



WAHNAPITAE FIRST NATION

Norman Recollet Health Centre Expansion

REQUEST FOR PROPOSALS

Pre-Capital Planning Professional Services

Business Case, Technical Feasibility Study, Geotechnical Investigation, Site Survey and
Species at Risk Study

RFP Number	WFN-HC-2026-01
Issue Date	2026-10-06
Deadline for Questions	2026-11-15 2:00 p.m. Eastern Time
Proposal Closing	2026-12-15, 2:00 p.m. Eastern Time
Funding Program	ISC / FNIHB Health Facilities Program, Major Capital Infrastructure, Ontario Region
RFP Contact	Leo de Ruiter, PMP, Project Manager Director of Facilities and Infrastructure, Wahnapiatae First Nation Leo.deruiter@wahnapiataefn.com

*Award of any contract resulting from this RFP is conditional on confirmation of pre-capital planning funding by
Indigenous Services Canada.*

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1. Introduction

1.1 Purpose of this RFP

Wahnapiitae First Nation (WFN, the "Owner") invites proposals from qualified consulting teams to complete the remaining pre-capital planning deliverables for the proposed expansion of the Norman Recollet Health Centre. The work is required under the Indigenous Services Canada (ISC) First Nations and Inuit Health Branch (FNIHB) Ontario Region Health Facilities Program (HFP), Major Capital Infrastructure stream.

The successful Proponent will deliver the following five work packages as a single, coordinated assignment:

Package	Deliverable	Lead Discipline
A	Technical Feasibility Study (including Building Condition Assessment, Designated Substances Survey and Class D cost estimates)	Architect or Professional Engineer licensed in Ontario
B	Geotechnical Investigation	Geotechnical Engineer licensed in Ontario
C	Site Survey	Canada Lands Surveyor (legal); Ontario Land Surveyor or CLS (topographic)
D	Species at Risk Study	Qualified biologist / environmental professional
E	Business Case	Prime Consultant, in collaboration with the WFN Project Manager

1.2 About Wahnapiitae First Nation

Wahnapiitae First Nation is a First Nation community located near the City of Greater Sudbury, governed by Chief and Council under the leadership of Chief Larry Roque. The Norman Recollet Health Centre is the community's sole on-reserve primary health care facility, serving on-reserve members and members living on or near the reserve.

1.3 Project Background

The Health Centre currently operates out of a converted residential bungalow with a basement. Clinical staff interviews and the Community Health Needs Assessment have documented significant deficiencies, including insufficient exam rooms, no physiotherapy, traditional healing or group programming space, no private virtual care room, inadequate privacy and IPAC separation, and accessibility barriers.

WFN has completed the following pre-capital planning deliverables, which will be provided to the successful Proponent:

- **Project Charter** (scope, governance, objectives, socio-economic benefits, preliminary risk register)
- **Community Health Needs Assessment (CHNA)**
- **Functional Program** (operational description of all health programs and services)
- **Functional Plan** (room-by-room space schedule): approximately **418.5 m² net** and **~523 m² gross** (25% circulation allowance), organized in seven zones (see Appendix C)

The expansion is anticipated to take place on the existing Health Centre lot and/or the adjacent Band-owned lot. The preferred option has not been determined and is a key outcome of this assignment.

1.4 Funding and Program Context

This assignment is funded through the ISC HFP Major Capital Infrastructure stream. Under that program, the Business Case and its supporting professional studies (Technical Feasibility Study, Geotechnical Investigation, Site Survey and Species at Risk Study) must be completed before ISC will consider funding the Design and Tendering phase. All deliverables must therefore be prepared to a standard suitable for direct submission to the FNIHB Ontario Regional Office.

Funding condition

WFN has requested pre-capital planning funding from ISC. WFN may issue this RFP, evaluate proposals and select a preferred Proponent before funding is confirmed, but no contract will be executed and no work will be authorized until ISC funding is confirmed in writing.

1.5 Procurement Approach

WFN is seeking a **single Prime Consultant** who will hold one contract with WFN and be fully responsible for all five work packages. The Prime Consultant may engage sub-consultants for specialist disciplines. All sub-consultants must be identified in the proposal and may not be changed without WFN's written approval.

This procurement is conducted in accordance with ISC's tendering policy and WFN's procurement policies. Participation in this assignment does not guarantee, and does not preclude, eligibility for the subsequent Design and Tendering phase, which will be procured separately.

