ADDENDUM # 5

1. The opportunity for questions was extended to Friday, March 2, 2018, 1:00 p.m., due to the additional sub-consultant walk-through scheduled for that morning; responses to all RFI will be posted as published (Monday, March 5, at, or before, noon).

2. Attachments
   a. Addendum 1 with pdf files of “Live file” attachments
   b. Addendum 2
   c. Addendum 3 with attachments
   d. Addendum 4

3. The following questions were received as of 1:00 p.m., Friday, March 2, 2018:

<table>
<thead>
<tr>
<th>RFI #</th>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>23</td>
<td>On the supplier website (<a href="https://www.gradyhealth.org/suppliers/">https://www.gradyhealth.org/suppliers/</a>), I don’t see addendum 1.</td>
<td>Addendum 1 was sent directly to the primary point of contact attending the Pre-Bid Meeting, and contained “live” files for use in preparing the RFP – please check with whomever attended for your firm.</td>
</tr>
<tr>
<td>24</td>
<td>On the cover letter, it states all bidders must be pre-qualified and gives the David Yoo is showing as the contact to send the qualification package to, however it appears that his email address is no longer valid. Who should we</td>
<td>Pre-bid are to be part of the bid package, and should be submitted as “hard copy” and electronic with any other electronic submittal. Mr. Yoo is no longer with the Health System, and correspondence</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>25</td>
<td>Confirm that we only need to have one colleague in VendorMate.</td>
<td>All members of your firm will have to be registered, with health screenings, and on-line training, through your firms membership in VendorMate.</td>
</tr>
<tr>
<td>26</td>
<td>Do we need to include the Diverse Supplier Subcontracting Plan form in our response or is this just after we are awarded the project? The Present Commitment section of section 7: Supplier Diversity mentions the form but I don’t see the (to be submitted with Bid) at the top like the other forms have.</td>
<td>Yes – this is a required part of your bid proposal; The form is either a separate attachment on the website, or a live-file attachment to Addendum 1 as described in item 23 above.</td>
</tr>
<tr>
<td>27</td>
<td>#5 of the Appendix B: Bid Form lists the appendices and documentation that should be included with the Bid. Should Item 1 – 6 be included with the Bid package or as part of the separate RFP package? 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</td>
<td>Yes – all forms are required as part of your proposal – and, where appropriate, were attached as live files to Addendum 1 as described above.</td>
</tr>
<tr>
<td>28</td>
<td>Will an electronic site plan be available to the successful bidder or does creation of such need to be included in bid?</td>
<td>Please include cost for creating an electronic site/civil plan as a “Requested Additional Service” in your proposal.</td>
</tr>
</tbody>
</table>

**END OF DOCUMENT – ATTACHMENTS FOLLOW**
Project Name: FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN

RFP Number: JAZZID_1739

Date: Tuesday, February 20, 2018

ADDENDUM # 1

1. Attachments:
   a. Sign-In Sheet(s) from Mandatory Pre-Bid Meeting – 2/15/18
   b. “Live File” Fee Worksheet (excel)
   c. “Live File” RFP Forms (Word):
      i. Section 7: Supplier Diversity
         1. Business Identification and Nondiscrimination
         2. Diverse Supplier Subcontracting Plan (Program Management)
         3. Diverse Supplier Subcontracting Plan (DSSP – Direct Supplier Diversity Reporting)
         4. Certification of Efforts
         5. Statement of Intent
         6. Supplier Diversity Certification
      ii. APPENDIX A: Representations, Certifications, And Other Statements Of Offerors
      iii. APPENDIX B: Bid Form
iv. APPENDIX C: Solicitation / Contract Form  
v. APPENDIX E: Contractor Work and Permit Requirements  
vi. ATTACHMENT C: INTENT TO SUBMIT  

2. CLARIFICATION:  
AS DISCUSSION OF “ATTACHMENT C: INTENT TO SUBMIT” WAS INADVERTANLY OMITTED AT THE PRE-BID MEETING, THIS FORM WILL BE ACCEPTED THROUGH CLOSE OF BUSINESS TOMORROW, 2/21/18.  

