



WINDSOR
REGIONAL
HOSPITAL

OUTSTANDING CARE - NO EXCEPTIONS!

**Request for Proposals for the
Purchase of a Site for the New
Acute Care Hospital Facility**

Evaluator Handbook

August, 2014

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SCHEDULES

- Schedule 1 Copy of RFP
- Schedule 2 Site Selection Evaluation Form for Phase 1
- Schedule 3 Phase 1 Evaluation Summary
- Schedule 4 Phase 1 Re-Evaluation Score Sheet
- Schedule 5 Site Selection Evaluation Form for Phase 2
- Schedule 6 RFP Evaluation Summary

1. INTRODUCTION

Unless otherwise defined, the capitalized terms in this evaluator handbook (the “**Handbook**”) have the meanings given to them in Article 5 below.

The Hospital is grateful that you have agreed to participate as a member of the Site Selection Subcommittee (in this Handbook, the “**Evaluation Team**”). Yours is an important task – to help the Hospital select a site for the Facility.

Your task involves the evaluation of two sets of Submissions. One evaluation for Phase 1 Submissions, and a second for the Phase 2 Submissions received from the Vendors of Short-Listed Sites only. During the evaluation of the Phase 2 Submissions, you will also be asked to reconsider the consensus evaluation scores given in Phase 1. That re-evaluation will be based on the more detailed, additional Site information that will be provided as part of the Phase 2 Submissions.

You are urged to carefully review this Handbook and the RFP which forms part of it. Once you have completed that review, if you have any questions about your role, please contact the chair of the Evaluation Team, Robert Renaud (the “**Lead**”), who will forward your question to the appropriate resource person for a response.

2. GOALS

Through a two-phased RFP, the Hospital intends to identify and then acquire the Site best suited for the Facility, based on the evaluation criteria developed by the Hospital in consultation with the community.

The selection of the Site is a very sensitive issue in Windsor and in Essex County generally. It is critical that each member of the Evaluation Team comply with the evaluation criteria that have been prepared and follow the evaluation process described in the body of the RFP. Any departure from the process will undermine confidence in the process and, therefore, the Site selection that is made.

3. RESOURCES AND SUPPORT

During the evaluation process the Evaluation Team will be supported by the RFP Coordinator and by consultants retained by the Hospital (the “**ET Consultants**”) to collate information, analyze the Submissions and, where necessary, conduct investigations related to the Sites.

The Hospital has appointed a Fairness Advisor to monitor, facilitate and document the activities of the Evaluation Team as it carries out its mandate. The Fairness Advisor will attend meetings and will provide advice to the Evaluation Team where the Fairness Advisor believes that the Evaluation Team may be departing from the requirements of the RFP or is otherwise carrying out its obligations in a manner that is inconsistent with the terms of the RFP. The Fairness Advisor will issue reports to the Hospital at different stages of the RFP process.

4. OVERVIEW

4.1 General

The first task of the Evaluation Team is to familiarize itself with the RFP, with the evaluation criteria disclosed in the RFP, and with the scoring sheets that will be used for the two phases described in the RFP (the scoring sheets are Schedules 2, 4 and 5 to this Handbook).

4.2 Phase 1

The first step in the Phase 1 evaluation is for the RFP Coordinator to confirm which of the Phase 1 Submissions has met the Phase 1 Mandatory Requirements. Once those Submissions have been identified they will be reviewed by the ET Consultants who will provide comments on each Submission. The Evaluation Team will then evaluate the Phase 1 Submissions, taking into consideration the comments received from the ET Consultants, and following the instructions set out in Article 9 of this Handbook. At the end of the Phase 1 evaluation, the Short-Listed Sites will be identified. The Vendors of the Short-Listed Sites will then be invited to deliver a Phase 2 Submission.

4.3 Phase 2

After the Phase 2 Submissions are received, the RFP Coordinator will determine which of those Submissions has met the Phase 2 Mandatory Requirements.

Each Phase 2 Submission will include an offer to sell the Site and a series of technical reports which address the feasibility and cost of constructing the Facility on the Site. These reports will include an estimate of the cost to address any unusual Site conditions that have been reported.

The ET Consultants will review the technical reports and estimates of cost included in the Phase 2 Submissions and will advise the Evaluation Team where they disagree with the technical assessment or the cost estimate. Once the Evaluation Team has received and considered the reports from the ET Consultants, the Evaluation Team will proceed to re-evaluate the Phase 1 Score of each of the Short-Listed Sites based on the additional information received in Phase 2 and using Schedule 4 (which will be distributed during Phase 2). The Evaluation Team will then conduct the balance of the Phase 2 evaluation process following the instructions set out in Article 10 of this Handbook and using Schedule 5. At the end of the process, the Short-Listed Site with the highest Overall Score will be designated as the Preferred Site.

4.4 Major Constraint

Should a Major Constraint be identified in either Phase 1 or Phase 2, the Evaluation Team has the discretion to reject that particular Site and Submission.

4.5 Approvals

The Evaluation Team alone will determine the Short-Listed Sites. The Lead will inform the Steering Committee of the Short-Listed Sites and their corresponding Vendors. Approval by the Board of Directors is not required.

For Phase 2, the Evaluation Team will deliver an Evaluation Report to the Steering Committee listing the Overall Scores of all Short-Listed Sites and identifying the Preferred Site. The Steering Committee will provide the Evaluation Report to the Board of Directors which, in turn, will advise the

Local Health Integration Network ("LHIN") and the Ministry of Health of the proposed selection. The LHIN and the Ministry do not have an approval over this selection but their endorsement will be obtained. Entering the Purchase Agreement with the Vendor of the Preferred Site is subject to the approval of the Board of Directors.

Once the Board of Directors has approved proceeding with the Vendor of the Preferred Site, the Purchase Agreement will be finalized and signed, as provided in the RFP.

5. DEFINITIONS

Capitalized terms used in this Handbook and not otherwise defined shall have the meanings indicated in this Article.

- (a) "**Acquisition Cost**" means the Base Price plus the incremental costs (estimated) to construct the Facility on a particular Site, such costs being described in either the Phase 2 Submission for that Site or as those costs may be revised in a report provided to the Evaluation Team by one or more of the ET Consultants.
- (b) "**Acquisition Score**" has the meaning assigned to such term in the RFP, Section 9 of Part 2 of Schedule E to the RFP – Evaluation Criteria.
- (c) "**Base Price**" means the price offered by a Vendor for the sale of a Site in a Phase 2 Submission, excluding any applicable taxes.
- (d) "**Board of Directors**" means the board of directors of the Windsor Regional Hospital.
- (e) "**Evaluation Report**" means the written report to be delivered by the Evaluation Team, through the Lead, to the Steering Committee listing the Overall Scores of each Short-Listed Site and identifying the Preferred Site, if any.
- (f) "**Facility**" means a new acute care hospital facility which is planned for the Windsor area.
- (g) "**Fairness Advisor**" means the person appointed by the Hospital to monitor, facilitate and document the compliance of the evaluation process with the terms and conditions of the RFP.
- (h) "**Hospital**" means the Windsor Regional Hospital and includes any of its designated employees, officials or agents.
- (i) "**Major Constraint**" has the meaning assigned to such term in paragraph 8.1.1 of the RFP.
- (j) "**Overall Score**" has the meaning assigned to such term in paragraph 10.1.2(e) of the RFP.
- (k) "**Phase 1 Evaluation Summary**" means the summary of the Phase 1 Scores prepared by the Lead, in the form of Schedule 3 to this Handbook.
- (l) "**Phase 1 Mandatory Requirements**" has the meaning assigned to such term in paragraph 8.2.1 of the RFP.
- (m) "**Phase 1 Score**" has the meaning assigned to such term in paragraph 8.1.2(b) of the RFP.
- (n) "**Phase 1 Submission**" means, collectively, a Vendor's completed Phase 1 Submission Form and all schedules, reports, documents and other materials submitted in response to Part 1 of RFP Schedule B – Submission Requirements.

- (o) **"Phase 2 Mandatory Requirements"** has the meaning assigned to such term in paragraph 10.2.1 of the RFP.
- (p) **"Phase 2 Score"** has the meaning assigned to such term in paragraph 10.1.2(c) of the RFP.
- (q) **"Phase 2 Submission"** means, collectively, a Vendor's completed Phase 2 Submission Form and all schedules, documents and other materials submitted in response to Part 2 of RFP Schedule B – Submission Requirements.
- (r) **"Points for Negotiation"** has the meaning assigned to such term in paragraph 9.1.4(a) of the RFP.
- (s) **"Preferred Site"** has the meaning assigned to such term in paragraph 10.1.2(f) of the RFP.
- (t) **"Proposal"** has the meaning assigned to such term in paragraph 2.1.26 of the RFP.
- (u) **"Purchase Agreement"** means the written agreement of purchase and sale in the form of RFP Schedule F – Purchase Agreement, to be signed between the Hospital and the Vendor of the Preferred Site, including all schedules and appendices thereto.
- (v) **"Request for Additional Information"** means a request made to a Vendor for clarification of any information or documents submitted as part of a Submission, or a request for additional information.
- (w) **"RFP"** means the request for proposals process for the Site, a copy of which is attached as Schedule 1.
- (x) **"RFP Coordinator"** means Kevin Marshall, Director, Corporate Services, Windsor Regional Hospital.
- (y) **"RFP Evaluation Summary"** means the summary of the Phase 1 and Phase 2 Scores and Overall Scores prepared by the Lead, in the form of Schedule 6 to this Handbook.
- (z) **"Short-Listed Site"** has the meaning assigned to such term in paragraph 8.1.2(d) of the RFP.
- (aa) **"Site"** means real property owned by a Vendor which the Vendor proposes to sell to the Hospital for the construction of the Facility.
- (bb) **"Site Selection Subcommittee"** has the meaning assigned to such term in paragraph 1.3.3 of the RFP. In this Handbook, Evaluation Team has the same meaning.
- (cc) **"Steering Committee"** has the meaning assigned to such term in paragraph 1.3.3 of the RFP.
- (dd) **"Submission"** means a Phase 1 Submission or a Phase 2 Submission.
- (ee) **"Submission Review Meeting"** means a meeting of the Evaluation Team and one or more ET Consultants to be held before the consensus meeting.
- (ff) **"Threshold"** has the meaning assigned to such term in paragraph 8.1.2(d) of the RFP.
- (gg) **"Vendor"** means a person, partnership, corporation or other entity that is a registered owner of a Site and that participates in the RFP.

