

# ILLINOIS MEDICAL DISTRICT COMMISSION

## REQUEST FOR PROPOSALS

*for*

*Real Estate and Strategic Advisory Professional  
Services*



ILLINOIS MEDICAL DISTRICT  
COMMISSION

**IMD 17-001**

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#### Project Contact:

Kate Schellinger  
Illinois Medical District Commission  
2100 W Harrison St., Chicago, IL 60612  
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Phone: 312-738-5800  
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## APPENDIX

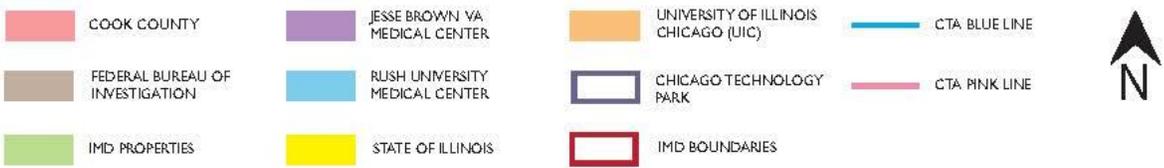
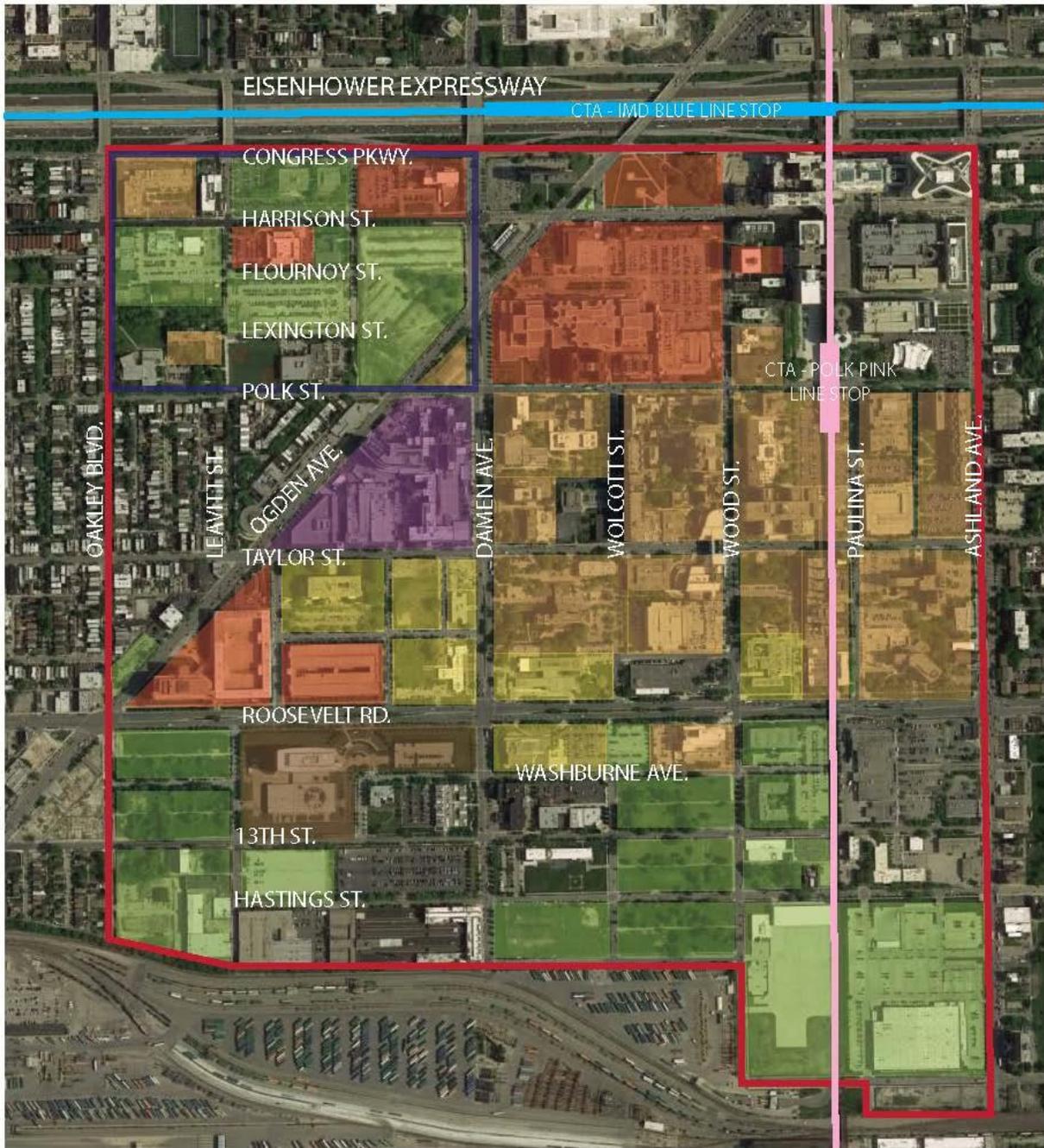
*(Exhibits A through H are available by clicking the following link, <http://www.medicaldistrict.org/imdrealestaterfp> which will require registration with the IMD; after such, the documents can then be downloaded.)*