3. The following question was received as of 10:30 A.M., Tuesday, February 20, 2018:  

<table>
<thead>
<tr>
<th>RFI #</th>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
</table>
| 1     | Please confirm additional sub-consultant walk-through date(s) and time(s) | The original date/times are:  
  ▪ Wednesday, February 21, 2018 – 9:00 – 11:00 a.m.  
  ▪ Wednesday, February 21, 2018 – 1:00 – 3:00 pm  
  An additional date/time has been added:  
  ▪ Friday, March 2, 2018 – 9:00 – 11:00 a.m.  
  All walk-throughs will begin in the Main Lobby; Please request a time to insure we do not disrupt clinical operations. |

4. SUBSEQUENT ADDENDA WILL NOT BE E-MAILED, BUT INSTEAD WILL BE POSTED ON THE HEALTHSYSTEM WEB-SITE: gradyhealth.org/suppliers  

END OF DOCUMENT
## A/E - IFB BID BREAKDOWN

**Project Name:** PONCE de LEON CENTER MASTER PLAN CONFIRMATION & FACILITY ASSESSMENT

**GHS-FD Project #:**

<table>
<thead>
<tr>
<th>SERVICE DESCRIPTION</th>
<th>TOTAL</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>BASE FEE PROPOSAL</td>
<td></td>
<td></td>
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<tr>
<td>BASIC SERVICES (PER AIA)</td>
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<td></td>
</tr>
<tr>
<td>ARCHITECTURAL</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>M/E/P/FP ENGINEERING</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>STRUCTURAL</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>SUB-TOTAL - BASIC SERVICES</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>REQUESTED ADDITIONAL SERVICES (PER AIA)</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>DETAILED COST ESTIMATING (PER PROGRAM CONFIRMATION)</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>SUB-TOTAL - REQUESTED ADDITIONAL SERVICES</td>
<td>$</td>
<td>#DIV/0!</td>
</tr>
<tr>
<td>TOTAL FEE PROPOSAL</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>ESTIMATED REIMBURSABLE EXPENSES</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>GRAND TOTAL</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Diversity Participation:**

- **Supplier Diversity Participation:**
  - Firm Name: JAZZID_1379
  - 10% Goal

**Notes:**

- **Note 1:**

**Service Description:**

- **Service Description:**
  - Facility Assessment & Master Plan Confirmation & Facility Assessment
  - Ponce de Leon Center

**REMARKS:**

- **REMARKS:**

**DESIGNATED ORGANIZATION DEPARTMENT OF FACILITIES DEVELOPMENT**

**Firm Name:**

- Firm Name

**Date:**

- Date

**Project Name:**

- Project Name

**Bid Date:**

- Bid Date

**GHS-FD Project #:**

- Project #:
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)*

<table>
<thead>
<tr>
<th>Small Business as defined by the US. Small Business Administration (DBE, SBE, Hub Zone)</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Minority Business Enterprise (MBE)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, please indicate the percentage of minorities who own, control or operate your company:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Percentage of Minority Ownership</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>African American</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Native American</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>%</td>
<td></td>
</tr>
</tbody>
</table>

**WOMAN-OWNED BUSINESS ENTERPRISE (WBE)**

**DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE)**

**IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE?**

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.

**LOCAL SMALL BUSINESS**

If yes, please indicate in which county your company is located?

- DeKalb
- Fulton
- Business location in both counties
- Other

### PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.</td>
<td></td>
</tr>
<tr>
<td>Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?</td>
<td></td>
</tr>
<tr>
<td>Do you notify all recruitment sources in writing of your company’s Equal Employment Opportunity/Affirmative Action employment policy?</td>
<td></td>
</tr>
<tr>
<td>Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?</td>
<td></td>
</tr>
<tr>
<td>Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?</td>
<td></td>
</tr>
<tr>
<td>Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?</td>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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>
<td></td>
</tr>
<tr>
<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>
</tr>
</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)

(Direct Supplier Diversity Reporting)

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 Number: ___________________________
Business Unit: ___________________________ Term: _____ GHS Business Unit
Number: ___________________________ Contact Name: _______ Phone 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>
<tr>
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</tbody>
</table>

Submitted by: ___________________________
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>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

(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 ________________ or % of the total contract value.

of $ ________________

________________________
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: __________________________
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-1739). 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: FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN

RFP Number: JAZZID-1739

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 ASSESSMENT, PROGRAMMING AND PLANNING SERVICES for PONCE DE LEON CENTER MASTER PLAN (RFP#: JAZZID-1739)

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-1739

RFP DESCRIPTION: FACILITIES ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE DE LEON CENTER

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN FRIDAY, MARCH 9, 2018 at 2:30 p.m. EST.

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-1739 should be directed to George Smith no later than THURSDAY, MARCH 1, 2018, 2:30 p.m. EDT.

