Architectural & Engineering Services



HEARTLAND HEALTH SERVICES

REQUEST FOR PROPOSALS

Architectural & Engineering Services

[i]Rebuild Illinois Community Health Center Construction Grant

Wisconsin/East Bluff Health Center Renovation and Expansion

Heartland Health Services

2321 N. Wisconsin Avenue, Peoria, Illinois 61603

Procurement Milestone	Date
RFP Release	November 2, 2026
Pre-Proposal Conference/Site Visit	Thursday, November 12, 2026, 1:00pm – 4:00pm CST
Questions Due	November 27, 2026
Proposals Due	December 18, 2026, 4:00 p.m. CST
Anticipated Selection	January 15, 2027

PART I — Request for Proposal RFP

1. Introduction

Heartland Health Services (HHS), a Federally Qualified Health Center 501c3 serving the Greater Peoria and Tri-County region, invites proposals from qualified architectural and engineering firms to provide comprehensive professional services for improvements to the Wisconsin/East Bluff Health Center at 2321 N. Wisconsin Avenue, Peoria, Illinois.

HHS has received a $2.5 million Rebuild Illinois Community Health Center Construction Grant. The selected firm will provide programming, design, engineering, permitting, bidding assistance, construction administration, cost control, grant-support documentation, and closeout services. The project and resulting construction procurement must comply with the applicable State grant agreement, Capital Development Board (CDB) requirements, Business Enterprise Program requirements, the Project Labor Agreement, the Illinois Works Apprenticeship Initiative, and applicable laws, codes, and regulations.

2. Project Overview

Current planning anticipates approximately 5,700 square feet of clinical and administrative buildout and approximately 2,300 square feet of community and support space. All areas, quantities, and program elements are subject to field verification, final programming, the approved grant scope, permit requirements, available funding, and HHS approval.

- Women's Health/OB clinical space, exam rooms, procedure, and ultrasound functions
- Primary, specialty, and behavioral health spaces
- Physical therapy and therapeutic strength space
- Centering Pregnancy and Patient Education Space
- Community nutrition demonstration/teaching kitchen, food pantry, and community closet
- Waiting, reception, registration, intake, triage, nursing, laboratory, medication, storage, and support areas
- Staff break, conference, administrative, and medical-records functions
- Architectural, structural, MEP, fire protection, civil/site, accessibility, life-safety, IT, low-voltage, security, signage, and wayfinding improvements
- Hazardous-material and asbestos coordination
- Patient-centered, trauma-informed, sustainable, and energy-efficient design

3. Project Objectives

1. Create a functional, welcoming, patient-centered healthcare environment.
2. Expand access to women's health, behavioral health, physical therapy, and community-support services.
3. Improve clinical, patient, staff, and supply flow.
4. Maintain operations during construction to the greatest extent practical.
5. Meet all applicable grant, accessibility, code, regulatory, and life-safety requirements.
6. Control cost and maintain alignment with the approved project budget.
7. Complete design, bidding, construction, and closeout within grant deadlines.
8. Provide complete and auditable documentation supporting reimbursement and close-out.

4. Scope of Services

4.1 Existing Conditions, Programming, and Pre-Design

- Review the grant agreement, approved scope, budget, existing drawings, concepts, and owner-furnished information.
- Conduct field verification and document existing architectural, structural, MEP, fire-protection, technology, utility, and site conditions relevant to the work.
- Facilitate programming workshops with HHS clinical, operational, IT, facilities, finance, and executive stakeholders.
- Validate the room program, square footage, adjacencies, patient flow, staff flow, privacy, equipment, utilities, storage, casework, medication-security, and support requirements.
- Prepare room data sheets for clinical and specialty spaces where appropriate.
- Address Women's Health/OB examination-room layout, clinician positioning, family accommodation, patient dignity, and safety.
- Evaluate phasing, temporary services, shutdowns, and continuity-of-operations requirements.
- Prepare written existing conditions and programming report, concept alternatives, risk register, preliminary schedule, and opinion of probable construction cost.
- Obtain HHS written approval of the program before completing schematic design.