Exhibit A	IMD Strategic Vision Compendium 2013
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Exhibit C	IMD Master Plan – 2016
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## KEY DATES:

• RFP Issuance	September 21, 2016
• Pre-Proposal Meeting	October 7, 2016
• Question Submission Cut-Off	October 14, 2016
• RFP Response Due Date	October 28, 2016
• Shortlist Selection	November 10, 2016 (estimate)
• Final Selection	December 2, 2016 (estimate)

# ILLINOIS MEDICAL DISTRICT - LAND OWNERSHIP



*In this document the IMD will be referred to as “District”, “we” or “us”. The person submitting an Offer will be referred to as “Proposer / Proposing Party / Proposing Entity” “Respondent,” “Contractor,” “Vendor,” “Firm” or “You”. For the purposes of this solicitation “Offer” shall also refer to a Respondent’s “Proposal” and/or “Response” in connection with this solicitation.*

Interested Respondents are responsible for periodically visiting the IMD website for any and all notification, updates and addenda (<http://www.medicaldistrict.org/doing-business/request-for-proposals/>)

## 1.1 PURPOSE OF THE REQUEST FOR PROPOSALS (“RFP”)

The Illinois Medical District (the “IMD”), is requesting proposals (“Proposals”) from qualified, responsible parties (“Respondents”) to meet the IMD’s needs for real estate consulting services in order to continue the IMD’s advancement as an economic engine for Chicago and a global destination for innovation and medical services.

### Real Estate and Strategic Advisory Professional Services RFP

IMD desires to retain expert, professional services to provide the IMD assistance with developing vacant land; maximizing the use and operation of existing physical assets; attracting medical and health-care related businesses and organizations; attracting high-technology business enterprises, start-up companies, and visionary businesses; and similar work as may be suggested within Proposals submitted by Respondents, as more specifically described at Section 2.7 (“Services”). Services specifically include the following (“Service Groups”):

1. Asset Analysis and Performance Advisory (“Group 1”)
2. Leasing and Brokerage (“Group 2”)
3. Strategic Marketing Services (“Group 3”)
4. Development and Transaction Advisory Services (“Group 4”)
5. Facilities and Asset Management (“Group 5”)

The IMD seeks to work with firms that demonstrate an understanding of the IMD’s organizational goals and mission as well as the context of existing and potential resources available to the IMD. The IMD is also interested in firms that demonstrate the capacity to fulfill and enhance the IMD leadership’s long term strategic vision for the Illinois Medical District as a leader in patient care and medical research. Section 4.2 includes Respondent Evaluation Criteria.

## 1.2 KEY DATES

The IMD anticipates a timely completion of the RFP process with the selection of one or more qualified Respondents and the execution of one or more agreements for professional services. The IMD reserves the right to make adjustments to the schedule throughout the process.

- |                               |                              |
|-------------------------------|------------------------------|
| • RFP Issuance                | September 21, 2016           |
| • Pre-Proposal Meeting        | October 7, 2016              |
| • Question Submission Cut-Off | October 14, 2016             |
| • RFP Response Due Date       | October 28, 2016             |
| • Shortlist Selection         | November 10, 2016 (estimate) |
| • Final Selection             | December 2, 2016 (estimate)  |

## 1.3 PRE-PROPOSAL CONFERENCE

The IMD will hold a Pre-Proposal Conference on October 7, 2016, at 9:30 a.m. at the IMD Offices located at 2100 W. Harrison St., Chicago, IL. Interested Respondents are encouraged but not required to attend. During the Pre-Proposal Conference, the will discuss the desired total Services and specific Service Groups, review key requirements for Proposals, and answer questions.

Registration for the Pre-Proposal Conference is recommended but not required. To register for the Pre-Proposal Conference, email the Project Contact.

## Project Contact:

Kate Schellinger  
Illinois Medical District Commission  
2100 W Harrison St., Chicago, IL 60612  
kschellinger@medicaldistrict.org

Phone: 312-738-5800  
Fax: 312-738-5801  
TDD: 312-738-5804

### 1.4 SUBMISSION OF QUESTIONS / CLARIFICATIONS

Questions regarding the Services must be sent in writing via email to the Project Contact on or before October 14, 2016. Submitted questions and IMD responses will be posted on the IMD website (<http://www.medicaldistrict.org/doing-business/request-for-proposals>).

Suspected errors in the RFP should be directed to the attention of the Project Contact via email.

In accordance with the provisions of the Quiet Period described below, Respondents may be disqualified for discussing this RFP or any related potential or actual Proposal, either directly or indirectly, with any IMD officer or employee, other than the IMD Project Contact.

### 1.5 QUIET PERIOD

The Quiet Period governs how and when the IMD staff may communicate with prospective Respondents during the pendency of a solicitation. The Quiet Period rules are designed to ensure that prospective vendors have equal access to information regarding selection parameters, that communications related to selection are consistent and accurate, and that the IMD's process for selecting vendors is transparent, efficient, diligent and fair.

