

Technical Proposal (Architect/Engineer)

State of Ohio Standard Forms and Documents

Ohio Department of Rehabilitation and Corrections

DRC-23L033 LORCI (Lorain County Correctional Institution)

Kitchen Floors

January 20, 2023

Contingent upon acceptance of your Technical Proposal submission, your firm will be recommended as the Architect/Engineer ("A/E") for this Project. The Architect/Engineer Agreement and associated Exhibits (available via the OFCC website at <http://ofcc.ohio.gov>) shall be the terms and conditions of performance for your services. Exhibit B - Scope of Services, may be modified as appropriate for the Project. Obtain Exhibit B from your OFCC Project Manager. This Technical Proposal shall be an attachment to your contract.

Ohio Revised Code (ORC) Section 9.24, prohibits the State from awarding a Contract to any offeror(s) against whom the Auditor of State has issued a finding for recovery if the finding for recovery is unresolved at the time of award. By submitting a technical proposal, offeror warrants that it is not now, and will not become subject to an unresolved finding for recovery under ORC 9.24, prior to the award of any Contract arising out of this RFP, without notifying the OFCC of such finding.

By submission of this technical proposal, the firm is affirming that they are capable of providing the manpower and competency required to meet the proposed schedule and project objectives.

PROJECT SUMMARY

Project Number: DRC-23L033

Project Name: LORCI (Lorain County Correctional Institution) – Kitchen Floors

The project scope consists of the following:

1. The existing kitchen floor is sealed concrete floors and is needing quarry tile throughout.
2. The floors were just redone 3 years ago and Tile is now wanted.

All aspects of the project must comply with Department of Rehabilitation and Corrections policies and procedures.

Scope clarification / exclusions:

1. Floor plans will be made available to A/E in AutoCAD format.
2. Excludes mechanical, electrical, security system, access control, CCTV, fire alarm, information technology and fire protection engineering design services.
3. Excludes emergency stand-by generator engineering design services.
4. Assumes the project will be delivered as a single phase with one drawing bid package.
5. Life Safety Floor plans and occupancy information will be made available to A/E.
6. Pursuit of USGBC LEED certification may be furnished as additional services.
7. Building information modeling (BIM) will not be required for this project.

EDGE COMMITMENT

Are you an EDGE certified firm? No

List your EDGE Consultants (attach completed EDGE Participation – Statement of Intent to Contract and Perform forms)

- **We request a waiver of EDGE requirements due to project scope and budget.**

Total EDGE Consultant Participation Percentage: 0%

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KEY PERSONNEL FOR THIS PROJECT

Name	Title	License Number
Michael Tabeling	Senior Management Lead	8507998

During the Construction Stage, The A/E and appropriate Consultants shall be present at the Site not less than 1 hours per week (excluding travel time to and from the site) whenever any work is in preparation or progress, unless otherwise expressly provided in writing by the Contracting Authority.

CONSULTANTS FOR THIS PROJECT

N.A.

REQUIRED DOCUMENTS

Please include the following documents in your submission:

- Certificates of insurance to provide evidence that you meet the required insurance limits, including professional liability insurance in accordance with Article 7 of Exhibit A.
- Completed EDGE Participation – Statement of Intent to Contract and Perform forms for each EDGE consultant
- Bureau of Workers Compensation Certificate
- Certificate of Authorization to Practice Architecture or Engineering (for your firm)

ADDITIONAL INFORMATION REQUIRED FOR STATE AGENCY AND HIGHER EDUCATION PROJECTS

THIS INFORMATION IS REQUIRED TO COMPLETE THE RELEASE OF FUNDS

Location of principal place of business

4651 Medina Road
Akron, OH 44321-1315

Location from which all or most of the contract work will be performed, if different from principal place of business **N.A.**

Provide information for all state contracts that your firm has had approved by the Controlling Board since the beginning of last fiscal year through this fiscal year to date. Also include contracts approved for this agency or institution of higher education. Total Number of Contracts: **Seven (7)**

