



REQUEST FOR PROPOSAL  
FOR  
CARES NORTHWEST  
LOCATION IN  
WASHINGTON COUNTY  
2018



## Summary

**Release Date:** February 5, 2018

**Deadline:** All applications are due by **March 30, 2018 by 5:00pm**. Applications may be in PDF or hard copy and may be mailed, emailed or hand-delivered (no faxes, please) to:

Kevin Dowling, Executive Director  
CARES Northwest  
2800 N Vancouver Ave, Suite 201  
Portland, OR 97227  
kdowling@lhs.org

### Overview:

CARES Northwest is a child abuse intervention center located in Portland, Oregon. The program has served the children of Multnomah and Washington counties since 1987. It is an active member of each county's Child Abuse Multidisciplinary Team (MDT), and a unique collaboration of four health systems – Kaiser Permanente, OHSU Doernbecher Children's Hospital, Providence Children's Health, and Randall Children's Hospital at Legacy Emanuel. Core services include child abuse medical evaluations (including forensic interviews), trauma focused therapy, and child abuse prevention training. For more information, see <http://www.caresnw.org/>.

Since 1987, CARES Northwest has been located on the campus of Emanuel Hospital in Portland. For the past 30 years, most of the children served came from Multnomah County. However, the number of Washington County children served has almost doubled over the last 14 years, and now consistently represents over 40% of our annual patient population.

While feedback from Washington County MDT partners, and children and families, has been positive regarding the services provided by CARES Northwest, there has also been increased interest in the possibility of providing these services in Washington County, especially as population and traffic in the Portland metro area has grown. In response, the CARES Northwest staff and Governing Board seek to establish a CARES Northwest location in Washington County, to make CARES Northwest services more accessible to the children, families and community partners we serve.

Services provided in Washington County are expected to include child abuse medical evaluations, forensic interviews, family support/advocacy, and trauma focused cognitive behavioral therapy. Depending on funding and availability of space, other services may include intake triage, prevention, office space for on-site DHS and/or law enforcement professionals, and space for training community members.

*This offer contains highlights of basic business terms and is subject to the further review by the parties, and the conditions of an executed lease form and attachments. The parties mutually intend they shall have no binding contractual obligation to the other with respect to the matter referenced herein unless and until a formal written contract has been prepared, with adequate opportunity to be reviewed by legal counsel, and has been fully executed and delivered by the parties.*

**Questions?** If you have questions regarding this Request for Proposal, please contact Kevin Dowling ( [kdowling@lhs.org](mailto:kdowling@lhs.org) 503-276-9046). We look forward to your response.



**Application Instructions**

**1. Cover Page**

- a. Your organization’s full legal name, Fed. Tax ID#, business address, mailing address (*if different*), phone, extension, fax, Internet Address (URL)
- b. Provide the name, title, and contact information for the person best able to answer questions about your application.
- c. Provide the name, title and contact information for the person responsible for preparation and submission of financial documents (if different than the Main Contact Person).

**2. Proposed Location (must be in Washington County)**

- a. The street address, including suite number(s).
- b. Describe the location’s access to freeways.
- c. Describe the location’s access to public transportation.
- d. What is the nearest medical center with lab capabilities? (A location on or near a medical campus is preferred but not required.) Provide the name of the facility, building name, and street address.

**3. Building Space (Premises)**

CARES Northwest currently occupies approximately 12,500 square feet across several suites, on two floors of Medical Office Building 1, 2800 N. Vancouver Avenue, on the Legacy Emanuel Campus.

For the location’s building space (“Premises”), we seek a minimum of 4,875-5,000 square feet. Below is an overview of how our current space is structured.

