GRADY HEALTH SYSTEM

REQUEST FOR PROPOSAL (RFP)

FOR

FACILITIES PROGRAMMING AND PLANNING SERVICES

for

THE CENTER FOR ADVANCED SURGICAL SERVICES

JAZZID-1382

Request for Proposal Posted: JUNE 12, 2017

Proposal Due: Thursday, July 20 2:30 p.m. EDT
SECTION 1: GRADY HEALTH SYSTEM BACKGROUND

Grady Health System ("GHS") is one of the Southeast’s largest public hospital systems. With a delivery system that includes affiliations with public health organizations, medical education programs, and community advocates, GHS provides quality, cost-effective, and customer focused health care to residents of metropolitan Atlanta and citizens of the State of Georgia. Grady Health System is comprised of Grady Memorial Hospital (953 licensed beds), Crestview Health and Rehabilitation Center (388 licensed long-term care beds), the Infectious Disease Center (HIV/AIDS), the Loughlin Radiation Oncology Center, the Maloof Imaging Center, six (6) community health centers, the Regional Perinatal Center, the State of Georgia Poison Control Center, the Georgia Cancer Center for Excellence, The Marcus Stroke and Neuroscience Center, Grady EMS- Atlanta’s 911 ambulance service, the region’s premiere Level I trauma center and nationally renowned emergency medicine and burn centers.

Grady Memorial Hospital opened in 1892 to provide medical care for the indigent and emergency health care for all residents of the Atlanta community. Grady is currently operated by the Grady Memorial Hospital Corporation d/b/a Grady Health System.

Medical care is provided under contract with Emory University and Morehouse Schools of Medicine. GHS also operates three (3) professional training programs in medical technology, radiation oncology, and radiation technology. GHS averages more than 29,000 inpatient visits and more than 600,000 outpatient visits annually, including over 125,000 emergency care visits (including psychiatric emergency).

MISSION STATEMENT

Grady improves the health of the community by providing quality, comprehensive healthcare in a compassionate, culturally competent, ethical and fiscally responsible manner.

Grady maintains its commitment to the underserved of Fulton and DeKalb counties, while also providing care for residents of metro Atlanta and Georgia.

Grady leads through its clinical excellence, innovative research and progressive medical education and training.

VISION

Grady Health System will become the leading public academic healthcare system in the United States.

VALUES

At Grady, we have a higher calling and a deep sense of pride. We deliver essential care with humanity, compassion and kindness – with arms open wide to everyone in our community. Regardless of role or level in the organization, humanity starts with how we treat our coworkers and colleagues.

• Be Patient Centered
• Be Safe
• Serve Others with Excellence
• Do Right
• Do Good

PROJECT DRIVERS

1. Provide State-of-the-art ambulatory Center for Advanced Surgical Services to sustain Grady, serving the community well into the 21st century.
2. Design a high performance ambulatory services facility that delivers superior energy, material, maintenance, and economic efficiencies; and creates adjacencies, and processes that are innovative and patient centered.
3. Design space flexibility to accommodate changes in medical science, medical practices and delivery, technology, market requirements, reimbursement, regulation, and teaching methodologies.
4. Create an innovative environment supporting collaboration of care, integration of support circles into care processes, and a team approach to the care pathway.
5. Develop spaces which promote wholeness of caregivers, spiritual renewal, and family support to alleviate the
stress and anxiety of illness.
7. Create a world class destination for patient centered care which integrates the physical, emotional, and spiritual healing of patients and their families; and reflects the Grady mission.

SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

Project Overview

The purpose of this RFP is to engage a consultant to provide visioning, facility programming, operational planning, and space utilization planning services through the use of best practices in ambulatory care and facilities development. Emphasis shall be given to vision, improved organization and operations performance, enhanced care environment, flexibility and adaptability for a more efficient and innovative organization encompassing the mission for Grady Health System.

The successful Facilities Programming consultant will represent Grady Health System in evaluating future Architect of Record’s effectiveness in implementing the Space Utilization Plan into the final design and built condition. The Facilities Programmer will not be allowed to serve as the Architect of Record.

Grady Health System shall make an assessment of each Proposer’s response and whether in the opinion of GHS, the Proposer is capable of undertaking and completing the scope of work delineated within this RFP in a satisfactory and timely manner. GHS will award a contract only to a responsible Proposer that has the ability to successfully perform under the terms of this RFP.

Vendor Registration

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process prior to visiting any location or department of the health system. The registration allows GHS to have a complete profile of the vendors and all representatives that visit the health system to solicit products and services to GHS. The electronic Vendor Registration Application can be completed on the GHS website at www.gradyhealth.org/suppliers.

Qualifications & Expertise

GHS requires the successful Offeror to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence and professionalism) and possess specialized experience in providing the proposed service.

Within all responses to this RFP the Offeror must provide the following information and approach. We recommend ordering the response in alignment with the major headings. For the Experience, Approach and Work Plan sections, please refer to Appendix D: Scope of Work for a detailed description of the background and components of this project.

Organizational Background

1. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three (3) years, office locations, and information documenting the company’s financial position (i.e. financial statements, annual reports).
2. Indicate name and the business address of the entity, or individual that will be the party to the proposed contract and the Offeror’s business telephone number, fax number, and e-mail address.

3. Indicate the type of ownership (sole proprietorship, partnership, corporation, joint venture, or limited liability company—list state in which incorporated) and parent company, if any.

4. Provide the name, address, and telephone number of the point of contact that will serve as the authorized negotiator(s) for the Offeror. The authorized negotiator shall have the authority to act on behalf of the Offeror and make binding commitments for the Offeror and any sub-consultants concerning this RFP.

5. Please disclose any ownership and/or relationships with Grady Health System and/or the Grady Memorial Hospital Corporation d/b/a Grady Health System.

6. Disclose whether the proposing entity, or any shareholder, member, partner, officer or employee thereof, is presently a party to any pending litigation, or has received notice of any threatened litigation or claim directly or indirectly bearing on Grady Health System or The Fulton-DeKalb Hospital Authority.

7. Disclose the name and title of any of Grady Health System’s and/or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees, contracted employees or independent contractors that are employed by or affiliated with the Offeror’s organization. This includes but is not limited to the Offeror’s board members, committee members and advisors to the Offeror’s organization, holding company or any owned subsidiary. This disclosure will apply to anyone affiliated with Grady Health System per its description in Section 1 above.

**Approach and Work Plan**

8. Provide your approach for performing the services required to complete an approved Space Utilization Plan. The response should be presented in a narrative format that the firm would typically use to deliver an offer and scope of services to a client. The response should contain a description of services, schedule, resources, and company terms and conditions and/or exceptions to RFP scope (further defined in Appendix D: Scope of Work).

9. Describe your concept for deploying the required resources to the Project. Describe any on-site needs to be provided by Grady Health System.

10. Identify the best practices and conditions that should be applied in order to conduct and deliver highly successful project.

11. Identify the practices and the factors that are most likely to impede producing a highly successful project.

12. Provide timeline for each phase and sub-phase of your work. Time is of the essence; proposed schedule shall not exceed four months.

**Staffing Plan and Staff Credentials**

13. Provide proposed staffing plan. Include description of job accountabilities for each key position.

14. Provide resume for the project executive proposed for this Project. Include the person’s name, title, authority and responsibilities in the Project, past project experiences, education licenses, professional affiliations, and/or qualifications including creativity, leadership, organizational skills, etc.

15. Provide resumes or business service descriptions for other key personnel, associates, subcontractors, services, etc. proposed for this Project. Each resume should include the person’s name, title, authority and responsibilities in the Project, past project experiences, education licenses, and professional affiliations.
Previous Experience

16. The Bidder shall have experience in providing similar scope of work in similar institutions as described in this RFP. The firm must have gained this experience as a result of being regularly engaged in the business of providing services in an acute health care/patient and ambulatory care environments.

17. Provide at least two case studies from portfolio that would best demonstrate the Company’s full range of experience and creative capability to deliver functional programming and operational planning to organize an ambulatory healthcare facility. Describe the project scope, resources, methods, processes, schedules, and specialty software (if any) that were applied in accomplishing the project. Describe the final outcome for the client as a result of implementation of your planning recommendations.

18. Provide name, title, and contact information for a client representative for each case study who was involved implementing and evaluating the outcomes of the project for each case study presented.

