continue safely. The design shall identify patient/staff circulation, construction separation, egress, temporary access, dust/noise controls, infection-control measures, and temporary utility requirements.
- Coordinate planned utility outages and system shutdowns with CTSI and the Clinic. No shutdown shall occur without prior written approval and adequate advance notice.
- Consider durability, maintainability, energy efficiency, indoor air quality, patient privacy, staff safety, and future adaptability in material and systems selections.
- Provide editable electronic source files and PDFs for all design submissions, bid documents, meeting records, and closeout documentation.

5. Meetings and Project Communication

The A/E Project Manager shall participate in regular design meetings and, during construction, bi-weekly progress meetings unless CTSI directs a different frequency. Meetings may occur at the project site or by approved teleconference. The A/E shall prepare and distribute meeting minutes to CTSI and the contractor within three (3) working days after each meeting. Minutes shall document significant decisions, action items, responsible parties, due dates, unresolved issues, and agreed resolutions.

6. Construction Administration Expectations

Construction administration shall include, as applicable, maintenance of a submittal register; review of baseline and updated schedules; schedule of values; product submittals; RFIs; Architect's Supplemental Instructions; shop drawings; safety, air-quality, and waste-management plans; testing and balancing reports; commissioning documentation; record drawings; O&M manuals; warranties; and project closeout records. The A/E shall maintain a decision and issue log throughout construction.

PART II - PROCUREMENT AND CONTRACT REQUIREMENTS

1. Procurement / RFP Contact

All questions regarding this RFP, proposal submission, addenda, procurement procedures, or award process shall be directed to Ian Keene. Firms shall not rely upon oral interpretations from other CTSI personnel.

RFP / Bid Contact: Ian Keene, Planning Director
Confederated Tribes of Siletz Indians
201 SE Swan Avenue, P.O. Box 549, Siletz, OR 97380
IanK@ctsi.nsn.us | 541-444-8323 | 800-922-1399 ext. 1323 | Fax: 541-444-8362

Clinic Contact: Miranda Williams, Executive Health Director
Siletz Community Health Clinic
200 Gwee-Shut Road, P.O. Box 320, Siletz, OR 97380
MirandaW@ctsi.nsn.us | Clinic: 541-444-1030

2. Procurement Schedule

RFP issued: September 28th , 2026

Optional pre-proposal site visit / walk-through: October 13th , 2026 - 10:00 a.m. PDT

Deadline for written questions: October 23rd , 2026 - 5:00 p.m. PDT

Target date for final addendum / responses: October 30th , 2026

Proposals due: November 10th , 2026 - 5:00 p.m. PDT

Anticipated selection / notice of intent: November 23rd , 2026

Contract / Notice to Proceed: Following CTSI approvals and contract execution

CTSI reserves the right to revise this schedule by written addendum. The optional site visit is intended to familiarize proposers with the clinic and anticipated work areas; all procurement questions arising from the visit must be submitted in writing to Ian Keene by the question deadline.

3. Proposal Submission

Proposals must be received no later than November 10th , 2026 at 5:00 p.m. Pacific Time. Electronic submission is preferred. Submit one complete PDF proposal to IanK@ctsi.nsn.us with the subject line: "RFP - SCHC Two-Phase Clinic Remodel A/E Services." Firms may also deliver a sealed hard copy to the CTSI Planning Department at 201 SE Swan Avenue, Siletz, Oregon, clearly marked with the same project title and attention to Ian Keene.

Late proposals may be rejected. Proposers are responsible for confirming timely receipt. Proposal files should be reasonably sized and should not rely on external download links unless approved in advance by the RFP Contact.

4. Contract Form and Fee

CTSI prefers a fixed-fee or fixed-sum-not-to-exceed contract with clearly identified reimbursable expenses and hourly rates for authorized additional services. The proposal shall separately identify fees for design/bidding services and construction administration/closeout services, and shall identify any assumptions that could materially affect the fee.

The proposal shall remain valid for at least ninety (90) calendar days after the proposal due date. Any contract resulting from this RFP will be subject to CTSI legal review and required Tribal approvals.

5. Indian Preference

This solicitation is open to qualified firms. Indian preference will be applied in accordance with the CTSI Tribal Plan of Operations at Siletz Tribal Code § 2.025 and other applicable Tribal procurement requirements. A proposer seeking Indian preference must include documentation sufficient to establish eligibility with its proposal or within any timeframe otherwise allowed by CTSI.

6. Incurred Expenses; Cancellation; Rejection

CTSI is not responsible for expenses incurred by a proposer in preparing or presenting a proposal. CTSI may cancel this RFP, reject any or all proposals, waive minor irregularities, request clarification, negotiate with one or more proposers, or re-solicit if CTSI determines that doing so is in its best interest.

7. Confidentiality and Communications

Until award, proposers shall not discuss their proposal or the procurement with Tribal Council members, Clinic staff, or other CTSI employees except through the RFP Contact for procurement matters or through a site visit expressly arranged under this RFP. CTSI will handle proposal information consistent with applicable Tribal requirements and the procurement process.

8. Compliance; Conflict of Interest; Sovereign Immunity

The successful proposer shall comply with applicable Tribal and federal requirements relating to equal employment opportunity and other requirements applicable to the contract. The proposer shall disclose actual or potential conflicts of interest and shall warrant that no undisclosed interest will interfere with performance of the work.

Nothing in this RFP, the proposal process, or any resulting negotiations shall be construed as a waiver, limitation, or diminution of the sovereign immunity of the Confederated Tribes of Siletz Indians. Any waiver of sovereign immunity must be expressly authorized in writing by the Tribe in accordance with Tribal law.

9. **Bonding**

A successful Submitter must submit one of the following forms of assurance of completion within 10 days after contract award and as a condition of any contract:

1. Performance and payment bonds in a penal sum of 100% of the total contract price;
2. Separate performance and payment bonds, each for 50% or more of the contract price; or
3. Any other form of security approved by CTSI.

Bonds must be obtained from guarantee or surety companies acceptable to the United States Government. Each bond shall clearly state the rate of premium and the total amount of premium charged. The effective date of the bond shall be on or after the execution date of the contract.

PART III - PROPOSAL FORMAT AND REQUIRED CONTENT

Proposals should be concise, complete, and organized in the order below. CTSI may determine a proposal nonresponsive if required information is omitted.

1. Letter of Transmittal

- Firm name, address, telephone number, email, and primary contact.
- Brief acknowledgment of the requested scope and two-phase clinic remodel approach.
- Statement that the proposal is valid for at least 90 days.
- Signature of an individual authorized to bind the firm.

2. Firm Qualifications and Healthcare Remodel Experience

- Firm history and capabilities relevant to occupied healthcare renovation.
- At least three comparable projects, preferably including clinic, medical, pharmacy, dental, behavioral health, or other occupied healthcare environments.
- Client references with current contact information.

3. Project Team

- Organization chart and identification of the project manager, core crew employees, and lead disciplines.
- Resumes and Oregon licensure information for key professional staff.
- Identification of subconsultants and their roles.

4. Technical Approach

- Approach to programming, existing-condition verification, stakeholder coordination, and design development.
- Approach to planning and sequencing two construction phases while maintaining clinic operations.
- Approach to code, accessibility, infection-control, life-safety, MEP, technology/security, and constructability coordination as applicable.
- Approach to cost estimating, bid support, construction administration, change management, and closeout.

5. Schedule and Capacity

- Proposed design and procurement schedule with major milestones.
- Expected level of effort during construction and ability to respond promptly to RFIs and submittals.
- Identification of current workload or constraints that could affect the project.

6. Cost Proposal

- Fixed fee or not-to-exceed fee for Stage A - Design and Bidding.
- Fixed fee or not-to-exceed fee for Stage B - Construction Administration and Closeout.
- Reimbursables and other anticipated expenses.
- Hourly rate schedule for authorized additional services.
- Fee assumptions and exclusions.

7. Indian Preference Documentation

- Documentation of eligibility, if the proposer seeks Indian preference. in accordance with Siletz Tribal Code § 2.025, if the proposer seeks Indian preference.
- Indian preference applies to a qualified entity meeting the following criteria: (1) an Indian or Indians owns 51% or more of the entity, and such ownership is state in the entity's organic documents; (2) the Indian owners will receive 51% or more of all profits; and (3) the Indian owners or other Indians engage in significant management and control of the entity, STC § 2.025(a)(3).
- A statement describing how the proposer will provide Indian preference in subcontracting, training, and employment, including the number or percentage of Indians to be employed and trained. Failure to submit the required Indian preference statement shall be grounds for rejection of the offer. If it is not feasible for the proposer to provide Indian preference in contracting, the proposer must submit a certification with supporting evidence.