2. Scope of Work

2.1 General Requirements

- Review all completed pre-capital planning documentation before site work begins and confirm understanding of the Functional Plan at the kick-off meeting.
- Coordinate all field work through the WFN Project Manager, including site access, notice to Health Centre staff, and scheduling around clinic hours (currently Monday to Thursday) to avoid disruption to patient care.
- Protect patient privacy at all times. Field staff will not enter clinical rooms while occupied and will not view, photograph or record health records or patient information.
- Use ISC/FNIHB program terminology consistently and align all deliverables with the HFP Major Capital requirements.
- Integrate findings across packages: geotechnical, survey and species at risk findings must inform the Technical Feasibility Study options analysis, which in turn informs the Business Case.
- Submit draft and final versions of each deliverable in editable (Microsoft Word / Excel, AutoCAD) and PDF format.

2.2 Package A: Technical Feasibility Study

Prepared and sealed by an Architect (OAA) or Professional Engineer (PEO) or PMP licensed to practise in Ontario, the Technical Feasibility Study (TFS) will examine the relative merit and feasibility of options for meeting the space requirements in the Functional Plan, and will identify whether existing community-support infrastructure requires upgrading.

A1. Existing Facility Assessment

- **Building Condition Assessment** of the existing Health Centre: structure (including basement and foundation), building envelope, roofing, mechanical, plumbing, electrical, fire and life safety systems, with remaining service life and estimated capital renewal costs.
- **Designated Substances and Hazardous Materials Survey** (asbestos, lead, mould, PCBs, mercury and others as applicable), with sampling and laboratory analysis sufficient to support renovation or demolition options.
- Barrier-free accessibility review against Ontario Building Code (OBC) requirements.
- Assessment of the existing Generac standby generator: capacity, coverage, condition and suitability for an expanded facility, including protected circuits for vaccine and specimen refrigeration.

A2. Site and Community Infrastructure Assessment

- Water supply, wastewater (including any on-site sewage system), stormwater, electrical service rating and capacity, telecommunications and high-speed internet, and road and EMS access.
- For each item: current capacity, capacity required by each option, and any upgrades or new systems needed, with cost implications.
- Lot capacity of the existing Health Centre lot and the adjacent Band-owned lot, including setbacks, easements, parking, snow storage, drainage and EMS access, using the Site Survey (Package C).

A3. Options Analysis

At minimum, the following options will be developed to a conceptual (block plan / test fit) level and compared:

Option	Description
Option 0	Status quo (baseline for comparison only)
Option 1	Renovation of the existing building plus an addition on the existing Health Centre lot
Option 2	Renovation of the existing building plus an addition extending onto the adjacent Band-owned lot
Option 3	New purpose-built health facility (with decommissioning, repurposing or demolition of the existing building)
Option 4	Use of any other suitable existing infrastructure in the community, as required by ISC

Each option will be evaluated on: ability to deliver the full Functional Plan (including the 10 m clear walking length in the Physiotherapy Room, the private entrance, and separation of public and staff circulation); single-level barrier-free access; OBC and fire code compliance; IPAC performance; continuity of health services during construction; capital cost; life-cycle and O&M cost; schedule; site and infrastructure constraints; and risk.

A4. Code and Design Considerations

- Preliminary OBC analysis: occupancy classification, construction type, fire separations, sprinklers, fire alarm and smoke detection.
- Review of the smudging protocol for the Traditional Healing Room (liquid smudge as default; occasional smoke-producing smudge) and recommendations for detection and ventilation that respect cultural practice and meet code.
- Security and access control zoning to support key fob access and after-hours use by visiting professionals.

A5. Cost Estimates and Recommendation

- **Class D cost estimate** for each option, prepared by a qualified cost consultant (PQS or equivalent), including construction, site servicing, infrastructure upgrades, abatement, soft costs, escalation to midpoint of construction, and a design and construction contingency of 20 to 25%.
- Order-of-magnitude annual O&M cost for each option.
- Preliminary project schedule through Design and Tendering and Construction.
- A clear, reasoned recommendation of the preferred option.

2.3 Package B: Geotechnical Investigation

Prepared by a Geotechnical Engineer licensed in Ontario for the lands on which the expansion or new building may be constructed (both lots, as required by the options under consideration).

- Borehole and/or test pit program sufficient to characterize the building footprint options, parking and access areas; the Proponent will propose the number, depth and locations of boreholes.
- Soil stratigraphy, depth to bedrock, groundwater conditions, frost penetration depth and soil chemistry relevant to concrete and buried services.
- Allowable bearing capacity, foundation recommendations (including for any connection to the existing foundation), slab-on-grade, seismic site classification, excavation and backfill, and drainage.
- Pavement structure recommendations for parking and access roads.