Cost proposal (under separate cover as described in Section 6)

19. The Fee shall be a lump sum amount and include a detailed work plan:
   a. Proposed timeline for each phase and sub-phase and any other work activities anticipated completing the intended scope. Scaled timeline shall be by the week.
   b. Work plan to identify assigned personnel with their respective hourly billing rates.
   c. Work plan to identify approximate anticipated hours to be performed by each individual for each phase and sub phase of work.
   d. Provide rate schedules for 2017 and 2018.

SECTION 3: PROPOSAL EVALUATION, SELECTION PROCESS, AND SCHEDULE

*Mandatory Pre-Proposal Conference:
TUESDAY, JUNE 27, 2017, 2:30 PM P.M., EDT,
Offices of Facilities Development | Third Floor | Piedmont Hall | 22 Piedmont Avenue | Atlanta, GA 30303
RFI Questions Due: Wednesday, July 12, 2017, 2:30 p.m. EDT
*GHS response to questions will be posted to the GHS Website by:
Tuesday, July 18, 2017, at 2:30 p.m. EDT
Response Due Date: Thursday, July 20, 2017 AT 2:30 p.m. EDT.
*Presentations and Interviews: TBD
*Award Recommendation: TBD
Awarded Vendor shall commence work five working days from Notice to Proceed
* Date(s) are subject to change

SECTION 4: SPECIFICATIONS / DESCRIPTION

4. Scope of Services

Please see Appendix D for a complete list and explanation.
SECTION 5: EVALUATION CRITERIA AND PROCESS

The selection of the awardee to be engaged by GHS to accomplish the aforementioned scope of work will be based on the following criteria that are utilized by the Technical Evaluation Team. The Technical Evaluation Team is comprised of members of the GHS staff.

5-A Technical Proposal/Demonstrating an Understanding of the Services/Products Requested/Technical Modules
Proposals submitted must demonstrate the capability to comply with all requirements and specifications contained in this RFP.

Failure to demonstrate the ability to meet specifications may result in non-consideration.

5-B Previous Experience on Projects of a Similar Nature/References
GHS will review and evaluate the information submitted related to the scope of services and similar sized projects your firm has successfully completed in the past.

Particular attention will be paid to the capability, quality, timeliness, cost controls and references.

5-C Management Plan/Implementation/On Going Support
GHS will review and evaluate an overview of the proposed project management team and plan. In this overview, please identify the consultants and other key staff who would be assigned to the project and involved in providing goods/services as specified in the RFP. Provide biographical data on these individuals, the roles that each will play, and indicate which senior level staff member(s) will represent your firm at meetings with GHS. It is also requested that you provide biographies of other key members in your firm whom you regard as key to the firm’s governance or to a relationship with GHS.

5-D Cost Proposal
GHS will review and evaluate the overall costs in the Proposal to determine if they are: (1) Realistic for the work to be performed; and (2) Consistent with various elements of the Offeror’s scope of services/technical Proposal.

SECTION 6: REPRESENTATIONS AND INSTRUCTIONS

6-A-1 Response Guidelines
The information required by this RFP is comprehensive and necessary for accurate Offeror selection. Please be concise with answers. Each applicable question must be answered. For questions deemed not applicable, please state “not applicable”. The response to this RFP must be submitted with one (1) original hard copy and five (5) printed copies and one (1) USB drive. Additionally, one (1) original hard copy and five (5) printed copies of the Cost Proposal must be submitted under a separate cover along with the proposal response. No faxed nor e-mail copies will be accepted.

Proposals must be completed and returned in the same format. Your RFP response, in its entirety, will be included in the subsequent contract negotiated between GHS and the selected Offeror. All documents shall be submitted in a sealed container sufficient to protect and maintain the confidentiality of the contents and/or to indicate loss of confidentiality. Container must indicate this RFP#JAZZID-1382 and the name of the company submitting the Proposal on the outside of the container. All responses to the RFP must be delivered to George C. Smith, Senior Resource Specialist no later than Friday, February 27, 2015, @ 3:00 p.m. EST. All forms in Appendices A, B, C and E must be signed by an officer of the firm having the authority to make such offers, verifying that the Proposal is valid and will remain valid.

Any cost incurred in the preparation and presentation of this response is to be absorbed by the Offeror. All documents submitted will become the property of GHS unless otherwise requested in writing by Offeror at the time of submission. Further, any materials submitted by Offeror that should be considered “CONFIDENTIAL” must be clearly marked as such. Submission of any materials, confidential or otherwise, will implicitly grant the right of use by the Corporation. All portions of the Proposal that are not designated as confidential will become part of the public record.
immediately following an award. Documents designated as confidential will be treated as such to the extent permitted by law, including but not limited to the Georgia Open Records Act.

6-A-2 Submission Guidelines
Offerors are forbidden to contact, directly or indirectly anyone other than George C. Smith, Senior Architectural Project Manager. George Smith is the sole point of contact for this RFP during the RFP process.

Offerors are also strictly forbidden to attempt to influence, through internal or external third party sources the outcome of this RFP. Your submission to this RFP serves as your confirmation that you, your firm and anyone acting as an agent, representative or influencer on behalf of your firm has not engaged in any action that may be construed as an attempt to influence the outcome of this RFP.

Failure to comply with any of the above stated guidelines may result in immediate disqualification. If you have any questions regarding this RFP, email your questions/concerns to George C. Smith, Senior Architectural Project Manager at gcsmith@gmh.edu

6-A-3 RFP Terms and Conditions Posted on the Grady Website at the following address:
http://www.gradyhealth.org/suppliers

Compliance with GHS terms and conditions are required for any Offeror selected to provide goods, equipment, or services by the awarding of any RFP.

6-A-4 RFP Completion Instructions:

Acceptance of Offeror’s Proposals: GHS reserves the right to accept or reject any Proposal, change these specifications or waive any formalities. Should it be necessary to modify an application to fulfill the needs of GHS, GHS will retain exclusive rights of ownership and use of all design documents, programs, and documentation developed. The Proposals, as submitted, will be the basis for contract negotiations and will be included in any contract between GHS and the selected Offeror. Representations made within the Proposals will be binding on responding Offeror. Offerors responses should be written in a concise and forthright manner. Offerors may be excluded from further consideration for failure to fully comply with the specifications of this RFP, including the failure to return ALL required documents, as well as, not using the forms and files as included. GHS will not be responsible for any costs associated with Proposals as submitted.

Offeror Selection: GHS reserves the right to make an award based solely on the Proposals as submitted, or any other basis, or to negotiate further with one or more Offerors. The Offeror(s) selected will be chosen on the basis of greatest benefit to GHS, as determined by GHS, and not necessarily on the basis of the lowest price. Award of a contract, if any, resulting from this RFP, will be subject to the terms and conditions of GHS purchasing policies. Upon completion of the initial review and evaluation of the Proposals, selected Offerors may be invited to participate in oral presentations.

Full Right of Selection and Rejection: The right to reject in its entirety or to select an Offeror providing other than the lowest cost product is reserved. GHS reserves the right to select and award, at its option, the runner-up’s Proposal in the event the selected offer for award or Offeror receiving the award, upon further review and solely in the opinion of GHS, fails to meet all qualifications or specifications or proves to be a selection not in the best interest of GHS.

Proposal Open Record: If a request to inspect the Proposal, or any portion thereof, is made by a third party, GHS will endeavor to treat all materials requested to be kept confidential and non-disclosed to the extent provided by the Georgia Open Records Act. The Offeror understands that GHS may be subject to the provisions of such Act together with the Uniform Trade Secrets Act. GHS will endeavor to inform the Offeror of any third party request for disclosure of such information pursuant to the Georgia Open Records Act or as may be otherwise made to GHS.

If the Offeror requests that such information be held confidential and not disclosed by GHS, the Offeror will assume the defense of such position, up to and including litigation, and will indemnify, save and hold harmless GHS, its officers and employees, from any expense, fees, costs or liability associated with such third party request or such litigation. If the Offeror does consider the Proposal or any portion thereof to contain confidential information, it shall submit a letter on
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If the Offeror requests that such information be held confidential and not disclosed by GHS, the Offeror will assume the defense of such position, up to and including litigation, and will indemnify, save and hold harmless GHS, its officers and employees, from any expense, fees, costs or liability associated with such third party request or such litigation. If the Offeror does consider the Proposal or any portion thereof to contain confidential information, it shall submit a letter on the Offeror’s letterhead signed by the owner or Chief Executive Officer, requesting that GHS treat the Proposal confidential and private information to the extent possible under Georgia law. Otherwise, the Offeror agrees that its’ submission may be deemed as public information.