The following Quiet Period rules will apply during this RFP:

1. The Quiet Period begins upon the public release of the RFP and will end upon the IMD's public announcement of its final selection. Initiation and conclusion of the Quiet Period shall be publicly communicated to prevent inadvertent violations.
2. Throughout the Quiet Period, all IMD Commissioners and staff shall refrain from communicating with potential vendors regarding the Services or anything related to the RFP. If any Commissioner or IMD staff member is contacted by a potential vendor regarding the Services or the RFP during the Quiet Period, the Commissioner shall refer the vendor to the Project Contact without responding to any question.
3. Notwithstanding the Quiet Period, IMD staff are not prohibited from communicating with representatives of any party that already holds an existing contract with the IMD, so long as such communications relate only to the business already being conducted by the vendor on behalf of the IMD and so long as such communications do not relate to this RFP or the Services solicited herein.
4. Communications between staff designated by the IMD Executive Director and shortlisted Respondents are not prohibited.
5. A potential vendor may be disqualified from the consideration under the solicitation for a violation of the Quiet Period.

### 1.6 PROPOSAL SUBMITTAL, DUE DATE, TIME AND SUBMISSION LOCATION

Respondents are not required to submit responses for all of the Service Groups. Respondents may submit Proposals for one, some, or all of the Service Groups.

Submittals must be submitted in a sealed container and must include the following:

- 5 complete, signed original Proposals in hardcopy; Note that the Approach and Strategy portion will be copied and separated in accordance with the instructions below.
- 5 paper copies of only the Approach and Strategy for each Service Group, separately divided and in accordance with the Service Group name and number assigned by this RFP (If a Respondent is offering to assist with only one Service Group, then Respondent will submit five paper copies of the Approach and Strategy for that one Service Group – total 5 copies. If a Respondent is offering to assist with all five Service Groups, then Respondent

will submit five paper copies for each Service Group – total 25 copies.)

- 1 flash drive with the complete, signed Proposal in PDF format (if any portion of the Proposal is marked as confidential, then the flash drive should also include a redacted copy of the signed Proposal in PDF format)

Respondents may request confidential treatment of any portion of their Proposal. Any such request must be included in the cover letter, must be indicated on the enclosed forms, and a PDF copy of the redacted Proposal must be included on the flash drive.

Requests for confidential treatment will not supersede the IMD's legal obligations under Illinois Freedom of Information Act ("FOIA") (5 ILCS 140) or other applicable law.

Due Date and Time: **Proposals must be received by October 28, 2016, by 3:00 p.m. CST.** Failure by a delivery service will not excuse the Respondent from the deadline. IMD will not consider Proposals, modifications or withdrawals received after the Due Date and Time.

**DELIVER OFFERS TO:**

Kate Schellinger  
Illinois Medical District Commission  
2100 W Harrison St., Chicago, IL 60612

**LABEL OUTSIDE OF ENVELOPE / CONTAINER:**

Real Estate and Strategic Advisory Professional Services  
RFP Response 3:00 p.m.  
3:00 p.m. Central Time  
[Respondent Name & Address]

IMD will open Proposals at the Due Date, Time and Delivery Location. Prior to the Due Date and Time, Respondents may mail or hand-deliver Proposals, modifications, and withdrawals. IMD will not accept e-mail or fax or any other electronic submissions.

All Proposals must remain firm for 270 days from opening.

**1.7 REVIEW AND EVALUATION OF PROPOSALS**

The IMD will endeavor to review all proposals expeditiously and pursuant to the criteria established in Section 4. Upon initial review, the IMD may request clarifications and additional information from Respondents as it deems necessary to adequately and fairly understand and assess the proposals.

**1.8 NOTICE OF SELECTED RESPONDENTS**

IMD will post a notice to the IMD website identifying the apparent selected Respondents. The notice extends the Proposal Firm Time until the IMD and selected Respondent(s) sign a contract(s) or determine not to sign a contract. IMD may accept or reject any Proposal as submitted, or may request contract negotiations. If negotiations do not result in an acceptable agreement, IMD may reject the selected Proposal that is the subject of such negotiations. The Commission reserves the right to reject any or all Proposals received in response to this solicitation.

**1.9 PUBLIC RECORDS AND REQUESTS FOR CONFIDENTIAL TREATMENT**

Proposals become the property of the IMD and will not be returned to Respondents. Proposals may be available to the public under the FOIA (5 ILCS 140) and other applicable laws and rules. Respondents may request that certain information be treated as exempt. The IMD reserves the right to review such requests on a case-by-case basis. A request for confidential treatment will not supersede the IMD's legal obligations under the FOIA (5 ILCS 140). IMD will not honor requests to exempt entire Proposals. Respondents must identify the specific grounds in FOIA or other law or rule that support exempt treatment. Regardless, IMD may disclose the successful Respondent's team's name, the substance of the Proposal, and the pricing. If you request exempt treatment, you must submit an additional copy of the Proposal with exempt information deleted. This copy must tell the general nature of the material removed and shall retain as much of the Proposal as possible. Respondents will be responsible for any costs or damages associated with our defending your request for exempt treatment. Respondents agree the IMD may copy the Proposal to facilitate evaluation, or to respond to requests for public records. By submitting proposal, all Respondents warrant that such copying will not violate the rights of any third party.