4.2 Schematic Design

- Develop schematic options, floor plans, preliminary elevations, system concepts, finish direction, accessibility and wayfinding approach, and construction-phasing concepts.
- Incorporate patient-centered and trauma-informed design principles.
- Identify major code, permitting, MEP-capacity, structural, site, hazardous-material, and operational constraints.
- Provide an updated opinion of probable construction cost and initial value-engineering recommendations.
- Present recommendations to HHS and obtain approval before Design Development.

4.3 Design Development

- Develop the approved schematic design using coordinated architectural, interior, structural, mechanical, electrical, plumbing, fire-protection, civil/site, technology, security, medical-equipment, casework, furniture, lighting, signage, and wayfinding information.
- Prepare an updated code analysis, outline specifications, phasing plan, and opinion of probable construction cost.
- Conduct design reviews with HHS and incorporate approved comments.

4.4 Construction Documents

- Prepare complete, coordinated, permit-ready and bid-ready drawings and technical specifications.
- Incorporate applicable CDB, BEP, PLA, Illinois Works, accessibility, code, infection-control, phasing, temporary egress, shutdown, testing, commissioning, inspection, and closeout requirements.
- Develop base-bid scope, alternates, allowances, and unit prices as approved by HHS.
- Provide quality-control review and resolve interdisciplinary conflicts before issuance.

4.5 Regulatory and Permitting Services

- Identify and document applicable City of Peoria, Illinois Accessibility Code, ADA, building, plumbing, mechanical, electrical, energy, fire, NFPA, and other requirements.

- Determine and document whether Illinois Department of Public Health plan review or other healthcare-specific State review applies.
- Prepare required submission packages, respond to review comments, and coordinate permit approval.
- Identify permits, review, utility, and testing fees in the project budget.

4.6 Hazardous Materials and Existing Conditions

- Review available environmental and hazardous material information.
- Identify areas requiring additional investigation and coordinate qualified consultants as authorized by HHS.
- Incorporate required abatement and clearance provisions into the documents.
- Clearly identify in the proposal whether survey, sampling, abatement design, air monitoring, and related services are included or additional.

4.7 Infection Control and Continuity of Operations

- Support Infection Control Risk Assessment planning and occupied-healthcare construction controls.
- Address barriers, containment, dust, noise, vibration, negative pressure where applicable, temporary egress, interim life-safety measures, temporary utilities, shutdowns, security, and separation of patients and staff from construction.
- Develop a phased implementation plan in collaboration with HHS.

4.8 Cost Management and Value Engineering

The A/E shall design to the HHS-approved construction budget and promptly disclose any forecasted overage. Opinions of probable construction cost are required at programming/concept completion, Schematic Design, Design Development, 50% Construction Documents, 90% Construction Documents, and final bid documents.

- Participate in value engineering and scope prioritization is necessary to maintain budget.
- Maintain a running estimate of base bid, alternates, allowances, contingency, escalation, and owner costs.
- Reconcile design estimates with contractor bids and assist HHS in evaluating alternates and substitutions.

4.9 State Grant, CDB, BEP, PLA, and Illinois Works Support

- Perform services consistent with applicable provisions of the State grant agreement and owner-provided CDB requirements.
- Use current State/CDB forms and requirements in effect when documents are issued.
- Identify certified subconsultants, services, certification status, and participation percentages applicable to the A/E contract.
- Incorporate owner-provided Form 4105, BEP/DCU requirements, Project Labor Agreement, and Illinois Works Apprenticeship Initiative provisions into construction procurement documents.
- Assist with bidder questions and identify apparent documentation deficiencies.
- Provide records and certifications within the A/E's control that HHS needs for reimbursement, monitoring, audit, and closeout.
- Recognize that HHS remains the grantee and that contractors remain responsible for their own statutory and contractual compliance.