Regulatory and Ethical Compliance: No Proposal shall be accepted from, and no contract will be awarded to, any person, firm or corporation that, within the past five years, has been found in non-compliance with Georgia statutes or the standards and rules set by the Ethics Commission of the State of Georgia. (http://www.ethics.state.ga.us).

Prior to any contract award, GHS will verify that the prospective Offeror’s company, officers and/or principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any Federal department or agency. This will be verified through the Office of Inspector General (OIG). If the Offeror and/or its principles appear on the OIG list, GHS reserves the right to reject the Offeror’s Proposal and refuse award of a contract.

Notice of Award: The notice of award is issued by Stephen Smith. Unsuccessful Offerors shall be notified in writing, after award has been made.
SECTION 7: SUPPLIER DIVERSITY

It is an overall objective of GHS to encourage involvement by Diverse Business Enterprises as contractors and suppliers in business activities generated by GHS, while assuring that such activities will be conducted in accordance with all applicable laws. It is the declared policy and intent of GHS to strive to maximize participation of Diverse Business Enterprises through all business contracting opportunities. GHS is committed to ensuring that Diverse Business Enterprises are given every opportunity to participate in contracting opportunities.

In adherence to GHS’s commitment to Supplier Diversity, Contracted GHS suppliers must clearly as defined by GHS, demonstrate good faith effort to achieve the Supplier Diversity goal set forth. By reporting to GHS Direct Tier II goods and/or services purchased from Diverse Business Enterprises certified by one (1) or more of the third party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring, Contractor will be required to report Diverse Supplier Spend to GHS quarterly in a manner in GHS's sole discretion. Failure to meet the GHS Supplier Diversity objectives or to report in the manner prescribed by GHS shall be a material breach of any controlling contract between GHS and Contractor or vendor.

GHS prohibits discrimination on the basis of race, color, gender, religion, national origin, or disability in connection with employment of any person, or the award of any contract. GHS will provide equal opportunities without regard to race, color, gender, religion, national origin, or disability, by requiring that any vendor doing business with GHS provide equal opportunity to persons and businesses employed by, or contracting with the supplier of products and services to GHS. GHS expects that the policies, programs and practices of its vendors/Contractors are carried out in an equitable fashion and that Certified Diverse Business Enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

The Supplier Diversity Goal for this contract is 10% of the total contract value.

**Past Performance:** Offeror shall (1) summarize in writing its past performance for client healthcare institutions in actively fostering the participation of Diverse Business Enterprises utilized by the institution, (2) provide three (3) or more client references for this purpose for whom it has provided applicable service to within the past two (2) years, with the name, phone number and e-mail of a specific knowledgeable contact person for each such client reference.

**Present Commitment:** Offeror shall submit in writing its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by completion of the attached Diverse Supplier Subcontracting Plan (DSSP). Diverse Business Enterprises utilized as Tier II contractors and suppliers must be certified by one or more of the 3rd Party Certification Agencies recognized by GHS.

**Post-award performance:** The specific, measurable performance criteria included in the Proposal for present commitment to Diverse Suppliers shall, subject to negotiation and mutual consent, become part of the awarded contract as specific, measurable requirements of vendor performance for the duration of the contract. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Vendor will be required to report to GHS monthly, in a manner in GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.

**Definition: Diverse Business Enterprise's**

**(MBE) National Minority Supplier Development Council:** A minority-owned business is a for-profit enterprise, regardless of size, physically located in the United States or its trust territories, which is 51% owned, operated and controlled by minority group members, defined from the following:

**Asian-Indian** - A U.S. citizen whose origins are from India, Pakistan or Bangladesh.

**Asian-Pacific** - A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.
African American - A U.S. citizen having origins in any of the Black racial groups of Africa.

Hispanic - A U.S. citizen of Hispanic heritage, from any of the Spanish-speaking areas of the following regions: Mexico, Central America, South America or the Caribbean Basin only.

Native American - A person who is an American Indian, Eskimo, Aleut or Native Hawaiian, and regarded as such by the community of which the person claims to be a part.

(WBE) Women’s Business Enterprise National Council: A Woman-Owned Business Enterprise is an independent business concern that is at least 51% owned and controlled by one or more women who are U.S. citizens or Legal Resident Aliens; whose business formation and principal place of business are in the US or its territories; and whose management and daily operation is controlled by one or more of the women owners.

(LGBTBE) National Gay and Lesbian Chamber of Commerce: Includes businesses physically located in the United States or its trust territories that are at least 51 percent unconditionally owned and operated by at least one lesbian, gay, bisexual and/or transgender (LGBT) person or persons who are either U.S. citizens or lawful permanent residents. In addition, they must exercise independence from any non-LGBT business enterprise.

U.S. Small Business Administration:

(DBE) Small Disadvantaged Business - A small business that is at least 51 percent owned, operated and controlled by one or more individuals who are both socially and economically disadvantaged.

HUB Zone Business - A small business operating in a "Historically Underutilized Business Zone." HUB zones are defined at http://map.sba.gov/hubzone/init.asp

Veteran Business Enterprise:

(VBE) Veteran-Owned Business - A small business that is at least 51% owned, operated and controlled by one or more veterans.

(DVBE) Service-Disabled Veteran-Owned Business - A small business that is at least 51% owned, operated and controlled by one or more veterans with a service-connected disability.
### BUSINESS IDENTIFICATION AND NONDISCRIMINATION

**TO BE SUBMITTED WITH BID**

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<th>Yes</th>
<th>No</th>
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<tbody>
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<td><strong>Small Business as defined by the US. Small Business Administration (DBE, SBE, Hub Zone)</strong></td>
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<td><strong>Minority Business Enterprise (MBE)</strong></td>
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<td>If yes, please indicate the percentage of minorities who own, control or operate your company:</td>
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<td>African American</td>
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<td>Asian American</td>
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<td>Hispanic/Latino</td>
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<td>Pacific Islander</td>
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<td>Native American</td>
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<td>Other</td>
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<td><strong>WOMAN-OWNED BUSINESS ENTERPRISE (WBE)</strong></td>
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<td><strong>DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE)</strong></td>
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<td><strong>IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE?</strong></td>
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<td>If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3rd party certifying agencies recognized and accepted by GHS are included.</td>
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<td><strong>LOCAL SMALL BUSINESS</strong></td>
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<td>If yes, please indicate in which county your company is located?</td>
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<td>DeKalb</td>
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<td>Fulton</td>
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<td>Business location in both counties</td>
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<td>Other</td>
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### PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

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<th>Yes</th>
<th>No</th>
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<tr>
<td>Are you an individual and do not employ anyone?</td>
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<td>If yes, you do not need to complete the remainder of the questions.</td>
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<td>Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?</td>
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<td>Do you notify all recruitment sources in writing of your company’s Equal Employment Opportunity/Affirmative Action employment policy?</td>
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<td>Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?</td>
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<td>Do you belong to any unions?</td>
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<td>If yes, have you notified each union in writing of your commitments to non-discrimination?</td>
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<td>Does your company have a collective bargaining agreement with workers?</td>
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<td>If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?</td>
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<td>Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmation Action obligations with all employees including those having any responsibility for employment decisions?</td>
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<td>Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such</td>
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<td>Do you conduct, at least annually, a review, of all supervisors’ adherence to and performance under the vendors, and Contractor’s Equal Employment Opportunity policies and Affirmative Action obligations?</td>
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<td>Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.</td>
<td></td>
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</tbody>
</table>

Please explain any no answers, use additional paper as necessary:

Authorized Representative Signature: ___________________________ Date: ____________________
DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT)
(TO BE SUBMITTED WITH BID) - SUPPLIER DIVERSITY

The following are questions concerning the efforts your company will make to ensure that Diverse Supplier’s will have an equitable opportunity to compete for lower tier subcontracts associated with the Grady Health System agreement:

What product/service areas do you envision the inclusion of Diverse Suppliers and how is this determined?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How are Diverse Supplier capabilities determined by your company?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How will you ensure the maximum possible inclusion of Diverse Suppliers in all of your purchasing solicitations (i.e. Request for Proposals, Request for Information, and Request for Quotes, etc.)?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How will your company ensure that Diverse Suppliers are made aware of upcoming subcontracting opportunities and how will you prepare them to respond appropriately?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

How will you monitor your company’s Diverse Supplier subcontracting performance to this agreement and make any adjustments to achieve the subcontracting plan goals?