6. PRINCIPLES OF EVALUATION

The Submission evaluation process must adhere to the principles found in this Article.

6.1 Result Must Be Defensible

Following the requirements of the RFP, a clear and logical evaluation process must be rigorously and equally applied to all Submissions which meet the mandatory requirements for that particular phase. The Fairness Advisor will be involved in monitoring, facilitating and documenting the process.

6.2 Transparent Process

Evaluators should conduct their initial evaluation of Phase 1 Submissions individually and independently from other team members and must clearly document their findings in the evaluation forms or in attachments to those forms. Findings must be converted to numeric scores so that there is both a qualitative and a quantitative summary of each Submission. Each evaluator must clearly document all comments/findings to ensure integrity of the procurement process, as this documentation may be used to debrief Vendors. Additionally, evaluation materials are subject to the *Freedom of Information and Protection of Privacy Act* and in this regard can be requested through a Freedom of Information ("FOI") request.

Selection of the Short-Listed Sites and the Preferred Site (if any) will be arrived by a process that proceeds from individual evaluation to Evaluation Team consensus or, absent Evaluation Team consensus, score averaging.

6.3 Integrity of the Process

The evaluation process should be objective, meaning:

- Evaluators must declare all existing and potential conflicts of interest;
- Evaluators must sign a declaration attesting that all existing and potential conflicts of interests were disclosed;
- If an evaluator discovers a potential or actual conflict of interest it must be disclosed to the Fairness Advisor.

Confidentiality and security must be ensured, meaning:

- Evaluators are not to discuss their individual, private evaluations with each other prior to the Evaluation Team meeting convened to work toward consensus scoring;
- Evaluators are not to discuss evaluation matters with anyone outside the Evaluation Team, except the ET Consultants, the Fairness Advisor and, through the Lead, the RFP Coordinator.

The evaluation process must be objective and fair, meaning:

- Only material submitted as part of a Submission and material obtained or developed pursuant to the terms of the RFP can be evaluated;
- No communication with Vendors is allowed;

- Having signed a non-disclosure agreement, evaluators are obliged to comply with that agreement during and after the RFP process; and
- All Submissions must be treated in the same manner and given fair and equal consideration.

6.4 Documentation of Evaluations

Evaluations must be documented, meaning:

- The evaluation process must be documented to support selection of the Short-Listed Sites or the Preferred Site, as the case may be, and to facilitate debriefing of unsuccessful Vendors;
- All documentation must be clear and concise to facilitate future scrutiny such as audits and requests through an FOI application; and
- The process and results must be summarized, documented and retained for future public scrutiny.

6.5 Fairness Advisor Role

The Fairness Advisor will provide oversight, meaning:

- The Fairness Advisor will have familiarized himself with the RFP;
- The Fairness Advisor will attend all meetings of the Evaluation Team to monitor, facilitate and document the evaluation process to ensure that it is compliant with the RFP; and
- The Fairness Advisor will report to the Steering Committee on the outcome of both Phase 1 and Phase 2 evaluations, and will confirm that the outcomes in both phases comply with the evaluation process described in the RFP.

7. RESPONSIBILITIES OF EVALUATORS

7.1 Individual Scoring of Submissions

- 7.1.1 Review the RFP and any addenda fully and thoroughly, with particular focus on the evaluation process and criteria.
- 7.1.2 Review Submissions individually and privately, having regard to and relying on the ET Consultants' analyses and any additional information received during the Submission Review Meetings, and assign points and write corresponding comments to support each individual criterion score. Comments are necessary to support the evaluations and will be used to conduct debriefings with unsuccessful Vendors. Minimal comments are insufficient and may leave the impression that due diligence was not applied during the evaluation. Evaluation forms may be subject to an FOI request.
- 7.1.3 Evaluate Submission content and not style. Presentation styles will vary from expensive and glossy to straightforward. It is critical that the focus be on content only and in accordance with the pre-established evaluation criteria as set out in the evaluation forms.

- 7.1.4 Assess each Submission independently from the other Submissions. Assign points to each criterion separately.
- 7.1.5 Review all information in the Submission. If evaluators find information in the Submission, but not where it is supposed to be located, they must take the information into account.
- 7.1.6 Vendors' responses are to be scored on whether they respond to the particular criteria in the way they were instructed, indicating the relative merits of their Site.
- 7.1.7 Upon completion of each evaluation phase, Evaluators must sign their individual evaluation forms (Schedules 2, 4 and 5) and deliver them to the Lead for safekeeping.

7.2 Consensus Scoring

- 7.2.1 After all evaluators have completed their individual scoring of Submissions, a meeting of all evaluators will be held to attempt to reach consensus on the scoring of each evaluation criterion for each Submission. Evaluation Team members are expected to make a conscientious effort to reach a consensus score for each evaluation criterion, failing which the scores for that criterion will be averaged.

7.3 Questions

- 7.3.1 Questions about the contents of a Submission or any material prepared by the ET Consultants will be addressed during the Submission Review Meetings. Questions which arise after the Submission Review Meetings are to be referred to the Lead who will direct them to the appropriate resource person for a response.

8. SUBMISSION INFORMATION CLARIFICATIONS

8.1 Requests for Further Information from Vendors

If the Evaluation Team determines that information supplied in a Submission requires clarification in either Phase 1 or Phase 2, the request for information should be formulated in writing. All requests for Vendor information or clarification will be made through the Lead in conjunction with the RFP Coordinator and with the appropriate legal counsel, if necessary. **Under no circumstances may a member of the Evaluation Team contact a Vendor directly to obtain clarification or further information respecting a Submission.**

8.2 ET Consultant Review and Investigations

- 8.2.1 ET Consultants will assist with evaluations in both Phase 1 and Phase 2. In Phase 1, the ET Consultants' duties will include collating the information received in Submissions and providing the members of the Evaluation Team with an analysis of each Submission and Site in relation to the criteria upon which evaluations will be conducted.
- 8.2.2 In Phase 2, Vendors will be required to submit technical information about their respective Sites (eg., geotechnical, environmental) together with an estimate of the probable costs to bring the Site to the condition of an average site in Essex County with no significant geotechnical, archaeological or other issues and which can readily be connected to municipal services, including water, sanitary and storm sewers, electrical, natural gas and other utilities.

In Phase 2, the ET Consultants (a) will analyze the reports received from Vendors, (b) may visit and/or undertake investigation activities with respect to the Site, (c) will provide information and guidance to the Evaluation Team, and (d) will confirm or amend the cost estimates provided by Vendors to address negative Site conditions.

8.2.3 In both Phase 1 and Phase 2, the Evaluation Team:

- (a) will have an opportunity to attend a Submission Review Meeting with one or more ET Consultants to ask questions and obtain clarification of the analyses prepared by the ET Consultants; and
- (b) will be entitled to rely on the information provided by the ET Consultants.

9. EVALUATION OF PHASE 1 SUBMISSIONS

9.1 Review of Mandatory Requirements

Each Phase 1 Submission must comply with all of the Phase 1 Mandatory Requirements. Submissions that do not will be disqualified and will not be evaluated further. The RFP Coordinator will conduct the review of Phase 1 Submissions for compliance with the Phase 1 Mandatory Requirements and will report the results to the Evaluation Team and to the Fairness Advisor.

9.2 Points Based Evaluation of Phase 1 Submissions

For the Submissions that met the Phase 1 Mandatory Requirements, the Evaluation Team is to review each Submission and evaluate it. As indicated in the RFP, the intention (subject to Section 9.5 of this Handbook) is to select no more than five Short-Listed Sites and invite each one of the Short-Listed Site Vendors to make a Phase 2 Submission.

9.3 Individual Scoring and Consensus Scoring

Schedule 2 to this Handbook is the Site Selection Evaluation Form for Phase 1 (the "Phase 1 Score Sheet"). As indicated on the Phase 1 Score Sheet, there are 32 evaluation items in Phase 1 allocating a maximum of 1040 points.

Each member of the Evaluation Team will receive copies of the Phase 1 Submissions and corresponding analyses prepared by the ET Consultants. A Submission Review Meeting will be scheduled with one or more ET Consultants to give the Evaluation Team an opportunity to ask questions and obtain clarification about the Submissions and the materials prepared by the ET Consultants. Each member of the Evaluation Team will then conduct an individual and private evaluation and scoring of each Submission, with the assistance of and relying upon the materials received from the ET Consultants and any additional information received during the Submission Review Meeting.

Once the individual scoring has been completed, a meeting of the Evaluation Team will be convened to arrive at a consensus score for each Submission. Where a consensus score cannot be reached on the points to be awarded for a particular criterion, the points awarded will be the average of the points given by each evaluator for that criterion. The Lead will then prepare the Phase 1 Evaluation Summary (see Schedule 3 to this Handbook) recording the consensus or average scoring for each Submission by criterion.

Evaluators may ask questions and/or request clarification at any time during the evaluation period by forwarding questions through the Lead to the RFP Coordinator who will ensure that each

question is answered by a subject matter expert, the Fairness Advisor, or a Vendor. The response will be made available to all Evaluation Team members.