4.10 Bidding and Procurement Assistance

- Prepare bid packages, participate in the pre-bid conference, and site visit.
- Respond to bidder questions and prepare addenda.
- Assist HHS with bid tabulation, technical review, alternates, substitutions, bidder qualifications, and award recommendation.

- Support post-bid value engineering if bids exceed available funds.
- HHS retains procurement and contractor-selection authority.

4.11 Construction Administration

- Participate in the preconstruction conference and regular progress meetings.
- Conduct site observations appropriate to the stage of construction.
- Review shop drawings, submittals, substitutions, RFIs, payment applications, testing reports, and proposed change orders.
- Evaluate scope, pricing, schedule, and grant impact of proposed changes.
- Maintain design-related construction records and coordinate the A/E consultant team.
- Conduct substantial-completion, punch-list, and final-completion reviews.
- Review lien-waiver and payment-support documentation for apparent completeness and notify HHS of omissions. HHS retains financial custody and payment responsibility.

4.12 Closeout

- Coordinate substantial- and final-completion documentation, punch lists, record drawings, contractor as-builts, warranties, O&M manuals, equipment training, testing, and balancing, commissioning, permit closeout, occupancy approvals, and final certifications.
- Provide HHS with final PDF and agreed native electronic files.
- Assist with CDB reimbursement, audit, and grant-closeout documentation within the A/E's scope.

5. Owner-Furnished Information

HHS intends to provide available information, subject to verification and availability, including existing floor plans, the grant agreement and approved scope, conceptual plans, budget information, available building and MEP documentation, environmental information, clinical program information, IT/security standards, and known equipment requirements. The selected A/E remains responsible for reasonable field verification and shall identify missing information promptly.

6. Minimum Qualifications

9. Appropriate Illinois professional licensure and firm registration.
10. Demonstrated ambulatory healthcare, community health center, FQHC, or comparable outpatient experience.
11. Experience renovating occupied facilities and maintaining operations.
12. Experience with State-funded or public capital projects and grant-supported documentation.
13. Familiarity with CDB, BEP/DCU, PLA, and Illinois Works requirements.
14. Capacity to provide and coordinate all required disciplines.
15. Demonstrated cost estimating, value engineering, schedule management, and construction administration capability.
16. Current CDB vendor identification and applicable registration or prequalification information.

7. Proposal Requirements

Section	Required Content
1. Cover Letter	Primary contact, authority to submit, commitment to team and schedule, addenda acknowledgment.
2. Firm Overview	Locations, ownership, years in business, healthcare practice, licenses, registrations, CDB status.

3. Project Team	Principal, project manager, architect, engineers, estimator, interior designer, specialists, licenses, availability.
4. Healthcare Practice/Experience	Demonstrated architectural and design experience involving healthcare facilities where clinical care is delivered.
5. Relevant Experience	At least three comparable projects, with scope, size, cost, dates, role, outcome, and references.
6.Understanding of HHS's Project	Demonstrated understanding of Heartland Health Services' project objectives, scope, operational requirements, constraints, priorities, and desired outcomes.
7. Project Approach	Programming, clinical engagement, phasing, infection control, cost control, grant compliance, QA/QC, CA.
8. Work Plan and Schedule	Design through closeout milestones, decision dates, agency reviews, bidding, construction assumptions.
9.Occupied Healthcare/Phasing Approach	Demonstrated methodology for planning, designing, sequencing, and coordinating renovation or construction activities within a healthcare facility that remains partially or fully operational during construction.
10.Cost-Control Methodology	Systematic approach to establishing, monitoring, and managing the project budget throughout programming, design, bidding, and construction.
11. BEP Participation	Certified firms, services, certification status, participation percentages, Good Faith strategy if applicable.
12. Fee Proposal	Completed Exhibit I, hourly rates, reimbursables, optional services, assumptions, exclusions.
13. Insurance	Evidence of current coverage and ability to meet final contract requirements.
14. Disclosures	Conflicts, claims, discipline, litigation, debarment, suspension, or exclusions relevant to the engagement.
15. References	At least three recent client references for comparable work.

