



University of Kentucky®

Procurement Services

REQUEST FOR PROPOSALS

UK-2572-26

Enterprise Partner Phase 1

ADDENDUM #2

1/16/2026

ATTENTION: This is not an order. Read all instructions, terms, and conditions carefully.

IMPORTANT: RFP MUST BE RECEIVED BY 01/23/2026 @ 3:00 P.M. LEXINGTON, KY TIME

Offerors should acknowledge receipt of this, and any addendum, as directed in the Request for Proposals.

ITEM #1: PROPOSAL CLARIFICATION:

Offerors should include one (1) copy of the proposal on an electronic storage device (USB) along with twelve (12) printed copies for Phase 1 evaluation.

ITEM #2: QUESTIONS AND ANSWERS:

Offerors are instructed to reference and incorporate into their proposals, the enclosed Q&A log (6 pgs).

END OF ADDENDUM

OFFICIAL APPROVAL
UNIVERSITY OF KENTUCKY

A blue ink signature of Corey W. Leslie.

Corey W. Leslie, Purchasing Officer

SIGNATURE

Typed or Printed Name

#	Question	Response
1	Do the RFP response length guidelines only apply to the Exec Summary and the final page summary, rather than to all criteria responses?	Page length recommendations are specific to the sections where they are provided. There is a general note about conciseness.
2	We note that 4.12 (Criteria 8) welcomes other additional information. Please confirm that this is the desired section for creative approaches and some of our enterprise thinking within the 1 page guidance suggested.	Correct. This is an open format section for offeror solutions that differ from the University's conceptual approach.
3	Will the Eastern State Hospital be included in the scope?	Yes.
4	Within 4.9 (Criteria 5) the university requests detailed explanations of pricing methodology. Given the scope of work being considered and the complexities / requirements of state funded Healthcare service support, would the University be open to receiving a summary of options that we would like to explore further should we be considered for the second phase. Our intent here is not to restrict the discussion with one methodology and instead allow the partnership flexibility in thinking.	Yes.
5	Would the University want client contact details for the case studies given in Criteria 1 and Criteria 3 as well as the requested references provided in Criteria 7.	Yes.
6	Are there specific evaluation criteria weights for each section of the Phase 1 selection process (i.e., Offeror Qualifications, Staffing, Pricing Methodology, etc.)?	Criteria are weighted as primary and secondary.
7	The RFP notes that the University reserves the right to award services to a single vendor or multiple vendors. Can the University clarify whether it prefers: •an integrated, single-provider model encompassing all dining services, or •a multi-provider approach with individual awards by service category?	If feasible, the University prefers a single partner that provides all services either directly or through subcontracts and joint ventures.
8	Can the University provide guidance on the anticipated timing and phasing of any future capital investments by the enterprise partner including whether projects are expected to align with enrollment milestones, academic calendar constraints, or broader campus capital planning priorities?	There are no specific projects identified at this time.
9	Can you please provide the annual patient days by hospital including Observation but excluding NICU?	Prior year approximate totals are: UK St. Claire: 31,417 Chandler Hospital: 230,399 Good Samaritan: 52,900 Golisano Children's_OB: 36,798 Eastern State Hospital: 63,966 UK King's Daughters: 90,817 Kingsbrook Lifecare Ctr (KBLC): 44,000
10	Can you please provide the number of staffed beds by hospital?	UK St. Claire: 137- 139 Chandler and Golisano Childrens: 941 Good Samaritan Hospital: 209 Eastern State Hospital: 207 UK King's Daughters: 375 KBLC: 137
11	Regarding Criteria #3 – Ability to Address Critical Issues – Question B. – Can you please clarify the request regarding a recent client conflict. Is this in the same context as Question A & C related to a crisis or emergency on campus or a separate non-emergency client conflict?	The conflict in this section refers to any breakdown of relations between your firm and your client.
12	Are Grounds Services for Athletic venues included in the desired scope of services for Facilities?	No.