- Where an on-site sewage system is involved, soil information to support its assessment or redesign.
- **Provisional item:** Phase One Environmental Site Assessment, to be authorized only if required by ISC through the Environmental Review Process.

2.4 Package C: Site Survey

A survey of the existing Health Centre lot and the adjacent Band-owned lot showing the interrelationship of all existing and proposed buildings and infrastructure.

Surveys on reserve lands

Legal boundary work on reserve lands falls under the Canada Lands Surveys Act and must be completed by a Canada Lands Surveyor (CLS). Topographic work may be completed by an Ontario Land Surveyor or a CLS. Proponents must confirm how they will meet this requirement.

- Confirmation of lot boundaries, dimensions and areas using Canada Lands Survey Records, and identification of any easements, rights-of-way or encumbrances.
- Topographic survey with spot elevations and contours, existing buildings (footprints and finished floor elevations), driveways, parking, walkways, fences, trees and vegetation limits, and drainage features.
- Above-ground and locatable underground utilities: water, sanitary, septic components, storm, hydro, telecommunications, fuel tanks and generator.
- Geodetic benchmark, georeferenced deliverables in AutoCAD (DWG) and PDF.

2.5 Package D: Species at Risk Study

A review of wildlife species and habitat at or within the proposed project location compared to Schedule 1 of the federal Species at Risk Act (SARA), to determine whether permits are required before construction.

- Desktop review of SARA Schedule 1 listings, the Species at Risk Public Registry, Natural Heritage Information Centre records and other available sources.
- Field survey(s) and habitat assessment at the appropriate time of year for candidate species, including breeding bird and bat habitat assessment as applicable.
- Assessment of potential impacts, determination of permit requirements, and recommended avoidance and mitigation measures, including timing windows for vegetation clearing under the Migratory Birds Convention Act.
- Content suitable for direct use in ISC's Environmental Project Description (EPD) under the Impact Assessment Act.
- Inclusion of community and Elder knowledge of local wildlife and habitat, where WFN wishes to share it.

Field season

Some species surveys can only be completed in spring and early summer. Proponents must state which surveys can be completed immediately and which are seasonally constrained, and show how this affects the overall schedule.

2.6 Package E: Business Case

The Business Case is the primary decision document for ISC. It will be prepared by the Prime Consultant in collaboration with the WFN Project Manager, drawing on the CHNA, Functional Program, Functional Plan and Packages A to D. It must include:

1. **Executive summary** and statement of need.
2. **Options analysis** drawing on the TFS, including use of existing community infrastructure, expansion of the existing facility, and new construction, with a recommended option.
3. **Linkages with other health services**, including FNIHB programs, NIHB, Health Sciences North, Bayshore home care, Ontario Health and OTN virtual care, and visiting providers.
4. **Quantification of current and future health services utilization**, using encounter data supplied by WFN clinical staff and population projections, with a clear description of intended changes and improvements to service delivery.
5. **Notional capital cost estimate** (from the Class D estimate) and O&M implications.
6. **Risks and mitigation strategies**, building on the Project Charter risk register.
7. **Performance measures** that allow the impact of the investment to be evaluated after completion.
8. **Implementation strategy** for the Design and Tendering and Construction phases, including Indigenous procurement and community benefits.

2.7 Community Engagement and Cultural Protocol

- Attend a kick-off meeting with the WFN Project Manager, Clinical Services Director and Health Director.
- Hold at least one working session with Health Centre staff to validate options against clinical operations.
- Participate in at least one session with WFN Elders and/or the Health Committee regarding the Traditional Healing Room and culturally appropriate design.
- Present the draft TFS and Business Case findings to Chief and Council.
- Follow WFN protocols for community engagement as directed by the Project Manager.

2.8 Meetings, Reporting and Review

- Bi-weekly progress meetings (virtual acceptable) with brief written status reports.
- Draft deliverables reviewed by WFN within 10 business days; comments addressed in final versions. WFN may share drafts with the FNIHB Ontario Regional Office for comment.
- A comment-response log will accompany each final deliverable.