8. Disclosures and Certifications

- Disclosure of actual or potential conflicts of interest.
- Statement of ability to meet insurance requirements and execute a CTSI contract.
- Any exceptions to the RFP or requested contract terms, clearly identified.
-

PART IV - EVALUATION AND AWARD

CTSI intends to award the project to the responsive and responsible bidder whose proposal is determined to be most advantageous to the Tribe, considering cost, qualifications, schedule, approach, responsibility, and applicable Indian preference requirements. CTSI may request clarification, conduct interviews, or request a best-and-final offer when determined appropriate.

TOTAL SCORED CRITERIA: 100 POINTS. Indian preference is applied in accordance with CTSI requirements and may be applied outside the numerical scoring process as required by Tribal procurement rules.

Final award is subject to required CTSI approvals and successful negotiation/execution of a contract. CTSI reserves the right to negotiate minor scope, schedule, alternates, and contract terms with the selected bidder, provided such negotiations are consistent with applicable procurement requirements.

EVALUATION FACTORS

Proposals meeting minimum qualifications shall be evaluated on the criteria listed below. Each proposal shall be scored based on the points allotted to each category, 100 combined points maximum. The number of points assigned to a proposal does not necessarily determine the award of a contract; rather it establishes benchmarks to assist in the overall evaluation of the proposal.

Point allocations:

Experience and Capability/Relevant firm experience and qualifications Maximum Points: 30

Submitter's skill, knowledge and experience advising on Tribal healthcare matters as outlined in this proposal. Relevant experience and qualifications of person(s) who will perform the actual work will be considered under this evaluation factor. If applicable, this rating will focus on those persons assigned to the CTSI contract, rather than the characteristics of the Submitter firm.

Proposal Format and Criteria Maximum Points: 5

Submitter's proposal must be professional, readable, and meet the minimum criteria as listed in this document.

Indian Preference Maximum Points: 15

CTSI welcomes proposals from all interested persons and businesses. However, in evaluating the relative merit of each proposal and ultimately awarding the contract, CTSI will give an Indian Preference according to the Siletz Tribal Code § 2.025. Fifteen points to businesses documenting that they meet the definition of Indian-owned outlined in STC § 2.025(a).

Fees/Cost Maximum Points: 20

Overall projected costs will be evaluated under this category. Submitter's proposal should include a detailed list of fees, fee structures and/or fee schedules.

Technical approach and two-phase phasing strategy Maximum Points: 15

Programming, design, operational continuity, coordination, constructability, and risk management.

Project team and capacity Maximum Points: 5

Qualifications of key staff; discipline coverage; availability; communication plan.

Schedule and responsiveness Maximum Points: 10

Ability to meet milestones and provide timely construction support.

TOTAL SCORED CRITERIA: 100 POINTS

Indian preference is applied in accordance with CTSI requirements.

Final selection and award are subject to required CTSI approvals, including Tribal Council and/or Chief Executive Officer approval as applicable. CTSI reserves the right to negotiate scope, fee, schedule, and other contract terms with the highest-ranked proposer.

APPENDIX A - DETAILED SCOPE OF SERVICES

STAGE A - DESIGN, COST DEVELOPMENT, AND CONSTRUCTION PROCUREMENT

1. Kickoff meeting with CTSI Planning and SCHC leadership.

2. Existing-condition site investigation and review of available drawings/documentation.

3. Staff programming, workflow interviews, space-needs confirmation, and phasing requirements.

4. Concept alternatives and preferred concept; approximately 35% design documents.

5. Preliminary two-phase construction plan and operational-continuity plan.

6. Opinion of probable construction cost with Phase 1 / Phase 2 breakout.

7. Approximately 65% design submission and review meeting.

8. Approximately 95% design submission and review meeting.

9. Final / back-check bid documents and updated cost estimate.

10. Preparation of construction RFP / Invitation to Bid, including scope, drawings, specifications, allowances/alternates as applicable, schedule requirements, submittal requirements, and bid forms.

11. Pre-bid support, responses to bidder questions, preparation of addenda, and participation in bid evaluation and contractor selection as requested.

STAGE B - CONSTRUCTION ADMINISTRATION AND CLOSEOUT

1. Preconstruction meeting and contractor coordination for both construction phases.

2. Bi-weekly progress meetings unless otherwise directed by CTSI, including meeting minutes within three working days.

3. Review and response to submittals, shop drawings, RFIs, substitutions, clarifications, ASIs, and change proposals.

4. Periodic site observations appropriate to the phase and complexity of construction.

5. Review of contractor applications for payment and schedule updates, if requested by CTSI.

6. Coordination of utility outages, temporary services, access changes, shutdowns, and after-hours work with CTSI and SCHC.

7. Monitoring of phase transitions and restoration of clinic areas before work shifts to the next phase.

8. Substantial completion inspection, punch list, final inspection, and verification of corrective work.

9. Closeout review including record drawings/as-builts, O&M manuals, warranties, testing and balancing, commissioning documentation if applicable, training documentation, and final project records.

APPENDIX B - GENERAL PROJECT REQUIREMENTS

Utility Outages and Shutdowns: The A/E and contractor shall coordinate all utility outages and system shutdowns with CTSI and SCHC. At least ten (10) working days advance written notice should be assumed unless CTSI approves a different period. No outage may proceed without approval.

Clinic Operations and Safety: The project shall be planned to maintain safe clinic operations and emergency egress. Construction zones shall be separated from patients and staff as required, with temporary signage, barriers, routing, dust/noise controls, and other controls appropriate to an occupied healthcare environment.

Working Hours: Normal construction hours are anticipated to be 8:00 a.m. to 4:00 p.m., Monday through Friday, unless CTSI approves alternate hours. Certain disruptive activities may be required after hours and shall be coordinated in advance.

Project Records: The A/E shall maintain current drawings, issue logs, meeting minutes, submittal/RFI records, design decisions, and closeout documentation. Electronic project records shall be provided to CTSI at completion.

Existing Drawings: CTSI will make available existing drawings and available record information. The A/E remains responsible for field verification of conditions necessary to perform the work.

APPENDIX C - PROPOSED PROJECT MILESTONES

The proposer shall include a proposed detailed schedule. The following reflects CTSI's anticipated sequence and may be refined after award.

1. **Kickoff and site investigation:** Within 30 days of NTP
2. **Programming / needs confirmation:** Within 10 days after site investigation
3. **35% concept design and cost estimate:** Proposer to identify
4. **CTSI / Clinic review meeting:** Approximately 5-10 days
5. **65% design submission:** Proposer to identify
6. **95% design submission:** Proposer to identify
7. **Final / back-check bid package:** Proposer to identify
8. **Construction RFP / bid period:** Approximately 30-60 days
9. **Bid evaluation / contractor selection support:** As requested by CTSI
10. **Construction Phase 1:** To be established in final construction schedule
11. **Construction Phase 2:** To be established in final construction schedule
12. **Final closeout and as-builts:** Within 30 days after final completion unless otherwise agreed

APPENDIX D - COST PROPOSAL SUMMARY

Proposers may use their own fee format, but at minimum the following information must be clearly provided.

Stage A - Programming, design, cost estimating, and construction procurement support: $_____

Stage B - Construction administration and closeout: $_____

Reimbursable expenses / allowance: $_____

Optional / additional services, if any: $_____

TOTAL NOT-TO-EXCEED PROPOSAL: $_____

Hourly rate schedule attached: Yes / No

Fee assumptions and exclusions:

_____

_____

_____

APPENDIX E - PROPOSER ACKNOWLEDGEMENT

Firm Name: _____

Authorized Representative: _____

Title: _____

Address: _____

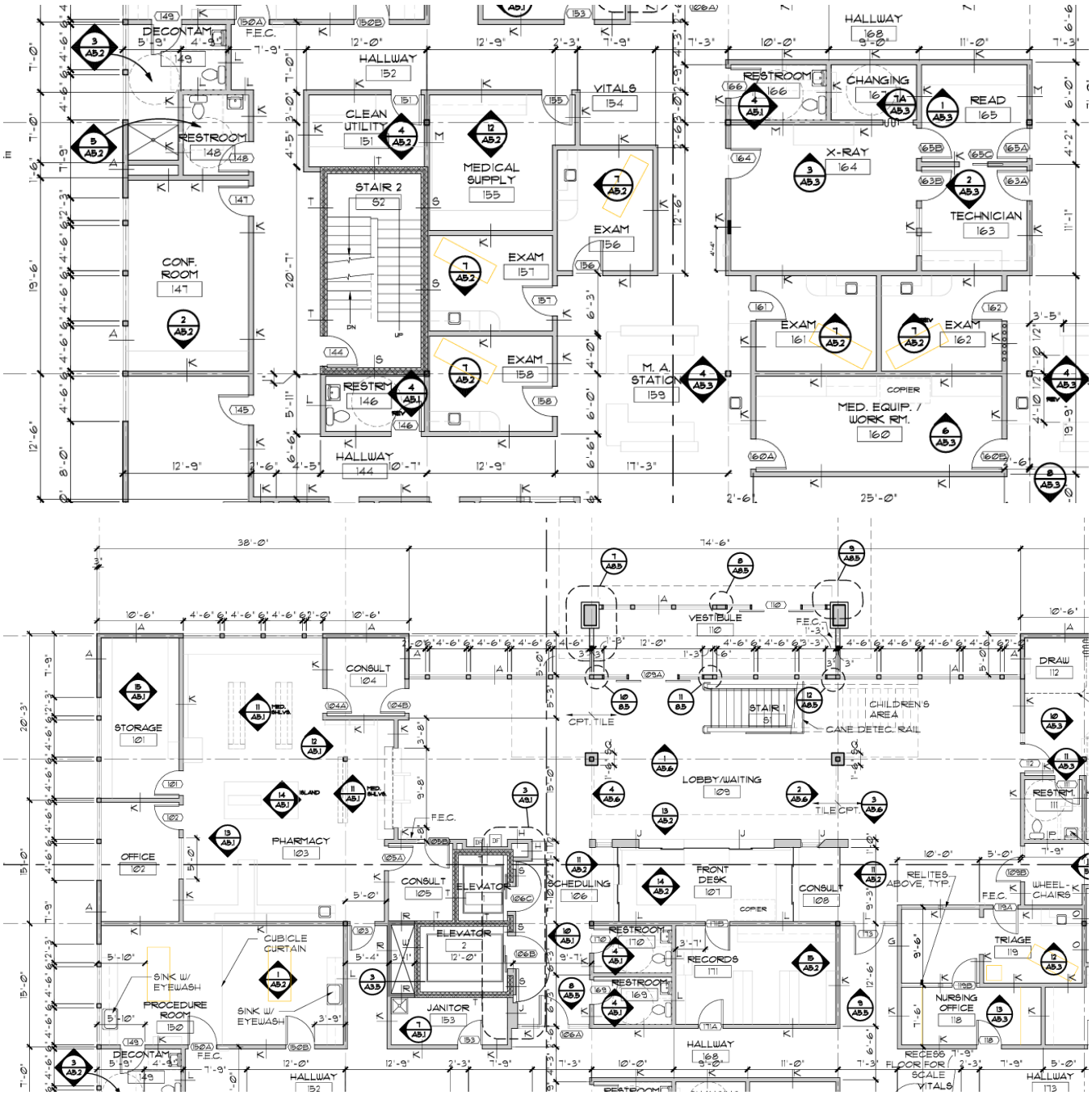
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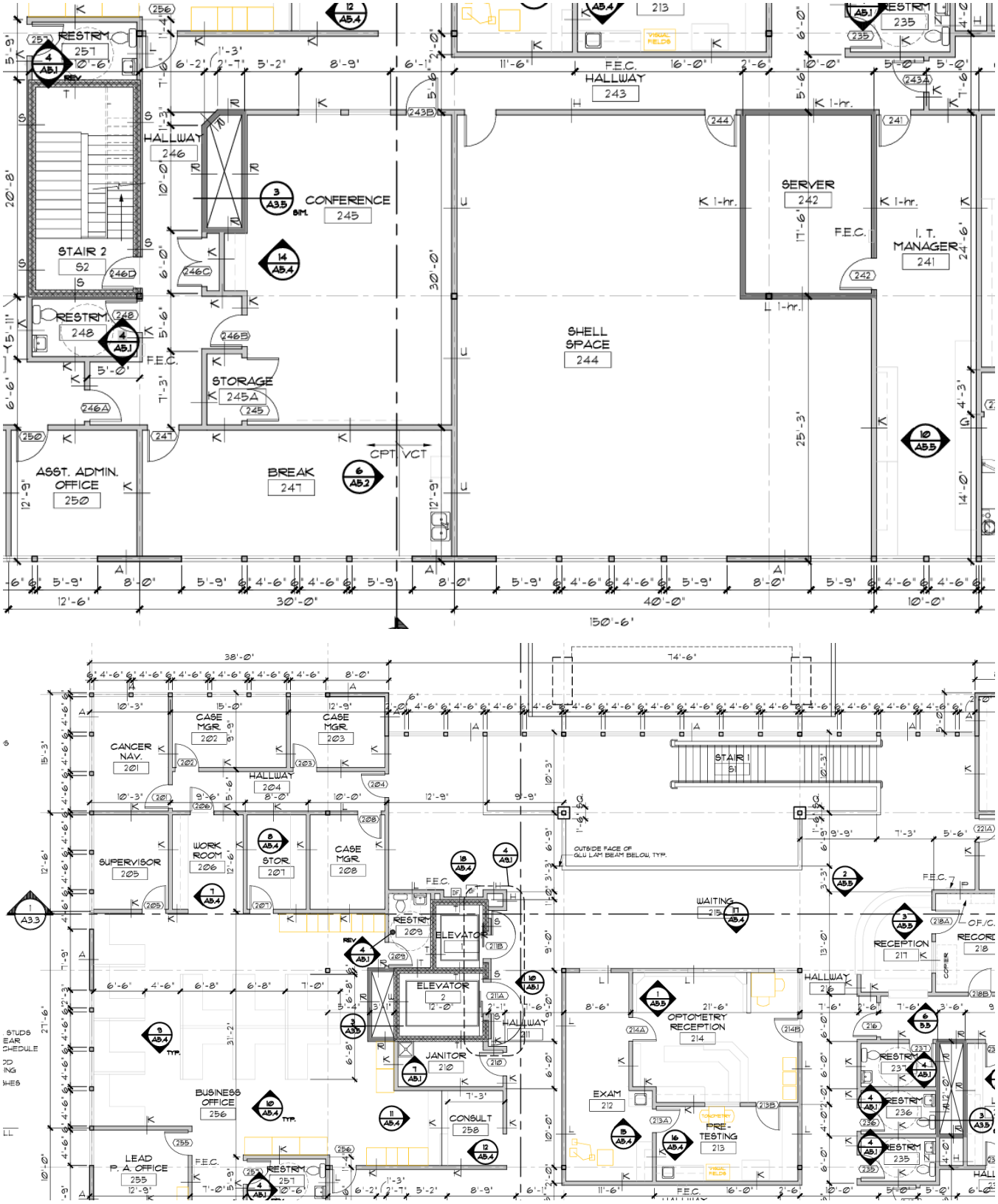
Email: _____

Signature: _____

Date: _____

By signing, the proposer acknowledges receipt of this RFP and any addenda identified in its proposal, certifies that the information submitted is accurate to the best of its knowledge, and agrees that the proposal will remain valid for the required period.


DECONTAM.
F.E.C.
HALLWAY
152
CLEAN UTILITY
151
RESTROOM
148
STAIR 2
VITALS
154
MEDICAL SUPPLY
155
EXAM
156
EXAM
157
EXAM
158
RESTRM
146
HALLWAY
144
CONF. ROOM
147
M. A. STATION
159
HALLWAY
168
RESTROOM
166
CHANGING
167
READ
165
X-RAY
164
TECHNICIAN
163
EXAM
161
EXAM
162
COPIER
MED. EQUIP. / WORK RM.
160
STORAGE
101
CONSULT
104
VESTIBULE
110
CHILDREN'S AREA
CANE DETEC. RAIL
CPT. TILE
LOBBY/WAITING
109
TILE CPT
DRAW
112
RESTRM
111
OFFICE
102
PHARMACY
103
CONSULT
105
ELEVATOR
SCHEDULING
106
FRONT DESK
107
COPIER
CONSULT
108
RELITES ABOVE, TYP.
WHEEL-CHAIRS
RESTROOM
170
RESTROOM
169
RECORDS
171
TRIAGE
119
NURSING OFFICE
118
CUBICLE CURTAIN
SINK W/ EYEWASH
PROCEDURE ROOM
150
SINK W/ EYEWASH
JANITOR
153
HALLWAY
168
RECESS FLOOR FOR SCALE
VITALS
HALLWAY
173
DECONTAM.
F.E.C.
HALLWAY
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Remodel Areas Identified

Sheet 1 – Medical Services Area

Remodel Zone A – Conference Room

Approximate Area:

- Existing Conference Room (Room 144)

Potential Scope:

- Removal of existing finishes
- New flooring
- New paint
- LED lighting upgrades
- Technology upgrades
- Furniture reconfiguration
- AV systems integration

Remodel Zone B – Technician / X-Ray Area

Approximate Area:

- Existing Technician Room (163)
- X-Ray Support Area (164)

Potential Scope:

- Interior reconfiguration
- New cabinetry and workstations
- Mechanical and electrical modifications
- Medical support infrastructure upgrades
- ADA accessibility improvements

Sheet 2 – Administrative Area

Remodel Zone C – Conference Room

Room 245

Scope Considerations:

- Flexible meeting space design
- Hybrid meeting technology
- Acoustical treatments
- New finishes and lighting

Remodel Zone D – Open Shell Space

Room 244

Approximate Dimensions:

- Approximately 30'-0" x 25'-3"

Potential Future Uses:

- Open office workspace
- Training center
- Community meeting functions

Required Deliverables:

- Multiple layout alternatives
- Furniture plans
- Power/data plans
- HVAC analysis

Sheet 3 – Tribal Clinic Administration Area

Remodel Zone E – Project Space

Room 296

Approximate Area:

- Large open project services workspace

Potential Program Elements:

- Project management team areas
- Collaborative conference areas

Remodel Zone F – Public Reception / Waiting Area

Includes:

- Reception
- Waiting
- Public circulation space

Objectives:

- Improved customer service
- Enhanced security
- Modern reception desk
- ADA accessibility
- Cultural design elements reflecting CTSI identity

Remodel Zone G – Records/Storage Conversion Area

Current:

- Storage Area

Potential:

- Offices
- Workstations
- Consultation Rooms
- Program Support Areas

General Design Requirements

Architectural

Contractor shall provide:

- Existing conditions verification
- Architectural design services
- Permit-ready construction drawings
- Finish schedules
- Furniture layouts
- Interior elevations
- Signage package

Mechanical

Provide evaluation and modification of:

- HVAC systems
- Ventilation
- Temperature controls
- Air balancing

Electrical

Provide:

- New lighting design
- Power distribution updates
- Dedicated equipment circuits
- Emergency power review

Technology

Provide infrastructure for:

- Network connectivity
- Wi-Fi coverage
- Video conferencing systems

- Presentation displays
- Security systems
- Access control

ADA Compliance

All renovated spaces shall comply with:

- ADA Standards
- Oregon Structural Specialty Code
- Oregon Accessibility requirements

Deliverables

The selected team shall provide:

Phase 1

- Existing Conditions Assessment
- Programming Meetings
- Concept Designs

Phase 2

- Schematic Design
- Cost Estimate
- Preliminary Construction Schedule

Phase 3

- Construction Documents (100%)
- Permit Drawings
- Bid Package

Phase 4

- Construction Administration
- Site Visits
- Submittal Reviews
- Punch List
- Final Acceptance

Attachments

Attachment A: Existing Floor Plans with Highlighted Remodel Areas (Sheets 1-4)

Attachment B: Existing Facility Information

Attachment C: Tribal Design Standards (if applicable)

Attachment D: Required Insurance and Licensing Documentation

Additional Remodel Area

Sheet 4 – Main Lobby, Patient Registration & Public Services Renovation

Remodel Zone H – Main Lobby and Waiting Area

Highlighted Areas Include:

- Main Lobby / Waiting Area
- Vestibule Entrance
- Café Seating Area
- Front Desk
- Reception Check-In Area
- Circulation Corridor
- Public Gathering Space

Approximate Area:

- Entire public-facing lobby extending from the main entrance vestibule through waiting and reception functions

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Existing Spaces Identified

Public Interface Areas

- Vestibule
- Lobby / Waiting
- Front Desk
- Café Seating Area
- Reception Desk
- Public Corridor

Support Areas

- Office
- Storage

- Consultation Room
- Janitor
- Public Restrooms

Proposed Scope of Work

Entry Sequence Modernization

Remove and replace:

- Flooring systems
- Wall finishes
- Ceiling systems
- Lighting fixtures
- Wayfinding signage

Install:

- Durable commercial-grade finishes
- Cultural design elements
- Enhanced natural lighting where feasible
- Improved circulation pathways

Reception Redesign

The architect shall provide concepts for:

Option 1

Single-point reception counter

Option 2

Multi-station service desk

Option 3

Secure tribal services customer service center

Design shall include:

- ADA-compliant counters
- Security glazing where appropriate
- Queue management
- Public transaction surfaces
- Document transfer areas
- Privacy considerations/HIPAA

Waiting Area Improvements

New design shall include:

- Flexible seating configurations
- Elders seating section
- Accessible seating
- Family and children's waiting areas
- Device charging stations
- Digital information displays

Community Gathering Space

The highlighted seating area should be evaluated as:

- Community gathering space
- Informal meeting space
- Event overflow area
- Visitor waiting area

Design team shall provide furniture and layout alternatives.

Cultural Integration Requirements

RFP respondents shall demonstrate experience incorporating Tribal cultural elements into public facilities including:

- Tribal artwork
- Siletz cultural interpretation panels
- Indigenous design motifs
- Language integration opportunities
- Display cases for Tribal history and community information

Security and Access Control

Consultant shall evaluate:

- Public access zones
- Staff-only areas
- Reception security
- Camera coverage

- Access-controlled doors
- Emergency evacuation routes

Technology Requirements

Provide conceptual plans for:

- Public Wi-Fi
- Digital signage
- Interactive information kiosks
- Check-in systems
- Telehealth waiting support infrastructure
- Audio-visual presentation capabilities

The project includes renovation of:

Medical Services

- Conference Room
- Technician Area
- X-Ray Support Area

Administrative Services

- Conference Facilities
- Open Shell Space Conversion

Tribal Administration

- Project Services Workspace
- Reception Areas
- Records and Storage Conversions

Public Lobby Improvements

- Main Entry Lobby
- Waiting Areas
- Front Desk
- Reception Functions
- Café / Gathering Area
- Visitor Circulation Areas
-

The goal is to create a cohesive, modern, culturally appropriate facility that improves operational efficiency, patient and visitor experience, accessibility, security, technology integration, and long-term flexibility.

CTSI Staff Recommended RFP Additions -

comprehensive campus remodel, consultant deliverables for:

- Existing conditions survey
- Space programming study
- Architectural plans
- Interior design package
- Furniture, Fixtures & Equipment (FF&E) package
- Signage and wayfinding plan
- Technology infrastructure plan
- Security assessment
- Cost estimate at 30%, 60%, and 90% design
- Phased construction plan to keep clinic and administration operations active during construction

Clinic Remodel Traced Layout Areas

RFP map packet with highlighted limits and square footage schedule

Purpose

This packet traces the visible yellow highlighted remodel footprints, including irregular jogs and disconnected components. Dashed outlines identify visible exclusions such as stairs.

Area status

RFP planning total 7,655 square feet approximate

Areas are derived from printed plan dimensions where legible and scaled boundary polygons elsewhere. They are suitable for bid scoping, not final quantity takeoff, lease area, or permit documentation.

Approximate remodel area by zone

Zone	Remodel area	Approx SF
ZR-01	Conference / Training Room 147	400
ZR-02	X-Ray / Technician Suite 163-164	255
ZR-03	Business Office 256 / Storage 207	845

ZR-04	Optometry Reception / Waiting	1,350
ZR-05	Conference 245 / Shell Space 244	2,070
ZR-06	Pharmacy / Lobby / Front Desk	2,735
Total approximate highlighted remodel area		7,655

Required bidder action

Verify each boundary and square footage during the site walk and against current CAD or measured field conditions. Carry tie in work outside the traced limits when required for a complete code compliant installation.

Square Footage Schedule

Areas rounded to the nearest 5 square feet

The schedule reports the area inside each traced highlighted boundary. Room level values are planning estimates. The zone total is the bid scope control value for this exhibit.

Zone	Remodel area	Approx SF
ZR-01	Conference / Training Room 147	400
ZR-02	X-Ray / Technician Suite 163-164	255
ZR-03	Business Office 256 / Storage 207	845
ZR-04	Optometry Reception / Waiting	1,350
ZR-05	Conference 245 / Shell Space 244	2,070
ZR-06	Pharmacy / Lobby / Front Desk	2,735
Total approximate highlighted remodel area		7,655

Included components and measurement basis

ZR-01 Conference / Training Room 147 400 SF. 20'-7" x 19'-6" printed plan dimensions; rounded.

ZR-02 X-Ray 164 and Technician 163 255 SF. Combined 21'-0" x 12'-3" suite footprint; rounded.

ZR-03 Business Office 256 highlighted footprint 765 SF; Storage 207 80 SF. Boundary polygon scaled from adjacent printed dimensions; rounded to 5 SF.

ZR-04 Waiting / public circulation 1,055 SF; Optometry Reception 214 295 SF. Irregular highlighted footprint scaled from adjacent printed dimensions; rounded to 5 SF.