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
Will your Diverse Supplier subcontracting administrator:

Yes / No

- Develop and maintain bidders’ lists of Diverse Suppliers from all possible sources
- Oversee the establishment and maintenance of your company’s contract and subcontract award records associated with this Grady Health System agreement?
- Conduct or arrange the training of your company’s purchasing personnel on the Grady Health System agreement goals and processes to achieve this goal?
- Review purchasing solicitation documents to remove statements, clauses, etc. which may tend to prohibit Diverse Supplier participation
- Screen proposed purchasing solicitation documents for subcontracting opportunities and implement appropriate procurement policies and procedures to improve and increase opportunities to Diverse Suppliers
- Introduce Diverse Suppliers to company purchasing personnel based on commodity or service in which these vendors may have a mutual or potential concern
- Maintain records demonstrating that procedures have been adopted and implemented to comply with the reporting requirements and supplier diversity goals within the Grady Health System
- Prepare and submit monthly, required Diverse Supplier reports to Grady Health System?

DIVERSE SUPPLIER SUBCONTRACTING PLAN (DSSP)

In adherence to GHS’s commitment to Supplier Diversity, GHS suppliers must clearly as defined herein demonstrate good faith effort, for Tier II direct goods and/or services to be purchased from Diverse Business Enterprises certified by one or more of the 3rd party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Contracted GHS Suppliers will be required to report to GHS monthly, in a manner in GHS’s sole discretion, all direct spend with Certified Diverse Business Enterprises. The Supplier Diversity Goal for this Solicitation is 10% of the total contract value.

Company Name: Agreement: Term:______
GHS Business Unit: GHS Business Unit Contact Name:________
Phone Number: Vendor Contact e-mail:____________

Description of goods/services provided under this primary agreement (include name of project if applicable):

Who will be responsible for coordinating your company’s Diverse Supplier subcontracting activities during the period of this contract?

Name/Title: Company:________
Address: Phone:________
Fax: E-Mail Address:____________

State the total dollar value planned to be subcontracted associated with this GHS agreement:__________________
Please list all of the 3rd Party Certified Diverse Suppliers you have identified that will serve as Direct Tier 2 Subcontractors associated with this GHS project and the projected spend amounts with each company:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>E-Mail</th>
<th>Certification Type</th>
<th>Business Classification (Product/Service)</th>
<th>Direct Projected Spend in Dollars</th>
<th>Direct Projected Spend by Percentage</th>
</tr>
</thead>
<tbody>
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</table>

Submitted by:

________________________________________________________________________
Authorized Representative’s Name (Typed/Printed)

________________________________________________________________________
Authorized Representative’s Signature

________________________________________________________________________
Title

________________________________________________________________________
Date
CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH BID) – SUPPLIER DIVERSITY

Vendor: ____________________________

Solicitation Name: ____________________________  Solicitation Number: ____________________________

I certify that the following efforts were made to achieve Certified Diverse Supplier participation.

a) Provided written notices to certified diverse business enterprises who have the capability to perform the work of the contract or to provide the service  Yes  No
b) Direct mailing, electronic mailing, facsimile or telephone requests  Yes  No
c) Provided interested certified diverse business enterprises with adequate information about plans, requirements and specifications of the contract in a timely manner to assist them in responding to a solicitation  Yes  No
d) Allowed certified diverse business enterprises the opportunity to review specifications and all other solicitation related items at no charge, and allowed sufficient time for review prior to the bid deadline  Yes  No
e) Acted in good faith with interested certified diverse business enterprises, and did not reject certified diverse business enterprises as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities  Yes  No
f) Did not impose unrealistic conditions of performance on certified diverse business enterprises seeking subcontracting opportunities  Yes  No
g) Additionally, I contacted the referenced certified diverse business enterprises and requested a bid. The responses I received were as follows:

<table>
<thead>
<tr>
<th>Name and Address of certified diverse business enterprises</th>
<th>Type of work and Contract Items, Supplies or Services to be Performed</th>
<th>Response</th>
<th>Reason for Not Accepting Bid</th>
</tr>
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<tbody>
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(If additional space is required this form may be duplicated)

If applicable, please complete the following:

I hereby certify that certified diverse business enterprises were “Unavailable” or “Unqualified” to submit bids to provide goods and services for this Solicitation response. I further certify that efforts have been made to establish “Joint Ventures”, and said entities were also unavailable at this time.

Reasons for the “Unavailability” or being determined “Unqualified”:

________________________________________________________________________________________

________________________________________________________________________________________

Submitted by: ____________________________

Authorized Representative Signature  ____________________________

Title  ____________________________  Date  ____________________________
STATEMENT OF INTENT
TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS

( TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY

Vendor: ____________________________

Solicitation Name: ____________________ Solicitation Number: ________________

____________________________________, agrees to enter into a contractual agreement

with Prime Supplier

____________________________________, who will provide the following goods/services

Joint Venture Partner/Subcontractor/Consultant

in connection with the above referenced Solicitation as a certified diverse business enterprises:

____________________________________

____________________________________

for an estimated amount of $_______________ or __________________% of the total contract value.

____________________________________ Prime Supplier

____________________________________ Joint Venture Partner/Subcontractor/Consultant

Intend to work together in accordance with this Contract Compliance Section of the bid, contingent upon award and

execution of a contract with Grady Health System with to the aforementioned Prime Supplier.

I hereby certify that this statement is true and correct:

____________________________________ Prime Supplier Signature:  

____________________________________ Joint Venture/Subcontractor/Consultant Signature:

____________________________________ Print Name:

____________________________________ Print Name, Title and Date:

____________________________________ Title:

____________________________________ Address:

____________________________________ Date:

____________________________________ Phone:

____________________________________ Fax:

e-dress: ____________________________
SUPPLIER DIVERSITY CERTIFICATION:

I certify that the statements made by me in this Supplier Diversity Section are complete and true to the best of my knowledge and belief, and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to disqualification and debarment from participation in future GHS contracting opportunities, held liable for breach of contract and subject to the enforcement of any remedies available under the contract or as a matter of contract law. I agree that no changes shall be made to this section without the written consent of GHS.

________________________________________
Authorized Representative Signature

________________________________________
Authorized Representative Name (Type/Print)

________________________________________
Title

________________________________________
Date
CERTIFICATION
The undersigned certifies that he/she has read, understands, and agrees to be bound by the terms and conditions of the Request for Proposal (RFP#JAZZID-1382). The undersigned further certifies that he/she is legally authorized by the Offeror to make the statements and representations on this form, and that said statements and representations are true and accurate to the best of his/her knowledge and belief. The undersigned understands and agrees that if the Offeror makes any knowingly false statements, or if there is a failure of the successful Offeror (i.e., contractor) to implement any of the stated agreements, intentions, objectives, goals, and commitments set forth herein without the prior approval of GHS, then the Offeror’s act or omission shall constitute a material breach of the contract. The right to terminate shall be in addition to and not in lieu of any other rights and remedies GHS may have for defaults under the contract. Additionally, the Offeror may be prohibited from obtaining future contracts awarded by GHS. GHS reserves the right to terminate any contract where a material breach has occurred.

NAME: ____________________________________________

TITLE: ____________________________________________

COMPANY: _________________________________________

ADDRESS: _________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

TELEPHONE: _________________________________________

FACSIMILE: _________________________________________

E-MAIL: ____________________________________________

(SIGNATURE) ___________________________ DATE ____________
Appendix B: Bid Form

To: Grady Health System

Project: FACILITIES PROGRAMMING and PLANNING SERVICES for THE CENTER FOR ADVANCED SURGICAL SERVICES
RFP Number: JAZZID-1382

Date: ....................
Submitted by: ..................................... ............
(Full name)
(Full address) .................................................
.................................................

1. OFFER
Having examined the Place of the Work, all matters referred to in the Invitation For Bids, and the sample General Conditions of Contract Between Owner and Architect including the Engagement Letter in Exhibit A prepared by Grady Health System Facilities Development for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the professional services requested for:

FACILITIES PROGRAMMING AND PLANNING SERVICES for THE CENTER FOR ADVANCED SURGICAL SERVICES (RFP#: JAZZID-1382)
for the Lump Sum Price of:

................................................…………………………………………....dollars, and 00/100
in lawful money of the United States of America, $ .00

2. ACCEPTANCE
This offer shall be open to acceptance [and is irrevocable] for sixty [60] days from the bid closing date. If this bid is accepted by Grady Health System- Facilities Development within the time period stated above, we will:
- Execute the Agreement within two [2] days of receipt of Notice of Award.
- Furnish the required Insurance within two (2) days of receipt of Notice of Award.
- Commence work within five [5] calendar days after written Notice to Proceed of this bid.