#	Question	Response
13	a. Can you share with us the current format of the healthcare services contract with Compass? Is it a P&L agreement or Fee agreement? Is the contract a full outsourcing model or management only? b. Related to Phase 2 of the RFP process. – Can you expand on what the “working sessions” will entail? i.e. - On- campus meeting with key stakeholders, additional financial details disclosed of competitor operations (Revenues, other financial information, etc.), tours of existing venues, site visits to the regional hospitals, etc.?	a. The current Compass contract is fully outsourced and fee based. b. Instructions will be provided to the shortlist.
14	It was stated on the virtual pre-proposal call on December 17th that the University desires to award the enterprise services contract on or around April 1st, with a July 1st contract inception date. Is that still the planned schedule of final events within the procurement process?	Yes.
15	It is our understanding that you are currently looking for an Integrated Facility Services Provider that can take over existing facility services and has the capability to offer full facility services in DBFOM (PPP) model for future construction events. Our firm has experience in supporting PPP consortiums as a true Integrated Facility Services provider leading service obligations and capital management and capital deployment, as an example a PPP terminal in a major New York Airport. Can you please confirm that this is the intent on the PPP reference in Sections 2.1.	The University seeks an enterprise service partner that can provide those services among others.
16	Grounds Questions: a. Are intercollegiate athletic fields to be included in the contractor's management plan? b. St Claire campus grounds currently have a third party for management. Who is that third party and is UK happy with their performance? c. King's Daughter and Coldstream have a great deal of acreage. Is this acreage being handled by UK staff or outsourced to a third party?	a. No. b. MTM Enterprises. They are in good standing. c. UKKD - third party for grounds and snow removal. KBLC self performs grounds, contracts snow removal. Coldstream contracts grounds and snow removal, retains a part time employee for litter pickup
17	Questions to consider and include from a Healthcare FNS viewpoint: a. Patient Delivery Method at each site- i.e.- Room Service? b. What is/are the Patient Tray Delivery & Compliance Tracking System (Software)? c. Are the Clinical Dietitians included in the FNS FTE count? d. What positions are considered in Management? included "supervisors"? e. Who will purchase and pay for the Food & Supplies? f. How much Capital will be "absorbed"? g. What are the hours of operation for the Retail?	a. UK St. Claire: Food Service Staff via Cart/Induction Heating. UKHC: Bedside service along with utilization of the My Meals app, allowing patients to order in accordance with their dietary restrictions. UK King's Daughters: Traditional Tray Line service. Food Service staff deliver patient meals. KBLC: meal carts are stocked and delivered to the four units. Nurse aides deliver and collect food trays. b. UK St. Claire: Meditech. UKHC: My Meals. UKKD: Horizon. KBLC: none. c. No. d. UK St. Claire: Manager, SPV, Chef. UKHC: Manager, Director. UKKD: Supervisor, Manager, Director. KBLC: Manager, Dietary Supervisor. e. To be negotiated. f. To be negotiated. g. UK St. Claire: 0600-1900. UKHC: Main Pav A cafe is open 22 hours a day (every day). Closing between 5-6 AM and 10-11 AM. Courtyard cafe- 7:30 AM-5:00 PM (Monday-Friday). Whitney: 7:30 AM-5:00 PM (Monday-Friday), Wildcat: 7:00 AM-2:00 PM (Monday-Friday), Good Sam: 7:00 AM-11:00 PM (weekdays); 8:30 AM-7:00 PM (weekends). UK King's Daughters: Breakfast 7-9:30 am Lunch 10:45am-7:00pm Midnight 9pm-1am Weekend 7am-2pm then 9pm-1am.