9.4 Identification of a Major Constraint

Should the Evaluation Team, with the assistance of the ET Consultants, identify a Major Constraint with respect to one or more of the Sites proposed in Phase 1, that Site or Sites may be rejected and not considered further, notwithstanding the Phase 1 Score the Site may have achieved through the evaluation process. By way of guidance, the application of the Major Constraint to reject a Site should only be used in extreme situations where, as reflected in the RFP, there exists any legal or other impediment which would materially delay or prevent construction of the Facility.

9.5 Determining Short-Listed Sites

The scores for each of the evaluation items for each Site will be totalled, and the intention is that the Sites with the highest Phase 1 Scores, to an intended limit of five, will be identified as the Short-Listed Sites. The Lead will inform the Steering Committee of the Short-Listed Sites and their corresponding Vendors, without disclosing the Phase 1 Scores.

While the RFP provides for no more than five Short-Listed Sites, the Evaluation Team has the absolute and sole discretion to select fewer than five and, in some circumstances, more than five. For example, should there be a tie between two Sites for what would ordinarily be the last place among proposed Short-Listed Sites, the Evaluation Team is at liberty to identify both such Sites as Short-Listed Sites even if, as a result, the number of Short-Listed Sites exceeds five (see RFP, paragraph 8.1.2(e) for guidance).

9.6 Scoring Method For Phase 1 Submissions

- 9.6.1 Rated criteria have been developed for this evaluation and have been detailed in the Phase 1 Score Sheet (Schedule 2 to this Handbook). The rated criteria are identical to the published criteria in the RFP. The process for scoring these criteria is outlined below.
- 9.6.2 The score for each item is a range of 0 through 10, and each item has a weight from 1 through 5. In determining a score between 0 and 10, evaluators should note that Submissions are evaluated against the "Scale Factors" column in the Phase 1 Score Sheet.
- 9.6.3 Each evaluator must maintain working notes of his/her evaluation in their individual Phase 1 Score Sheet noting positive/negative attributes and general comments for each criterion. If the Phase 1 Score Sheet does not provide sufficient room to include all evaluation notes, additional notes may be attached to the Phase 1 Score Sheet as a schedule or appendix.

9.7 Preservation of Phase 1 Score Sheets

After completion of the Phase 1 evaluation, all summary material and individual Phase 1 Score Sheets plus any appended notes (please ensure they are legible) must be delivered to the Lead who will be the custodian of these materials. Working papers/records of the evaluation process must be assembled and secured to ensure that a thorough audit trail is established. All evaluators must sign and date their Phase 1 Score Sheets.

10. EVALUATION OF PHASE 2 SUBMISSIONS

Only Vendors of Short-Listed Sites will be invited to submit Phase 2 Submissions.

10.1 Review of Mandatory Requirements

Each Phase 2 Submission must comply with all of the Phase 2 Mandatory Requirements. Submissions that do not will be disqualified and will not be evaluated further. The RFP Coordinator will conduct the review of Phase 2 Submissions for compliance with the Phase 2 Mandatory Requirements and will report the results to the Evaluation Team and to the Fairness Advisor.

10.2 Re-evaluation of Phase 1 Scores

Schedule 5 to this Handbook is the Site Selection Evaluation Form for Phase 2 (the "Phase 2 Score Sheet"). The Evaluation Team will refrain from undertaking any Phase 2 evaluation steps until the ET Consultants have reviewed the reports included in the Phase 2 Submissions and, where necessary, investigated the Short-Listed Sites and submitted their own reports to the Evaluation Team through the Lead.

Each member of the Evaluation Team will receive copies of the Phase 2 Submissions that met the Phase 2 Mandatory Requirements and the corresponding analyses and reports prepared by the ET Consultants. The Evaluation Team will also receive a score sheet, in the form of Schedule 4 to this Handbook, which will include the consensus Phase 1 Scores given for each criterion for each Short-Listed Site. A Submission Review Meeting will then be scheduled with one or more ET Consultants to give the Evaluation Team an opportunity to ask questions and obtain clarification about the Submissions and the materials prepared by the ET Consultants.

After the Submission Review Meeting each member of the Evaluation Team will privately and individually re-examine the consensus Phase 1 Scores, as recorded in Schedule 4, for each Short-Listed Site. In doing so evaluators will have regard to and will rely on the materials received from the ET Consultants and any additional information received during the Submission Review Meeting. Each evaluator will individually determine if any points awarded for any Phase 1 criteria for any Short-Listed Site should be adjusted up or down.

Following completion of the individual readjustment of the consensus Phase 1 Scores (if any), the Evaluation Team will convene to consider whether an adjustment is required to any Phase 1 Scores, and the Lead will record any adjusted Phase 1 Scores in the Phase 1 Evaluation Summary (Schedule 3 to this Handbook). If an adjustment is to be made, it will be made on a consensus basis for each evaluation criterion. Where consensus cannot be reached on any criterion the adjustment will be the average adjustment made by each member of the Evaluation Team for that criterion.

If any adjusted Phase 1 Score falls below the Threshold, that Short-Listed Site will be removed from consideration for the Preferred Site and the Phase 2 Submission for that Site will not be scored. If all of the Short-Listed Sites fall below the Threshold, consult paragraph 10.1.2(c) of the RFP for available options.

Evaluators may request clarification at any time during the Phase 2 evaluation period by forwarding questions through the Lead to the RFP Coordinator, who will ensure that the question is answered by a subject matter expert, the Fairness Advisor or a Vendor. The response will be made available to all members of the Evaluation Team.

10.3 Points Based Evaluation of Phase 2 Submissions

Once the steps described in Sections 10.1 and 10.2 of this Handbook are completed, the Phase 2 evaluation process will proceed as follows:

- 10.3.1 Taking the Base Price and the cost estimates provided in the ET Consultants' materials, calculate the Acquisition Cost of each Short-Listed Site;
- 10.3.2 Using the Acquisition Cost, calculate the Acquisition Score for each Short-Listed Site;
- 10.3.3 Based on and relying upon the materials prepared by the ET Consultants and any additional information received during the Submission Review Meeting, deduct points from the Acquisition Score of each Short-Listed Site on the basis of Points for Negotiation (if any), on a consensus basis. Where consensus cannot be reached on the points to be deducted, the deduction for a Short-Listed Site will be the average of the points deducted by each evaluator for that Site;
- 10.3.4 Arrive at the Phase 2 Score (Acquisition Score minus any points deducted for Points for Negotiation);
- 10.3.5 The sum of the Phase 1 Score (as it may have been adjusted as described in Section 10.2 of this Handbook) and the Phase 2 Score for each Short-Listed Site will be the Overall Score for that Site;
- 10.3.6 The Site with the highest Overall Score will be designated as the Preferred Site.

10.4 Tied Overall Scores

Should there be a tie between the Overall Scores of two or more Short-Listed Sites the tie will be broken in favour of the Site with the highest Phase 1 Score (as it may have been adjusted as discussed in Section 10.2 of this Handbook). If a tie still exists, the tie will be broken in favour of the Site with the highest score in Phase 1 (as it may have been adjusted) for "Accessibility". If a tie continues to persist, it will be broken in favour of the Site with the highest score in Phase 1 (as it may have been adjusted) for "Site Development Potential".

10.5 Scoring Method for Phase 2 Submissions

Rated criteria have been developed for the evaluation of Phase 2 Submissions in respect to costing. The formula for scoring these criteria is outlined below.

- 10.5.1 Points related to the Acquisition Cost (the Acquisition Score) will be computed using the following formula:

$$\frac{\text{lowest Short-Listed Site Acquisition Cost}}{\text{Acquisition Cost of Short-Listed Site being scored}} \times 445 = \text{Acquisition Score}$$

- 10.5.2 Up to 100 points may be deducted from the Acquisition Score on account of the Points for Negotiation. The Evaluation Team will be entitled to rely on the materials prepared by the ET Consultants and any additional information received during the Submission

Review Meeting to determine, on a consensus basis, the points to be deducted from the Acquisition Score for each Site.

- 10.5.3 Each evaluator must maintain working notes of his/her evaluation, both for Phase 1 readjustment (if any) (Schedule 4 to this Handbook) and in their Phase 2 Score Sheet, noting positive/negative attributes and general comments for each criterion. Where there is insufficient space on a score sheet for the notes which the evaluator wishes to make, the evaluator may attach his/her notes to the score sheet as a schedule or appendix.
- 10.5.4 Once the Phase 2 evaluation process is complete, the Lead will prepare the RFP Evaluation Summary (Schedule 6 to this Handbook) recording the Phase 1 and Phase 2 Scores and the Overall Score of each Phase 2 Submission.

10.6 Preservation of Phase 2 Score Sheets

After completion of the Phase 2 evaluation, all summary material and individual Schedule 4 forms and Phase 2 Score Sheets plus any appended notes (please ensure they are legible) must be delivered to the Lead who will be the custodian of these materials. Working papers/records of the evaluation process must be assembled and secured to ensure that a thorough audit trail is established. All evaluators must sign and date their Schedule 4 and Phase 2 Score Sheets.

10.7 Evaluation Report

- 10.7.1 Once the evaluation process is complete the Lead will prepare and submit the Evaluation Report to the Steering Committee recording the Overall Score of each Short-Listed Site and identifying the Preferred Site.