#### **1.10 MBE / WBE / PARTICIPATION**

Consistent with the IMD Procurement Policy, the IMD encourages Respondents to use best efforts to use a diverse team, including but not limited to the participation of minority and women-owned businesses at all tiers of this engagement. The IMD has set a goal of twenty-five percent (25%) participation by certified minority business enterprises (MBE) and five percent (5%) by certified women-owned business enterprises (WBE). Entities which qualify for more than one type of certification shall not be credited more than once with regard to the Respondent's commitment. Only certifications by the State of Illinois (Business Enterprise Program), Cook County or the City of Chicago will be accepted for these purposes.

Respondents may achieve the M/WBE participation goal by the Respondent's own status as a certified MBE or WBE or Respondent's subcontracting portions of the Services to certified MBE or WBE entities (but only to the extent of any actual, meaningful and substantive work performed by the subcontractor).

#### **1.11 RESERVATIONS**

IMD reserves the right to reject any or all Proposals or portions of Proposals; and to award by item, group of items, or grand total. The IMD may request a clarification; inspect a Respondent's premises; interview staff; request a presentation; or otherwise verify the contents of the Proposal, including information about subcontractors and suppliers. IMD may request Best & Final Offers. IMD will make all decisions on compliance, evaluation, terms and conditions, and shall make decisions solely in the best interests of the IMD.

##### **Cancellation**

The IMD reserves the right, at any time and in its sole and absolute discretion, to reject any or all submittals, or to withdraw the RFP without notice. In no event shall the IMD be liable to any Respondent for any cost or damages or other costs incurred in connection with this RFP and any response thereto.

##### **Amendments**

The IMD reserves the right to amend this Request for Proposals at any time. The respondent must acknowledge receipt of an amendment in its submittal with the signature of an individual legally authorized to bind the respondent.

##### **Nonmaterial and Material Variances**

The IMD reserves the right to waive or permit cure of nonmaterial variances in a Response. "Nonmaterial variances" include minor informalities that do not affect responsiveness; that are merely a matter of form or format; that do not prejudice other Respondents; that do not change the meaning or scope of the RFP; or that do not reflect a material change in the RFP. In the event the IMD waives or permits cure of nonmaterial variances, such waiver or cure will not modify the RFP requirements or excuse the Respondent from full compliance with Request for Proposal specifications or other contract requirements if the Respondent is awarded the contract. The determination of materiality is in the sole discretion of the IMD.

##### **SUBMITTAL DOES NOT GUARANTEE A CONTRACT**

The RFP process will enable the IMD to evaluate competitive Proposals for professional services. Respondents do not develop a right to an award by submitting a Proposal, nor do Respondents have right to a contract based on our posting a business on the any IMD web site notice. IMD is not responsible for and will not pay any costs associated with the preparation and submission of a Respondent's Proposal. Any Respondent that may be selected must not commence work prior to the date all parties execute the contract, unless approved in writing in advance by the IMD.

**1.12 GOVERNING LAW, POLICIES, AND FORUM**

*This RFP was prepared in accordance with the IMD Procurement Policy. A copy of such Policy is available at <http://www.medicaldistrict.org/doing-business/procurement-guidelines>*

Illinois law and rule govern this solicitation and any resulting contract. Respondents must bring any action relating to this RFP or any resulting contract in the appropriate court in Illinois. IMD will not consent to binding arbitration.

**NON-DISCRIMINATION POLICY:** *In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U.S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the IMD will not discriminate on the basis of any protected class when making selection decisions for employment, contracts, or any other IMD activity.*

## SECTION 2: IMD OVERVIEW, VISION & SCOPE OF WORK

### 2.1 IMD OVERVIEW

The IMD is a political subdivision, unit of local government, and body politic and corporate that was formed by an act of the Illinois State Legislature in 1941 (70 ILCS 915/0.01, *et seq.*), as amended from time to time (the “Act”) for the purpose of:

- 2.1.1 **Administering, developing and zoning property within the District to attract and retain academic centers of excellence, viable health care facilities, medical research facilities, and emerging high technology enterprises;**
- 2.1.2 **Attracting and facilitating both medically-related commerce and research and new business ventures for the economic vitality and general welfare of the District, the State of Illinois, Cook County, and the City of Chicago; and**
- 2.1.3 **Serving as the leader in patient care and medical research by utilizing its diversity and unique assets to drive economic growth**

The IMD includes 560 acres of medical research facilities, labs, a biotech business incubator, universities, raw land development areas and more than 40 healthcare related facilities located less than two miles from downtown on the near West Side of the City of Chicago. One of the largest medical districts in the U.S., the IMD is bounded by Congress Street on the north, Ashland Avenue on the east, Oakley Boulevard on the west, and the Union Pacific inter-modal yard on the south. The IMD is governed by a seven-member Board of Commissioners who work in concert with the IMD’s Executive Director to govern the District’s growth, development, and mission.

The IMD represents a valuable urban and economic development asset for the City, the County and the State, which up until recently has been underutilized and underleveraged. With 4 major medical institutions anchoring the District, two medical universities, medical research and health care industries, and a growing technology park, the IMD is unlike any other medical district in the U.S. and represents a rare opportunity for new growth and investment. To that end, the IMD has already seen a great re-investment by major stakeholders over the last decade, signaling clear growth and development in the area.