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18	<p>Specific Client intel:</p> <p>a. Is the facility TJC/AOA accredited?</p> <p>b. When was the last TJC/AOA inspection?</p> <p>c. When is the next TJC/AOA inspection scheduled?</p> <p>d. Any TJC/AOS recommendations and or type of violations that relate to the department under consideration?</p> <p>e. Clarity of type of cleaning services. Different descriptive language as sanitation (surface cleaning) terminology is mentioned four times while disinfection (infection prevention) is listed once. Clarification is needed also because of determining pricing since ATP testing regarding and infection prevention rounding software being needed for the latter. What are their expectations? Excerpt of RFP: The Current Service Summary says housekeeping and sanitation services for all inpatient, outpatient and support areas across the Ashland campus footprint, yet Quality and Compliance Standards list routine ATP monitoring and environmental audits to the cleaning and disinfection – also Infection Prevention rounding.</p> <p>f. What other accrediting agencies conduct inspections?</p> <p>g. Is the skill set of staff competent to meet the needs of the facility?</p>	<p>a. UK St. Claire: TJC. UKHC: TJC. UK King's Daughters: Yes KBLC, CDC and KDOH Cabinet for Health and Family Services, Office of the Inspector General.</p> <p>b. UK St. Claire: Jan - 2025 / Lab Dec - 2025. UKHC: April 28th, 2025. UK King's Daughters: UKKD 6/9/2025 KBLC OIG KBLC unannounced 6/2025.</p> <p>c. UK St. Claire: late 2027. UKHC: 2028. UK King's Daughters: TJC UKKD approx 6/2028, OIG KBLC unannounced.</p> <p>d. UK St. Claire: No. UKHC: High Dusting for EVS, Hood Baffle Gaps for FNS. UK King's Daughters: No.</p> <p>e. UKSC: ATP currently resides in Infection control; Disinfection for all high touch areas. UKHC: ATP swabs need to be included in your cleaning protocols. The current vendor manages the cost and process for swabbing and reports to Infection Control.</p>										
19	<p>Financial Info:</p> <p>a. Please provide the Financial Budget\Operating Statement for the departments under consideration</p> <p>b. Patient Transport question- is equipment "cleaning"(wheelchairs, gurneys, etc) included in the Scope?</p> <p>c. What is the current unamortized balance that is due to the current provider? (pg. 22 Dining and Food Services Section)</p> <p>d. What was the original investment amount? and how long was the term? (pg. 22 Dining and Food Services Section)</p>	<p>a. The University's financial information and budgets are available at https://ubo.uky.edu/sites/default/files/2025-06/fy-2025-26-budget-pdf-for-bot-meeting-with-covers.pdf</p> <p>b. UKSC: Transport cleans wheelchairs; EVS cleans all other (e.g. beds; stretchers, etc) UKHC: Transport cleans wheelchairs and unoccupied beds. They also manage the bed pick-up and delivery process.</p> <p>UKKD: Wheelchairs would be cleaned by the transport staff. Pt beds/er stretchers are used if patients unable to use wheelchair. Once patient transferred off of stretcher and bed and no longer returning, then EVS would clean.</p> <p>c. Unamortized balance on 6/30/26 is \$53,733,330.79</p> <p>d. Total Invested Amount was \$122,280,947.82. The initial term was 15 years.</p>										
20	<p>Patient Transport:</p> <p>a. What hospital owned patient transport dispatch and tracking systems do you utilize, and what would be provided by the vendor?</p> <p>b. Do you currently have any RTLS (real time) location tracking, barcode scanning or IoT monitoring in place?</p>	<p>a. UKSC: Currently transport request is placed in meditech and they have a direct line that is on a mobile Cisco phone.</p> <p>UKHC: Epic.</p> <p>UKKD: EPIC is utilized through the EPIC transport app on provided devices to revive transport requests.</p> <p>b. UKHC: barcode scanning through Epic, compliance is tracked.</p> <p>UKKD: The patient location is updated in EPIC by the staff of receiving department and then reupdated by the staff on the floor when the patient returns to the room. We do have location tracking technology for our team in place, not RTLS.</p>										
21	<p>EVS:</p> <p>a. Understanding UK Health's intention to have all hourly staff remain on the Hospital's Payroll; is there potential eventually to transition to Vendor Payroll through natural attrition?</p> <p>b. As we plan for the Capital Management Plan for each line of service, are vehicles provided by the University for use of the vendor to provide the services or is it expected the vehicles be provided by the vendor and amortize the cost over usual and customary process?</p> <p>c. Noted that only two (2) of the six (6) listed UK Hospitals are to be included with the RFP consideration as current vendor contracts ended at the end of the year. Is there a plan or consideration being given for the University to outsource these remaining Hospitals in the future?</p> <p>d. What is the Current turnover rate for EVS, PT and Sitter programs for the hourly staff?</p> <p>e. Does any of the current EVS, Patient Transport Equipment belong to the Hospital or is it owned by the current Vendor?</p> <p>f. If answer to 5 is yes, can a spreadsheet be provided on Equipment Descriptions, Acquisition Date, Condition, Original Purchase Price and remaining depreciation on any current equipment that is expected to remain onsite?</p>	<p>a. See section 4.8 - Transition Plan.</p> <p>b. to be negotiated.</p> <p>c. See section 2.1 - Intent.</p> <p>d. UKSC: FY26 YTD Turnover:</p> <table> <tr> <td>EVS: 24.48%</td> </tr> <tr> <td>Transport: 0%</td> </tr> <tr> <td>FY25:</td> </tr> <tr> <td>EVS: 62.04%</td> </tr> <tr> <td>Transport: 87.13%</td> </tr> </table> <p>UKHC: FY26 YTD Turnover:</p> <table> <tr> <td>EVS: 63.9%</td> </tr> <tr> <td>Transport: 84.6%</td> </tr> </table> <p>UKKD FY26 Turnover:</p> <table> <tr> <td>EVS Total Turnover is 28.2% through FY26 for Main - Annualized Turnover is 56.3%, KDOH Total Turnover is 7.7% through FY26. Annualized it is 15.4%.</td> </tr> <tr> <td>e. All University/Member Owned.</td> </tr> <tr> <td>f. Granular details will be provided in Phase 2.</td> </tr> </table>	EVS: 24.48%	Transport: 0%	FY25:	EVS: 62.04%	Transport: 87.13%	EVS: 63.9%	Transport: 84.6%	EVS Total Turnover is 28.2% through FY26 for Main - Annualized Turnover is 56.3%, KDOH Total Turnover is 7.7% through FY26. Annualized it is 15.4%.	e. All University/Member Owned.	f. Granular details will be provided in Phase 2.
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22	Reference 4.0.7 - Dining and Food Services "Note: The successful partner will be required to pay the unamortized balance of amounts due to the current service provider." Question: Can you share what this amount is expected to be, and what the current provider funded?	See answer to question 19.
23	Reference 4.8 - A. Explicitly commit to retaining all in-scope UK and UK affiliate (e.g., UK St. Claire, UK King's Daughters) employees. Said employees will remain UK and affiliate employees with respective pay and benefits. a. Can you share current "in-scope employee" information: Job Titles, Headcount per job title. b. Will vendor be required to fund Pay and Benefits for those employees, or should we exclude those costs from the proposal. c. Confirm that vendor will then provide management only of those "in-scope" employees. d. As normal attrition occurs, should the vendor plan on replacing those employees with vendor staff, or will UK or the UK affiliate replace?	a-d No financial offer is required with the Phase 1 submittal. These details will be provided in Phase 2.
24	Reference: Section 2.1 (Intent), pp. 7-8 UK describes the intent to form a long-term Enterprise Services P3 Partnership focused on operational excellence, risk mitigation, and future growth. Question: What specific outcomes or indicators will UK use to evaluate whether the partnership is successful within the first 24 months, independent of longer-term transformation objectives?	See RFP Section 5 - Evaluation Criteria.
25	Reference: Section 4.0 (Enterprise Services), pp. 20-22 Section 4.0 outlines multiple service areas, some of which appear enterprise-wide while others may be staged or negotiated. Question: Can UK confirm which services are unequivocally in scope at Day 1 versus those that are expected to be phased, optional, or subject to future negotiation during Phase 2?	Dining and Patient Food Service need day 1 service. Transition of other services will be negotiated.
26	Reference: Section 4.0 Note and Criteria 4 (Transition Plan), pp. 20 and 26 The RFP states that the successful partner shall retain all in-scope UK and affiliate employees, who will remain UK employees with existing pay and benefits. Question: Beyond retention, does UK have defined expectations related to workforce development, training standardization, or career progression that should be reflected in Phase 1 responses?	Offeror is encouraged to propose the options that present the best value to the University.
27	Reference: Sections 2.1 and 4.0, pp. 7 and 20-22 The RFP combines academic, auxiliary, and healthcare services under a single enterprise partnership model. Question: Should respondents assume that healthcare operating standards (24/7 coverage, regulatory compliance, life-safety response) are intended to set the baseline service standard across the enterprise, or should distinct service models be proposed for healthcare and academic facilities?	Service levels are to comply with all relevant regulations and standards.
28	Reference: Section 2.3 (RFP Background), pp. 12-13 UK references mitigating institutional risk and creating a scalable, resilient framework. Question: At a high level, which categories of operational risk does UK intend to transfer to the Enterprise Partner, and which risks does UK anticipate retaining, regardless of partnership structure?	The University seeks an enterprise service partner that can provide the full scope of services outlined within the RFP. Specific details will be determined in Phase 2 of the RFP process.
29	Reference: Section 4.6 (Staffing and Key Personnel), p. 25 UK notes that it will provide a dedicated team to oversee performance and collaborate with the selected partner. Question: Can UK clarify expectations regarding decision authority, specifically which decisions the partner is expected to make autonomously versus those requiring UK approval or joint governance?	Once negotiated, the scope assigned to the partner is under their control, accounting for due diligence of the University, interactions with existing operations, and collaboration with impacted units. Adjustments to scope, clarifications on service levels or rates, dispute resolution, etc. would be joint opportunities.