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

COURIER / HAND 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 E: Contractor Work and Permit Requirements

<table>
<thead>
<tr>
<th>BADGE AND PERMITS</th>
<th>INFECTION CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tbody>
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<table>
<thead>
<tr>
<th>INSURANCE</th>
<th>SHUTDOWN</th>
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</thead>
<tbody>
<tr>
<td>Vendor must have proof of liability and workman’s compensation insurance on site.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>FIRE SAFETY</th>
<th>CEILING TILES</th>
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</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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 approval from Epidemiology/ Safety to protect patient’s health and welfare.</td>
<td></td>
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<tr>
<th>FIRESTOP</th>
<th>SAFETY</th>
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<tbody>
<tr>
<td>Cover all wall or slab holes with temporary covers to maintain compartment integrity. After task completed, penetrations must be permanently sealed with Fire Stop. Communicate to GHS Project Manager any penetrations and/or repairs. The GHS Project Manager and/or Safety must inspect all patched penetrations prior to covering.</td>
<td></td>
</tr>
<tr>
<td>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 spaces construction areas. All clothing must meet OSHA requirements.</td>
<td></td>
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<thead>
<tr>
<th>SMOKING</th>
<th>CUTTING &amp; CORING</th>
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</thead>
<tbody>
<tr>
<td>No smoking on premises. Use dedicated smoking areas outside of building.</td>
<td></td>
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<tr>
<td>Observer to be posted to watch “blind side” of cutting, if coring, or if demolition is to be done.</td>
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</tbody>
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<tr>
<th>COMMUNICATION DEVICES</th>
<th>SECURITY AND STORAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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<tr>
<th>HOUSEKEEPING</th>
<th>UTILITIES</th>
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<tbody>
<tr>
<td>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 refuge is to be left at any entry. Contractors will not use hospital equipment to clean up their projects.</td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
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</tbody>
</table>
PROJECT NAME: FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN
RFP NUMBER: JAZZID_1739
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<tr>
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</table>

**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.

**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.

**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.

**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.

**OPENING AREAS**
It is expected that contractor employees working in occupied areas, including, corridors, be sensitive to patients, staff and the public. Yelling, foul language, dirt and debris without barricades, unattended ladders, toolboxes and materials are not permitted.

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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.

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**OCCUPIED AREAS**
It is expected that contractor employees working in occupied areas, including, corridors, be sensitive to patients, staff and the public. Yelling, foul language, dirt and debris without barricades, unattended ladders, toolboxes and materials are not permitted.

**TOILETS**
Contractor personnel shall only utilize staff toilets as directed by your Supervisor. It is expected that use of toilets by contractor personnel will not result in any additional cleaning requirements.

**GHS TELEPHONE NUMBERS**
Frequently used numbers inside GHS:
- GHS Plant Operations/Facility Management: 5-3960 GHS Facilities Development: 5-4291
- Compliance Coordinator: Jinx Rainwater: 5-5291 Safety Office: 5-5356
- Plant Operations: Duty Engineer: 404-837-0005
- GHS Emergency: 911#
- Cardiac Arrest: 5-5555
- Fire Commander Center: 5-3956 Housekeeping: 5-4065

**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

**THESE REQUIREMENTS CAN RESULT IN DISMISSAL FROM THE PREMISES.**

**SIGNATURE / FIRM:** _______________________________  **DATE:** ____________________________
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-1739.

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

George C. Smith  
Senior Architectural Project Manager  
Grady Health System | Facilities Development  
22 Piedmont Avenue  
Suite 300  
Atlanta, Georgia 30303  
c-dress: 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-dress)
PROJECT NAME: FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER
MASTER PLAN
RFP NUMBER: JAZZID_1739
### DEPARTMENT OF FACILITIES DEVELOPMENT
#### MEETING SIGN-IN SHEET