3. CONTRACT TIME
All professional services will be completed in accordance to “Section 4.0 Schedule” of the RFP including all due dates that will be set forth in the Engagement Letter upon project award.

4. ADDENDA
The following Addenda have been received, and the associated modifications considered and all costs are included in the Bid Lump Sum Price.

Addendum #...... Dated..................
Addendum #...... Dated..................
Addendum #...... Dated..................
5. APPENDICES
The following documents are attached to and made a condition of the Bid:
The Required Items numbered 1 through 7 described in “Section 6- Format and Content of Bids”:

- Item 1: The Appendix A:
  Representations, Certifications, and Other Statements of Offerors
- Item 2: Appendix B:
  Bid Form
- Item 3: Appendix C:
  Contract Compliance Certification Forms
- Item 4: Management Plan
- Item 5: Previous Experience:
  Project References
  Architects Qualification Package
- Item 6: Proof of ability to provide specified insurances
- Item 7: Attachment C – Intent to Submit – RETURNED TO THE HEALTH SYSTEM BY 3:30 P.M. ON THE DAY OF THE MANDATORY PRE-BID MEETING

6. BID FORM SIGNATURES

The Corporate Seal of

_____________________________________________________________________________________

(Bidder - print the full name of your firm)
was hereunto affixed in the presence of:

_____________________________________________________________________________________

(Authorized signing officer (Seal)) (Title)

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

APPENDIX “B” COST PROPOSAL AND ALL ASSOCIATED DOCUMENTATION MUST BE SUBMITTED UNDER SEPARATE COVER AS INSTRUCTED

END OF DOCUMENT
APPENDIX C: SOLICITATION/CONTRACT FORM

REQUEST FOR PROPOSAL NUMBER: JAZZID-1382

RFP DESCRIPTION: FACILITIES PROGRAMMING and PLANNING SERVICES for THE CENTER FOR ADVANCED SURGICAL SERVICES

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN THURSDAY, JULY 20, 2017 at 2:30 p.m. EDT.

NOTE: Mark the outside lower-left corner of your submission with the RFP number shown above.

This document contains 34 pages.

Questions regarding RFP #JAZZID-1382 should be directed to George Smith no later than WEDNESDAY, JULY 12, 2017, 2:30 p.m. EDT.

You are invited to submit your Proposal for the services listed within this RFP. Responses must arrive at:

DELIVERY ADDRESS
Grady Health System
Facilities Development
22 Piedmont Avenue | Suite 300
Atlanta, GA 30303

MAILING ADDRESS
Grady Health System
Facilities Development
80 Jesse Hill, Jr., Drive SE
Atlanta, GA 30303

*NOTE: FAXED OR E-MAILED RESPONSES WILL NOT BE ACCEPTED.

Director
Facilities Development: ____________________________ Date: ____________________________

PLEASE BE ADVISED: Offerors must complete and return all pages required with Proposal submission. Failure to return these completed pages with responses may result in non-consideration of Proposal submission.

Please acknowledge receipt of the following Addenda to the solicitation documents below by entering the number and the date of each:

Addendum No.: _____________ Date: ______________

Addendum No.: _____________ Date: ______________

NAME OF RESPONDING FIRM: __________________________________________________________

NAME OF COMPANY OFFICER: _______________________________________________________
(Company officer must have authority to legally bind the company)

TITLE: _____________________________________________________________________________

DATE: ______________________________________________________________________________

(MANDATORY) SIGNATURE OF COMPANY OFFICER ABOVE (Certifying agreement with specifications, terms and conditions unless otherwise noted).

________________________________________
Signature
APPENDIX D – SCOPE OF WORK

A. DEVELOPING THE FUNCTIONAL AND SPACE PROGRAM

The complex process of understanding the vision, objectives and needs of the enterprise will result in a Final Approved Program that describes and quantifies the physical space and its organization required to deliver healthcare on the Grady Health System campus far into this century. The Program will form the Basis of Design, the framework on which scope, schedule, and budget will be documented and ultimately delivered.

PLEASE NOTE: Architectural and Engineering services to develop schematic design through construction documents will be solicited at a later date, and awarded to a different, independent firm.

1. DELIVERY SYSTEM CONSIDERATIONS

a. Rapidly changing technology, new payment initiatives, and uncertainties about various healthcare reform measures demand that The Center for Advanced Surgical Services is planned to be flexible, to be adaptable, to promote safety, to promote healing, to improve operational efficiency and to help achieve the overall GHS mission, strategic, operational, philanthropic, and financial plans.

b. GHS’s integrated health care delivery system requires coordination with hospital, ambulatory care, clinical program development, physician/hospital integration and medical education.

c. As care reimbursement issues impact health care markets, incentives for utilizing the lowest cost setting will dramatically influence how this project is designed and configured. With area market strategy as a driver, integrated resource allocation planning (e.g., equipment, staffing, and space), becomes mandatory to achieve lower unit costs of services, fill gaps in the continuum of care and avoid duplication of service.

d. Project planning and design teams must analyze the different care delivery scenarios that have evolved as a result of rapidly changing environments. With clinical and information system technologies as dominant drivers or barriers to many of these changes it is important to consider how the entire spectrum of emerging technologies will shape future service lines and clinical areas and when these technologies should be adopted.

e. Comprehensive research on the future development and dissemination of emerging technologies in pharmaceuticals, biotechnology, medical devices, technology and medical informatics is crucial to the success in planning and designing GHS’s Center for Advanced Surgical Services of the future.

2. DESIGN PRINCIPLES

a. Build in flexibility and adaptability to create efficient and effective operations. The facility will need to accommodate changes in census and care patterns in the short-term and to functional changes over the long-term with minimal cost and disruption. Cost pressures and workforce shortages will demand efficiency.

b. Create a patient-centered, family participatory, healing environment,. The patient is the core around which care is organized. The informed patient/consumer will demand the best care experience. It will be in the GHS’s best interest to provide optimum and patient-centered care. The family may share care tasks, may be present for much of the service, and need access to counseling and training/instruction.

c. The built environment supports healing and quality of clinical care. A clean, modern, and state of the art facility providing a healing environment will be perceived as providing high quality care.

d. Facilities are designed to maximize employee safety, working conditions and satisfaction. Workforce recruitment and retention will be critical in a time of shortages. Reduction of work place stressors will reduce medical errors.

e. State of the art clinical and diagnostic equipment and integrated information technology will reduce errors and enhance quality patient care. Community needs and population demands inform design. GHS serves its community and as such creates space and services responding to them. Evidence-based healthcare designs are used to create environments that are therapeutic, supportive of family involvement, efficient for staff performance, and restorative for workers under stress.
B. THE WORK AND PHASED APPROVAL PROCESS

1. PHASE 1 PROJECT INITIATION
   A great deal of emphasis must be placed on the collection of detailed and complete data in order to prepare accurate alternatives and reliable recommendations. As the first step in the planning process, the Facilities Programming Team shall evaluate existing project descriptions and other documentation to determine adequacy and relevance.

   a. Review the current program documents and all associated directives. Particular attention must to be paid to express or implied organizational design.
   b. Review and confirm strategic plan as it drives project components.
   c. Verify scope of services and operational concepts.
   d. Survey and document issues and problems not addressed by current program document
   e. Prepare and distribute focused departmental questionnaires.
   f. Establish any desired benchmarking visits.
   g. Review and confirm general project directions with stakeholders.

