LITTLE RIVERS HEALTH CARE, INC.

REQUEST FOR PROPOSALS

Architectural Services

Rural Health Transformation Facility Modernization Projects

Bradford | Newbury | Whitney Rowe Clinic - Wells River, Vermont

RFP Issue Date	Wednesday, September 16, 2026
Deadline for Questions	Friday, September 18, 2026, 12:00 p.m. ET
Proposal Due Date	Monday, September 21, 2026, 12:00 p.m. ET
Anticipated Selection	September 24-25, 2026
Grant Agreement	03400-LRHC-RHT02-FY27
Submission	Electronic PDF to abarter@littlerivers.org

Publicly advertised through ConstructConnect, and the Caledonian-Record.

Little Rivers Health Care, Inc. | 4628 Main Street, PO Box 8 | Newbury, Vermont 05051

1. Invitation

Little Rivers Health Care, Inc. (LRHC), a Federally Qualified Health Center serving rural communities in Vermont and New Hampshire, invites proposals from qualified architectural firms to provide architectural services for coordinated facility modernization projects at LRHC's Bradford, Newbury, and Whitney Rowe Clinic/Wells River locations.

The projects are funded through the State of Vermont Agency of Human Services Rural Health Transformation Program under Grant Agreement No. 03400-LRHC-RHT02-FY27, supported by the Centers for Medicare & Medicaid Services Rural Health Transformation Program. The grant performance period is September 1, 2026 through July 31, 2027. All grant-funded project activities must be completed within the grant period.

LRHC intends to select one architectural firm to serve as the project architect and provide architectural design, structural engineering, permitting, bidding/procurement support, construction administration, and closeout services reasonably necessary for the three projects. Structural engineering required for the architectural design and permitting of the projects shall be included within the Architect's scope and coordinated by the Architect. Mechanical, electrical, plumbing (MEP), and related building-systems engineering are intentionally excluded from this RFP and are anticipated to be provided by the Owner/CM through the CM/GC design-build function, as applicable, subject to the final CM/GC agreement and applicable grant and procurement requirements.

2. Project Background and Objectives

LRHC is undertaking a coordinated rural healthcare facility modernization initiative across three existing clinical sites to improve access to care, integrate services, increase the functional capacity and efficiency of existing facilities, and support Vermont's regionalization strategy. The work focuses on renovation and reconfiguration of existing space rather than new construction.

The selected design team will be expected to work within active healthcare environments and to support an accelerated project schedule while protecting patient access, staff safety, continuity of care, grant compliance, and budget discipline.

3. Project Locations and Scope

3.1 Bradford Clinic - 437 South Main Street, Bradford, Vermont

- Renovate existing clinical space for active use.
- Relocate providers and staff from basement offices into renovated workspace.
- Create dedicated space for provider offices, care coordination, group medical visits, and behavioral health services.
- Increase use of existing space without expanding the building footprint.

3.2 Newbury Clinic - 4628 Main Street, Newbury, Vermont

- Create an interior connector hallway and ADA-accessible connection between existing buildings.
- Improve patient and staff circulation between buildings.
- Integrate clinical services with Food is Medicine and Food Farmacy programs.
- Reconfigure space to add treatment rooms.
- Expand preventive dental hygiene services from one to two operatories.
- Upgrade electrical and generator infrastructure to improve service continuity during power outages.

3.3 Whitney Rowe Clinic - 65 Main Street, Wells River, Vermont

- Renovate the existing campus corridor.
- Improve patient accessibility, staff workflow, emergency egress, and safety.
- Improve connections between existing services.
- Prepare the campus for potential future integration with an urgent care addition, while limiting this RFP scope to the currently grant-funded renovation work.

4. Current Design Status and Project Schedule

Substantial advance planning has already occurred. Newbury is currently at approximately the Design Development stage, while Bradford and Wells River are at approximately the Schematic Design stage. Preliminary historic-preservation consultation/review has also occurred. The selected firm must be capable of mobilizing immediately after contract execution and efficiently validating and advancing the existing work.

The executed grant requires LRHC to submit a project implementation timeline to the State no later than October 1, 2026 and requires completion and operationalization of all construction projects by July 30, 2027. The October 1 requirement is an LRHC grant-reporting milestone for submission of the implementation schedule; it is not a construction mobilization or completion deadline. The selected design team will be expected to work promptly with LRHC to develop and maintain a coordinated schedule supporting the grant period and to identify critical path decisions, long-lead items, permitting dependencies, and owner actions needed to maintain schedule.