**Project Name:** FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN

**GHS-FD Project #:** JAZZID-1739

**Project Location:** PONCE de LEON CENTER | 341 PONCE de LEON AVENUE | ATLANTA, GEORGIA 30308

**Meeting Topic:** A/E PRE-BID MEETING

**Date:** 2/15/18

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEPARTMENT / FIRM</th>
<th>PHONE (O)</th>
<th>PHONE (M)</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dan Earley</td>
<td>Earley Assoc.</td>
<td>720-452-7899 / 604-371-5658 /dearley@eoy.com</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mary Sears</td>
<td>Perkins Eastman</td>
<td>678.257.3258</td>
<td>m. <a href="mailto:sears@perkins-eastman.com">sears@perkins-eastman.com</a></td>
<td></td>
</tr>
<tr>
<td>Amy E. Sickler</td>
<td>Perkins Will</td>
<td>678.596.0879 / Amy. <a href="mailto:Sickler@perkinswill.com">Sickler@perkinswill.com</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Alex Hilliard</td>
<td>Conway thorpe</td>
<td>678.330.9007</td>
<td><a href="mailto:ahilliard@conway-owen.com">ahilliard@conway-owen.com</a></td>
<td></td>
</tr>
<tr>
<td>Lawrence Wittowski</td>
<td>Noldus Inc.</td>
<td>630.502.8000</td>
<td><a href="mailto:lwittowski@noldusinc.com">lwittowski@noldusinc.com</a></td>
<td></td>
</tr>
<tr>
<td>Janice Stanton</td>
<td>Ganneg, Smith &amp; Partners</td>
<td>615.971-3383</td>
<td><a href="mailto:janice.stanton@ganneg.com">janice.stanton@ganneg.com</a></td>
<td></td>
</tr>
<tr>
<td>Chris Rougea</td>
<td>Newcomb + Boyd</td>
<td>404-730-8515</td>
<td><a href="mailto:crougea@newcomb-boyd.com">crougea@newcomb-boyd.com</a></td>
<td></td>
</tr>
<tr>
<td>Jeremy Jones</td>
<td>J&amp;J Engineering</td>
<td>770-699-7211</td>
<td><a href="mailto:j.jones@jje.com">j.jones@jje.com</a></td>
<td></td>
</tr>
<tr>
<td>Lisa Lin</td>
<td>EYP</td>
<td>404-222-2203</td>
<td><a href="mailto:ll@eyp.com">ll@eyp.com</a></td>
<td></td>
</tr>
<tr>
<td>Kimberly McMurry</td>
<td>USA</td>
<td>205-345-6610</td>
<td><a href="mailto:kmcmurry@ward-scott.com">kmcmurry@ward-scott.com</a></td>
<td></td>
</tr>
<tr>
<td>Michael Young</td>
<td>Wren Interiors</td>
<td>678-230-0647</td>
<td><a href="mailto:myoung@wreninteriors.com">myoung@wreninteriors.com</a></td>
<td></td>
</tr>
<tr>
<td>Leslie Sanders</td>
<td>Lead Day</td>
<td>404.834.8332</td>
<td>Leslie <a href="mailto:Sanders@royself.dcm">Sanders@royself.dcm</a></td>
<td></td>
</tr>
<tr>
<td>Newt Conley</td>
<td>NPR</td>
<td>404-497-0430</td>
<td><a href="mailto:newt.carol@nprinc.com">newt.carol@nprinc.com</a></td>
<td></td>
</tr>
<tr>
<td>Frederick Goblet</td>
<td>SLAM</td>
<td>404.443.9125</td>
<td><a href="mailto:f.goblet@slamcal.com">f.goblet@slamcal.com</a></td>
<td></td>
</tr>
<tr>
<td>Beniam Binun</td>
<td>HKS Inc.</td>
<td>404.471.5422</td>
<td><a href="mailto:bbinun@hksinc.com">bbinun@hksinc.com</a></td>
<td></td>
</tr>
<tr>
<td>Travis Lane</td>
<td>HKS Inc.</td>
<td>404.471.4078</td>
<td><a href="mailto:trl@hksinc.com">trl@hksinc.com</a></td>
<td></td>
</tr>
<tr>
<td>Lashawna Hunter</td>
<td>Graham Associates</td>
<td>404.273.6300</td>
<td><a href="mailto:lhunter@graham-as.com">lhunter@graham-as.com</a></td>
<td></td>
</tr>
<tr>
<td>Chris Truax</td>
<td>Graham Associates</td>
<td>678.784.2112</td>
<td><a href="mailto:ctruax@graham-arch.com">ctruax@graham-arch.com</a></td>
<td></td>
</tr>
<tr>
<td>Mary Longman</td>
<td>CDH</td>
<td>678.784.2112</td>
<td><a href="mailto:mary.longman@cdhpartners.com">mary.longman@cdhpartners.com</a></td>
<td></td>
</tr>
<tr>
<td>William Star III</td>
<td>SL-5</td>
<td>404.876.3035</td>
<td><a href="mailto:wstar@star-arch.com">wstar@star-arch.com</a></td>
<td></td>
</tr>
<tr>
<td>David Chandler</td>
<td>Nacomb &amp; Boyd</td>
<td>404-730-8552</td>
<td><a href="mailto:dchandler@nacomb-boyd.com">dchandler@nacomb-boyd.com</a></td>
<td></td>
</tr>
<tr>
<td>Erin West</td>
<td>CDH</td>
<td>404.789-3438</td>
<td><a href="mailto:erin.west@cdhpartners.com">erin.west@cdhpartners.com</a></td>
<td></td>
</tr>
<tr>
<td>Clovis Vaughn Grady</td>
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**NOTES:**