8. Fee Proposal

Submit a lump-sum base fee by phase, separate reimbursables on a not-to-exceed basis, hourly rates for additional services, and separately priced optional services. No additional service may proceed without HHS's prior written authorization. Complete Exhibit I.

9. Evaluation and Selection

Criterion	Weight
Healthcare/FQHC renovation experience	20%
Project approach, programming, and phasing	20%
Qualifications of assigned team	15%
CDB/State grant/BEP compliance experience	15%
Cost and fee proposal	15%
Schedule and capacity	5%
Comparable-project references	5%
BEP participation/Good Faith strategy	5%
Total	100%

HHS will interview a short list. HHS is not required to select the lowest-cost proposal and may consider qualifications, healthcare experience, approach, compliance capability, cost control, schedule, risk, and overall value.

10. Pre-Proposal Conference and Site Visit

A pre-proposal conference and site walkthrough is at 2321 N. Wisconsin Avenue, Peoria, Illinois 61603. The date and time are listed in the schedule section below. Attendance is strongly encouraged.

11. Questions and Addenda

Submit all questions in writing to Nathan Price, Heartland Health Services, at n.price@hhsil.com. Questions are due November 27, 2026. HHS anticipates issuing written responses by December 4, 2026. Only written addenda issued by HHS modifies this RFP. Respondents must acknowledge all addenda using Exhibit J.

State diversity-compliance contact: Estela Oropeza, DCU Compliance Tech, 312-835-6094, CDB.DCUGrants@illinois.gov.

12. Schedule

Milestone	Anticipated Date
RFP Release	Monday, November 2, 2026
Pre-Proposal Conference/Site Visit	Thursday, November 12, 2026, 1:00pm – 4:00pm CST
Deadline for Written Questions	Friday, November 27, 2026
HHS Responses/ Final Addendum	Friday, December 4, 2026
Proposals Due	Friday, December 18, 2026, 4:00 p.m. CST
Proposal Evaluation	December 21-25, 2026
Finalist Interviews, if conducted	January 12-14, 2027
Selection and Notice	Friday, January 15, 2027
Contract Negotiation/Execution	January 18th – February 5th, 2027
Project Start	"Notice to Proceed anticipated February 2027; project commencement no later than March 15, 2027."
Final Completion	Within grant requirements

Respondents shall review the anticipated schedule and identify in their proposals any concerns, recommended modifications, regulatory review periods, long-lead considerations, or other factors that could affect timely project completion. The selected A/E will be expected to develop and maintain a detailed project schedule covering programming, design, cost estimating, regulatory review, permitting, bidding, construction, substantial completion, final completion, and grant closeout.

13. Submission Instructions

Submit one consolidated PDF proposal no later than the time stated in the final release notice on December 18, 2026, to:

Nathan Price
Heartland Health Services

Email: n.price@hhsil.com
Phone: 309-680-7650

Optional physical copies may be delivered to Heartland Health Services, Attn: Nathan Price, 2214 N. University Street, Peoria, Illinois 61604.

14. Insurance and Contract Requirements

The selected firm will execute an HHS-approved professional services agreement and maintain insurance acceptable to HHS, including commercial general liability, professional liability/errors and omissions, workers' compensation, employers' liability, automobile liability, umbrella/excess liability, and cyber liability when applicable. Final limits, endorsements, additional-insured requirements, and retention periods will be included in the RFP exhibits or agreement before award.

15. Records, Audit, Documents, and Personnel

- Maintain project records for the period required by the grant agreement and applicable law and make them available to HHS and authorized government representatives.
- Provide HHS with the right to use project documents for operation, maintenance, compliance, future renovation, and grant administration.
- Do not replace key personnel or material subconsultants without prior HHS approval, except for circumstances beyond reasonable control.
- Do not perform additional services without prior written HHS authorization.