Milestone	Target / Requirement
Architect selection / contracting	As soon as practicable following RFP evaluation
Implementation timeline	Due to State no later than October 1, 2026
Final design / permitting / bid documents	Accelerated; coordinated with LRHC immediately after award
Construction procurement and construction administration	Scheduled to support grant completion date
Completion and operationalization	No later than July 30, 2027
Grant end date	Saturday, July 31, 2027

5. Scope of Architectural Services

The selected firm will provide comprehensive architectural and structural engineering services for the three projects. The final scope will be incorporated into the professional services agreement. Structural engineering required for architectural design, permitting, and construction documentation shall be included in the Architect's base scope and coordinated by the Architect. Mechanical, electrical, plumbing (MEP), and related building-systems engineering are not included in the Architect's base scope and are anticipated to be provided by the Owner/CM through the CM/GC design-build function, as applicable. The Architect will coordinate its architectural and structural work with LRHC, the CM/GC, and the CM/GC-retained MEP design-build engineers. Services are anticipated to include, at minimum:

- Review and validation of existing design documents, available surveys, prior studies, existing conditions, and owner program requirements for all three sites.
- Confirmation of code, accessibility, life-safety, egress, infection-control, and occupancy requirements applicable to work in active healthcare facilities.
- Completion of Schematic Design and/or Design Development, as applicable to each site, and advancement into complete construction documents and specifications.
- Architectural design and structural engineering coordination, including coordination with LRHC, the CM/GC, and CM/GC-retained MEP design-build engineers where mechanical, electrical, plumbing, fire protection/building-systems, or other MEP input is required.
- Architectural and structural coordination, as applicable, of the Newbury electrical and generator infrastructure improvements with LRHC, the CM/GC, and its MEP design-build engineering team.
- Cost-control support and design refinement to maintain the approved project budget, including coordination with LRHC and construction partners on value-management options as needed.
- Coordination with Vermont Division of Fire Safety and other local or State permitting authorities; preparation and submission of required permit documentation; response to reviewer comments.
- Incorporation of applicable historic-preservation requirements and coordination with LRHC regarding any additional documentation or consultation requested by the State.
- Preparation of complete bid/procurement documents; assistance with contractor procurement and selection; attendance at pre-bid meetings if requested; responses to bidder questions; preparation of addenda.

- Construction administration, including submittal review, RFI response, review of change proposals and applications for payment, site observations, project meetings, field reports, and interpretation of contract documents.
- Coordination of phasing, temporary circulation, staff relocation, patient access, infection-control considerations, and continuity of clinical operations.
- Substantial completion inspections, punch lists, review of closeout documentation, and assistance with final project and grant closeout.
- Preparation or support of certifications, documentation, and other project information reasonably required by LRHC or the State for grant compliance.

6. Owner Responsibilities and Available Information

LRHC will designate the Chief Executive Officer and Director of Facilities and Risk Management as primary owner representatives and will make clinical, finance, information technology, and other staff available as needed. LRHC will provide available existing drawings, current design documents, grant materials, prior project information, and other records reasonably available to support the work.

Respondents are responsible for identifying any additional surveys, testing, investigation, consultant services, or owner-provided information they believe will be necessary to complete the work.

Engineering delivery. Structural engineering required for the architectural design and permitting of the projects shall be carried by and coordinated through the Architect. MEP and related building-systems engineering are outside this architectural procurement and are anticipated to be delivered by the Owner/CM through the CM/GC design-build function, as applicable. The Architect will collaborate with LRHC, the CM/GC, and the CM/GC-retained MEP engineers to coordinate interfaces, integrate engineering information into the architectural documents as appropriate, resolve design conflicts, and support coordinated permit and construction packages. The Architect will not be responsible for contracting with or paying the CM/GC-retained MEP engineers unless LRHC later authorizes a written change in scope.

Engineering services are outside this architectural procurement. LRHC anticipates that engineering required to complete the projects will be delivered through the CM/GC design-build function. The Architect will collaborate with LRHC, the CM/GC, and the CM/GC-retained engineers to coordinate interfaces, integrate engineering information into the architectural documents as appropriate, resolve design conflicts, and support a coordinated permit and construction package. The Architect will not be responsible for contracting with or paying the CM/GC-retained engineers unless LRHC later authorizes a written change in scope.

7. Federal, State, and Grant Requirements

This procurement and the resulting professional services agreement are supported with federal funds passed through the State of Vermont. The selected firm and its consultants will be required to comply with all applicable terms of LRHC Grant Agreement No. 03400-LRHC-RHT02-FY27, applicable provisions of 2 CFR Part 200 and 2 CFR Part 300, LRHC procurement requirements, and applicable federal, State, and local laws and regulations.

Applicable grant terms will be incorporated into the final agreement and, where required, into consultant and subconsultant agreements. The selected firm must cooperate with LRHC in providing documentation required for audit, monitoring, reimbursement, reporting, and grant closeout.