On a daily basis, the IMD holds 29,000 employees, 8,000 medical students, and 50,000 visitors; taken together, the size and daily population of the IMD approaches that of a mid-size urban city such as Evanston, Illinois. In addition, the IMD is surrounded by tens of thousands of permanent residents and hundreds of thousands of office workers and employees. The opportunity to serve that environment with quality retail, dining, services and related office and medical support facilities is at the heart of this offering.

The IMD desires to enhance the District with new and complimentary development to bolster its offerings and its mission. To support these efforts, the IMD commissioned three studies, a comprehensive “strategy vision” study (excerpt of which is attached hereto as Exhibit A) to help identify its strengths and weakness and put forth realistic goals to grow the District, an Economic Impact Analysis Report (attached hereto as Exhibit B) which helped quantify both its impact and potential within the area/region, and the 2016 IMD Master Plan (attached hereto as Exhibit C). Indicative of its great economic impact and immense potential, the economic impact study showed that the IMD annually provides nearly \$3.5 billion to the economy, clearly ranking the IMD as one of region’s major economic engines, on par with the annual impact of Chicago’s McCormick Place convention center and Navy Pier tourist destination.

Identified within these studies in addition to the core “medical” uses essential to the District, is a strong need and potential for new commercial, retail and service oriented development. The development of new dining options, convenient retail, hospitality and hotel facilities and other services will attract new business entities to the District. This RFP provides an opportunity for qualified professionals to submit Proposals to assist the IMD in furtherance of its mission to fulfill these needs.

## 2.2 DISTRICT/NEIGHBORHOOD CONTEXT: OPPORTUNITIES & AMENITIES

Higher Education Assets: In addition to the 8,000 graduate students within the IMD, immediately east of the District lies the University of Illinois at Chicago campus, which with nearly 28,000 students and 1,800 medical faculty, continues to plan for significant expansion in their 2010 Campus Master Plan. Directly north of the IMD is Malcolm X Community College which, with support of the IMD, has refocused its curriculum toward medicine and healthcare training and, to accommodate this, has completed a new major campus expansion.

Destination Attractions: Only a few short blocks north of the IMD, the United Center, which is home to the Chicago Bulls and the Chicago Blackhawks. The latter recently embarked on the construction of a new community training facility and retail entertainment complex at the old Malcolm X College site. Also, to the north is the burgeoning West Loop which, with its restaurants, entertainment and residential stock, continues to grow westward and is directly accessible via Ogden Ave., the Taylor Street destination dining corridor is directly to the east of the IMD and provides quality restaurant and entertainment options for IMD visitors, employees and residents.

Neighborhood Residential: The IMD is encompassed by key residential neighborhoods, including Tri-Taylor, University Village, West Loop and Pilsen. These neighborhoods share in one of the IMD's greatest assets - proximity to downtown Chicago. These neighborhoods are located less than three miles from the Loop, and are immediately accessible via the expressway, local streets and multiple public transit options.

Transit and Access: Today, the IMD enjoys direct rail transit access from the O'Hare International Airport to the IMD Station on the CTA Blue Line. CTA and IDOT are currently working on joint plans to further improve accessibility, service and facilities through their Blue Line Study and I-290 Corridor improvement plans. The recently announced and approved \$23M renovation of the IMD Blue Line Station will bring a new image and greatly improved rider experience to one of the key "entries" into the District. This investment is supported by IMD Blue Line station ridership, which has increased by over 53% in the last 5 years.

*The economic impact study contained in Exhibit B provides an in-depth and comprehensive discussion of the ongoing investment in the area and quantifies its fiscal benefits.*

## 2.3 ZONING: PLANNED DEVELOPMENT #30

Zoning for the District is addressed in Section 8 of the Act and is administered under Planned Development #30 ("PD30").

PD30 addresses permitted uses, setbacks, density, parking, and signage as well as other aspects of development. The IMD, under PD 30, is subdivided into 18 sub-areas, each with different allowable uses and density/floor-area-ratio (FAR) requirements. The IMD has begun the preliminary steps to amend PD30, which is essential to implementing the 2016 IMD Master Plan and fostering urban development within the IMD. The proposed changes will include increasing density in various sub-areas, revising setback requirements, eliminating land coverage maximums, and expanding allowable uses.

The Planned Development 30 Ordinance can be found in Exhibit D

## 2.4 2016 MASTER PLAN AND DESIGN

In July of 2016, the IMD Board passed a resolution adopting the new 2016 IMD Master Plan and the accompanying Design Guidelines. The 2016 Master Plan is the first major planning effort undertaken by the IMD since 1997. The new master plan seeks to create an urban, walkable, cohesive medical District.

Key recommendations in the plan include:

- Encourage urban style development through a mix of land uses and reduced setback requirements.
- Identify locations for infill retail development to provide services and amenities for the 70,000 daily employees, patients, residents and visitors of the IMD.

- Develop a District-wide coordinated parking effort aimed to reduce parking demand and ensure that parking needs are met efficiently.
- Implement and IMD Shuttle to connect the District's employees, patients, and visitors to the various public transit stops, healthcare institutions, and employment centers in the IMD.
- Create a network of open space that builds upon the existing public realm and activates underutilized sites.
- Strengthen gateways into the IMD to improve the District's identity and create a sense of place.
- Transform Harrison Street into the "Main Street" of the IMD that compliments the redevelopment efforts of the IMD, Cook County/Cook County Health and Hospitals System, and Rush University Medical Center.

