EOI CLARIFICATION & DEFINITIONS GUIDE

Supporting Document to: Expression of Interest – RHA Clinical Space Requirements

This guide provides clarification on key requirements, terminology, and expectations referenced in the Expression of Interest (EOI). It is intended to support consistent interpretation and ensure respondents understand Regional Health Authorities (RHA's)operational and technical needs.

1. Space Availability – 8-Week Pre-Occupancy Access

Q: What does "space available a minimum of eight (8) weeks prior to occupancy for Operational readiness" mean?
A: The 8-week period is **not** for construction of tenant fit-ups and landlord base building work. That work must be fully complete *before* this period begins.

The 8-week access period is required for **RHA operational readiness, transition and commissioning activities**, including:

- Installation of medical equipment
- Delivery of furniture, supplies, and clinical accessories
- IT and telecommunications setup
- Security system configuration
- Staff orientation and readiness
- Minor user group adjustments (not construction)

This period ensures patient care can begin safely and without delay, typically post substantial completion.

2. Medical Gas, Enhanced Ventilation & Emergency Power

Q: Are medical gas systems, enhanced ventilation, or emergency power required for all projects?
A: Not necessarily.

- **Primary Health Care (PHC) clinics** typically do **not** require medical gas or enhanced ventilation beyond standard clinical HVAC.

- **Ambulatory clinics**, procedural clinics, or specialized programs **may** require:
    - Medical gas
    - Enhanced ventilation or IPAC-driven air-handling
    - Emergency power (for clinical equipment or procedure rooms)
- **Typical Mechanical Requirements (Summary):**

  The building must provide a fully zoned, ASHRAE-compliant HVAC system capable of heating, cooling, ventilation, and humidity control suitable for a predominantly closed-office layout. Systems must offer individual zone temperature control, accommodate tenant space planning, support extended operating hours, and maintain prescribed temperature, humidity, air quality, noise, and ventilation standards. All systems are to be balanced and controlled through a centralized Building Management System, with capacity to support specialized spaces as required.

Requirements are **program-specific** and will be determined during planning. Respondents should confirm whether the building can *physically support* these systems if needed.

3. Section G – Floor Plans & Fit-Up Information

Q: Does "floor plans and fit-ups" refer to tenant clinical fit-ups?
A: No. At the EOI stage, RHA does **not** expect tenant fit-ups to be designed.

Floor plans and fit-up information refer to:

- **Existing floor plans of the proposed space**, or
- **Conceptual floor plans** of space to-be-developed by the landlord
- **Existing landlord-built fit-ups**, finishes, mechanical rooms, washrooms, etc.

This allows RHA to assess feasibility of clinical layout, flow, and infrastructure.

4. Base Building vs. Tenant Fit-Up Responsibilities

To ensure consistent pricing and avoid scope confusion, the following definitions apply to all RHA lease projects.

A. Estimate Separation

Landlords and contractors must separate the project into two distinct categories:

1. **Base Building (Landlord Responsibility)**
2. **Tenant Fit-Up (Tenant Responsibility)**

B. Base Building Work – Landlord Responsibility

The landlord is **fully responsible, at its own cost**, to provide a complete Base Building that includes a finished, empty, code-compliant space with the following:

- Finished flooring
- Suspended ceilings with lighting and sprinkler heads
- Washrooms (minimum one set)
- Mechanical heating and cooling systems
- Electrical lighting, power distribution, and communications infrastructure
- Fire safety and life safety systems
- Barrier-free access (accessibility)
- Mechanical shafts and enclosure walls
- Exterior windows
- Window sill replacements
- Janitor's room
- Electrical room
- Lobby and stairwell painting
- Interior painting of perimeter walls
- Main entrance doors and vestibule
- Building envelope
- Stairwells and stair enclosures
- Sprinkler heads, extinguishers, and life safety devices
- Finished floors and ceilings throughout Base Building areas

All base building work is the sole responsibility of the landlord.

C. Tenant Fit-Up – Tenant Responsibility

Tenant-funded components typically include:

- Interior partitions
- Interior doors and hardware
- Borrowed lites
- Millwork and cabinetry
- Security and access control
- Additional electrical receptacles and data ports beyond lease specifications
- Any clinical-specific improvements unrelated to Base Building obligations

D. Project Management

The landlord's contractor (or a single prime contractor) is expected to:

- Manage all scheduling and coordination
- Oversee all sub-trades, including tenant fit-up trades
- Chair regular construction meetings
- Coordinate inspections, testing, and commissioning

This ensures project efficiency and reduces duplication of effort.

5. Lease Structure Clarification

Q: What does it mean that the landlord must enter into a Gross Lease with limited allowable adjustments?
A: RHA requires a **true Gross Lease**, meaning:

- Rent includes all operating costs and property taxes.
- **The only allowable adjustments** during the term are for:
    - Water and sewer
    - Electricity

- Janitorial
- Groundskeeping
- Fuel for heating, hot water, and air conditioning

No other escalations will be considered, including:

- Capital cost recovery
- Amortization
- Administrative fees
- Landlord overhead
- General operating cost passthroughs

This model provides cost certainty and protects public health budgets.

6. Single-Level, Ground-Floor Preference

Q: Why does RHA prefer contiguous space on a single floor?
A: Single-level space—preferably ground floor—supports:

- Patient flow and accessibility
- Emergency response access
- Staff workflow efficiency
- Equipment movement
- Reduced reliance on elevators (beneficial for clinical volumes)

While multi-level proposals may still be reviewed, single-level layouts remain strongly preferred.

7. Collaboration and Transparency Expectation

Q: What does "collaborative, transparent, and open manner" mean for design and construction?
A: RHA expects landlords to:

- Engage in open-book costing
- Work jointly during design development

- Share budgets, drawings, and timelines
- Apply reasonable efforts to reduce costs
- Ensure decisions prioritize clinical safety and regulatory compliance

A cooperative working relationship is essential to deliver functional clinical space efficiently.