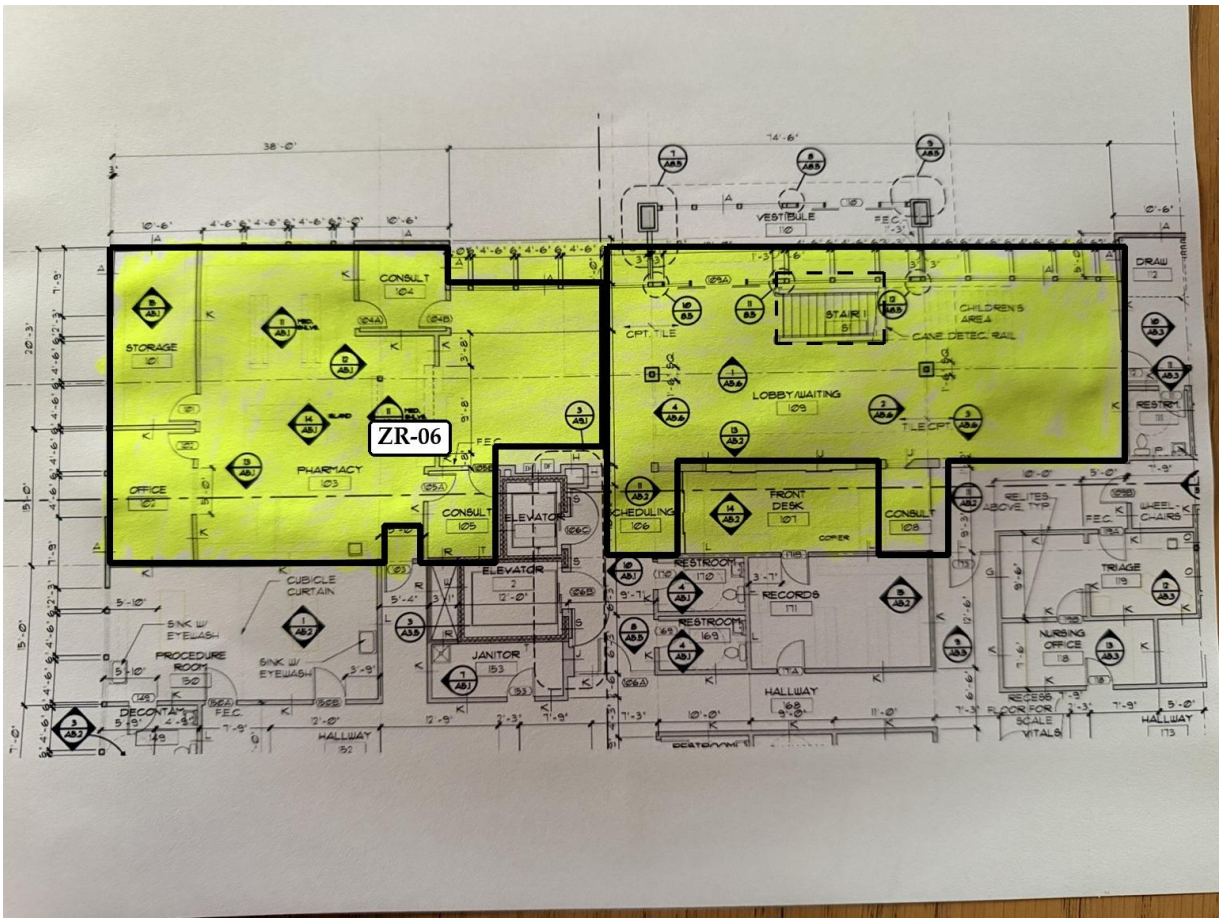
ZR-05 Conference 245 635 SF; Shell Space 244 1,435 SF. Irregular room polygons scaled from the 30'-0" and 40'-0" printed dimensions; rounded.

ZR-06 Pharmacy / Office / Consult component 1,475 SF; Lobby / Front Desk / Consult component 1,260 SF. Two irregular highlighted components scaled from adjacent column-grid and room dimensions; rounded to 5 SF.

RFP quantity note Bidders shall state any measured variance by zone. If current CAD is issued by addendum, CAD calculated areas supersede this photo derived schedule. Square footage excludes unhighlighted rooms and dashed exclusions.

Map A - Pharmacy / Lobby / Front Desk

Full sheet boundary map



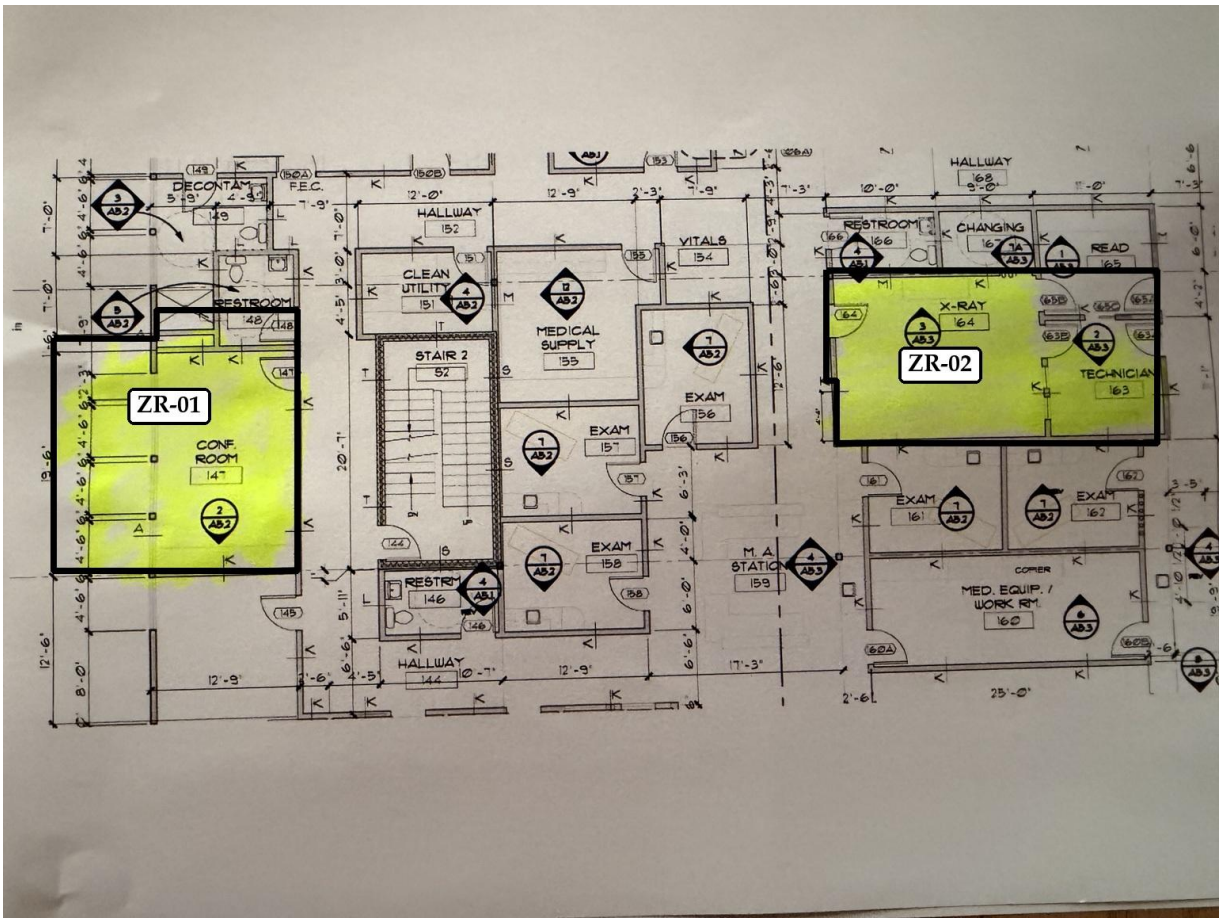
Mapped limits

ZR-06 Pharmacy / Lobby / Front Desk 2,735 SF

Legend Solid black line indicates the included remodel footprint. Dashed black line indicates a visible exclusion. Yellow indicates the original Owner markup.