<b>Rooms/Areas</b>	<b>Minimum s.f.</b>	<b>Other Requirements</b>
1 front desk/reception area	200	
1 waiting room	400	
2 exam rooms	100 x 2	
2 forensic interview rooms	125 x 2	One-way mirrors OR remote video
2 observation rooms	100 x 2	One-way mirrors OR remote video
1 lab/medical storage area	200	
2 trauma therapy rooms	150 x 2	
1 office-2 medical providers	150	
1 office-2 interviewers	150	
1 office-2 trauma therapists	100	

Rooms/Areas	Minimum s.f.	Other Requirements
1 office-2 family support team staff	100	
1 office-community partners	100	
1 office-on-site manager	150	
1 family meeting room	150	For crisis counseling, etc.
1 conference/meeting room	300	For team meetings, videoconferences, etc.
1 staff break room	200	
1 supply storage room/area	300	Lockable or with lockable closet
1 medical records room	200	
Restrooms for patients and staff	100	At least one ADA-compliant restroom in clinical area
Subtotal	3,750	
Common areas/aisles/halls (30%)	1,125	
Total	4,875	

- a. Indicate the total square footage of the Premises; provide floor plan of Premises' current configuration.
- b. List rooms/areas currently available in the Premises, with reference to the list above.
- c. What options exist for remodeling the existing Premises? If possible, note remodeling options on the current floor plan.
- d. What options exist for expansion of the Premises? Consider the possibilities for annexation of adjacent space or new construction. If possible, provide site maps/floor plans showing expansion options.

#### 4. Parking

CARES Northwest employees, patients and community partners request non-exclusive use of parking spaces at no additional cost during the Lease term. CARES Northwest requests an allocation of four (4) spaces per 1,000 square feet of the Premises. Attach a parking map if one is available.

- a. Describe available staff parking at the location.
- b. Describe available patient parking at the location, including spaces for handicapped citizens.
- c. Describe access for medical transport, if any.

#### 5. Signage

CARES Northwest requests that its name be listed on the building's tenant directory and on the placard at the entrance to the Premises. The font and color of the signage shall be consistent with building standards. CARES Northwest may install window signage visible from the common areas of the Building subject to the Lessor's written approval.

- a. Describe exterior signage options.
- b. Describe interior signage options.

## **6. Building Hours/Security/Facilities Support/Medical Support**

- a. CARES Northwest's normal business hours are 8:00am to 5:00pm Monday through Friday. Doors could be locked outside of these hours; however, 24/7 access is required via passcode or card key. Describe current building hours, and after-hours accessibility.
- b. To protect our staff, patients and community partners, CARES Northwest has an intercom/camera system to admit patients. Staff use badge readers or keypads at the main suite entrances, and most interior suites also have keypads. Blind hallways and exteriors are covered by closed-circuit TV. Because the current location is across the street from a large hospital complex, we have access to Security Services within 1-3 minutes from call. Describe the security currently in place at the proposed location.
- c. CARES Northwest's current location uses Legacy Facilities for building-related issues such as lighting, plumbing and repairs. We contract for janitorial services, including floor cleaning, through Legacy Health. Describe who is responsible for facility issues, and if facilities staff are available on the Premises.
- d. CARES Northwest purchases bottled water for patient and staff use. Describe if the Premises has drinkable water or uses a bottled water service.
- e. CARES Northwest has telecom support through Legacy Information Services. Describe available telecom support at the Premises.
- f. CARES Northwest has computer support through Legacy Information Services, including secure access to the Legacy's intranet, the internet, Wi-Fi and a secure server. Access is used to create and maintain electronic medical records, and to store photos and video-recorded interviews associated with patient care. Describe available computer support at the Premises.
- g. During hours of operation, CARES Northwest may require medical support services, such as labs and x-rays. Describe access to medical support services, if any.

## **7. Business Terms**

CARES Northwest operates under the non-profit status of Legacy Emanuel Hospital. Although the CARES Northwest Governing Board will make the final decision on the selection of a location, Legacy Health's Real Estate and Legal Departments would establish the final terms of the lease or purchase of a new location. Sections 7 and 8 include sample language from Letters of Intent used by Legacy Health.

Please review the Business Terms and indicate your agency's ability to comply. Please explain if any Business Term is not achievable.