2. PHASE 2 FUNCTIONAL PROGRAMMING
   Once consensus has been reached on an appropriate long-range facility configuration strategy, a detailed functional and space program planning process will begin. The tasks necessary to develop a detailed functional and space program are among the most critical in the facility development process. Through the use of best practices in ambulatory facilities development, emphasis shall be given to the development of recommendations to organizational and operational improvements that will create an improved work environment, an improved healing environment, and a more efficient and innovative organization that encompasses the mission of GHS.

   a. Phase 2A
      i. Connect GHS mission statement with the Center for Advanced Surgical Services objectives and vision;
      ii. Clarify management and operational philosophy;
      iii. Confirm demand and volume forecasts;
      iv. Obtain departmental, medical staff, and administration buy-in for organizational and operational descriptions, with particular focus on intra- and inter-departmental relationships, patient flow, staffing and material flow;
      v. Translate departmental/service line workloads into building size and basic configuration;
      vi. Provide initial concept summary report defining organizational characteristics;
      vii. Secure GHS approval to proceed to Phase 2B.

   b. Phase 2B
      This work involves the identification and development of the optimal clinical and support processes and arrangements for the new Center for Advanced Surgical Services. The Facilities Programmer will develop and provide research and recommendations on “Best Practices” to optimize effectiveness (Quality) and efficiency (Cost) in future ambulatory operations. This work should consider:
      i. Conduct user group interviews;
      ii. Propose/refine operations improvement;
      iii. Refine departmental operations philosophy to align with the Center for Advanced Surgical Services objectives and vision;
      iv. Provide a description of the scope of services and operational concepts as well as the numbers and categories of people, systems, and equipment necessary to operate the service(s) at a projected workload level.
v. Include narrative descriptions of inter- and intra-departmental functional relationships, special design considerations, and requirements for growth and change.

vi. Document assumptions for each of the following aspects of the area to be renovated or replaced:
   - Scope of services to be provided, such as specific diagnostic or support services, physician practice space, etc.
   - Organizational structure, including management and reporting relationships.
   - Operational concepts and systems, including patient registration and cashiering, results reporting to referring physicians, materials management (supplies, reprocessables, food, medications, waste disposal), etc.
   - Operational and clinical technology trends that will have an impact on current practices.
   - Projected workload by patient type and acuity, peak versus average workloads, and the corresponding number and type of treatment spaces, as applicable.
   - Projected staffing including number, categories, and staffing patterns by shift.
   - Major equipment items to be provided, as applicable.
   - Functional relationships, including desired intra- and inter-departmental functional relationships and related design considerations.

vii. Prepare the first draft of the Functional Plan with preliminary space program

viii. Budget Validation
   - Collaborate with GMH Project Manager to develop conceptual project cost estimate
   - Revise services and operations required to meet Project Budget.
   - Prepare for approval a concept summary report
   - Secure GHS approval to proceed to Phase 3

3. PHASE 3 SPACE PROGRAMMING
   The Facilities Programmer shall develop a detailed Facilities Space Program for the Center for Advanced Surgical Services and deliver the program to GMH in a Space Utilization Plan. The Space Utilization Plan is a detailed description of the functional requirements, expressed in narrative, table, and graphical form, that are to be achieved in the construction of this project. The Space Utilization Plan has the express purpose of providing the Architect of Record with a clearly stated set of project goals and requirements for each room or area in the new facility.

   The Space Utilization Plan shall include room data sheets, space adjacency diagrams, design criteria, design standards, scope of work, and other deliverables necessary to launch the design phase for the new facility.

   a. Identify functional spaces and departmental adjacencies
   b. Define the size, number and adjacencies of spaces for each department or area
   c. Define design features and requirements for each space
   d. Align staffing patterns and spatial organization
   e. Consider strategies for future departmental expansion and contraction
   f. Develop design requirements for each space
   g. Review the full program draft with stakeholders
   h. Revise as required for approval of the Final Program

4. SCHEDULE

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<th>Start Date:</th>
<th>Completion Date:</th>
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<tr>
<td>Upon Contract execution your firm shall be ready to begin work within (5) calendar days.</td>
<td>SCHEDULE: Shall not exceed four months from initial “kick-off” meeting</td>
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## Appendix E: Contractor Work and Permit Requirements

**Project Name:** THE CENTER FOR ADVANCED SURGICAL SERVICES  
**Area:** 99 Jesse Hill, Jr., Drive SE, Atlanta, Georgia 30303  
**Project No.:** JAZZID-1328  
**Project Manager:** GEORGE SMITH

### Hospitality Program:
Quality care for our patients is the key component in everything we do. Our Hospitality Program is centered around the values of safety, service, friendliness, helpfulness, courtesy, communications, response, privacy, dignity, respect, listening and professionalism. The purpose of this pledge is to let you know, for your acknowledgement, that everyone working in Grady Hospital has a stake in quality patient care, patient comfort and patient safety. By supporting these values, you will have a direct impact on our patients.

---

### BADGE AND PERMITS
Obtain Vendor Badge (must present valid ID and Project No. from Plant Operations Customer Service). A TB Skin Test (PPD) is required if on site for three or more days. PPDs may be obtained through GHS Employee Health Services (15A) at the expense of the contracting company. Area work/burn permits and utilities shutdown requests are secured prior to starting work.

### INFECTION CONTROL
All extra materials, debris, and trash are to be removed before moving to the next area or at the end of the day. No eating or drinking in hospital occupied work areas. All evidence of eating or breaks taken on a secured construction site must be removed before end of day. Maintain appropriate construction barriers.

### INSURANCE
Vendor must have proof of liability and workman’s compensation insurance on site.

### SHUTDOWNS
No Mechanical or electrical systems may be shutdown or turned off for any reason without the GHS Project Manager and Facilities Management’s assistance. Plan your work so that seven (7) calendar days notice can be given for all shutdowns. **Request for Utilities Shutdown Permit required.**

### FIRE SAFETY
Communicate to the FCC, ext. 5-3956, the area where you will be working: 7 A, B, C. etc. Approved barriers must be in place prior to beginning work. Safety and/or the GHS Project Manager must approve temporary barriers.

### CEILING TILES
Replace all ceiling tiles by the end of the day, even if work is not completed. Ceiling or ceiling tile removal for access to work or inspection will be tagged with the project permit number. GHS Project Manager’s name and contact number. Damaged or discolored tiles should be noted before the project begins, or the contractor will be held responsible. Ceilings that are out for long periods of time must have protection or cover to prevent asbestos fibers from releasing.

### SAFETY
Contractors are to provide fully charged, with pull pin seal, approved (must have a current inspection/service tag) fire extinguishers in the construction areas. Be conscious of all signage and surroundings. Do not obstruct hallways and corridors. Keep doors closed to mechanical areas. All clothing must meet OSHA requirements.

### CUTTING & CORING
Observer to be posted to watch “blind side” of cutting, if coring, or if demolition is to be done.

### COMMUNICATION DEVICES
Use of cell phones prohibited throughout the hospital. Cellular telephones and 2-way radios may cause electromagnetic interference affecting life support and other critical equipment. Vulnerable, sensitive areas have signage restricting radio-transmitting devices within that vicinity.

### SECURITY AND STORAGE
Immediate work area secured to keep all others out. Secure all equipment when not in use or attended. Work with GHS Facility Development if project storage space is needed for overnight, or any length of time. Stairwell travel should allow re-entry every 5th floor, if some stairwell doors are found to be locked. Assigned access cards and keys are for the contractor’s use only. No “piggy-backing” is allowed. All assigned keys must be turned over to the foreman/project manager at the end of the day.

### HOUSEKEEPING
Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces and construction area. The construction area shall be kept in a neat condition at all times. Combustible boxes and scrap materials shall be disposed of daily. Provisions shall be made to avoid the tracking of dust outside of the construction area. No refuse is to be left at any entry. Contractors will not use hospital equipment to clean up their projects.

### UTILITIES
All company owned equipment (power cords, etc.) must be inspected and approved by Safety/GHS Electrical Department prior to use. When using electrical equipment, a GFCI will be used.
**PARKING**
The GHS-PM will designate available parking areas for contractor employees. Parking space at GHS is limited and workers may be required to park some distance from their work place. Violation of this requirement will result in towing of the vehicle at the owner's expense.

**HAZARDOUS MATERIALS**
Before starting any work within GHS, conformation must come from the Asbestos Coordinator, Tyrone Williams (x5-9650), that the area is free of Asbestos Containing Material (ACM). ACM or presumed ACM is regulated by the Environmental Protection Agency (EPA) and must not be disturbed by non-asbestos abatement contractors. Work through project managers to insure compliance. No flammable storage on site. The Fire Command Center (FCC) and the Safety Department must be aware of all flammable products brought into Grady needed for task. Material Safety Data Sheets must be made available upon request, for contractor supplied products and materials.

**ELEVATORS**
Contractors shall move material in an elevator specifically designated by GHS-PM. This elevator shall be designated the "Construction" elevator. The contractors are required to vertically migrate through the building using the stairs or construction elevators.

**OPEN FLAMES/HOT WORK**
Open flames of any kind require a burn permit obtained through the GHS Project Manager. This also applies to cutting and welding forms. A recent inspected and approved “ABC” fire extinguisher shall be kept at the work site at all times. Approved barriers are required for arc-welding.