Map B - Conference and X-Ray / Technician

Full sheet boundary map



Mapped limits

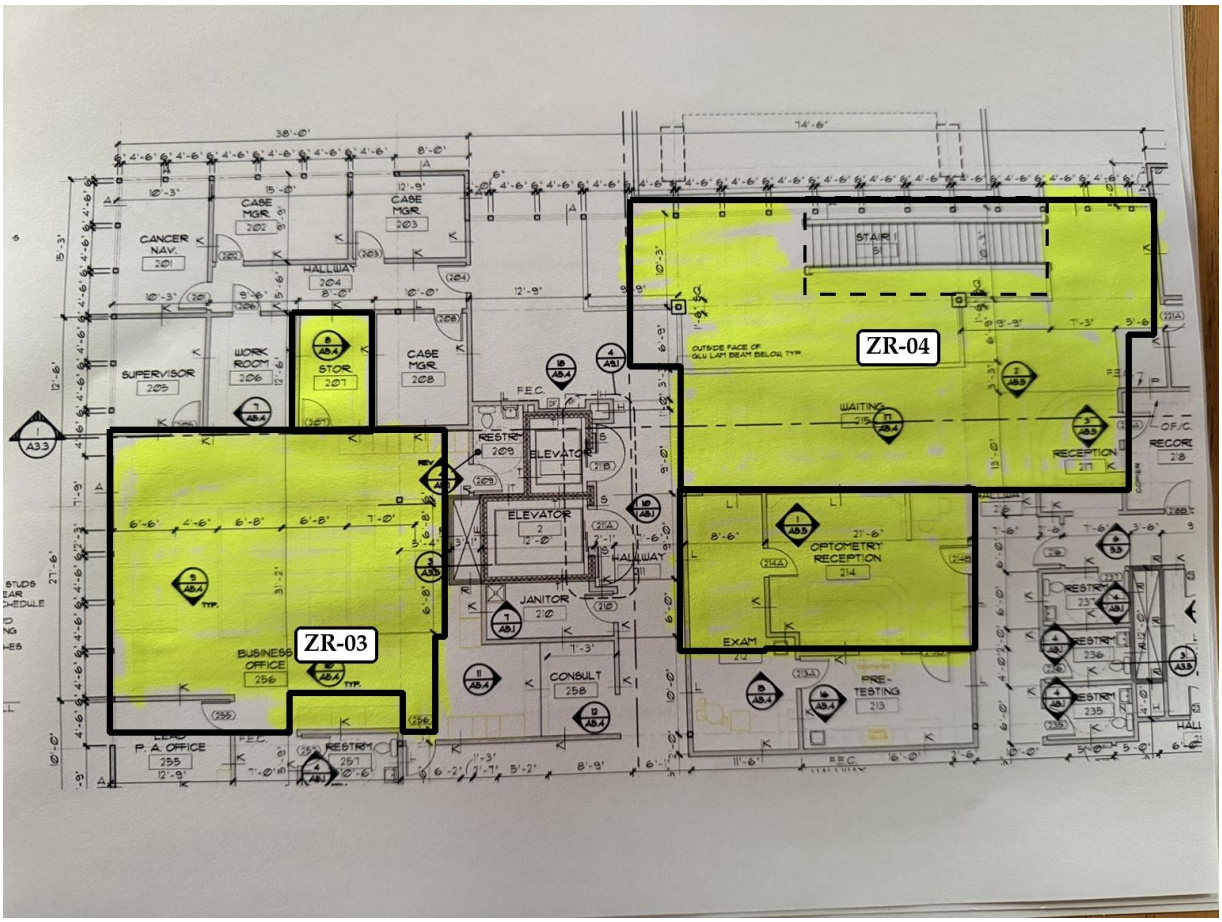
ZR-01 Conference / Training Room 147 400 SF

ZR-02 X-Ray / Technician Suite 163-164 255 SF

Legend Solid black line indicates the included remodel footprint. Dashed black line indicates a visible exclusion. Yellow indicates the original Owner markup.

Map C - Business Office and Optometry

Full sheet boundary map



Mapped limits

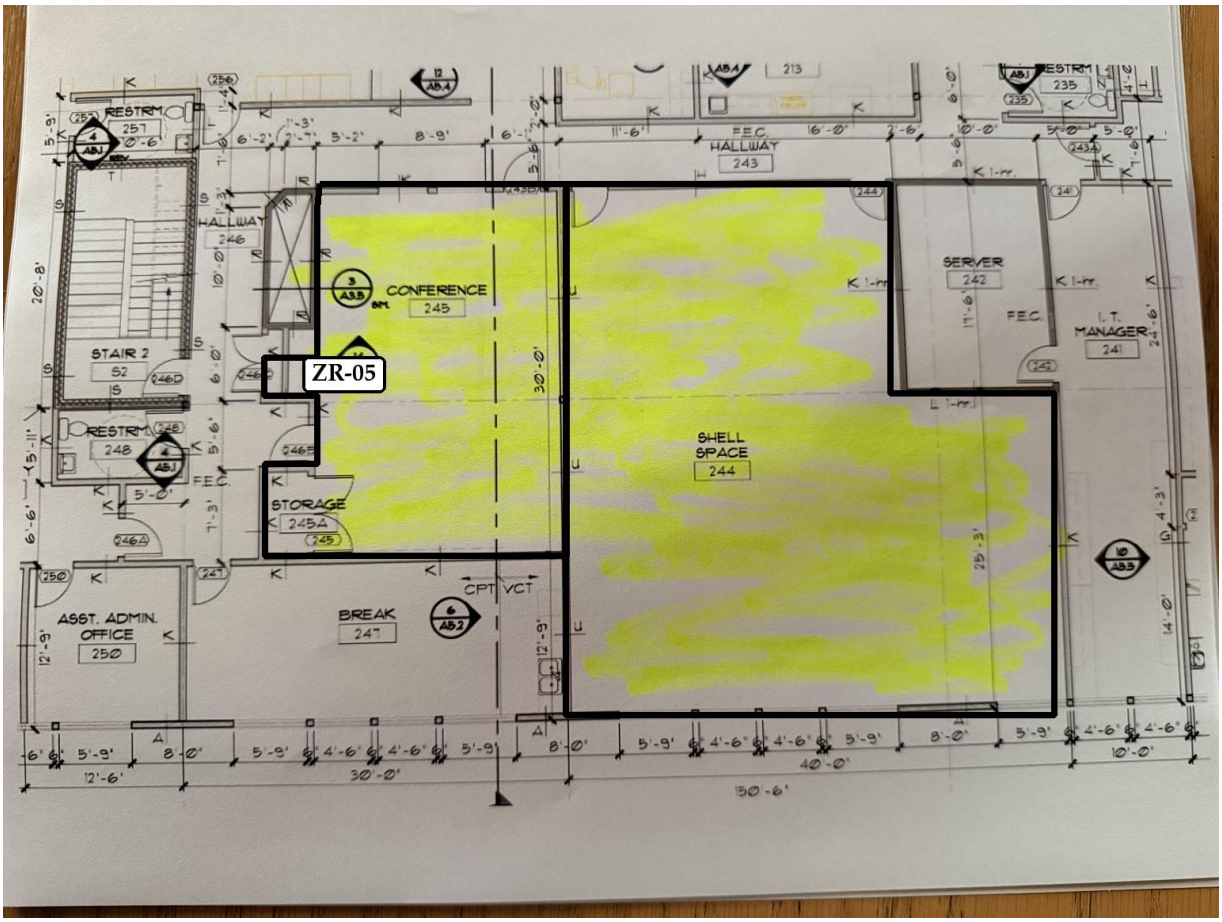
ZR-03 Business Office 256 / Storage 207 845 SF

ZR-04 Optometry Reception / Waiting 1,350 SF

Legend Solid black line indicates the included remodel footprint. Dashed black line indicates a visible exclusion. Yellow indicates the original Owner markup.