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30	<p>Reference: Criteria 4 (Transition Plan), p. 26</p> <p>The RFP requests a comprehensive transition plan while emphasizing continuity of service.</p> <p>Question:</p> <p>What level of operational disruption or performance variance, if any, is considered acceptable during the transition period, particularly within UK HealthCare environments?</p>	The offeror should propose and explain metrics that address the possibility of disruptions. It is typical that KPIs including uptime guarantees are presented, along with monetary consequences for failing to meet them. In the UKHC setting those consequences should be meaningful.
31	<p>Reference: Section 2.1 (Intent) and Section 4.0, pp. 7 and 20</p> <p>UK reserves the right to negotiate additional scopes of work in the future at its sole discretion.</p> <p>Question:</p> <p>What factors or performance indicators would UK consider when determining whether to expand scope or extend additional services to the Enterprise Partner in future years?</p>	Continuing or expanding need, adequate funding and authority, capacity and performance of the partner (meeting KPIs), among other influences.
32	<p>Reference: Appendix I – Facilities Management Technology, p. 34</p> <p>UK identifies several current and future technology platforms (e.g., SAP PM, AssetWorks).</p> <p>Question:</p> <p>Which existing systems are considered foundational and non-negotiable, and where does UK see openness to integration, enhancement, or replacement over the life of the partnership?</p>	No existing technology system is non-negotiable.
33	<p>Reference: Criteria 5 (Pricing and Cost Methodologies), p. 26</p> <p>Phase 1 does not request specific pricing but asks for pricing methodology and investment approach.</p> <p>Question:</p> <p>How will UK evaluate value creation in Phase 1 responses—particularly where proposals emphasize service quality, risk reduction, and long-term sustainability over immediate cost savings?</p>	The factors presented will be considered in a similar context as total cost of ownership. Upfront investments that pencil out over time should be explained in sufficient detail to understand the underlying assumptions.
34	<p>Reference: Section 2.1 and Appendices IV–VI, pp. 7 and 52–86</p> <p>The RFP includes UK St. Claire and UK King's Daughters within the enterprise scope.</p> <p>Question:</p> <p>Does UK expect a uniform enterprise operating model across UK, UK St. Claire, and UK King's Daughters, or should respondents anticipate site-specific adaptations within a common governance framework?</p>	The University anticipates a standardized model across the enterprise that allows for some flexibility based on local considerations.
35	<p>Reference: Section 2.1 (30-year term), p. 7</p> <p>UK anticipates a long-term partnership of up to thirty (30) years.</p> <p>Question:</p> <p>a. From UK's perspective, what characteristics or behaviors distinguish a long-term strategic partner from a traditional outsourced service provider over a multi-decade relationship?</p> <p>b. Will this be an Attrition model? (i.e., if a UK employee leaves, are we hiring direct or will they still be employed by the university and managed by the vendor?)</p> <p>Do you always plan on this strictly being a management contract?</p>	<p>a. flexibility, innovation, and access to capital.</p> <p>b. If an in-scope UK enterprise employee leaves, it is expected that the vacancy will be filled and managed by the partner.</p>