Site Selection Evaluation Form for Phase 1

Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
A GENERAL LAND USE CONFORMITY						
1 Official Plan Designation	2				<p>An official plan describes upper, lower or single-tier municipal council's policies on how land should be used. An official plan deals mainly with issues such as: where new housing, industry, offices, etc. should be located, what services are needed to support new development, and where the urban boundary is. The importance of the Official Plan Designation is whether the subject property's regulations permits a hospital. The Official Plan has specific policies surrounding institutional uses and the Vendor must demonstrate that the policies have been met. Should the land use not be an institutional designation within the Official Plan then an Official Plan Amendment would be required which would result in additional time and resources. It is also important to examine the compatibility of adjacent land uses (existing and future, if known) so one can be aware if the hospital will be adjacent to a compatible land use and that the majority of the land is in a designation that is not constrained by environmental features.</p>	<p>Parcel is partially or wholly within lands designated to permit hospital development</p> <p>- "10": Wholly within designated lands</p> <p>- "7": Not designated, but an amendment has a strong possibility of support</p> <p>- "5": Not designated, but an amendment has a fair possibility of support</p> <p>- "3": Not designated, but an amendment has minimal possibility of support</p> <p>- "0": Not designated, but an amendment has a poor possibility of support (e.g. designated "greenland" or "environmental protection")</p>

Site Selection Evaluation Form for Phase 1

	Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
2	Zoning	2				<p>A Zoning By-law provides specific provisions and regulations for all development. Zoning By-laws regulate the use of land, buildings and other structures. The zoning of a site regulates the uses that are allowed on a property as well as where buildings can be located on a site, the lot sizes, dimensions, parking requirements, building heights and setbacks from the street. The importance of zoning is whether or not the proposed use is permitted within the Zoning By-Law as well as whether the proposed building footprint and site layout fits within the requirements of the By-Law. A Zoning By-Law Amendment can be applied for (e.g. if a use is not permitted or a building height exceeds the maximum requirement) if required, however, this also adds additional time and resources. In most cases, an amendment will be required; however, heavy industrial zones, prime agricultural lands, protected employment lands and environmental lands, may not be appropriate.</p>	<p>It is assumed most sites will require site-specific zoning for a hospital and ancillary uses.</p> <p>- "10": No zoning restrictions exist</p> <p>- "7": Not zoned, but an amendment has a strong possibility of support</p> <p>- "5": Not zoned, but an amendment has a fair possibility of support</p> <p>- "3": Not zoned, but an amendment has a minimal possibility of support</p> <p>- "0": Not zoned, but an amendment has a poor possibility of support (e.g. zoned "greenland" or "environmental protection")</p>
3	Impact of Restrictions (By-laws, Rights-of-Way, Easements, etc.)	4				<p>There should be no restrictions on the use of the property, including below grade services easements. In essence, the property should have clear title. Particular attention should also be paid to municipal drains.</p>	<p>Potential for adverse impact on the development process which could require mitigating or removing restrictions:</p> <p>- "10": No restrictions on the lands</p> <p>- "7": Minor restrictions that will not impact developable areas</p> <p>- "5": Some restrictions that can be moved or accommodated</p> <p>- "3": Restrictions that impact a portion of the developable area</p> <p>- "0": Restrictions that impact the majority of developable area</p>

Site Selection Evaluation Form for Phase 1

Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
B. SITE DEVELOPMENT POTENTIAL						
4 Parcel (Shape and Geometry)	3				The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. The parcel shape should allow for a development pad that would accommodate a hospital. The pad should generally be rectangular and sized to allow maximum ground floor coverage. The shape and geometry should be such as to accommodate the hospital itself, ancillary buildings, along with parking.	Parcel has a regular shape and is of good proportion: -"10": A rectangular shape that has a test area of 400m x 400 m -"7": A rectangular "test" area 300M x 400M fits within the parcel -"5": A rectangular "test" area 300M x 300M fits within the parcel -"3": A rectangular "test" area 300M x 200M fits within the parcel -"1": A rectangular "test" area 200M x 200M fits within the parcel -"0": Less than a rectangular "test" area 200M x 200M fits within the parcel
5 Parking potential	5				Parking is generally defined by two criteria: the Municipal Zoning By-law and anticipated use. Hospital uses are often 1 space per bed. The second criterion is typical patient usage and need. A range of 1 space per 45 m ² to 60 m ² Gross Floor Area is suggested to be optimal for a long term build out scenario. Surface parking will be preferred. Parking is to be calculated on the basis of 139,354 m ² GFA.	The site achieves a parking ratio of: -"10": Greater than 1 space per 45 m ² (3096 spaces) -"7": Greater than 1 space per 50 m ² (2787 spaces) -"5": Greater than 1 space per 60 m ² (2322 spaces) -"3": Greater than 1 space per 70 m ² (1990 spaces) -"1": Less than 1 space per 80 m ² (1740 spaces)
6 Flexible Site Development / Campus Planning Scenarios	3				The site should be large enough to accommodate the proposed uses as well as future buildings, structures, parking, landscaped garden areas, etc., including allied services and potential research uses.	Potential for multiple planning and design solutions: -"10": is Excellent -"7": is Good

Site Selection Evaluation Form for Phase 1

Criteria	Wt.	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
7	Expansion Scenarios	4			The site should be large enough that future expansions can occur within the property to accommodate future projected population growth. A full regeneration of the proposed hospital should be accommodated on the site by having enough land access.	Potential for future expansion: - "10": is Excellent - "7": is Good - "5": is Fair - "3": is Minimal - "1": is Poor
8	Parcel Size (including future growth)	5			The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. For future expansions to accommodate growth and future replacement/renewal, the Ministry favours a minimum area of 40 acres of developable land (i.e. not constrained with environmental features) with 50 acres being preferred. Nevertheless, property less than this favoured or preferred parcel size will be considered.	The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. - "10": 46 or more acres preferred - "7": 41-45 acres of developable land - "5": 36-40 acres of developable land - "3": 30-35 acres of developable land - "1": less than 30 acres of developable land
C. COMMUNITY RELATIONSHIP						
9	Service Catchment Area	5			Consideration should be given to the surrounding population (current and future) numbers as an area with a higher density would be more desirable for a variety of reasons (e.g. distance of travel, services a greater number of people within a smaller area). Future population within an area	Centrally located to the population within a 5km drive (current and to 2031): - "10": 80% of Region's population within a 10km radius - "7": 80% of the Region's

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Site Selection Evaluation Form for Phase 1

Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
10	3				Provisions for any Allied Services – on site or adjacent to site (e.g. Long Term Care, Pharmacy, Office)	<p>Consideration should be given as to whether it would be desirable to bring allied facilities close to the Facility to form a campus arrangement. This may or may not involve reserves for a medical office building, long term care or smaller components within the Facility such as commercial pharmacy, restaurants or other retail outlets. These facilities should be accommodated on site, but may also spur similar development in the neighbourhood.</p> <p>Potential for multiple planning and design solutions for future allied services:</p> <ul style="list-style-type: none"> - "10": is Excellent - "7": is Good - "5": is Fair - "3": is Minimal - "1": is Poor
11	3				Relationship to other supportive Institutions (Research or Education)	<p>The Facility should locate in an area where other supporting institutions are within reasonable proximity, such as houses of worship, long term care facilities, hotels, medical, clinical and allied health education and research facilities, etc.</p> <p>Site is located within:</p> <ul style="list-style-type: none"> - "10": Within 5 km of other supportive institutions - "7": Within 6-10 km of other supportive institutions - "5": Within 11-15 km of other supportive institutions - "3": Within 16-20 km of other supportive institutions - "1": Further than 20 km away from other supportive institutions
12	3				Neighbourhood Compatibility	<p>The image of the hospital and the acceptance of the community are important parameters in the Facility and location must present a welcoming public image from the point of health care access. The site must be located in an area where the hospital would be compatible</p> <p>The Facility must be in an area that is compatible with hospital uses.</p> <ul style="list-style-type: none"> - "10": Highly compatible - "7": Compatibility is good

Site Selection Evaluation Form for Phase 1

Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
13	2				Nearby amenities to the site can enhance a person's experience. The site should have trails and walkways within the site that connect to the bigger municipal system. Nearby commercial uses add to the location of a hospital for visitor and employee convenience.	Potential for on site or adjacent site amenities: -"10": is Excellent -"7": is Good -"5": is Fair -"3": is Minimal -"1": is Poor
D. ACCESSIBILITY						
14	2				The Facility must have good visibility from major thoroughfares.	Potential for a significant portion of main hospital building to be visible from Highway -"10": Excellent potential -"7": Good potential -"5": Fair potential -"3": Minimal potential -"1": Limited potential
15	4				Access to the Facility must be well delineated and acceptable to emergency service providers. The routes and the Facility location must be convenient to the geographic region, with alternative pathways identified should primary ones be obstructed. Travel time for existing and proposed emergency services sites to the hospital is a factor in the location of the hospital (i.e. EMS response times). Location should be in an area that would support disaster preparedness planning by EMS, Police and Fire services.	Site has: -"10": clear travel routes and travel time is less than current response times -"7": clear travel routes and travel time meets response times -"5": clear travel routes and travel time almost meets current response times -"3": not ideal travel routes and travel time does not meet response times

Site Selection Evaluation Form for Phase 1

Criteria	Wt.	Scale (0-10)	Score (Wt. x Scale)	Notes	Assessment Definition	Scale Factors
16	5				<p>The road network must be able to support or add capacity to support the existing average daily trips in addition to those anticipated as the population grows. Road networks currently operating at a level 'd' or greater may have long term congestion issues. If a roadway is planned for expansion, this may not be an issue.</p>	<p>- "1": not ideal travel routes and travel time is not acceptable</p> <p>Roadway capacity (planned or existing) to handle existing and proposed traffic as well as population growth.</p> <p>- "10": Two lanes each direction for both primary roads</p> <p>- "7": Two lanes each direction for at least one primary road</p> <p>- "5": One lane in each direction operating at less than 60% capacity</p> <p>- "3": One lane each direction operating at greater than 60% capacity</p> <p>- "0": One lane each direction operating at greater than 80% capacity</p>
17	4				<p>In keeping with the goal of situating the Facility in close proximity to population, the Facility should be located with close access to major transportation corridors within the tributary region. Typically, most hospitals have an address on an arterial road or equivalent. They also should have close access to major roadways for connectivity to Regional communities.</p>	<p>Consideration of direct potential or established access to an existing Highway:</p> <p>- "10": Less than 1/2 km from arterial/collector</p> <p>- "7": 1/2 to 1 km from arterial/collector</p> <p>- "5": 1 to 1 1/2 km from arterial/collector</p> <p>- "3": 1/2 to 2 km from arterial/collector</p> <p>- "1": More than 2 km from arterial/collector</p>