16. Reservation of Rights

- Accept or reject any or all proposals.
- Waive minor informalities when legally permissible.
- Request clarification or additional information.
- Conduct interviews and reference checks.
- Negotiate scope and fees as legally permissible.
- Modify the schedule by written notice or addendum.
- Reduce, expand, or modify scope consistent with the grant.
- Cancel or reissue the RFP.
- Decline to award if determined to be in HHS's best interest.

Issuance of this RFP does not oblige HHS to reimburse proposal preparation or related costs.

PART II — EXHIBITS

Exhibit A — Grant Scope and Project Description

Heartland Health Services will renovate approximately 8,000 square feet of existing space at its health center located at 2321 N. Wisconsin Avenue, Peoria, IL.

FACILITY RENOVATION AND SPACE UTILIZATION

The project involves the build-out of 8,000 square feet of interior space, which will result in the addition of 11 new exam rooms and the capacity to implement expanded specialized care and support services.

New and renovated spaces will include:

- Clinical and Diagnostic Areas: 11 exam rooms; ultrasound and procedure room; non-stress testing (NST) space; nurse station; laboratory space; medication and medical records areas.
- Behavioral Health Services: Two BH consultation rooms integrated within the primary care setting to support screening, counseling, medication-assisted treatment (MAT), and services to individuals living with substance use disorder.
- Women's Health and Maternal Care: Ultrasound/procedure capacity and Non-Stress Test space to support prenatal monitoring and high-risk pregnancy care; Centering Pregnancy group care space.
- Specialty and Ancillary Services: Dedicated areas to support cardiology, gastroenterology, podiatry, endocrinology, and other specialty services.
- Community and Workforce Spaces: Physical therapy and strength training space; community nutrition demonstration kitchen; community closet and pantry space; conference and training space; outreach and engagement office; virtual visit office.
- Support and Ancillary Spaces: Intake and eligibility area; storage rooms; staff breakroom; patient and staff restrooms; circulation and building support areas.

EQUIPMENT AND TECHNOLOGY

The project includes the purchase and installation of capital equipment necessary to support expanded clinical services and modernized care delivery.

A summary of key equipment investments include:

- Clinical Equipment: Diagnostic ultrasound system; fetal monitoring equipment for Non-Stress Test; laboratory equipment (phlebotomy, point-of-care testing); exam room equipment and furnishings.
- Behavioral Health and Care Integration: Equipment to support integrated behavioral health screening, consultation, and treatment within primary care workflows.
- Physical Therapy and Rehabilitation Equipment: Strength training and rehabilitation equipment to support physical therapy and chronic disease management.
- Information Technology and Telehealth Infrastructure: Network infrastructure (switches, wireless access points, cabling); telehealth equipment; EMR-enabled workstations; security systems including cameras and access controls.

Grant agreement number: CHC012
Grant award: $2,578,362

Exhibit B — Conceptual Facility Floor Plans and Program

"FOR RFP INFORMATION ONLY — NOT FOR CONSTRUCTION — SUBJECT TO FIELD VERIFICATION AND HHS APPROVAL."

The conceptual plans are provided solely to communicate HHS's preliminary project intent and anticipated space needs. The selected A/E firm will be responsible for verifying existing conditions, dimensions, and site conditions and for developing the final design in consultation with HHS.

A.1 Program Areas

- Waiting, reception, registration, intake, and triage
- Nurse stations, exam rooms, Women's Health/OB, ultrasound/procedure, laboratory, and clinical support
- Behavioral health and virtual/administrative offices
- Physical therapy and therapeutic strength
- Centering Pregnancy, community education, food pantry, community closet, and teaching kitchen
- Break, conference, storage, medical records, IT, utilities, and support spaces

A.2 Respondent Review Requirements

- Acknowledge receipt.
- Identify discrepancies, constraints, opportunities, and required investigation.
- Address patient, staff, family, supply, waste, emergency, and equipment flow.
- Address accessibility, privacy, security, infection control, phasing, and operational continuity.
- Identify major MEP, structural, site, hazardous-material, and permitting implications.
- Do not assume conceptual layouts are approved or code compliant.