- The firm and its proposed subconsultants must not be suspended, debarred, or otherwise excluded from participation in federally funded transactions.
- The firm shall disclose any actual or potential organizational or personal conflict of interest related to this procurement or project.
- Where applicable, the selected firm shall support LRHC's compliance with affirmative steps to include qualified small businesses, minority-owned businesses, women-owned business enterprises, and labor-surplus-area firms as potential sources.
- Applicable federal and State contract clauses and flow-down provisions will be included in the final agreement and must be incorporated into subconsultant agreements where required.
- No work outside the approved grant scope may be undertaken or billed without prior written authorization from LRHC.

8. Proposal Requirements

Proposals should be concise, well organized, and sufficient for LRHC to evaluate the respondent without extensive follow-up. Proposals shall include the following information in the order listed:

1. Firm name, address, primary contact, telephone number, email address, and Vermont professional licensure information.
2. Brief firm profile and statement of qualifications.
3. Identification and resumes of the proposed principal-in-charge, project architect/project manager, and other key personnel.
4. Identification of any architectural specialty consultants and structural engineering consultant(s) proposed by the respondent, including the roles each will perform. Do not include MEP or related building-systems engineering consultants or fees in the proposal unless specifically identified as an optional service requested by LRHC.
5. Description of relevant experience with healthcare facilities, renovations of occupied facilities, FQHCs or comparable healthcare settings, federally or State-funded projects, and accelerated project schedules.
6. At least three relevant project references, including owner contact information.
7. Description of the respondent's understanding of the three LRHC projects and any significant risks, assumptions, or opportunities identified.

8. Proposed approach to coordinating three concurrent projects, including design management, owner engagement, cost control, permitting, construction procurement, construction administration, and continuity of clinical operations.
9. Proposed schedule demonstrating the ability to begin immediately and support completion within the grant period.
10. Fixed fee proposal using the Fee Proposal Form included as Exhibit A, broken down by project and major phase/service. The fee shall include structural engineering required for the proposed architectural scope. MEP and related building-systems engineering fees should not be included.
11. Identification of reimbursable expenses, anticipated architectural specialty-consultant and structural engineering costs, and services specifically excluded from the fixed fee. MEP and related building-systems engineering services should be identified as excluded from the Architect fee.
12. Hourly rate schedule for additional services that may be authorized in writing by LRHC.
13. Confirmation of required insurance coverage or ability to meet LRHC's insurance requirements upon award.
14. Completed Respondent Certifications included as Exhibit C.

9. Evaluation and Selection

LRHC intends to select the respondent whose proposal is determined to be most advantageous to LRHC and the project, considering qualifications, approach, schedule, value, and ability to comply with grant requirements. LRHC may conduct interviews with one or more respondents but reserves the right to make a selection based solely on written proposals.

Evaluation Criterion	Weight	Points
Qualifications and experience of the firm and proposed design team	25%	25
Relevant healthcare, occupied-renovation, and federally/state-funded project experience	20%	20
Understanding of the three projects and proposed approach	20%	20
Ability to meet the accelerated project schedule	20%	20
Proposed fee and overall value	15%	15
TOTAL	**100%**	**100**

10. RFP Schedule

Activity	Date / Time
RFP issued/publicly advertised	Wednesday, September 16, 2026
Deadline for written questions	September 18, 2026 - 12:00 p.m. ET
LRHC responses/addenda, if needed	September 18, 2026 - by 5:00 p.m. ET
Proposals due	September 21, 2026 - 12:00 p.m. ET
Interviews, if required	Wednesday, September 23, 2026
Anticipated selection	Thursday, September 24, 2026
Contract execution / Notice to Proceed	As soon as practicable following selection

11. Questions, Site Visits, and Addenda

Questions must be submitted in writing by the deadline shown above. LRHC may issue written addenda or responses to questions and will make such information available to known respondents and through the same channels used for the solicitation when practicable.

A mandatory site visit is not required. Respondents may request access to one or more sites if they believe a visit is necessary to prepare a responsive proposal. LRHC will make reasonable efforts to accommodate such requests within the abbreviated procurement schedule, but respondents remain responsible for meeting the proposal deadline.

12. Proposal Submission

Proposals must be received electronically in PDF format no later than 12:00 p.m. Eastern Time on Monday, September 21, 2026. Late proposals may be rejected at LRHC's discretion.

Submit to	Andrew L. Barter, MS, FACHE, CHFP, Chief Executive Officer
Email	abarter@littlerivers.org
Copy questions to	John Vose, Director of Facilities and Risk Management
Subject line	LRHC RHT Architectural Services RFP Response

13. Contract Form and Insurance

LRHC anticipates using an AIA B101-based owner/architect agreement, modified as necessary to reflect the scope of this RFP, the selected proposal, LRHC requirements, and applicable State and federal grant provisions. LRHC reserves the right to use another mutually acceptable professional services agreement.