**SMOKE DETECTORS**
A network of smoke detectors protects Grady, which send a signal to the Fire Command Center (FCC). Dust, fumes, smoke, water and heat can set off the detectors. Plan your work so that seven- (7) days notice can be given to temporarily take the smoke detectors out of service in the construction area. Request for Utilities Shutdown Permit required. Plant Operations may temporarily disconnect smoke alarms.

**STANDARDS OF CONDUCT**
Use dedicated elevators for the transportation of equipment. Always yield to Grady patients, staff and daily business. Follow GHS directives during emergency responses and drills. Use of profane and abusive language is prohibited. No profane or derogatory verbiage on apparel. Keeping volume down on radios is required.

**SCHEDULING**
Any work needing to be performed outside of regular hours (0700-1700) or on weekends, must be pre-scheduled (requested in writing) through the GHS Project Manager one week in advance. Any secured areas, (i.e. 4th and 13th floors or locked offices), will not allow access and will need to be scheduled 48 hours in advance for work to be done in these areas.

**SMOKE ALARMS**
These are a series of administrative actions that must be taken to compensate for construction deficiencies or activities. They include:
1. Ensuring that exits provide free and unobstructed egress.
2. Ensuring free and unobstructed access to emergency departments.
3. Ensuring that fire alarm, detection, and suppression systems are not impaired.
4. Ensuring that temporary construction partitions are smoke tight and non-combustible.
5. Providing additional fire-fighting equipment and personnel training.
6. Prohibiting smoking in or near construction areas.
7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices.
8. Conducting additional fire drill(s) each quarter.
9. Increasing hazard surveillance of buildings, grounds and equipment.
10. Training personnel when structural features are compromised.
11. Conducting organization wide safety programs to ensure awareness of hazards.

**INTERIM LIFE SAFETY MEASURES**
These are a series of administrative actions that must be taken to compensate for construction deficiencies or activities. They include:
1. Ensuring that exits provide free and unobstructed egress.
2. Ensuring free and unobstructed access to emergency departments.
3. Ensuring that fire alarm, detection, and suppression systems are not impaired.
4. Ensuring that temporary construction partitions are smoke tight and non-combustible.
5. Providing additional fire-fighting equipment and personnel training.
6. Prohibiting smoking in or near construction areas.
7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices.
8. Conducting additional fire drill(s) each quarter.
9. Increasing hazard surveillance of buildings, grounds and equipment.
10. Training personnel when structural features are compromised.
11. Conducting organization wide safety programs to ensure awareness of hazards.

**FIRE SAFETY MEASURES:** In the event of a fire, the following steps should be taken:
- Rescue anyone in immediate danger.
- Alert/Alarm by activating the nearest pull station (typically located at most stairwells or proximal to elevator lobbies).
- Contain the fire by closing doors, windows and turning off fans.
- Extinguish (Pull the pin, Aim at the base of the fire, Squeeze the trigger and Spray in a sweeping motion) the fire as time allows, and continue to evacuate.

**CONCURRENCE:** I have read, understand and pledge to support patient care as outlined above. I understand failure to comply with these requirements can result in dismissal from the premises.

**SIGNATURE / FIRM:** ___________________________  **DATE:** ___________________________
### Attachment A

to the Project Engagement
Letter for architect contracts
using the
GENERAL TERMS AND CONDITIONS of CONTRACT BETWEEN OWNER and ARCHITECT

For purposes of the following sections of the General Terms and Conditions of Contract between Owner and Architect, the duties, obligations and responsibilities of Owner shall be performed by:

<table>
<thead>
<tr>
<th>PROJECT PHASE</th>
<th>ITEM</th>
<th>A/E TEAM</th>
<th>OWNER</th>
<th>NOT REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>PLANNING</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop the Program</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Assist Owner in developing the Program</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Preliminary evaluations(identified in Project Engagement Letter)</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Develop project budget</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>SCHEMATIC DESIGN (SD)</strong></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Prepare Schematic Design documents</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD based Construction Cost Estimate - Detailed</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD based Equipment Cost Estimate - Summary</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>DESIGN DEVELOPMENT (DD)</strong></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Prepare Design Development Documents</td>
<td>XX</td>
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<td></td>
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<tr>
<td></td>
<td>DD based Construction Cost Estimate - Detailed</td>
<td>XX</td>
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<td></td>
<td>DD based Equipment Cost Estimate - Detailed</td>
<td>XX</td>
<td></td>
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<tr>
<td><strong>CONSTRUCTION DOCUMENTS (CD)</strong></td>
<td></td>
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<tr>
<td></td>
<td>Prepare Construction Documents – Drawings and Specifications</td>
<td>XX</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>CD based Construction Cost Estimate - Detailed</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>CD based Equipment Cost Estimate - Detailed</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONSTRUCTION</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Identify and assist Owner required governmental permits and approvals</td>
<td>XX</td>
<td></td>
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<tr>
<td><strong>BID</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistance in obtaining bids</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistance in preparing contracts</td>
<td>XX</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Attendance at pre-bid meeting</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide direct clarifications to contractors during bid process</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>CONSTRUCTION:</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Give Contractor assistance in obtaining permits</td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Attend pre-construction meeting</td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Provide additional inspection or test reports</td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Prepare change orders and construction change directives for Owner’s execution</td>
<td>XX</td>
<td></td>
<td></td>
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<tr>
<td><strong>OTHER:</strong></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td></td>
<td>Provide Presentation Graphics for owners use</td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Provide Interior Design Services, including FF&amp;E specification(s)</td>
<td>XX</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Provide Medical Equipment Planning</td>
<td>XX</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For purposes of the following sections of the General Terms and Conditions of Contract Between Owner and Architect - the duties, obligations and responsibilities following shall be performed by:
<table>
<thead>
<tr>
<th>PROJECT PHASE</th>
<th>ITEM</th>
<th>A/E TEAM</th>
<th>OWNER</th>
<th>NOT REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>CONSTRUCTION</td>
<td>Review reports of errors from Contractor</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review proposed subcontractors and suppliers;</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Object to subcontractors and suppliers</td>
<td></td>
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<td></td>
<td>Review requests for substitutions;</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Make recommendations to Owner;</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Request additional data and information</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Review Contractor objections regarding products or procedures affecting Contractors warranty</td>
<td></td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Review Contractor notices re: compliance with laws;</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>inconsistencies between Contract Document and laws</td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>Administer the Contract</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Visit Site (Minimum Frequency is Weekly)</td>
<td></td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Evaluate Contractor’s Application for Payments;</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Review and certify amounts due to Contractor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Reject non-conforming work</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review Contractor’s Submittals</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Interpret Requirements of the Contract Documents</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Determine extensions of Contract Time</td>
<td></td>
<td>XX</td>
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<td></td>
<td>Certify Contractor’s Application for Payment</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Review data substantiating Contractor’s right to payment</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Issue Certificate for Payment;</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Determine proper amount due; reasons for withholding certification</td>
<td></td>
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<td></td>
<td>Inspect work;</td>
<td></td>
<td>XX</td>
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<td></td>
<td>Notify Contractor of additional items to be completed or corrected;</td>
<td></td>
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<tr>
<td></td>
<td>Prepare Certificate of Substantial Completion</td>
<td></td>
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<tr>
<td></td>
<td>Final Inspection of work</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issue final Certificate for Payment</td>
<td></td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Determine if additional testing is required</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Review Contractor’s notice of termination</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Certify amount to be paid to Contractor after termination by Owner</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Prepare per-item estimate of the cost of completing each item on punch-list</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
</tbody>
</table>

In the event that any duties, obligations or responsibilities of Owner in the Agreement between Owner and Architect have not been allocated above, the Architect shall be responsible therefore.
SCOPE NARRATIVE FOR THE CENTER OF ADVANCED SURGERY:

The new ambulatory building would be located on the site of former Fulton County Health and Wellness building, 99 Jesse Hill, Jr., Drive SE, Atlanta, Georgia, 30303, beginning at the northwest intersection of Jesse Hill Jr., Drive, SE, and Gilmer Street, running along Gilmer Street to the intersection of Gilmer and Piedmont Avenue, SE.

The new Center for Advanced Surgery building will require the demolition of Fulton County Building and construction of a new building of between 194,000 and 198,000 B.S.F.

The existing Fulton County Parking Garage will be demolished, and the site used to meet the needs for the Center for Advanced Surgery facility. While the design and construction of the replacement parking structure will most likely lie with a separate consultant / developer, this effort will be a driver, determining size, site configuration, and connections between the new garage and the CASS.