Site Selection Evaluation Form for Phase 1

	Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
18	User Access (roadway, drop-off, loading)	4				<p>Access, drop off requirements and shipping and receiving are inevitably linked to a site layout. Functionally it is assumed there will need to be reasonable access for wheel-trans, patient transfer vehicles, emergency vehicles and the like with protected drop-off at main and secondary entrances. A reasonable assumption would be three loading bays plus any refuse/recycling holding. Wherever possible truck and transfer vehicles should be separated from ambulatory visitor drop-off. Overall a site area ratio may be in the range of 15-25%. Control of signalization and other traffic planning aspects may be required.</p>	<p>Multiple points of access to the parcel and a minimum frontage on municipal road(s) to locate access roads are desirable:</p> <ul style="list-style-type: none"> - "10": Frontage on at least 2 roads and a minimum frontage of 300M on at least one arterial road and a drop off area - "7": Frontage on at least 2 roads and a minimum frontage of 250M on at least one arterial road and a drop off area - "5": Frontage on at least 2 roads and a minimum frontage of 200M on at least one arterial road and a drop off area - "3": Frontage on at least 1 road and a minimum frontage of 250M on at least one arterial road and a drop off area - "1": Frontage on at least 1 road and a minimum frontage of 200M on at least one arterial road and no drop off area
19	Transit Route (Established or Potential) to and on the site	5				<p>The user access area should front a local transit route in order to best serve the entire population and to encourage staff, visitors and patients to use public transit when appropriate. A site could also have potential for a transit route which could be found in the Transportation Master Plan.</p>	<p>Transit route:</p> <ul style="list-style-type: none"> - "10": Established by opening day on two roads - "7": Established by opening day on one road - "5": To be established in the future on two roads - "3": To be established in the future on one road - "0": Not in the plans presently

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Site Selection Evaluation Form for Phase 1

	Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
20	Safe and convenient access for pedestrians / bicycles / e-bikes	3				Municipal sidewalks should be available or planned for the roads leading to the site and in particular to the user access points. Bike routes should be safe and the preference is for dedicated on road bike lanes.	<p>Street bike lanes existing or proposed and sidewalk existing or proposed</p> <p>- "10": Established both bike and sidewalk</p> <p>- "7": Established one of bike and sidewalk with the other in the future</p> <p>- "5": To be established in the future both bike and sidewalk</p> <p>- "3": Only one to be established in the future</p> <p>- "0": No bike or sidewalk and nothing proposed in the future</p>
21	Two Road Frontage(Established or Potential)	4				Site must have more than one main entrance route in case a secondary access route is required.	<p>Local conditions include:</p> <p>- "10": Two road frontage currently established</p> <p>- "7": Two road frontage proposed</p> <p>- "5": One road frontage established</p> <p>- "3": One road frontage proposed</p> <p>- "0": Not in an area with a planned street network</p>
22	Distance Route to United States Border Crossing	1				Patient transfers occur at various border crossings. Routes and travel times need to ensure ease of access.	<p>The distance to the nearest border crossing</p> <p>- "10": within 5 km of the border</p> <p>- "7": within 6-10 km of the border</p> <p>- "5": within 11-15 km of the border</p> <p>- "3": within 16-20 km of the border</p> <p>- "1": greater than 20 km of the border</p>

Site Selection Evaluation Form for Phase 1

	Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
23	Helicopter Flight Potential / Proximity / Access to Fixed Wing Aircraft Landing	3				The site should be able to accommodate a helicopter landing area. As a result, the site must be free from adjacent tall buildings greater than 30m in height and out of the air path of the Windsor airport. Accessibility to the airport with effective travel routes is also required for patient transfers in order to accommodate all-conditions (all-weather) navigation.	<ul style="list-style-type: none"> - Restrictions on flight path elevations (existing structures higher than 30M, within 1/2 km of parcel will limit directions for flight path / final approach or limit options to locate helipad on-site) - "10": No structures higher than 30m within 1/2 km and direct access to airport (1 arterial/collector) - "7": No structures higher than 30m within 1/2 km and indirect access to airport (2 arterial/collectors) - "5": No structures higher than 30m within 1/2 km and with indirect access to the airport (1 or 2 arterial/collector and 1 local road) - "3": No structures higher than 30m within 1/2 km and with indirect access to the airport (1 or 2 arterial/collector and more than 1 local road) - "0": Existing structures higher than 30M within 1/2 km of parcel
E SITE CONDITIONS							
24	Topography	3				The site should be relatively flat without too many grade changes in order to reduce the amount of cut and fill grading activities that would occur during construction.	<p>Topography:</p> <ul style="list-style-type: none"> - "10": Good topography - gentle to no fluctuations of relief - "7": Site is mostly level and can accommodate all anticipated uses - "5": Site is not level, but can still accommodate all anticipated uses - "3": Site is not level and can only accommodate a limited number of

Site Selection Evaluation Form for Phase 1

Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
25	4				The site should have capacity to support the Facility. Electrical, water, sewer, gas and other services should be in place now or by the time construction is scheduled to start. There are special considerations for plumbing and electrical systems in health care facilities. Access to two feeds for electrical and water should be available to the site.	anticipated uses - "1": Poor topography - extreme fluctuations of relief and cannot accommodate anticipated uses Water, sanitary, sewer, power (2 feeds required): - "10": is established services - "7": is good potential to service - "5": is fair potential to service - "3": is minimal potential to service - "1": is poor potential to service
26	2				The site must have the ability to provide for storm water retention on site or in a nearby storm pond or in municipal storm water pipes.	Potential for surface drainage: - "10": Excellent potential - "7": Good potential - "5": Fair potential - "3": Minimal potential - "0": Limited potential
27	4				The site should have no heritage or environmental features, unless the site exceeds the minimum size requirement. These types of features require additional study prior to site plan approvals, and may involve setbacks from the feature and well as flooding concerns in some areas. An archaeological impact assessment could be required where potential impacts to archaeological resources are identified.	Presence of surface water, and natural and heritage features located on site: - "10": No presence of any on site - "7": Presence of one feature that does not impact the development site - "5": Presence of one feature that does impact the development site - "3": Presence of both features with minimal impact on development site - "0": Presence of both features

Site Selection Evaluation Form for Phase 1

Criteria	Wt.	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
28	Vegetation	2			The site should not impinge on native wooded areas. A vegetation management plan would be required if there are trees that provide linkages to wildlife corridors, contain significant species, or provide breeding habitat for migratory birds. Vegetation also limits the season in which work on site can be done if it is found to be habitat for breeding birds. Replacement tree programs may be required if proposing to remove any species greater than 10 cm in diameter.	with impacts on development site Presence of wooded areas on site: - "10": No vegetation on site - "7": Low vegetation (hedgerow, scrub) - "5": Young plantation - "3": Mature plantation - "0": Significant species (e.g. butternuts)
29	Protected Wetlands	3			Wetlands are often regulated in the municipal policy documents and through the local conservation authority. Depending on the type of wetland, development of any kind may be prohibited and thus that area of land will not be available for hospital use. The size of the wetland area will impact the suitability of the site. It would be negative if the site was majority wetland (i.e. there would be no room to build). A positive would be if there was a small wetland which would create a natural feature and/or a visual enhancement on site.	Presence of the following located on the site that impact development: - "10": No wetlands - "7": Some of the site is classified as wetlands, little or no impact to developable area - "5": Some of the site is classified as wetlands; some impact to building likely - "3": Most of the site is wetlands; considerable impact to building likely - "0": Classified Wetlands (MNR), significant impact to building
F. MICROCLIMATE						
30	Wind	2			The user access area should be free of downward draft from adjacent buildings or structures. Avoidance of north entrances which offer little winter sunlight, and exposure to cold northern winds. The site must also consider any required setbacks from existing wind farms.	Impact of local conditions: - "10": Low Impact - "7": Little impact - "5": Moderate Impact - "3": High Impact

Site Selection Evaluation Form for Phase 1

Criteria	Wt	Scale (0-10)	Score (Wt x Scale)	Notes	Assessment Definition	Scale Factors
31	Noise	2			The site should not be adjacent to any generator of noise that may impact the quality of experience for patients and staff within the hospital or on the grounds.	-"0": Significant impact Impact of local conditions: -"10": Low Impact -"7": Little impact -"5": Moderate Impact -"3": High Impact -"0": Significant impact
32	Air Quality	3			The Facility should not be downwind of any noxious fume generator or subject to other flows of effluent. The site should be free of designated substances.	Impact of local conditions: -"10": Low Impact -"7": Little impact -"5": Moderate Impact -"3": High Impact -"0": Significant impact
TOTAL (max 1040)						