Agency/University	Contract Amount	FY
ADJ Camp Perry Readiness Center	1,665,000	2022
ODNR Salt Fork Nature Center	227,000	2022
ODMHAS HBH Kitchen Renovation	264,000	2021
ODNR Paint Creek Constr. & LE Facility	76,000	2021
ODNR FY21-22 Campground Improvements	548,000	2021-22
ODNR SW Forestry Storage Facilities	298,000	2021
ODNR SW Watercraft Storage	\$ 88,290	2021

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Provide the following employee information for your firm:

	<i>Nationwide</i>	<i>Ohio</i>
<i>Total Number of Employees</i>	<i>13</i>	<i>11</i>
<i>Percentage of Women</i>	<i>46%</i>	<i>54%</i>
<i>Percentage of Minorities</i>	<i>0</i>	

What percent of your work will be completed by consultants? 0%

If over 50% – provide the following employee information for each subcontractor:

<i>Subcontractor</i>	<i>Nationwide # of Employees</i>	<i>Nationwide % of Women</i>	<i>Nationwide % of Minorities</i>	<i>Ohio # of Employees</i>	<i>Ohio % of Women</i>	<i>Ohio % of Minorities</i>

Total Estimated Construction Cost: \$355,800.00

Provide the following information regarding your fees for the services performed:

<i>Fee Analysis</i>	<i>Contract Amount</i>	<i>Percent of Total Construction Cost</i>
<i>Professional Design Services</i>	<i>\$ 38,200.00</i>	<i>10.00%</i>
<i>Soil Test & Surveys</i>	<i>\$0.00</i>	<i>0.0%</i>
<i>Allowances</i>	<i>\$0.00</i>	<i>0%</i>
<i>Other – Additional services & Reimbursable Expenses</i>	<i>\$6,750.00</i>	<i>1.767%</i>

FEE BREAKDOWN

<i>Firm</i>	<i>Discipline</i>	<i>Basic Services</i>
<i>Domokur Architects</i>	<i>Architecture/ Project Mgmt.</i>	<i>\$ 38,200.00</i>
TOTAL FEE Excluding reimbursables		\$ 38,200.00

Document 00 00 00 - AE Fee Proposal Form (Exhibit 1.1)**State of Ohio Standard Requirements for Public Facility Construction**

Project Name: OH DRC
LORCI (Lorain County Correctional Institution) -
Kitchen Floors
AE Team: Domokur Architects

Project Number: DRC-23L033
Submission Date: 1/20/2023

1. Basic Services**a. Basic Services Fee Summary**

<i>Scope Items</i>	<i>Budget (\$)</i>	x	<i>Fee (%)</i>	=	<i>Fee (\$)</i>
Site Costs					
Basic Building Construction	\$ 355,800.00		10.00%		\$ 35,580.00
Loose Furnishings					
Technology					
<i>Subtotal Construction Budget</i>	\$ 355,800.00		10.00%		\$ 35,580.00
Owner's Contingency	\$ 26,200.00		10.00%		\$ 2,620.00
<i>Total Hard Costs Budget</i>	\$ 382,000.00				
Total Basic Services Fee	Subtotal (1)	=	10.000%		\$ 38,200.00

b. Basic Services Fee Distribution

<i>Scope of Basic Services</i>	<i>Allocation (%)</i>	<i>Allocation (\$)</i>
Program Verification Stage	5.00%	\$ 1,910.00
Schematic Design Stage	15.00%	\$ 5,730.00
Design Development Stage	15.00%	\$ 5,730.00
Construction Documents Stage	30.00%	\$ 11,460.00
Bidding and Award	5.00%	\$ 1,910.00
Conformed Documents	2.00%	\$ 764.00
Construction Stage Administration	25.00%	\$ 9,550.00
Contract Closeout Deliverables	3.00%	\$ 1,146.00
<i>Subtotal</i>	100.00%	\$ 38,200.00