The complete 2016 IMD Master Plan document and Design Guidelines can be found in Exhibits C and E, respectively.

## 2.5 DEVELOPMENT GOALS

The IMD is located just two miles west of Chicago's central business district, and it is easily accessible by public transit. Future development must reflect this urban context. Development goals outlined in the aforementioned master plan include:

- Encourage urban style development with a more diverse mix of uses
- Support transit & walkability while reducing demand for parking & traffic
- Provide high quality employee amenities; retail, services & social places
- Elevate the brand of the IMD by creating a sense of place & identity
- Foster collaboration and innovation among our stakeholders
- Implement sustainable development principles that limit the negative impacts on the environment and surrounding community.

## 2.6 IMD PROPERTY ASSETS AND OPPORTUNITIES

The Illinois Medical District owns approximately 80 acres of land throughout the District. These IMD assets are concentrated in the northwestern and southern portions of the District. The IMD properties are either maintained by the IMD, or by tenants through space and ground lease agreements. Tenants include government agencies, non-profit organizations, and private businesses.

The IMD staff manages ten buildings, totaling 350,000 square feet. The degree of IMD property management varies between each property, depending on the terms of the relevant lease. The IMD-owned property uses include, but are not limited to, office, industrial, laboratory, parking and vacant. (See Exhibit F for additional property information)

Of the 80 acres of land owned by the IMD, approximately 29 acres are vacant and available for development. The development parcel sizes range from approximately from 3.1 to 3.7 acres. Nearly all of development parcels are located south of Roosevelt Road. (See Exhibit G for additional development opportunity information).

## 2.7 SCOPE OF WORK/SERVICE GROUPS

Respondents, if selected, may be requested to perform some or all of the below listed services (the "Services"). The Services are organized by Group as set forth below:

### I. Asset Analysis and Performance Advisory Services (Group 1)

- a. Analyze all IMD real estate assets for the purposes of use optimization, valuation, enhancement of short and long-term returns, as applicable;
- b. Identify and directly engage with and solicit potential IMD land users, partners, and participants with the highest need and use of IMD owned land;
- c. Develop IMD portfolio performance metrics that support strategies to achieve IMD organizational strategic goals and support IMD vision and mission; and
- d. Closely engage with IMD development staff

## **II. Leasing and Brokerage Services (Group 2)**

- a. Analyze current IMD leases, land and space inventory and identify best and highest use and identify opportunities for optimization;
- b. Assess existing and forecast future tenant demand and competition; identify prospective tenants;
- c. Collect and analyze market, labor, industry and other applicable data to determine workforce needs for potential organizational tenants, particularly within healthcare, biotechnology, medical devices and equipment and pharmaceutical development and distribution, and related industries; and
- d. Represent the IMD in letter of intent and lease negotiations

## **III. Strategic Marketing Services (Group 3)**

- a. Develop a customized marketing plan for the sale, lease and development, as applicable, of IMD owned property;
- b. Evaluate IMD strategic market position and potential for engagement with appropriate users; and
- c. Work closely with IMD communications staff and marketing consultants to pursue identified opportunities in a manner that conforms to the broader branding and strategic marketing strategy

## **IV. Development and Transaction Advisory Services (Group 4)**

- a. Provide regular support, advice, and counsel on contemplated acquisitions, dispositions, leases, and other IMD real estate transactions;
- b. Develop rationale and approach for transaction strategies to maximize economic return and fulfill IMD mission and organizational goals; and
- c. Develop innovative and creative transaction structures for IMD land use and portfolio management within allowable legal and regulatory limits' and
- d. Develop a strategy to conform the use of IMD assets to optimal industry environmental sustainability standards.

## **V. Facilities and Asset Management Services (Group 5)**

- a. Provide oversight of property operation and maintenance, particularly to comply with IMD operational standards, local applicable law and rules, and obligations under various tenant leases;
- b. Develop and implement ownership and operating cost reduction strategies;
- c. Strategic sourcing and supply chain management support for property management and operation;
- d. Provide, if necessary, solutions and support for facility cleaning, landscaping, snow removal and day-to-day maintenance and operational needs; and
- e. Develop and implement solutions for improving energy efficiency and environmental sustainability of IMD property, including developing strategies for utility cost savings, and energy, water, and waste management.
- f. Work closely with IMD Operations staff.

## **SECTION 3 OFFER REQUIREMENTS**

### **3.1 RESPONDENT CONTACT**

Respondents must identify the Respondent Contact for the project and complete the form included in Exhibit A1 of the Responsibility Forms.

### **3.2 FORMAT**

Proposals shall be prepared on standard 8 and 1/2" x 11" letter size paper. Drawings, renderings, schedules, etc. requiring a larger format should be no larger than 11" x 17" size paper.

The proposal contents must be organized into separate sections according to the Proposal Contents Sections below for each submittal. The proposal sections must be clearly identified and separated with tabs.

### **3.3 RFP QUALITATIVE RESPONSE CONTENTS**

Respondents may submit a proposal for one or more Group of Services. Each proposal must include the items listed below in the order they are listed. Portions of the proposal containing proprietary information may be designated as confidential information. Any confidential information must be clearly marked as CONFIDENTIAL. Please see Section 1.11 for additional information related to confidential materials.