Date: _____

Name: _____

Signature: _____

Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1	Site No. 2	Site No. 3	Site No. 4	Site No. 5	
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score
A. GENERAL LAND USE CONFORMITY								
1 Official Plan Designation	An official plan describes upper, lower or single-tier municipal council's policies on how land should be used. An official plan deals mainly with issues such as: where new housing, industry, offices, etc. should be located, what services are needed to support new development, and where the urban boundary is. The importance of the Official Plan Designation is whether the subject property's regulations permits a hospital. The Official Plan has specific policies surrounding institutional uses and the Vendor must demonstrate that the policies have been met. Should the land use not be an institutional designation within the Official Plan then an Official Plan Amendment would be required which would result in additional time and resources. It is also important to examine the compatibility of adjacent land uses (existing and future, if known) so one can be aware if the hospital will be adjacent to a compatible land use and that the majority of the land is in a designation that is not constrained by environmental features.	20						
2 Zoning	A Zoning By-law provides specific provisions and regulations for all development. Zoning By-laws regulate the use of land, buildings and other structures. The zoning of a site regulates the uses that are allowed on a property as well as where buildings can be located on a site, the lot sizes, dimensions, parking requirements, building heights and setbacks from the street. The importance of zoning is whether or not the proposed use is permitted within the Zoning By-Law as well as whether the proposed building footprint and site layout fits within the requirements of the By-Law. A Zoning By-Law Amendment can be applied for (e.g. if	20						

Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5												
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score											
3	Impact of Restrictions (By-laws, Rights-of-Way, Easements, etc.)	a use is not permitted or a building height exceeds the maximum requirement) if required, however, this also adds additional time and resources. In most cases, an amendment will be required; however, heavy industrial zones, prime agricultural lands, protected employment lands and environmental lands, may not be appropriate.	40																				
B. SITE DEVELOPMENT POTENTIAL																							
4	Parcel (Shape and Geometry)	The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. The parcel shape should allow for a development pad that would accommodate a hospital. The pad should generally be rectangular and sized to allow maximum ground floor coverage. The shape and geometry should be such as to accommodate the hospital itself, ancillary buildings, along with parking.	30																				
5	Parking potential	Parking is generally defined by two criteria: the Municipal Zoning By-law and anticipated use. Hospital uses are often 1 space per bed. The second criterion is typical patient usage and need. A range of 1 space per 45 m ² to 60 m ² Gross Floor Area is suggested to be optimal for a long term build out scenario. Surface parking will be preferred. Parking is to be	50																				

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Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5	
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score
6	Flexible Site Development / Campus Planning Scenarios The site should be large enough to accommodate the proposed uses as well as future buildings, structures, parking, landscaped garden areas, etc., including allied services and potential research uses.	30										
7	Expansion Scenarios The site should be large enough that future expansions can occur within the property to accommodate future projected population growth. A full regeneration of the proposed hospital should be accommodated on the site by having enough land access.	40										
8	Parcel Size (including future growth) The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. For future expansions to accommodate growth and future replacement/renewal, the Ministry favours a minimum area of 40 acres of developable land (i.e. not constrained with environmental features) with 50 acres being preferred. Nevertheless, property less than this favoured or preferred parcel size will be considered.	50										
C. COMMUNITY RELATIONSHIP												
9	Service Catchment Area Consideration should be given to the surrounding population (current and future) numbers as an area with a higher density would be more desirable for a variety of reasons (e.g. distance of travel, services a greater number of people within a smaller area). Future population within an area should be considered to ensure that proper services will be available.	50										

Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5									
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score								
10	Provisions for any Allied Services -- on site or adjacent to site (e.g. Long Term Care, Pharmacy, Office)	Consideration should be given as to whether it would be desirable to bring allied facilities close to the Facility to form a campus arrangement. This may or may not involve reserves for a medical office building, long term care or smaller components within the Facility such as commercial pharmacy, restaurants or other retail outlets. These facilities should be accommodated on site, but may also spur similar development in the neighbourhood.	30																	
11	Relationship to other supportive Institutions (Research or Education)	The Facility should locate in an area where other supporting institutions are within reasonable proximity, such as houses of worship, long term care facilities, hotels, medical, clinical and allied health education and research facilities, etc.	30																	
12	Neighbourhood Compatibility	The image of the hospital and the acceptance of the community are important parameters in acceptance of the hospital in the community. The Facility and location must present a welcoming public image from the point of health care access. The site must be located in an area where the hospital would be compatible with existing uses, now and within future policy directions.	30																	
13	Site Amenities (trails, parks, restaurants, shopping)	Nearby amenities to the site can enhance a person's experience. The site should have trails and walkways within the site that connect to the bigger municipal system. Nearby commercial uses add to the location of a hospital for visitor and employee convenience.	20																	

Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5	
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score
D. ACCESSIBILITY												
14	Visibility	The Facility must have good visibility from major thoroughfares.	20									
15	Proximity to existing EMS/Police/Patient Transfer Sites/Disaster Preparedness	Access to the Facility must be well delineated and acceptable to emergency service providers. The routes and the Facility location must be convenient to the geographic region, with alternative pathways identified should primary ones be obstructed. Travel time for existing and proposed emergency services sites to the hospital is a factor in the location of the hospital (i.e. EMS response times). Location should be in an area that would support disaster preparedness planning by EMS, Police and Fire services.	40									
16	Roadway capacity	The road network must be able to support or add capacity to support the existing average daily trips in addition to those anticipated as the population grows. Road networks currently operating at a level 'd' or greater may have long term congestion issues. If a roadway is planned for expansion, this may not be an issue.	50									
17	Arterial / Collector Road Access	In keeping with the goal of siting the Facility in close proximity to population, the Facility should be located with close access to major transportation corridors within the tributary region. Typically, most hospitals have an address on an arterial road or equivalent. They also should have close access to major roadways for connectivity to Regional communities.	40									
18	User Access (roadway, drop-off, loading)	Access, drop off requirements and shipping and receiving are inevitably linked to a site layout. Functionally it is assumed there will need to be reasonable access for wheel-trans, patient transfer vehicles, emergency vehicles and the like with protected drop-off at main and secondary entrances. A reasonable	40									

Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5	
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score
19	Transit Route (Established or Potential) to and on the site	50										
20	Safe and convenient access for pedestrians / bicycles / e-bikes	30										
21	Two Road Frontage (Established or Potential)	40										
22	Distance Route to US Border Crossing	10										
23	Helicopter Flight Potential / Proximity / Access to Fixed Wing Aircraft Landing	30										

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Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5	
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score
E. SITE CONDITIONS												
24	Topography	The site should be relatively flat without too many grade changes in order to reduce the amount of cut and fill grading activities that would occur during construction.	30									
25	Serviceing (Established or Potential. Redundant Services for Electrical and Water required)	The site should have capacity to support the Facility. Electrical, water, sewer, gas and other services should be in place now or by the time construction is scheduled to start. There are special considerations for plumbing and electrical systems in health care facilities. Access to two feeds for electrical and water should be available to the site.	40									
26	Drainage	The site must have the ability to provide for storm water retention on site or in a nearby storm pond or in municipal storm water pipes.	20									
27	Heritage and Environmental Features (Rivers / Streams) / Archaeological	The site should have no heritage or environmental features, unless the site exceeds the minimum size requirement. These types of features require additional study prior to site plan approvals, and may involve setbacks from the feature and well as flooding concerns in some areas. An archaeological impact assessment could be required where potential impacts to archaeological resources are identified.	40									
28	Vegetation	The site should not impinge on native wooded areas. A vegetation management plan would be required if there are trees that provide linkages to wildlife corridors, contain significant species, or provide breeding habitat for migratory birds. Vegetation also limits the season in which work on site can be done if it is found to be habitat for breeding birds. Replacement tree programs may be required if proposing to remove any species greater than 10 cm in diameter.	20									

Phase 1 Evaluation Summary

Criteria	Assessment Definition	Pts Avail	Site No. 1		Site No. 2		Site No. 3		Site No. 4		Site No. 5	
			Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score	Ph 1 Score	Ph 1 Adj Score
29	Protected Wetlands Wetlands are often regulated in the municipal policy documents and through the local conservation authority. Depending on the type of wetland, development of any kind may be prohibited and thus that area of land will not be available for hospital use. The size of the wetland area will impact the suitability of the site. It would be negative if the site was majority wetland (i.e. there would be no room to build). A positive would be if there was a small wetland which would create a natural feature and/or a visual enhancement on site.	30										
F. MICROCLIMATE												
30	Wind The user access area should be free of downward draft from adjacent buildings or structures. Avoidance of north entrances which offer little winter sunlight, and exposure to cold northern winds. The site must also consider any required setbacks from existing wind farms.	20										
31	Noise The site should not be adjacent to any generator of noise that may impact the quality of experience for patients and staff within the hospital or on the grounds.	20										
32	Air Quality The Facility should not be downwind of any noxious fume generator or subject to other flows of effluent. The site should be free of designated substances.	30										
TOTAL		1040										