#	Question	Response
36	<p>Food Service Operations:</p> <p>a. Please detail each food service facility type and location (Restaurant / Coffee Shop / Self Assist / Other) - this may already be provided in the RFP</p> <p>b. Servicing times for each food service location?: e.g. Breakfast/Lunch/Dinner and associated shifts?</p> <p>c. Is the counter equipment at each food service location fixed or moveable?</p> <p>d. Please provide sample menus for each food service location</p> <p>e. Please provide daily/weekly and annual sales data</p> <p>f. Is there catering on campus?</p> <p>g. What is the payment type by location e.g. (cash / credit)</p> <p>h. What is the financial model used e.g. Straight P&L, Subsidized, Other</p> <p>i. Is vending and/or coffee program required?</p> <p>j. Please provide current dining participation averages by shift by location</p> <p>k. Are all campus food service locations open year round, or do some close during the summer? And if some close, can you identify which ones?</p>	<p>a. At a high level this information is available in the appendices.</p> <p>b. Granular details will be provided in Phase 2.</p> <p>c. Granular details will be provided in Phase 2.</p> <p>d. Granular details will be provided in Phase 2.</p> <p>e. Annual sales is in the appendices.</p> <p>f. Yes.</p> <p>g. Granular details will be provided in Phase 2.</p> <p>h. to be negotiated.</p> <p>i. Yes.</p> <p>j. Granular details will be provided in Phase 2.</p> <p>k. Campus food service locations are open year round, but may operate at reduced capacity during summer, winter, and spring break.</p>