The new facility, will house the following surgical and specialty care services:

- Ambulatory Surgery Center
- Pre-Admissions Testing
- GI Procedure Suite
- Outpatient Imaging
- Multidisciplinary Clinics
- Cancer Center
- Cancer Infusion Treatment
- Infusion Pharmacy
- Retail/Lobby Space
- Connecting “sky-bridge” to the Main Hospital at the Third Level

See Attachments D: Excerpts from the Grady Health System Main Campus Master Plan
Attachment C: INTENT TO SUBMIT

This letter serves as notification of intent to submit or not to submit a proposal for the Request for Proposal Number: JAZZID-1382

Please scan or fax a copy before 3:30 pm, the day of the mandatory pre-bid meeting (June 27, 2017) to:

George C. Smith
Senior Architectural Project Manager
Grady Health System
Facilities Development
22 Piedmont Avenue
Suite 300
Atlanta, Georgia 30303
e-mail: gcsmith@gmh.edu

______________________________, acting as representative of ________________________________,
(Name of Representative) (Name of Firm)

hereby offer our intent to:

☐ Submit a response to the request for services in this RFP.

☐ Decline to submit a response to the request for services in this RFP.

Reason:__________________________________________________________________________

________________________________________________________________________________

______________________________
(Print Name)

______________________________
(Signature)

______________________________
(Title)

______________________________
(Date)

______________________________
(Telephone / Fax Numbers)

______________________________
(e-mail)
ATTACHMENT D:
EXCERPTS FROM THE GRADY HEALTH SYSTEM MAIN CAMPUS MASTER PLAN

CENTER for ADVANCED SURGICAL SERVICES:

**Key Planning Units**

<table>
<thead>
<tr>
<th>Services</th>
<th>Existing Rooms</th>
<th>Projected Need Rooms</th>
<th>Recommended Proc Rooms</th>
<th>DGSF</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Orthopedics</td>
<td>13</td>
<td>22</td>
<td>2</td>
<td>9,600</td>
<td>(2) 12-Room Pods; Each pod includes 1 treatment room</td>
</tr>
<tr>
<td>- Multi-specialty Clinic</td>
<td>12</td>
<td>1</td>
<td>1</td>
<td>4,800</td>
<td>Includes ENT (6 exam + 1 Procedure), Pain (3 exam)</td>
</tr>
<tr>
<td>- Oral Surgery</td>
<td>5</td>
<td>6</td>
<td>4</td>
<td>5,800</td>
<td>6 Exam + 4 Operatory</td>
</tr>
<tr>
<td>- GI Clinic</td>
<td>14</td>
<td>9</td>
<td>1</td>
<td>4,800</td>
<td>(1) 12-Room Pods; Each pod includes 1 treatment room</td>
</tr>
<tr>
<td>- Ophthalmology</td>
<td>16</td>
<td>28</td>
<td>2</td>
<td>9,600</td>
<td>(2) 12-Room Pods; Each pod includes 1 treatment room</td>
</tr>
<tr>
<td>- Surgical</td>
<td>12</td>
<td>10</td>
<td>1</td>
<td>4,800</td>
<td>(1) 12-Room Pods; Each pod includes 1 treatment room</td>
</tr>
<tr>
<td>- Cancer Clinic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Cancer Infusion Treatment</td>
<td>24</td>
<td>2</td>
<td>2</td>
<td>9,600</td>
<td>(2) 12-Room Pods; Each pod includes 1 treatment room</td>
</tr>
<tr>
<td>- Cancer Infusion Pharmacy</td>
<td>20</td>
<td>0</td>
<td>0</td>
<td>2,300</td>
<td>6 exam + 24 infusion stations (open bay)</td>
</tr>
<tr>
<td>Ambulatory Procedure Suite</td>
<td>6 - 7</td>
<td></td>
<td>6</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>- Operating Rooms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- GI Rooms</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td>3,200</td>
<td></td>
</tr>
<tr>
<td>- Surgery Prep/Recovery</td>
<td></td>
<td></td>
<td>18</td>
<td>7,200</td>
<td>3 prep/recovery patient stations / OR (6)</td>
</tr>
<tr>
<td>- GI Prep / Recovery</td>
<td></td>
<td></td>
<td>12</td>
<td>4,800</td>
<td>3 prep/recovery patient stations / Proc. Rm. (4)</td>
</tr>
<tr>
<td>Diagnostic Services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Imaging</td>
<td>5</td>
<td></td>
<td>5</td>
<td>5,000</td>
<td>2 Ultrasound + 2 Gen Rad + 1 Fluoro; 1000 DGSF/room</td>
</tr>
<tr>
<td>- Imaging (3) - SHELL</td>
<td>3</td>
<td></td>
<td></td>
<td>4,500</td>
<td>2 MRI +1 CT; 1500 DGSF/room</td>
</tr>
</tbody>
</table>
Stacking Diagram – Option 1

**CENTER for ADVANCED SURGICAL SERVICES**

**Building Stacking Plan – Option 1**

- **Orthopedics Clinic** 9,600 SF
- **Cancer Clinic** 9,600 SF
- **Pharm. Infusion** 3,000 sf
- **Multi-Specialty Clinic** 4,000 SF
- **Oral Surgery Clinic** 5,800 SF
- **Surgical Clinic** 4,800 SF
- **GI Clinic** 4,800 FS
- **Future Imaging (Shell)** 4,500 SF
- **Reg., Admin & Staff Support** 4,600 SF
- **Construction Services Plan (CSP)** 3,300 SF
- **Mechanical/Electrical** 9,400 SF
- **Future Ambulatory Surgery Center W/ Prep. & Recovery** 22,200 SF
- **OP Lab / Draw & PAT** 6,200 SF
- **Lobby & Education** 5,000 SF
- **Logistics & Staff Support** 4,400 SF

- **PM & R and Rehab Clinic** 9,300 SF
- **Cancer Infusion** 9,300 SF
- **Optometry Clinic** 9,600 SF
- **OP Procedure Suite w/ Prep. & Recovery** 8,000 SF
- **Future Imaging (Shell)** 5,000 SF
- **Future Staff Sup.** 2,200 SF

**198,000 BGSF**

*Additional 8,000 SF OP pharmacy is remote in adjacent retail building in front of Piedmont Garage (included in later project scope phase as an alternate)*

1. Add level 7 to accommodate Cancer Program
Stacking Diagram – Option 1

CENTER for ADVANCED SURGICAL SERVICES

Building Stacking Plan – Option 2

- Orthopedics Clinic 9,600 SF
- Ophthalmology Clinic 9,600 SF
- Cancer Clinic 9,600 SF
- Surgical Clinic 4,800 SF
- GI Clinic 4,800 SF
- OP Lab / Draw & PAT 6,200 SF
- Lobby & Education 5,000 SF
- Logistics & Staff Support 4,400 SF
- Lobby, Retail & Food 4,600 SF
- Pharm. Infusion 3,000 sf
- GI Procedure Suite w/ Prep & Recovery 8,000 SF
- Imaging 5,000 SF
- Future Imaging (Shell) 4,500 SF
- Reg. Admin & Staff Support 4,600 SF
- CSP 3,300 SF
- Mechanical / Electrical 9,400 SF

PM & R and Rehab Clinic 9,300 SF
Multi-Specialty Clinic 4,600 SF
Oral Surgery Clinic 5,600 SF
Cancer Infusion 9,300 SF

Staff Sup. 800
Mech 1,100

Staff Sup. 600
Mech 2,600 sf

Staff Sup. 800
Mech 1,100

Staff Sup. 2,000 sf
Mech 1,100

Staff Sup. 2,000 sf
Mech 1,100

Staff Sup. 2,300 sf
Mech 1,100

Staff Sup. 1,100
Mech 1,100

L7
L6
L5
L4
L3
L2
L1

Future Bridge
Ambulatory Surgery Center w/ Prep. & Recovery 22,200 SF

194,000 BGSF

*Additional 8,000 SF OP pharmacy is remote in adjacent retail building in front of Piedmont Garage (included in later project scope phase as an alternate)

1. Add level 7
2. Eliminate shell space on Level 5 (from original plan) to accommodate Cancer Program and provide larger staff support for Levels 5 – 7.
Sky-Bridge Connector to Main Hospital

CENTER for ADVANCED SURGICAL SERVICES

THIRD FLOOR LEVEL
Connecting skywalk / bridge between Center for Advanced Surgery building and Level 3 of main hospital (A building):
- Skywalk / Bridge & Connector: 3,500 BGSF

Future Bridge Connector & Knuckle
To Center for Advanced Surgery Building

[32]