- a. TERM  
CARES Northwest desires a minimum lease term of Five (5) years or sixty (60) months beginning on the 1<sup>st</sup> full month after the Commencement Date(s).
- b. RENEWAL OPTION  
CARES Northwest seeks two (2) renewal options of five (5) years each by written notice to Lessor at least six (6) months prior to scheduled expiration. Each renewal term shall be on the same terms and conditions as the original term except the Base Rental Rate.
- c. COMMENCEMENT  
The term for the proposed Premises shall commence (“Commencement Date”) upon thirty (30) days after delivery of the Premises to CARES Northwest with Leasehold Improvements substantially complete (defined below).
- d. EARLY ACCESS  
CARES Northwest requests early access to the Premises up to thirty (30) days before Lease Commencement for the purposes of installing furniture, fixtures and equipment (“FFE”). Early access shall be at no charge to Lessee, and shall not trigger Lease Commencement.
- e. RENTAL RATE  
Lessor to propose a fair market rate for the Premises.
- f. LEASE TYPE  
CARES Northwest proposes a “gross lease arrangement”, meaning that the Lessor as part of the rental consideration will be responsible to provide the maintenance, repair and replacement to the Building and systems serving the Premises, provide janitorial service of the Premises and Building, and to provide all utilities.
- g. TAXES & EXPENSES  
CARES Northwest shall not be responsible for Property Taxes or Operating Expenses for building standard services. Personal Property taxes for Lessee’s fixtures and equipment will be Lessee’s responsibility.
- h. LEASEHOLD IMPROVEMENTS  
Lessor shall deliver the proposed Premises to CARES Northwest on “turnkey” basis consistent with a space plan and scope of work to be developed and mutually approved by Lessor and Lessee (the “Leasehold Improvements”). Preliminary renderings and descriptions of the Leasehold Improvements will be developed by the parties.
- i. IMPROVEMENT PLANNING ALLOWANCE  
CARES Northwest requests that Lessor provide a test fit and up to two (2) revisions.





**Application**

[ Available in Microsoft Word format upon request. Contact [tcbaker@lhs.org](mailto:tcbaker@lhs.org) ]

**1. Cover Page**

a. **Applicant Organization** \_\_\_\_\_

Fed. Tax ID# \_\_\_\_\_

Business Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(if different)*

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Internet Address (URL) \_\_\_\_\_

b. **Main Contact Person**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(if different than Business Address)*

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

c. **Fiscal Contact Person**

Name \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
*(if different than Business Address)*

Phone \_\_\_\_\_ Ext \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

**2. Proposed Location (must be in Washington County)**

- a. Street address
  
- b. Access to freeways
  
- c. Access to public transportation
  
- d. Nearest medical center with lab capabilities

**3. Building Space (Premises)**

- a. Total square footage (attach current floor plan)
  
- b. Rooms/areas currently available

Description	If Yes, list square footage
1 front desk/reception area	
1 waiting room	
2 exam rooms	
2 forensic interview rooms	
2 observation rooms	
1 lab/medical storage area	
2 trauma therapy rooms	
1 office-2 medical providers	
1 office-2 interviewers	
1 office-2 trauma therapists	
1 office-2 family support team staff	
1 office-community partners	
1 office-on-site manager	
1 family meeting room	
1 conference/meeting room	
1 staff break room	
1 supply storage room/area	
1 medical records room	
Restrooms for patients and staff	

- c. Options for remodeling existing space

**4. Parking**

- a. Available staff parking (attach parking map, if available)
- b. Available patient parking, including handicapped spaces (attach parking map, if available)
- c. Access for medical transport

**5. Signage**

- a. Exterior signage options
- b. Interior signage options

**6. Building Hours/Security/Facilities Support/Medical Support**

- a. Current building hours, after-hours accessibility
- b. Security
- c. Facilities support
- d. Water
- e. Telecom support
- f. Computer support
- g. Medical support services

**7. Business Terms**

- a. Term (Minimum Lease)
- b. Renewal Option
- c. Commencement
- d. Early Access
- e. Rental Rate
- f. Lease Type
- g. Taxes & Expenses
- h. Leasehold Improvements
- i. Improvement Planning Allowance

**8. Leasing Terms**

- a. Use
- b. Lessor Repairs
- c. Lessee Repairs
- d. Assignment or Subleasing
- e. Surrender