2.9 Deliverables and Indicative Timing

Deliverable	Format	Target (weeks from award)
Kick-off meeting and confirmed work plan	Meeting minutes; updated schedule	Week 2
Site Survey (Package C)	Sealed survey; DWG and PDF	Week 6
Geotechnical Investigation (Package B)	Sealed report	Week 8
BCA and Designated Substances Survey (Package A1)	Report with lab results	Week 8

Deliverable	Format	Target (weeks from award)
Species at Risk Study (Package D)	Report; EPD-ready summary	Week 10 (desktop and available field work); seasonal addendum as required
Draft Technical Feasibility Study (Package A)	Report, concept block plans, Class D estimates	Week 12
Final Technical Feasibility Study	Sealed report	Week 15
Draft Business Case (Package E)	Report	Week 15
Presentation to Chief and Council	Presentation	Week 16
Final Business Case and consolidated submission package	Report; all final deliverables	Week 18

Proponents may propose an alternative schedule with justification. The overall duration should not exceed 20 weeks from award, excluding any seasonally constrained species surveys.

2.10 Information Provided by WFN

- Project Charter; CHNA, Functional Program and Functional Plan (provided to the successful Proponent only, under a confidentiality agreement).
- Any available drawings, previous reports and maintenance records for the existing building.
- Health service utilization data, in aggregate and de-identified form only.
- Site access, escorts as required, and a point of contact for community engagement.

3. Proposal Requirements

3.1 Submission Instructions

- Submit proposals by email to leo.deruiter@wahnapiitaefn.com with the subject line "WFN-HC-2026-01 Proposal: [Firm Name]" before the closing date and time. Late proposals will not be accepted.
- Submit two separate PDF files: (1) Technical Proposal, and (2) Fee Proposal. The Technical Proposal must not contain any pricing.
- The Technical Proposal should not exceed 25 pages (excluding résumés and appendices), on letter-size pages with a minimum 10-point font.
- Questions must be submitted in writing to the RFP Contact before the question deadline. Answers will be issued to all registered Proponents by addendum.

3.2 Technical Proposal Contents

Section	Required Content
1. Cover letter	Signed by an authorized officer; acknowledgement of all addenda; Proposal Submission Form (Appendix A)
2. Firm and team	Prime Consultant profile; sub-consultants and their roles; organization chart; key personnel with licences (OAA, PEO, CLS/OLS, PQS); résumés in appendix
3. Relevant experience	At least three comparable projects in the last ten years, ideally First Nations health facilities and/or ISC HFP pre-capital work, with client references
4. Understanding and methodology	Understanding of the project and ISC requirements; approach to each work package; how findings will be integrated; approach to community engagement, privacy and cultural protocol
5. Work plan and schedule	Task breakdown, milestones, Gantt chart, field season constraints, and hours by team member
6. Indigenous participation	Indigenous ownership, employment, sub-consulting or training opportunities, and any opportunities for WFN members
7. Mandatory declarations	Insurance confirmation, conflict of interest declaration, WSIB clearance (or equivalent)

3.3 Fee Proposal Contents

- Lump-sum fee for each Work Package (A to E), using the Fee Proposal Form (Appendix B).
- Separate pricing for provisional items (Phase One ESA; additional boreholes; seasonal species surveys).
- Estimated disbursements (travel, laboratory testing, drilling) as a separate line.
- Hourly rates for all personnel, to be used for any authorized additional services.
- All prices in Canadian dollars. Indicate applicable taxes separately.

4. Evaluation

4.1 Mandatory Requirements (Pass / Fail)

- Proposal received before the closing date and time.

- TFS lead is an Architect (OAA), PMP or Professional Engineer (PEO) licensed in Ontario.
- Geotechnical lead is a Professional Engineer licensed in Ontario.
- Survey team includes a Canada Lands Surveyor for legal boundary work on reserve lands.
- Confirmation that insurance requirements in Section 5.4 can be met.
- Signed Proposal Submission Form and conflict of interest declaration.

4.2 Rated Criteria

Criterion	Weight
Relevant experience of firm and sub-consultants (First Nations, health facilities, ISC HFP)	25
Qualifications and experience of key personnel	20
Understanding of the project, methodology and integration of work packages	25
Indigenous participation and community benefits	10
Fee Proposal	20
Total	100

Fee Proposals will be opened only for Proponents scoring at least 55 of 80 points on the technical criteria. Fee scores will be calculated as: $(\text{lowest compliant total fee} \div \text{Proponent's total fee}) \times 20$. Total fee means the sum of Packages A to E plus disbursements, excluding provisional items.

WFN may invite the top-ranked Proponents to an interview, which may be used to confirm or adjust technical scores.