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
A. GENERAL LAND USE CONFORMITY								
1	Official Plan Designation	2					<p>An official plan describes upper, lower or single-tier municipal council's policies on how land should be used. An official plan deals mainly with issues such as: where new housing, industry, offices, etc. should be located, what services are needed to support new development, and where the urban boundary is. The importance of the Official Plan Designation is whether the subject property's regulations permits a hospital. The Official Plan has specific policies surrounding institutional uses and the Vendor must demonstrate that the policies have been met. Should the land use not be an institutional designation within the Official Plan then an Official Plan Amendment would be required which would result in additional time and resources. It is also important to examine the compatibility of adjacent land uses (existing and future, if known) so one can be aware if the hospital will be adjacent to a compatible land use and that the majority of the land is in a designation that is not constrained by environmental features.</p>	<p>Parcel is partially or wholly within lands designated to permit hospital development</p> <p>- "10": Wholly within designated lands</p> <p>- "7": Not designated, but an amendment has a strong possibility of support</p> <p>- "5": Not designated, but an amendment has a fair possibility of support</p> <p>- "3": Not designated, but an amendment has minimal possibility of support</p> <p>- "0": Not designated, but an amendment has a poor possibility of support (e.g. designated "greenland" or "environmental protection")</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
2	Zoning	2					<p>A Zoning By-law provides specific provisions and regulations for all development. Zoning By-laws regulate the use of land, buildings and other structures. The zoning of a site regulates the uses that are allowed on a property as well as where buildings can be located on a site, the lot sizes, dimensions, parking requirements, building heights and setbacks from the street. The importance of zoning is whether or not the proposed use is permitted within the Zoning By-Law as well as whether the proposed building footprint and site layout fits within the requirements of the By-Law. A Zoning By-Law Amendment can be applied for (e.g. if a use is not permitted or a building height exceeds the maximum requirement) if required, however, this also adds additional time and resources. In most cases, an amendment will be required; however, heavy industrial zones, prime agricultural lands, protected employment lands and environmental lands, may not be appropriate.</p>	<p>It is assumed most sites will require site-specific zoning for a hospital and ancillary uses.</p> <p>- "10": No zoning restrictions exist</p> <p>- "7": Not zoned, but an amendment has a strong possibility of support</p> <p>- "5": Not zoned, but an amendment has a fair possibility of support</p> <p>- "3": Not zoned, but an amendment has a minimal possibility of support</p> <p>- "0": Not zoned, but an amendment has a poor possibility of support (e.g. zoned "greenland" or "environmental protection")</p>
3	Impact of Restrictions (By-laws, Rights-of-Way, Easements, etc.)	4					<p>There should be no restrictions on the use of the property, including below grade services easements. In essence, the property should have clear title. Particular attention should also be paid to municipal drains.</p>	<p>Potential for adverse impact on the development process which could require mitigating or removing restrictions:</p> <p>- "10": No restrictions on the lands</p> <p>- "7": Minor restrictions that will not impact developable areas</p> <p>- "5": Some restrictions that can be moved or accommodated</p> <p>- "3": Restrictions that impact a portion of the developable area</p> <p>- "0": Restrictions that impact the majority of developable area</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
B. SITE DEVELOPMENT POTENTIAL								
4	Parcel (Shape and Geometry)	3					<p>The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. The parcel shape should allow for a development pad that would accommodate a hospital. The pad should generally be rectangular and sized to allow maximum ground floor coverage. The shape and geometry should be such as to accommodate the hospital itself, ancillary buildings, along with parking.</p>	<p>Parcel has a regular shape and is of good proportion: -"10": A rectangular shape that has a test area of 400m x 400 m -"7": A rectangular "test" area 300M x 400M fits within the parcel -"5": A rectangular "test" area 300M x 300M fits within the parcel -"3": A rectangular "test" area 300M x 200M fits within the parcel -"1": A rectangular "test" area 200M x 200M fits within the parcel -"0": Less than a rectangular "test" area 200M x 200M fits within the parcel</p>
5	Parking potential	5					<p>Parking is generally defined by two criteria: the Municipal Zoning By-law and anticipated use. Hospital uses are often 1 space per bed. The second criterion is typical patient usage and need. A range of 1 space per 45 m² to 60 m² Gross Floor Area is suggested to be optimal for a long term build out scenario. Surface parking will be preferred. Parking is to be calculated on the basis of 139,354 m² GFA.</p>	<p>The site achieves a parking ratio of: -"10": Greater than 1 space per 45 m² (3096 spaces) -"7": Greater than 1 space per 50 m² (2787 spaces) -"5": Greater than 1 space per 60 m² (2322 spaces) -"3": Greater than 1 space per 70 m² (1990 spaces) -"1": Less than 1 space per 80 m² (1740 spaces)</p>
6	Flexible Site Development / Campus Planning Scenarios	3					<p>The site should be large enough to accommodate the proposed uses as well as future buildings, structures, parking, landscaped garden areas, etc., including allied services and potential research uses.</p>	<p>Potential for multiple planning and design solutions: -"10": is Excellent -"7": is Good</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale Score (0-10)	Ph 1 Score	Scale Score (0-10)	Ph 1 Score			
7	Expansion Scenarios	4					<p>The site should be large enough that future expansions can occur within the property to accommodate future projected population growth. A full regeneration of the proposed hospital should be accommodated on the site by having enough land access.</p>	<p>Potential for future expansion: - "10": is Excellent - "7": is Good - "5": is Fair - "3": is Minimal - "1": is Poor</p>
8	Parcel Size (including future growth)	5					<p>The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. It should provide flexibility to accommodate major changes in health care delivery and/or program requirements. For future expansions to accommodate growth and future replacement/renewal, the Ministry favours a minimum area of 40 acres of developable land (i.e. not constrained with environmental features) with 50 acres being preferred. Nevertheless, property less than this favoured or preferred parcel size will be considered.</p>	<p>The parcel size must plan for potential physical and site needs of the Facility over a 5, 10, 20, 50 and 100 year timeframe that ensures best use of significant and long term government commitment. - "10": 46 or more acres preferred - "7": 41-45 acres of developable land - "5": 36-40 acres of developable land - "3": 30-35 acres of developable land - "1": less than 30 acres of developable land</p>
C. COMMUNITY RELATIONSHIP								
9	Service Catchment Area	5					<p>Consideration should be given to the surrounding population (current and future) numbers as an area with a higher density would be more desirable for a variety of reasons (e.g. distance of travel, services a greater number of people within a smaller area). Future</p>	<p>Centrally located to the population within a 5km drive (current and to 2031): - "10": 80% of Region's population within a 10km radius - "7": 80% of the Region's</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
10	3						<p>population within an area should be considered to ensure that proper services will be available. Thought should also be given to distance to hospice, long term care homes, other health services such as police, fire and EMS.</p> <p>Consideration should be given as to whether it would be desirable to bring allied facilities close to the Facility to form a campus arrangement. This may or may not involve reserves for a medical office building, long term care or smaller components within the Facility such as commercial pharmacy, restaurants or other retail outlets. These facilities should be accommodated on site, but may also spur similar development in the neighbourhood.</p>	<p>Potential for multiple planning and design solutions for future allied services:</p> <ul style="list-style-type: none"> - "10": is Excellent - "7": is Good - "5": is Fair - "3": is Minimal - "1": is Poor
11	3						<p>The Facility should locate in an area where other supporting institutions are within reasonable proximity, such as houses of worship, long term care facilities, hotels, medical, clinical and allied health education and research facilities, etc.</p>	<p>Site is located within:</p> <ul style="list-style-type: none"> - "10": Within 5 km of other supportive institutions - "7": Within 6-10 km of other supportive institutions - "5": Within 11-15 km of other supportive institutions - "3": Within 16-20 km of other supportive institutions - "1": Further than 20 km away from other supportive institutions
12	3						<p>The image of the hospital and the acceptance of the community are important parameters in acceptance of the hospital in the community. The Facility and location must present a welcoming public image from the point of health care access. The site must be located in an</p>	<p>The Facility must be in an area that is compatible with hospital uses.</p> <ul style="list-style-type: none"> - "10": Highly compatible - "7": Compatibility is good

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
13	2						area where the hospital would be compatible with existing uses, now and within future policy directions.	-"5": Compatibility is fair -"3": Compatibility is minimal -"0": Non-compatible Potential for on site or adjacent site amenities: -"10": is Excellent -"7": is Good -"5": is Fair -"3": is Minimal -"1": is Poor
D. ACCESSIBILITY								
14	2						The Facility must have good visibility from major thoroughfares.	Potential for a significant portion of main hospital building to be visible from Highway -"10": Excellent potential -"7": Good potential -"5": Fair potential -"3": Minimal potential -"1": Limited potential
15	4						Access to the Facility must be well delineated and acceptable to emergency service providers. The routes and the Facility location must be convenient to the geographic region, with alternative pathways identified should primary ones be obstructed. Travel time for existing and proposed emergency services sites to the hospital is a factor in the location of the hospital (i.e. EMS response times). Location should be in an area that would support disaster preparedness planning by EMS, Police and Fire services.	Site has: -"10": clear travel routes and travel time is less than current response times -"7": clear travel routes and travel time meets response times -"5": clear travel routes and travel time almost meets current response times -"3": not ideal travel routes and travel time does not meet response times

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Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
16	Roadway capacity	5					<p>The road network must be able to support or add capacity to support the existing average daily trips in addition to those anticipated as the population grows. Road networks currently operating at a level 'd' or greater may have long term congestion issues. If a roadway is planned for expansion, this may not be an issue.</p>	<p>- "1": not ideal travel routes and travel time is not acceptable</p> <p>Roadway capacity (planned or existing) to handle existing and proposed traffic as well as population growth.</p> <p>- "10": Two lanes each direction for both primary roads</p> <p>- "7": Two lanes each direction for at least one primary road</p> <p>- "5": One lane in each direction operating at less than 60% capacity</p> <p>- "3": One lane each direction operating at greater than 60% capacity</p> <p>- "0": One lane each direction operating at greater than 80% capacity</p>
17	Arterial / Collector Road Access	4					<p>In keeping with the goal of situating the Facility in close proximity to population, the Facility should be located with close access to major transportation corridors within the tributary region. Typically, most hospitals have an address on an arterial road or equivalent. They also should have close access to major roadways for connectivity to Regional communities.</p>	<p>Consideration of direct potential or established access to an existing Highway:</p> <p>- "10": Less than 1/2 km from arterial/collector</p> <p>- "7": 1/2 to 1 km from arterial/collector</p> <p>- "5": 1 to 1 1/2 km from arterial/collector</p> <p>- "3": 1/2 to 2 km from arterial/collector</p> <p>- "1": More than 2 km from arterial/collector</p>
18	User Access (roadway, drop-off,	4					<p>Access, drop off requirements and shipping and receiving are inevitably linked to a site layout. Functionally it is</p>	<p>Multiple points of access to the parcel and a minimum frontage on municipal road(s) to locate access</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt.	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
loading)							assumed there will need to be reasonable access for wheel-trans. patient transfer vehicles, emergency vehicles and the like with protected drop-off at main and secondary entrances. A reasonable assumption would be three loading bays plus any refuse/recycling holding. Whenever possible truck and transfer vehicles should be separated from ambulatory visitor drop-off. Overall a site area ratio may be in the range of 15-25%. Control of signalization and other traffic planning aspects may be required.	roads are desirable: -"10": Frontage on at least 2 roads and a minimum frontage of 300M on at least one arterial road and a drop off area -"7": Frontage on at least 2 roads and a minimum frontage of 250M on at least one arterial road and a drop off area -"5": Frontage on at least 2 roads and a minimum frontage of 200M on at least one arterial road and a drop off area -"3": Frontage on at least 1 road and a minimum frontage of 250M on at least one arterial road and a drop off area -"1": Frontage on at least 1 road and a minimum frontage of 200M on at least one arterial road and no drop off area
19 Transit Route (Established or Potential) to and on the site	5						The user access area should front a local transit route in order to best serve the entire population and to encourage staff, visitors and patients to use public transit when appropriate. A site could also have potential for a transit route which could be found in the Transportation Master Plan.	Transit route: -"10": Established by opening day on two roads -"7": Established by opening day on one road -"5": To be established in the future on two roads -"3": To be established in the future on one road -"0": Not in the plans presently