#### **Title Page**

A page with a title and the name of the lead firm(s) submitting the proposal should be evident. The title should read: "Response to the IMD RFP for Real Estate Professional Services". It should be located on the top half of the page. The lead firm name(s) should be located on the bottom half of the page. The title page should also indicate the Group or Groups of Services for which the response is being submitted.

#### **Tab 1: Table of Contents**

A table of contents identifying, at a minimum, all sections below and page numbers

#### **Tab 2: Cover Letter**

A cover letter, not to exceed two pages in length, signed by an authorized representative of the Respondent that confirms the Respondent's understanding of the scope, opportunities, preliminary approach and the Respondent team's experience and unique expertise to perform and complete the engagement.

The cover letter should indicate which of the Service Groups is included within the Proposal.

#### **Tab 3: Respondent Team, Experience and Qualifications**

Provide a narrative of the Respondent team including but not limited to the following:

- Descriptions of the members (firms and key individuals) of the Respondent team, identification of the individuals from each firm that will have project responsibility, their years of experience, their experience on similar engagements and their pertinent qualifications. Include current resumes for the team members of each firm that will have project responsibility. Please identify Respondent's key contact personnel for communicating with IMD on all engagement related matters. Respondent should list the ownership structure of each the Respondent entity, its principal owners and its officers and executive management.
- Please provide a listing and description of at least three engagements completed by Respondent that demonstrate the Respondent's experience in providing services similar to the Services for entities similar to the IMD. Please note any specific engagements involving the acquisition or development of land, leasing, and general land use for medical, healthcare, biotechnology, pharmaceutical company or similar purposes. List the engagements in order of priority with the most relevant project listed first indicating: (1) project name, location, year of project and description, (2) project/engagement results and accomplishments, (3) names of all affiliate firms, and (4) references and current contact information for the owner's representatives for each of the engagements listed.

Disclose any contractual or employee relationship which requires registering under the Lobbyist Registration Act.

**Tab 4: Engagement Approach and Strategy (separately described for each Service Group)**

For each Service Group covered by the Proposal, Respondent shall provide a detailed description of Respondent's plan for achieving the objectives of each Service Group. To the extent applicable, Proposals for each Service Group should suggest three hypothetical timing frameworks for accomplishing the aforementioned IMD goals: (a) a deadline of one year from the RFP response due date; (b) a deadline of three years from the RFP respond due date; and (3) a deadline of five years from the RFP response due date.

The IMD acknowledges that some Respondents may provide Proposals for the entire set of Services, while other Respondents may provide Proposals for one Service Group or a set of Service Groups. Accordingly, Respondent's Engagement Approach and Strategy for each Service Group will be evaluated separately. Respondents will not be penalized for repetitious recitals of information that might appear redundant if the Approach and Strategy for the Proposal were evaluated as a whole, rather than by Service Group. However, Respondent's should make clear which individual Respondent team members would be assigned to the engagement within the relevant Service Group.

Respondents are encouraged to review and follow the guidance of the IMD plans and publications included as exhibits to this RFP.

**Tab 5: Financial, Bonding and Insurance Capacity**

Respondents must submit evidence of their financial capacity and insurance coverage to perform the Services. Respondent shall provide certificates of insurance evidencing Respondent's coverage for commercial, general and professional liability.

**Tab 6: Legal Actions, Inquiries, and Investigations**

Please list case numbers for and provide a brief description of all legal actions, and final disposition if applicable, of any matters within the past ten (10) years wherein any of the following entities or people were involved:

- the applicant
- any officer or director of the applicant
- any entity that owns more than 7.5% of the applicant
- any senior project manager who the applicant has designated to work on the project
- any person that can be attributed with an ownership interest of more than 7.5% of the applicant (including any person holding a beneficial interest in an entity that holds an ownership interest in the applicant) is or has been within the past ten (10) years:
  - in default on any loan or financing agreement at any time
  - debtor in bankruptcy at any time
  - defendant in any foreclosure action at any time
  - defendant in any lawsuit or administrative action, including, specifically any action for deficient performance under a contract
  - defendant in any criminal action at any time
  - defendant in any action at any time relating to financial matters or deficient contractual performance
- the subject of any government agency inquiry, investigation, or legal enforcement action or are currently subject to:
  - any liens
  - any unpaid judgments
  - payments under any order, decree or agreement with any federal, state or local entity.

By submitting a Response, if selected, you agree to permit the IMD to perform such background checks as the IMD deems reasonable at your sole cost and expense.

### **Tab 7: Special Considerations**

This section is for the Respondent to describe any special situations, conditions and/ or circumstances that would be relevant to the proposed engagement, or to the financial condition of the Respondent or the Respondent's management team or leadership but has not been included in the Proposal so far because it did not fall under any category or respond to any language above under the Proposal Contents section of this RFP.