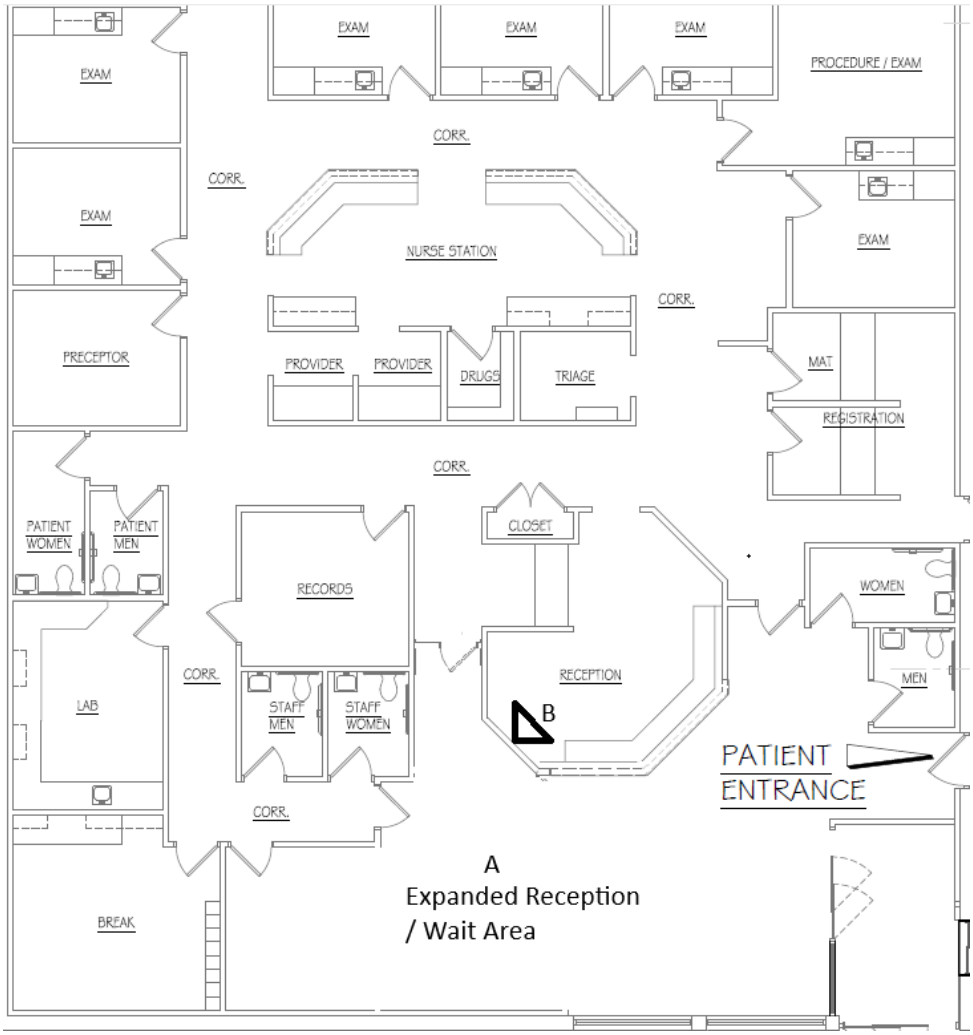


Exhibit C — Applicable CDB and State Grant Requirements

Attach or summarize only the provisions applicable to the A/E contract and construction-procurement documents. Include a compliance matrix using the following draft format:

Requirement	A/E Responsibility	HHS Responsibility	Deliverable/Evidence
Current CDB forms	Use current versions in documents	Provide grant-specific direction	Included forms/addenda
Grant records/audit	Maintain A/E records and support audit	Maintain grant file	Record index and retention certification
Reimbursement support	Provide invoices and supporting detail	Submit reimbursement requests	Phase invoices and backup
Change control	Evaluate design/scope impact	Approve and obtain State approval if required	Change log
Closeout	Provide certifications and project records	Submit grant closeout	Closeout checklist

Exhibit D — Project Labor Agreement

Attach the complete State-provided PLA without modification. Include this cover instruction: “The selected A/E shall incorporate the attached PLA into construction bid and contract documents as directed by HHS and shall identify the PLA in the invitation to bid. Contractor compliance remains the responsibility of the contractor and HHS under the grant.”

Exhibit E — BEP/DCU Requirements and Form 4105

Attach the current, unmodified State-provided Form 4105 and applicable instructions. Confirm with CDB/DCU which documents respondents must submit with the A/E proposal and which apply only to construction bidding.

Proposed Certified Firm	Certification / Category	Discipline or Service	Dollar Value	Participation %	Certification Expiration

Good Faith Effort narrative, if required: respondents shall identify certified firms contacted, dates, scope offered, response, barriers, follow-up, and supporting evidence.

Exhibit F — Illinois Works Apprenticeship Initiative

Attach the current State-provided Illinois Works forms and instructions. Include this direction: “The selected A/E shall incorporate owner-provided Illinois Works requirements into construction procurement documents and identify required contractor submissions, reporting, and coordination.”

Exhibit G — Environmental and Asbestos Information

Attach available surveys and reports. Require the respondent to state whether the following are included: survey review, supplemental sampling, abatement design, bidding support, air monitoring, clearance testing, and agency notifications.

Exhibit H — Fee Proposal Form

Service Phase	Lump-Sum Fee
Existing Conditions / Programming	$
Schematic Design	$
Design Development	$
Construction Documents	$
Cost Estimating	$
Permitting / Regulatory Coordination	$
Bidding / Procurement Assistance	$
Construction Administration	$
Closeout	$
Base Professional Fee	$
Reimbursables, Not-to-Exceed	$
TOTAL NOT-TO-EXCEED	$

Discipline breakout:

Discipline / Consultant	Included Fee	BEP Status / Certification	Assumptions
Architecture			
Interior Design			
Mechanical			
Electrical			
Plumbing			
Structural			
Civil/Site			
Cost Estimating			
Environmental			
Other			

Attach hourly rates, reimbursable schedule, optional services, exclusions, and validity period. State whether fee includes printing, travel, permit coordination, renderings, BIM/CAD, meetings, and bid/CA site visits.

Exhibit I — Proposal and Addenda Acknowledgment

Respondent Certification	Response
Legal firm name	
Address	
Primary contact / email / phone	
Illinois firm registration	
CDB vendor ID / status	
Addenda received	
Proposal validity through	
Authorized signer / title	
Signature / date	

Certification: The respondent acknowledges the RFP and listed addenda; confirms the proposal is accurate; discloses all material assumptions, exclusions, conflicts, and proposed subconsultants; and agrees not to substitute key personnel without HHS approval.

Exhibit J — Reference Form

Reference Field	Response
Client / organization	
Project name and location	
Client contact / email / phone	
Project type and square footage	
Construction cost and completion date	
Services performed	
Occupied healthcare renovation?	
State/CDB/grant-funded?	
Original vs. final budget and schedule	

Exhibit K — Conflict and Disclosure Form

- Disclose any actual, potential, or perceived conflict involving HHS, CDB, proposed consultants, or prospective contractors.
- Disclose relevant claims, litigation, professional discipline, suspension, debarment, or exclusion within the requested lookback period established by counsel.
- Identify any exceptions to the RFP or proposed contract terms.
- Certify that no improper payment, gift, gratuity, or contingent fee was offered in connection with the procurement.

Authorized signature: _____

Title: _____

Date: _____