The selected firm will be required to maintain insurance appropriate to the scope of services, including professional liability, commercial general liability, automobile liability, and workers compensation coverage, in amounts acceptable to LRHC and consistent with applicable grant and organizational requirements. Evidence of insurance will be required before commencement of services.

14. Reservation of Rights

LRHC reserves the right to reject any or all proposals; waive minor informalities or irregularities; request clarification or additional information; conduct interviews; negotiate scope, fees, and contract terms with one or more respondents; modify or cancel this RFP; and make an award determined to be in the best interests of LRHC and consistent with applicable funding requirements. Issuance of this RFP does not commit LRHC to award a contract or reimburse respondents for any costs incurred in preparing or submitting a proposal.

EXHIBIT A - FEE PROPOSAL FORM

Respondent: _____

Provide a fixed architectural fee by project and phase. Fees should include the architectural services and any architectural specialty-consultant costs included in the respondent's proposed scope, except clearly identified reimbursable expenses or exclusions. Do not include engineering fees; engineering will be procured separately through the CM/GC design-build function when required.

Phase / Service	Bradford	Newbury	Wells River	Total
Existing conditions / validation	$_____	$_____	$_____	$_____
Schematic Design (as applicable)	$_____	$_____	$_____	$_____
Design Development	$_____	$_____	$_____	$_____
Construction documents / architectural coordination	$_____	$_____	$_____	$_____
Permitting	$_____	$_____	$_____	$_____
Bidding / procurement support	$_____	$_____	$_____	$_____
Construction administration	$_____	$_____	$_____	$_____
Closeout	$_____	$_____	$_____	$_____
Other (describe)	$_____	$_____	$_____	$_____
TOTAL FIXED FEE	**$_____**	**$_____**	**$_____**	**$_____**

Reimbursable expenses / assumptions:

_____

_____

_____

Services excluded from fixed fee:

_____

_____

_____

Hourly rate schedule attached: Yes / No

EXHIBIT B - EVALUATION SCORE SHEET

Respondent: _____

Evaluator: _____

Criterion	Max	Score	Comments
Qualifications and experience of the firm and proposed design team	25		
Relevant healthcare, occupied-renovation, and federally/state-funded project experience	20		
Understanding of the three projects and proposed approach	20		
Ability to meet the accelerated project schedule	20		
Proposed fee and overall value	15		
TOTAL	**100**		

Interview notes / overall assessment:

_____

_____

_____

_____

_____

EXHIBIT C - RESPONDENT CERTIFICATIONS

The undersigned, on behalf of the respondent, certifies that:

☐ The information provided in the proposal is true and complete to the best of the respondent's knowledge.

☐ The respondent and its proposed subconsultants are appropriately licensed to perform the services proposed.

☐ The respondent is not suspended, debarred, or otherwise excluded from participation in federally funded transactions and will notify LRHC immediately if that status changes before or during the contract term.

☐ The respondent has disclosed any actual or potential conflict of interest related to LRHC, this procurement, or the proposed services.

☐ The respondent will comply with applicable federal, State, local, grant, and LRHC requirements incorporated into the final agreement.

☐ The respondent will flow down applicable contract and grant requirements to subconsultants as required.

☐ The respondent understands that no services outside the authorized scope may be billed without prior written authorization from LRHC.

Firm: _____

Authorized Representative: _____

Title: _____

Signature: _____ Date: _____

EXHIBIT D - GRANT AND PROCUREMENT COMPLIANCE SUMMARY

This exhibit summarizes key requirements relevant to the selected design professional. It does not replace the executed grant agreement, applicable law, or the final professional services agreement.

Funding source: State of Vermont Agency of Human Services Rural Health Transformation Program; federal pass-through funding from the Centers for Medicare & Medicaid Services.

Grant Agreement: 03400-LRHC-RHT02-FY27; performance period September 1, 2026 through July 31, 2027.

Applicable requirements include the executed State grant agreement, applicable provisions of 2 CFR Parts 200 and 300, LRHC procurement requirements, and applicable State and federal law.

Applicable sub-agreement/flow-down terms from the State grant will be incorporated into the professional services agreement and subconsultant agreements where required.

The design professional must cooperate with documentation, audit, monitoring, reimbursement, and reporting requests related to the grant-funded work.

Debarment/suspension and conflict-of-interest requirements apply.

LRHC and the selected firm will use affirmative steps, where applicable, to support participation by qualified small, minority-owned, women-owned, and labor-surplus-area businesses.

The selected firm shall maintain records and documentation sufficient to support costs billed to the project and compliance with the professional services agreement.

Changes affecting scope, schedule, or cost must be documented and approved in writing before the additional work is performed.