Map D - Conference / Shell Space

Full sheet boundary map



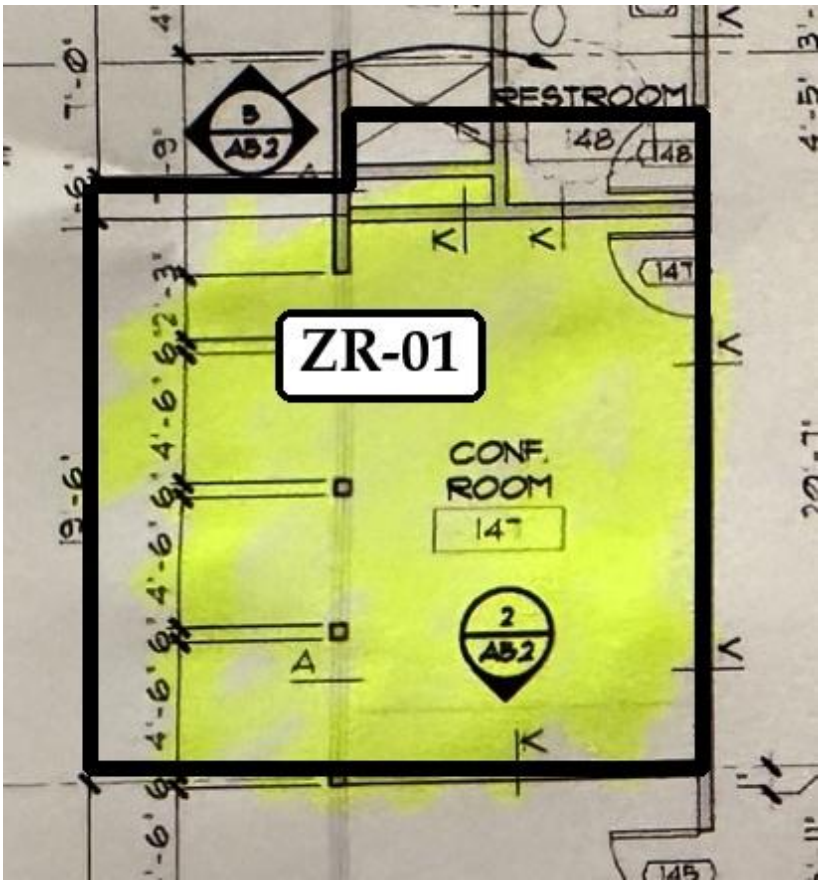
Mapped limits

ZR-05 Conference 245 / Shell Space 244 2,070 SF

Legend Solid black line indicates the included remodel footprint. Dashed black line indicates a visible exclusion. Yellow indicates the original Owner markup.

ZR-01 Conference / Training Room 147

Boundary close up and area basis



Approximate highlighted area 400 SF

Included area breakdown Conference / Training Room 147 400 SF

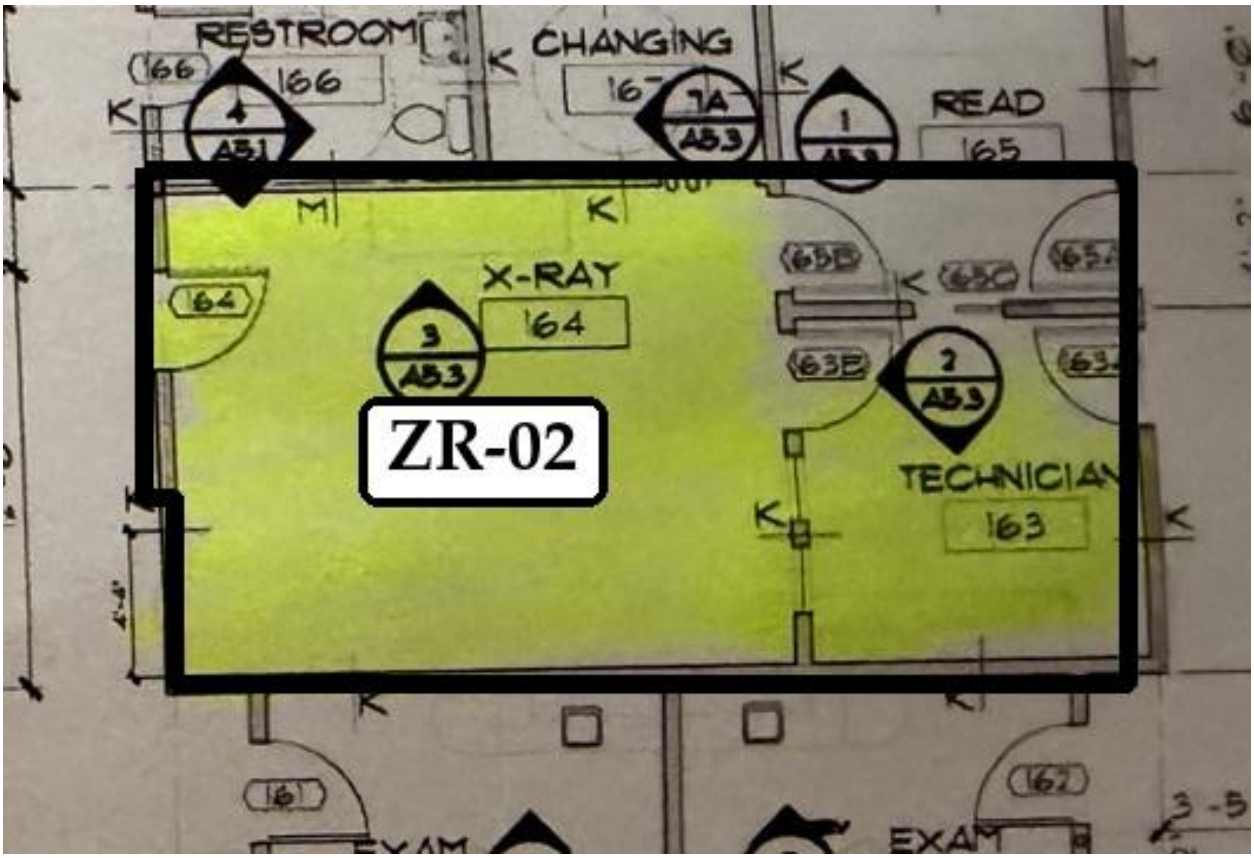
Measurement basis 20'-7" x 19'-6" printed plan dimensions; rounded.

Boundary rule The solid black outline is the remodel pricing limit. Unhighlighted adjacent rooms are excluded unless tie in work is needed. Dashed internal shapes are excluded from the area total.

Bidder verification Confirm field dimensions, wall thickness, ceiling transitions, doors, MEP tie ins, and any conflict between the yellow markup and architectural room boundary before final pricing.

ZR-02 X-Ray / Technician Suite 163-164

Boundary close up and area basis



Approximate highlighted area 255 SF

Included area breakdown X-Ray 164 and Technician 163 255 SF

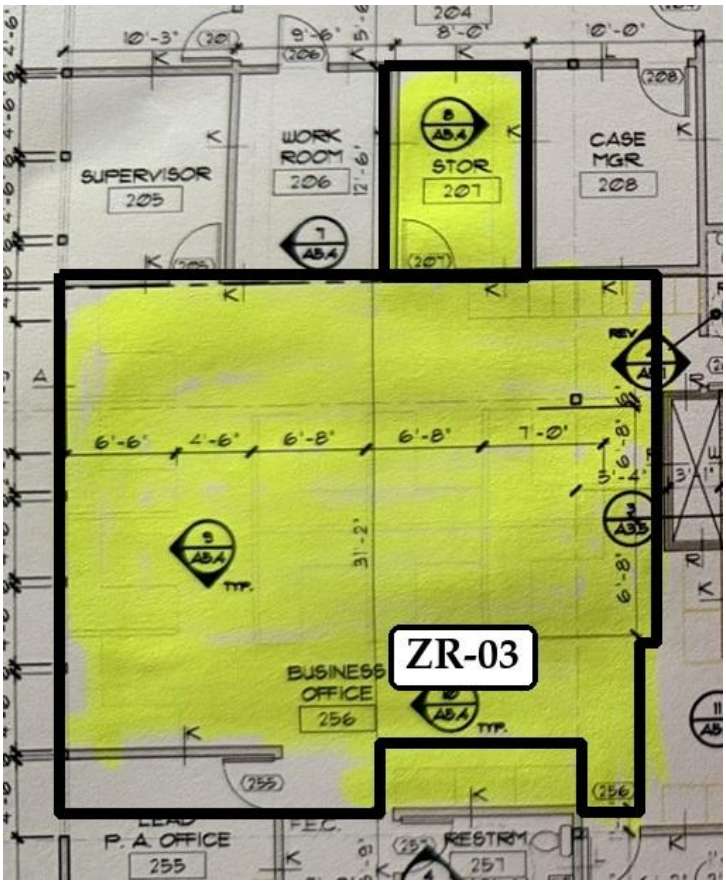
Measurement basis Combined 21'-0" x 12'-3" suite footprint; rounded.

Boundary rule The solid black outline is the remodel pricing limit. Unhighlighted adjacent rooms are excluded unless tie in work is needed. Dashed internal shapes are excluded from the area total.

Bidder verification Confirm field dimensions, wall thickness, ceiling transitions, doors, MEP tie ins, and any conflict between the yellow markup and architectural room boundary before final pricing.