### **Tab 8: Responsibility Forms**

The IMD has identified various information required to determine Respondents' eligibility to contract with the IMD and be considered a "Responsible" Vendor. Review each of the Responsibility forms in Exhibit A, fill in all relevant blanks and provide any requested information. Respondents must include all completed forms as part of your Proposal, including signatures where requested, or risk disqualification:

- H1: Respondent Contact
- H2: Business and Directory Information
- H3: Disclosures and Conflicts of Interest
- H4: Minority, Female, Person with Disability Status and Subcontracting
- H5: Taxpayer Identification Form
- H6: Confidentiality Agreement

## **3.4 PRICING/FEE PROPOSAL CONTENTS**

The Pricing Proposal shall include Respondent's proposed fees associated with the provision of the relevant Services. The IMD acknowledges that certain Service Groups typically require different fee schedules and methodology than other Service Groups. Certain Service Groups, for example, may require the payment of a commission, while others may require the payment of an hourly fee, while, yet, others may require payment based on square footage or contingency. The IMD invites Respondents to address and reconcile these possible differences, as appropriate. Notwithstanding anything in the foregoing to the contrary, the IMD invites Respondents to provide innovative fee structures and possible alternative fee arrangements, including, but not limited to flat fee and incentive based structures in the place of traditional rates. The IMD reserves the right to negotiate pricing with any Respondent at any point during the RFP review and selection process and to obtain from Respondents revised and best and final offers.

## SECTION 4 EVALUATION OF OFFERS

### 4.1 EVALUATION COMMITTEE

An Evaluation Committee ("EC") of no less than five (5) persons including assigned IMD staff, will review and evaluate the Proposals. The IMD reserves the right to enlist independent consultants to assist with the evaluation of all or any portion of a Proposal, as it deems necessary. The EC will first assess the Respondent's compliance with and adherence to the requirements of the solicitation. Any Proposal which is incomplete, missing key components necessary to fully evaluate the response, or which fails to meet the stated requirements, may be rejected from further consideration due to non-responsiveness. The IMD reserves the right to seek clarification of any information that is submitted by any Respondent in any portion of its Proposal or to request additional information at any time during the evaluation process. Any material misrepresentation made by a Respondent may void the Proposal and eliminate the Respondent from further consideration.

### 4.2 RFP RESPONSE EVALUATION CRITERIA

The IMD will evaluate Proposals based on Respondent's responsiveness to the requested content. IMD will separately consider the Approach and Strategy for each Group of Services. The IMD will consider the information Respondent supplies and reserves the right (but does not undertake responsibility to) to consider publicly available information the Respondent does not supply. Deficient Proposals may receive reduced evaluation scores or may be rejected in their entirety.

The RFP responses will be evaluated based on the criteria described below.

Category	Weight
<b>Team:</b> <ul style="list-style-type: none"> <li>• Respondent team composition, depth and qualifications</li> <li>• Key personnel to be assigned to this project, their experience and the related roles and responsibilities to be assumed for the project</li> <li>• Respondent team's overall diversity and M/WBE participation</li> </ul>	30%
<b>Related Experience and References:</b> <ul style="list-style-type: none"> <li>• General experience, history and performance of Respondent team</li> <li>• Respondent's firm or team experience working with similarly-situated clients, particularly in the health care, health care services, biotechnology and health care integrated technology sectors</li> <li>• References for prior engagements</li> </ul>	20%
<b>Approach and Strategy: (*Respondents should separate responses by Service Group)</b> <ul style="list-style-type: none"> <li>• Suggested approach to utilizing and enhancing opportunities for growth, development, revenue generation and land use optimization</li> <li>• Strategies for meeting the needs of the people who already inhabit the IMD as well as those who will occupy the IMD in the near future (projection of tasks and goals one year, three years, five years)</li> <li>• Demonstration of a comprehensive and creative approach to achieve or exceed those goals through the Services and using all resources available to Respondent</li> <li>• Feasibility of implementation</li> </ul>	30%
<b>Pricing</b>	20%
<b>Total</b>	100%

### 4.3 SHORTLIST PROCESS AND PRESENTATIONS

The EC, after completing its review of the RFP responses, will develop a "shortlist" of Respondents who will be invited to deliver oral, in-person presentations to the EC. The shortlisted Respondents will be advised of the content and format of the presentations at the appropriate time.

#### **4.4 FINAL APPROVAL**

The IMD, in its sole and absolute discretion, may select the shortlisted Respondent(s) whose Proposals are considered the best of those submitted and with whom the IMD is able to negotiate fair and reasonable terms. Please note that the IMD may select one or any combination of the Respondents to perform any or any component of the Services. The IMD, may, accordingly, negotiate and enter into different agreements with different Respondents for different components of the Scope of Work. The IMD may also not select any of the Respondent to perform the Services.

The IMD will attempt to negotiate fair and reasonable agreements with the selected Respondents. If the IMD cannot negotiate fair and reasonable agreements with the selected Respondents, the IMD may either issue a new request for proposal or enter into discussions with other Respondents or take any other action deemed fair and reasonable by the IMD. The IMD also reserves the right to make no selection as a result of this solicitation. IMD will determine the award by considering the Offer, the Respondent's qualifications and other relevant factors in the sole discretion of the IMD.

#### **4.5 SELECTION SCHEDULE**

Time is of the essence and the IMD will work diligently to ensure a timely selection process. The IMD reserves the right to adjust the timeframes and selection schedule to accommodate any possible deviations while ensuring a comprehensive and fair process.