

## RFS T-345

### Avon Crest Centre for Health & Wellness

#### ADDENDUM # 1

#### Q & A

**February 21, 2020**

- Q1. In Section 1.2 Summary of Background and Requirement, it indicates that “Today the building has been decanted and only houses the Hospital laundry and woodshop”, can you advise;
- Would the Proposed solution need to continue to house the Hospital laundry and woodshop?  
No, HPHA will relocate those services prior to the Successful Proponent being handed the building.
  - What is the obligation of the Successful Proponent to replace and/or keep existing services  
All the existing HPHA services, currently located at Avon Crest, will be relocated prior to Avon Crest being turned over to the Successful Proponent.
- Q2. In Schedule A – Statement of Needs as well as the Section 1.2 Summary of Background and Requirement, it does not clearly articulate if we are looking for someone to repurpose/redevelop/bring back to life the existing building or demolish. Can you please advise;
- Is the Hospital looking for current building redevelopment?  
The existing building can be repurposed/redeveloped/renovated/brought-back-to-life, completely or partially demolished, rebuilt, or expanded or as the Proponent can imagine – the final decision is left to the Proponent. The Hospital only asks that the Proponent considers the history and heritage of the original hospital and chooses to pay homage to that in some manner.
  - Is the Hospital looking for current building to be demolished?  
The Hospital is leaving that final decision to the discretion of the Proponent.
- Q3. In terms of a proposed solution, can you please advise;
- Does the Hospital intend on renting space from the proposed building? If so, in what capacity?  
The Hospital is currently considering renting space in the proposed development. No final decisions have been made in this respect since the Hospital’s future need and capacities (area) are not known and it is therefore now difficult to predict whether the Hospital will need more space beyond that provided by its existing facility. The Hospital will continue its own due diligence and advise the Proponents.
  - Does the Hospital have known interested parties and/or tenants? If so, how will this information be shared?

At this time, the hospital is collecting information from any and all interested parties that express an interest in being a tenant. This collected information will be shared at the Second Phase of the RFS.



Interested Parties  
Information Sheet -

- Will the Hospital set restrictions on which tenants can be in the proposed solution?  
The Hospital will not set restrictions but has outlined through the Statement of Needs (Schedule A) and Mandatory Minimum Requirement Checklist (Schedule H) the requirements that healthcare services in the county should be strengthened. The Proponent solutions should reflect, but not be limited to, that outlined information.

Q4. In Schedule A – Statement of Needs, paragraph two (2), it indicates “The Hospital will continue to maintain a building, which is currently vacant, depletes resources that could be allocated elsewhere (such as security services, heating and water), poses potential liabilities to the Hospital with regard to delaying the decommissioning of building, and reflects potential lost benefit to the surrounding community and potential lost revenue streams.”

- Can you please explain the intent of the land ownership?  
The Hospital desires to maintain ownership of the land, with the purpose of making it available to the Proponent for redevelopment over the length of the negotiated agreement.
- What is the Hospital’s expectation related to the above paragraph?  
The Hospital was outlining that, in its current state, Avon Crest needs to be minimally maintained in order for it not to deteriorate and that this minimum maintenance depletes the HPHA’s limited resources (and, that without this minimum maintenance, a deteriorated building could attract liability).

Q5. In Schedule A – Statement of Needs under Objectives and Principles, Point b), you indicate that they “Pay homage to the original Hospital, the history and heritage of the site and the town, ensuring that the historical significance of the site and building are respected.” can you advise;

- If the building has been deemed Historical?  
No, the building has not been deemed Historical and lies outside the designated heritage area outlined by the City of Stratford.
- Does the Hospital anticipate the building being classed as Historical throughout the project?  
The Hospital is not aware of any requests that the building be classified as Historical.
- Who was consulted from an “historical” perspective  
The Hospital initially consulted the City of Stratford website for public information: *Part V – Designated Heritage Conservation District (HCD)*, based on the *Ontario Heritage Act, R.S.O. 1990, c.O.18* outlines the Heritage Conservation District (HCD) for the City of Stratford. The City of Stratford website also provides a link to the HCD District Standards for the City. Avon Crest lies outside the HCD. The Hospital also met with the City of Stratford Heritage Committee to review the project. The Heritage Committee noted that they appreciated the

inclusion of Objectives and Principles, Item b), and did not point out or make any further requests.

- What is required to “pay homage”, does this mean retaining exterior or providing architectural similarities of the building in proposed solution, etc.?  
The existing building can be repurposed/redeveloped/renovated/brought-back-to-life, completely or partially demolished, rebuilt, or expanded or as the Proponent can imagine – the final decision is left to the Proponent. The Hospital only asks that the Proponent considers the history and heritage of the original hospital and chooses to pay homage to that in some manner.

Q6. In Schedule A – Statement of Needs under Objectives and Principles, Point d), you indicate “Achieve the best overall solution in exchange for value that will enhance healthcare related services to the City of Stratford and surrounding communities.” can you advise;

- What is the value? And who is benefiting from the value?  
The “value” is in reference to the augmented, improved and/or increased healthcare related services that would then be available to, and benefiting, the City of Stratford and surrounding communities.

Q7. In Schedule A – Statement of Needs under Objectives and Principles, Point e), you indicate “Remove the financial burden on the Hospital in exchange for value that will enhance the provision of healthcare and services in the surrounding community.” can you advise;

- What is the financial burden?  
The Hospital was outlining that, in its current state, Avon Crest needs to be minimally maintained in order for it not to deteriorate and that this minimum maintenance depletes the HPHA’s limited resources (and, that without this minimum maintenance, a deteriorated building could attract liability).  
The “financial burden” is the cost of the continued maintenance and upkeep of a decanted and minimally used building.