ZR-03 Business Office 256 / Storage 207

Boundary close up and area basis



Approximate highlighted area 845 SF

Included area breakdown Business Office 256 highlighted footprint 765 SF; Storage 207 80 SF

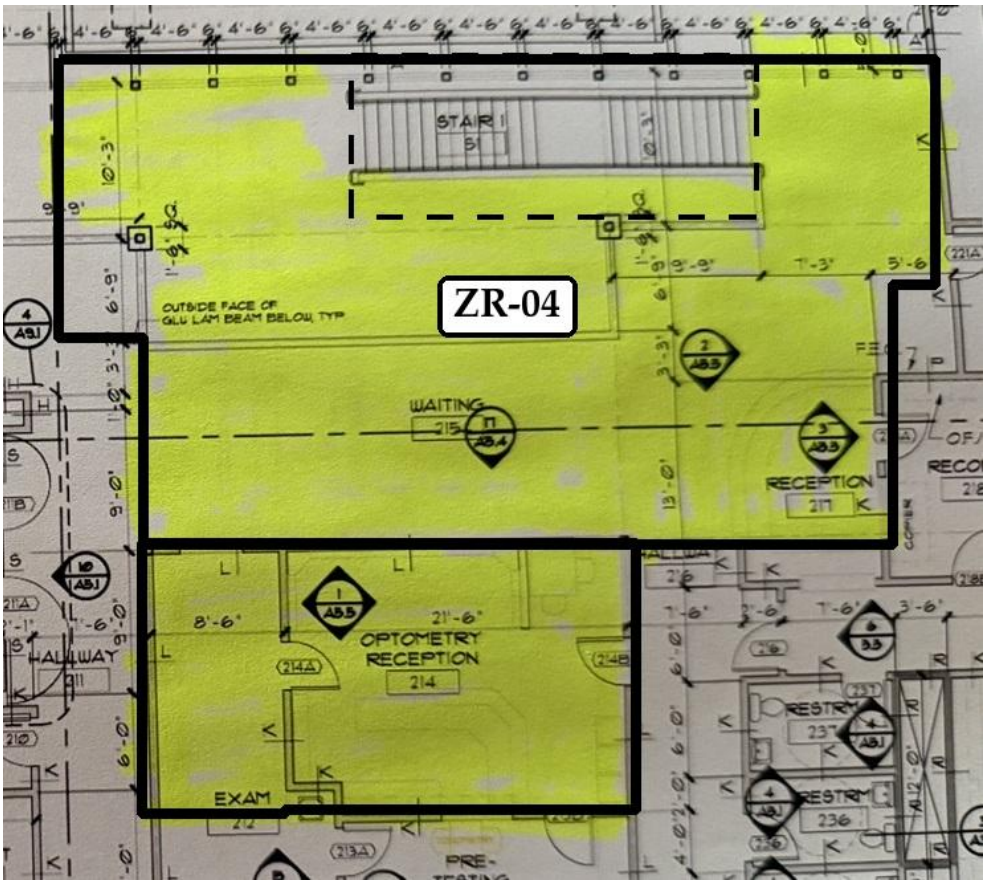
Measurement basis Boundary polygon scaled from adjacent printed dimensions; rounded to 5 SF.

Boundary rule The solid black outline is the remodel pricing limit. Unhighlighted adjacent rooms are excluded unless tie in work is needed. Dashed internal shapes are excluded from the area total.

Bidder verification Confirm field dimensions, wall thickness, ceiling transitions, doors, MEP tie ins, and any conflict between the yellow markup and architectural room boundary before final pricing.

ZR-04 Optometry Reception / Waiting

Boundary close up and area basis



Approximate highlighted area 1,350 SF

Included area breakdown Waiting / public circulation 1,055 SF; Optometry Reception 214 295 SF

Measurement basis Irregular highlighted footprint scaled from adjacent printed dimensions; rounded to 5 SF.

Boundary rule The solid black outline is the remodel pricing limit. Unhighlighted adjacent rooms are excluded unless tie in work is needed. Dashed internal shapes are excluded from the area total.

Bidder verification Confirm field dimensions, wall thickness, ceiling transitions, doors, MEP tie ins, and any conflict between the yellow markup and architectural room boundary before final pricing.

ZR-05 Conference 245 / Shell Space 244

Boundary close up and area basis



Approximate highlighted area 2,070 SF

Included area breakdown Conference 245 635 SF; Shell Space 244 1,435 SF

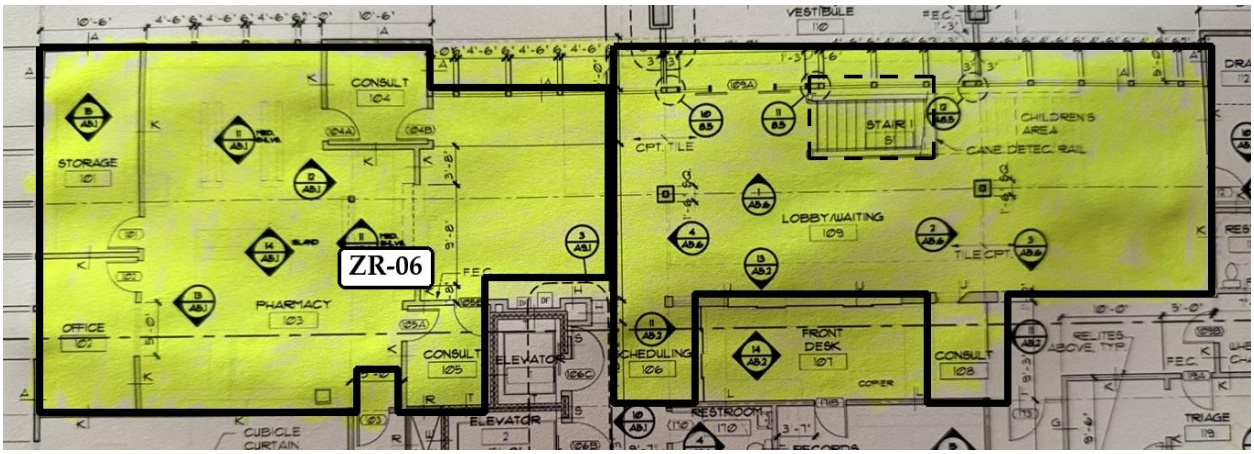
Measurement basis Irregular room polygons scaled from the 30'-0" and 40'-0" printed dimensions; rounded.

Boundary rule The solid black outline is the remodel pricing limit. Unhighlighted adjacent rooms are excluded unless tie in work is needed. Dashed internal shapes are excluded from the area total.

Bidder verification Confirm field dimensions, wall thickness, ceiling transitions, doors, MEP tie ins, and any conflict between the yellow markup and architectural room boundary before final pricing.

ZR-06 Pharmacy / Lobby / Front Desk

Boundary close up and area basis



Approximate highlighted area 2,735 SF

Included area breakdown Pharmacy / Office / Consult component 1,475 SF; Lobby / Front Desk / Consult component 1,260 SF

Measurement basis Two irregular highlighted components scaled from adjacent column-grid and room dimensions; rounded to 5 SF.

Boundary rule The solid black outline is the remodel pricing limit. Unhighlighted adjacent rooms are excluded unless tie in work is needed. Dashed internal shapes are excluded from the area total.

Bidder verification Confirm field dimensions, wall thickness, ceiling transitions, doors, MEP tie ins, and any conflict between the yellow markup and architectural room boundary before final pricing.

RFP Boundary and Quantity Requirements

Bidder acknowledgement sheet

Use of this exhibit

- Optional - Price each zone separately using the zone IDs and approximate square footage schedule.
- Identify work outside the traced limit for utilities, shutdowns, life safety, infection control, finish transitions, and code compliance.
- Report measured square footage variances by zone before bid close. Do not silently substitute a different limit.
- Maintain safe public and staff circulation and protect occupied clinic functions through the approved phasing plan.
- Coordinate shielding and equipment requirements for X Ray work and security, privacy, and controlled access for pharmacy work.

Bidder acknowledgement

Company

_____

Prepared by

_____

Date

_____

Site walk completed

_____

Measured variance and exceptions

_____

Addenda incorporated

_____

Controlling note This exhibit translates visible Owner highlighting into an RFP boundary and approximate area schedule. It does not replace stamped architectural drawings, code review, hazardous materials investigation, equipment vendor requirements, or field verification.

Design Conceptuals




PEOPLE
CARE
RESPECT
BELONGING
BETTER HEALTH
BRIGHTER TOMORROWS
Healthy People
Stronger Communities
Learn
Collaborate
Improve
Thrive
PLANNING | GIS | GRANTS | PROGRAMS


Our People
Healthyr Communities
Brighter Tomorrows
Better Health
Stronger Communities
Knowledge
Collaboration
Healthier People
Stronger Tomorrow


Stronger
Healthier
Communities
People
Culture
Community
Better Tomorrow


Better Health
Stronger Communities




OPTOMETRY
"Clear Vision
Stronger People
Brighter Tomorrows"
PRC & BUSINESS


DENTAL
OPTOMETRY
Healthy
Smiles
Stronger
Communities
DENTAL


PEOPLE
CARE
RESPECT
BELONGING
BETTER HEALTH
BRIGHTER TOMORROWS
Healthy People
Stronger Communities
Learn
Collaborate
Improve
Thrive