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
20	3						Municipal sidewalks should be available or planned for the roads leading to the site and in particular to the user access points. Bike routes should be safe and the preference is for dedicated on road bike lanes.	Street bike lanes existing or proposed and sidewalk existing or proposed - "10": Established both bike and sidewalk - "7": Established one of bike and sidewalk with the other in the future - "5": To be established in the future both bike and sidewalk - "3": Only one to be established in the future - "0": No bike or sidewalk and nothing proposed in the future
21	4						Site must have more than one main entrance route in case a secondary access route is required.	Local conditions include: - "10": Two road frontage currently established - "7": Two road frontage proposed - "5": One road frontage established - "3": One road frontage proposed - "0": Not in an area with a planned street network
22	1						Patent transfers occur at various border crossings. Routes and travel times need to ensure ease of access.	The distance to the nearest border crossing - "10": within 5 km of the border - "7": within 6-10 km of the border - "5": within 11-15 km of the border - "3": within 16-20 km of the border - "1": greater than 20 km of the border

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
23 Helicopter Flight Potential / Proximity / Access to Fixed Wing Aircraft Landing	3						The site should be able to accommodate a helicopter landing area. As a result, the site must be free from adjacent tall buildings greater than 30m in height and out of the air path of the Windsor airport. Accessibility to the airport with effective travel routes is also required for patient transfers in order to accommodate all-conditions (all-weather) navigation.	<p>Restrictions on flight path elevations (existing structures higher than 30M, within 1/2 km of parcel will limit directions for flight path / final approach or limit options to locate helipad on-site)</p> <p>- "10": No structures higher than 30m within 1/2 km and direct access to airport (1 arterial/collector)</p> <p>- "7": No structures higher than 30m within 1/2 km and indirect access to airport (2 arterial/collectors)</p> <p>- "5": No structures higher than 30m within 1/2 km and with indirect access to the airport (1 or 2 arterial/collector and 1 local road)</p> <p>- "3": No structures higher than 30m within 1/2 km and with indirect access to the airport (1 or 2 arterial/collector and more than 1 local road)</p> <p>- "0": Existing structures higher than 30M within 1/2 km of parcel</p>
E SITE CONDITIONS								
24 Topography	3						The site should be relatively flat without too many grade changes in order to reduce the amount of cut and fill grading activities that would occur during construction.	<p>Topography:</p> <p>- "10": Good topography - gentle to no fluctuations of relief</p> <p>- "7": Site is mostly level and can accommodate all anticipated uses</p> <p>- "5": Site is not level, but can still accommodate all anticipated uses</p>

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Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
25	4						<p>The site should have capacity to support the Facility. Electrical, water, sewer, gas and other services should be in place now or by the time construction is scheduled to start. There are special considerations for plumbing and electrical systems in health care facilities. Access to two feeds for electrical and water should be available to the site.</p>	<p>Water, sanitary, sewer, power (2 feeds required): -"10": is established services -"7": is good potential to service -"5": is fair potential to service -"3": is minimal potential to service -"1": is poor potential to service</p>
26	2						<p>The site must have the ability to provide for storm water retention on site or in a nearby storm pond or in municipal storm water pipes.</p>	<p>Potential for surface drainage: -"10": Excellent potential -"7": Good potential -"5": Fair potential -"3": Minimal potential -"0": Limited potential</p>
27	4						<p>The site should have no heritage or environmental features, unless the site exceeds the minimum size requirement. These types of features require additional study prior to site plan approvals, and may involve setbacks from the feature and well as flooding concerns in some areas. An archaeological impact assessment could be required where potential impacts to archaeological resources are identified.</p>	<p>Presence of surface water, and natural and heritage features located on site: -"10": No presence of any on site -"7": Presence of one feature that does not impact the development site -"5": Presence of one feature that does impact the development site -"3": Presence of both features with minimal impact on development site</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
28	Vegetation	2					<p>The site should not impinge on native wooded areas. A vegetation management plan would be required if there are trees that provide linkages to wildlife corridors, contain significant species, or provide breeding habitat for migratory birds. Vegetation also limits the season in which work on site can be done if it is found to be habitat for breeding birds. Replacement tree programs may be required if proposing to remove any species greater than 10 cm in diameter.</p>	<p>Presence of wooded areas on site: -"10": No vegetation on site -"7": Low vegetation (hedgerow, scrub) -"5": Young plantation -"3": Mature plantation -"0": Significant species (e.g. butternuts)</p>
29	Protected Wetlands	3					<p>Wetlands are often regulated in the municipal policy documents and through the local conservation authority. Depending on the type of wetland, development of any kind may be prohibited and thus that area of land will not be available for hospital use. The size of the wetland area will impact the suitability of the site. It would be negative if the site was majority wetland (i.e. there would be no room to build). A positive would be if there was a small wetland which would create a natural feature and/or a visual enhancement on site.</p>	<p>Presence of the following located on the site that impact development: -"10": No wetlands -"7": Some of the site is classified as wetlands, little or no impact to developable area -"5": Some of the site is classified as wetlands; some impact to building likely -"3": Most of the site is wetlands; considerable impact to building likely -"0": Classified Wetlands (MNR), significant impact to building</p>
F. MICROCLIMATE								
30	Wind	2					<p>The user access area should be free of downward draft from adjacent buildings or structures. Avoidance of north entrances which offer little winter sunlight, and exposure to cold northern winds. The site must also consider any</p>	<p>Impact of local conditions: -"10": Low Impact -"7": Little impact -"5": Moderate Impact</p>

Phase 1 Re-Evaluation Score Sheet

Criteria	Wt	Consensus		Adjusted		Notes	Assessment Definition	Scale Factors
		Scale (0-10)	Ph 1 Score	Scale (0-10)	Ph 1 Score			
31	Noise	2					<p>required setbacks from existing wind farms.</p> <p>The site should not be adjacent to any generator of noise that may impact the quality of experience for patients and staff within the hospital or on the grounds.</p>	<p>-3": High Impact</p> <p>-0": Significant impact</p> <p>Impact of local conditions:</p> <p>-10": Low Impact</p> <p>-7": Little impact</p> <p>-5": Moderate Impact</p> <p>-3": High Impact</p> <p>-0": Significant impact</p>
32	Air Quality	3					<p>The Facility should not be downwind of any noxious fume generator or subject to other flows of effluent. The site should be free of designated substances.</p>	<p>Impact of local conditions:</p> <p>-10": Low Impact</p> <p>-7": Little impact</p> <p>-5": Moderate Impact</p> <p>-3": High Impact</p> <p>-0": Significant impact</p>
TOTAL (max 1040)								

Date: _____

Name: _____

Signature: _____

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Site Selection Evaluation Form for Phase 2

	Amount (\$\$)	Notes
1	Base Price	
ADJUSTMENTS TO BASE PRICE		
2	Allowance for adverse geotechnical conditions	
3	Allowance for adverse environmental conditions	
4	Allowance for adverse archeological conditions	
5	Allowance for incremental site services connection costs	
6	Allowance for other costs	
7	ACQUISITION COST (\$\$)	
8	ACQUISITION SCORE	

Site Selection Evaluation Form for Phase 2

DEDUCTION FOR POINTS FOR NEGOTIATION	
9	Points for Negotiation (max deduction 100 points)
SUMMARY	
10	PHASE 2 SCORE (max 445 points)
	PHASE 1 SCORE (as adjusted in Phase 2 -- see Note 1 below)
	OVERALL SCORE (Phase 1 Score as adjusted in Phase 2 plus Phase 2 Score)

Note 1: If a Phase 1 Score, as adjusted in Phase 2, falls below the Threshold (see definition of Threshold in paragraph 8.1.2(d) of the Instructions to Vendors) remove the Site in question from consideration and score it no further.
 If all Phase 1 Scores, as adjusted in Phase 2, fall below the Threshold, see paragraph 10.1.2(c) of the Instructions to Vendors for available options.

Date: _____ Name: _____ Signature: _____

RFP Evaluation Summary and Report

	Short-Listed Site No. 1 (Site N)	Short-Listed Site No. 2 (Site V)
PHASE 1 SCORE (as may have been adjusted in Phase 2; max 1040 points)		
PHASE 2 SCORE (max 445 points)		
OVERALL SCORE (max 1485 points)		

The RFP provides, in paragraph 10.1.2(f) of the Instructions to Vendors, that the "Preferred Site" is the Short-Listed Site with the highest Overall Score.

The Site Selection Subcommittee has identified the following Short-Listed Site as the Preferred Site:

I, Robert A. Renaud, Chair of the Site Selection Subcommittee, certify that the information contained in this form correctly and accurately reflects the scores given by the Site Selection Subcommittee.

Date: _____

Signature: _____