2. Additional Services**a. Additional Services Summary**

<i>Description</i>	<i>Fee (%)</i>	<i>Fee (\$)</i>
Additional On-Site Services (see note 2 below)	0.000%	\$ -
Partnering & Scheduling Consultants	0.000%	\$ -
Constructability & Cost Analysis	0.000%	\$ -
Off-Site Services	0.000%	\$ -
Special Inspections (OBC)	0.000%	\$ -
Quality Assurance Testing (see note 3 below)	0.000%	\$ -
Total Additional Services Fee	Subtotal (2)	=

b. Additional Services Notes

-
-
-
-

Document 00 00 00 - AE Fee Proposal Form (Exhibit 1.1)

State of Ohio Standard Requirements for Public Facility Construction

3. Reimbursable Expenses

a. Reimbursable Expense Items

Description	Fee (%)	Fee (\$)
Plan Approval	1.309%	\$ 5,000
Permit	0.000%	\$ -
Advertising	0.262%	\$ 1,000
Printing	0.196%	\$ 750
	0.000%	\$ -
Total Reimbursable Expenses	Subtotal (3) = 1.767%	\$ 6,750

b. Reimbursable Expense Notes

-
-
-
-

4. Total AE Fee Proposal

	Subtotal (1)	+	Subtotal (2)	+	Subtotal (3)	=	Total AE Fee
Dollars	\$ 38,200.00		\$ -		\$ 6,750		\$ 44,950.00
Percentage	10.00%				1.767%		11.77%

Notes:



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

12/9/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION** IS **WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AssuredPartners of Ohio LLC, (former Leonard) 4244 Mt. Pleasant St. NW, Suite 200 North Canton OH 44720	CONTACT NAME: Cynthia Runion PHONE (A/C, No, Ext): 330-266-1977 E-MAIL ADDRESS: Cynthia.Runion@assuredpartners.com	FAX (A/C, No): 330-498-9952
INSURED Domokur Architects Inc 4651 Medina Rd Akron OH 44321	INSURER(S) AFFORDING COVERAGE INSURER A: TrustGard Insurance Company INSURER B: Grange Mutual Casualty Co. INSURER C: National Casualty Company INSURER D: INSURER E: INSURER F:	NAIC # 40118 14060 11991

COVERAGES **CERTIFICATE NUMBER: 719420792** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Employers Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:			CPP284024101	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employer's liability \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			CA 2842718-01	7/1/2022	7/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			CUP 2842719-01	7/1/2022	7/1/2023	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y / N <input type="checkbox"/>	N / A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
C	Professional liability			JEO0001255	7/1/2022	7/1/2023	Limit \$2M/\$4M 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
20222094 DRC NERC Plumbing Upgrades

CERTIFICATE HOLDER**CANCELLATION**

Ohio Department of Rehabilitation and Correction
4545 Fisher Rd
Columbus OH 43228

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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**Bureau of Workers'
Compensation**

30 W. Spring St.
Columbus, OH 43215

Certificate of Ohio Workers' Compensation

This certifies that the employer listed below participates in the Ohio State Insurance Fund as required by law. Therefore, the employer is entitled to the rights and benefits of the fund for the period specified. This certificate is only valid if premiums and assessments, including installments, are paid by the applicable due date. To verify coverage, visit www.bwc.ohio.gov, or call 1-800-644-6292.

This certificate must be conspicuously posted.

Policy number and employer
00627259

DOMOKUR ARCHITECTS INC
4651 MEDINA RD
AKRON OH 44321-1315

Period Specified Below
07/01/2022 to 07/01/2023



www.bwc.ohio.gov
Issued by: BWC

Stephanie McCloud

Administrator/CEO

You can reproduce this certificate as needed.

Ohio Bureau of Workers' Compensation

Required Posting

Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means an employee may dispute or prove untrue the presumption (or belief) that alcohol, marihuana or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove the presence of alcohol, marihuana or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



**Bureau of Workers'
Compensation**

You must post this language with the Certificate of Ohio Workers' Compensation.

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show DOMOKUR ARCHITECTS INCORPORATED, an Ohio corporation, Charter No. 582820, having its principal location in Fairlawn, County of Summit, was incorporated on September 29, 1981 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 1st day of June, A.D. 2022.*

A handwritten signature in blue ink, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202215201906