5. Terms and Conditions

5.1 General

- This RFP is not a tender and does not create a contract. WFN is not obliged to accept the lowest-priced or any proposal and may cancel or reissue this RFP at any time.
- WFN may negotiate scope and fees with the preferred Proponent to align with ISC-approved funding.
- Proponents bear all costs of preparing their proposals.
- Contract execution is conditional on written confirmation of ISC funding (Section 1.4).

5.2 Form of Contract

The successful Proponent will enter into WFN's standard Consulting Services Agreement incorporating this RFP, any addenda and the accepted proposal. Payment will be monthly, based on progress against approved work package milestones, with a holdback of [10]% released on acceptance of the final submission package.

5.3 Confidentiality, Data Sovereignty and Ownership

- All information provided by WFN, including the CHNA and any health service data, is confidential and may be used only for this assignment.

- WFN asserts ownership and control of all community data in accordance with First Nations principles of OCAP® (Ownership, Control, Access and Possession). No data may be published, shared or retained after the assignment without WFN's written consent.
- All deliverables become the property of WFN. WFN may share them with ISC and its future design consultants without restriction. Professional seals and copyright remain with the authors.

5.4 Insurance and Safety

Coverage	Minimum Limit
Commercial General Liability (WFN named as additional insured)	\$5,000,000 per occurrence
Professional Liability (Errors and Omissions)	\$2,000,000 per claim
Automobile Liability	\$2,000,000
Workers' compensation	WSIB clearance or equivalent coverage

The successful Proponent is responsible for health and safety during all field work, including utility locates before any drilling or excavation, and for compliance with applicable federal and provincial requirements.

5.5 Conflict of Interest

Proponents must disclose any actual or perceived conflict of interest, including relationships with WFN staff, Council members or potential construction contractors.

5.6 Indigenous Procurement

Consistent with the Project Charter, WFN encourages participation by Indigenous-owned firms and Indigenous professionals and recognizes this in the evaluation (Section 4.2).

5.7 Governing Law

This RFP and any resulting contract are governed by the applicable laws of the Province of Ontario and the federal laws of Canada.

Appendix A: Proposal Submission Form

Legal name of Proponent	
Address	
Contact person, title	
Email and telephone	
Addenda acknowledged (numbers)	
Sub-consultants (discipline and firm)	
Indigenous-owned firm? (Yes / No; registration if applicable)	
Conflict of interest (None / Describe)	

I confirm that I am authorized to bind the Proponent, that the information in this proposal is accurate, and that the Proponent accepts the terms and conditions of this RFP.

Signature: _____ Name: _____ Date: _____

Appendix B: Fee Proposal Form

Item	Description	Lump Sum (CAD, excl. tax)
A	Technical Feasibility Study (incl. BCA, Designated Substances Survey, Class D estimates)	\$
B	Geotechnical Investigation	\$
C	Site Survey	\$
D	Species at Risk Study (desktop and available field work)	\$
E	Business Case	\$
F	Disbursements (travel, lab testing, drilling, other)	\$
	Total Fee (A to F, used for evaluation)	\$
Provisional Items (not included in evaluated total)		
P1	Phase One Environmental Site Assessment	\$
P2	Additional borehole (per borehole)	\$
P3	Seasonal species survey visit (per visit)	\$

Appendix C: Functional Plan Summary

Summary of the space requirements established in the completed Functional Plan (April 2026). The full room-by-room schedule will be provided to the successful Proponent.

Zone	Description	Net Area (m ²)
A	Reception and Entry (main and private entries, waiting room, reception/admin)	62.0
B	Clinical (3 exam rooms, foot care, massage/acupuncture, physiotherapy, traditional healing)	113.0
C	Offices (6 private, 1 shared, 2 floating)	99.0
D	Community / Multi-Purpose (20 seats)	55.0
E	Support and Utilities (clean/soiled utility, laundry, medication, records, staff room)	58.0
F	Washrooms (2 accessible patient, 1 staff)	15.5
G	Building Services (mechanical/electrical, housekeeping)	16.0
	Total Net Floor Area	418.5
	Circulation (est. 25% of net)	104.6
	Estimated Gross Floor Area (~5,630 sq ft)	~523

Key planning requirements: fully single-level with no stairs; separate private entrance for mental health, addictions and social work clients; Physiotherapy Room with minimum 10 m clear floor length; dedicated Traditional Healing Room with no clinical use; separation of public and staff circulation; key fob access control and panic/duress buttons throughout; high-speed internet in every room; portable oxygen cylinders only (no piped medical gas); standard HVAC.