Q8. In Schedule A – Statement of Needs under Requirements, Point b, you indicate that “Careful demolition of the existing building must be considered”, can you advise;

- Does the Hospital want the building redeveloped or demolished? As ‘demolition’ implies no renovating of existing building  
The existing building can be repurposed/redeveloped/renovated/brought-back-to-life, completely or partially demolished, rebuilt, or expanded or as the Proponent can imagine – the final decision is left to the Proponent. The Hospital only asks that the Proponent considers the history and heritage of the original hospital and chooses to pay homage to that in some manner.
- What are the guidelines and/or parameters for “careful demolition”  
Schedule A, Requirements, Item b), is in reference to the overall solution and that the Proponent is to be respectful and sensitive to the surrounding conservation lands, the

context of the surrounding neighbourhood, to the values of the local community and the HPHA. If the Proponent does choose to demolish, in whole or in part, the existing structure, the Proponent must do so in a controlled and contained manner so as to not impact the local conservation lands and negatively impact the surrounding neighbourhood and hospital.

- What does 'value for money' in Point b) imply? Is it implying the Hospital or Developer, and who has ownership of building?  
That the Solution cost is reflective of the solution design, that the Solution is not extravagant, that the solution is in keeping with its context, and that the Solution is not lavish and over-stated.

Q9. In Schedule A – Statement of Needs under Requirements, Point b, you indicate that “the development should meet all parking needs for itself and continue to provide the required parking for the Hospital and staff”, can you advise;

- Who retains ownership of parking revenue?  
The ownership of the parking revenue will be determined by the Solution put forth by the Proponent and will be part of the negotiated agreement.

Q10. In Schedule A – Statement of Needs under Requirements, Point e), can you please advise;

- Please clarify what “attainable house” is? Does this mean “affordable housing”?  
In this case, our definition would be that “Attainable Housing” has the same meaning as “Affordable Housing”.
- Does the Hospital have or intend to have required licensing to support the healthcare-related services listed? (I.e. does the Hospital have license(s) for Long Term Care beds, etc.?)  
The Hospital does not have or intend to procure license(s) for Long Term Care beds. It would be an item that the Proponent would be required to investigate and, if they so choose, make a part of their Solution.

Q11. In Schedule A – Statement of Needs under For Additional Consideration, Point a, b, & c, you indicate that various buildings are available for consideration. Can you advise;

- What is the square footage of each building available for consideration  
SGH Special Services Unit 14,298 sq.ft., two floors + basement  
Centennial Apartments 9,078 sq.ft., two floors  
Cottage 1, 060 sq.ft., two floors + partial basement  
Note – floor plans of the current Special Services Unit and Centennial Apartments are attached.



Centennial  
Apartments - Existin



Special Services  
Unit - Existing Buildi

- What is the current occupancy and capacity (number of rooms) that the buildings available have?

SGH Special Services Unit has 45 rooms, approximately 28 offices, and its current occupancy is approximately 30 to 35 people

Centennial Apartments has 8 leased apartments, which are all occupied by staff

Cottage is used for visiting Doctors and/or Residents, and has an occupancy of up to two people at most

- What services and/or who is currently occupying these buildings?

SGH Special Services Unit is home to social work practitioners, nursing services and miscellaneous managerial and administrative offices

Centennial Apartments has 8 leased apartments, which are all occupied by staff

Cottage is used for visiting Doctors and or Residents, and has an occupancy of up to two people at most

- What is the current square footage of the rooms within each of the buildings available for consideration?

Approximate areas can be gauged from the attached floor plans.

- Would the rooms within each of the buildings need to be maintain and replaced in same capacity? (i.e. same dimensions, same access)

If Proponents elect to not make the buildings part of the scope of their Solution, they are not obligated to replace the programming in the buildings. However, if the Proponent were to choose to make any or all of these buildings part of their Solution, any replacement would need to reflect the current usage standards and requirements (but would not necessarily need to match the current areas in terms of dimensions). Accessibility requirements prescribed by building codes would need to be adhered to and accessibility, in terms of personnel access, would need to remain the same. The Special Services Unit has swipe card access into the building and keyed room doors. The Centennial Apartments has a keyed main entry door and keyed apartment entry doors. The Cottage has a keyed main entry door.

- What is the obligation for replacement?

That, based on current standards and requirements, the current programming be replaced to match the existing usage and accessibility needs and requirements. The Hospital would be open to Proponent proposed solutions with respect to the replacement of the programming in the buildings.

- Would the Hospital or Developer retain revenue from these buildings if replaced?

If the Proponent were to choose to make any or all of these buildings part of their scope and replace the programs within their Solution, the revenue for these programs would be part of the negotiated agreement.

- What is the Cottage?

The Cottage is currently provided for visiting Doctors and/or Residents. It was built in 1901.

**Q12.** In Section 2.4 Restricted Communications, can you please confirm is all Proponents are prohibited from communicating with the Evaluation Team?

Yes, all Proponents may not communicate with the Evaluation Team (including any experts or advisors assisting the Evaluation Team) or any director, officers, employee or agent of the Hospital (apart from the RFS Coordinator). The Evaluation Team members will also have signed

agreements and forms and completed checks with respect to *“Non-Disclosure Agreements”* and *“Conflict of Interest”*.