*** PLEASE INDICATE PRIMARY POINT OF CONTACT FOR EACH ARCHITECTURAL TEAM ***

---

Grady Health System  80 Jesse Hill Jr. Drive, SE  Atlanta, Georgia 30303  (404)616-1000  www.gradyhealth.org
# DEPARTMENT OF FACILITIES DEVELOPMENT
## MEETING SIGN-IN SHEET

**Project Name:** FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN  
**GHS-FD Project #:** JAZZID-1739  
**Project Location:** PONCE de LEON CENTER | 341 PONCE de LEON AVENUE | ATLANTA, GEORGIA 30308  
**Meeting Topic:** A/E PRE-BID MEETING  
**Date:** 2/15/18

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<tr>
<td>Wesley Reed</td>
<td>Eberly &amp; Associates</td>
<td>678-993-7030</td>
<td>404-354-5848</td>
<td><a href="mailto:wreed@eberly.net">wreed@eberly.net</a></td>
</tr>
<tr>
<td>Sarah Mueller</td>
<td>NBBJ Architects</td>
<td>678-271-6485</td>
<td></td>
<td><a href="mailto:smellers@nbbj.com">smellers@nbbj.com</a></td>
</tr>
<tr>
<td>William Lariscy</td>
<td>Perkinswill</td>
<td>404-873-2300</td>
<td></td>
<td><a href="mailto:william.lariscy@perkinswill.com">william.lariscy@perkinswill.com</a></td>
</tr>
<tr>
<td>Julie Mullins</td>
<td>Bresch Painting</td>
<td>706-258-8996</td>
<td></td>
<td><a href="mailto:julie.mullins@gsnet.com">julie.mullins@gsnet.com</a></td>
</tr>
<tr>
<td>Jeannie Janssen</td>
<td>BSA LifeStructures</td>
<td>678-485-5029</td>
<td></td>
<td><a href="mailto:janssen@bsal.com">janssen@bsal.com</a></td>
</tr>
<tr>
<td>Noah Toison</td>
<td>Array Architects</td>
<td>215-068-2134</td>
<td></td>
<td><a href="mailto:ntoison@arrayarchitects.com">ntoison@arrayarchitects.com</a></td>
</tr>
<tr>
<td>Don Stewart</td>
<td>Catalyst 704-582-1077</td>
<td></td>
<td></td>
<td><a href="mailto:donestewart@catalyst.com">donestewart@catalyst.com</a></td>
</tr>
<tr>
<td>Ken Strand</td>
<td>Leo A Daly</td>
<td>404-874-6839</td>
<td></td>
<td><a href="mailto:kenstr@leodaily.com">kenstr@leodaily.com</a></td>
</tr>
<tr>
<td>Emma Crews</td>
<td>TLC Engineering</td>
<td>678-838-5043</td>
<td></td>
<td><a href="mailto:emma.crews@tlcengineer.com">emma.crews@tlcengineer.com</a></td>
</tr>
<tr>
<td>Khristina Walsh</td>
<td>WBD</td>
<td>404-593-0201</td>
<td></td>
<td><a href="mailto:cwalshe@wbdinc.com">cwalshe@wbdinc.com</a></td>
</tr>
<tr>
<td>Athena Simon</td>
<td>WBD</td>
<td>404-993-1673</td>
<td></td>
<td><a href="mailto:athena.walters@wbdinc.com">athena.walters@wbdinc.com</a></td>
</tr>
<tr>
<td>Peter Markley</td>
<td>WBD</td>
<td>678-262-0006</td>
<td></td>
<td><a href="mailto:peter.markley@wbdinc.com">peter.markley@wbdinc.com</a></td>
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<tr>
<td>Lily Befries</td>
<td>SG (A)</td>
<td>404-605-6690</td>
<td></td>
<td><a href="mailto:lily@bierrezengroup.com">lily@bierrezengroup.com</a></td>
</tr>
<tr>
<td>Bob Nicholas</td>
<td>PST</td>
<td>404-674-0001</td>
<td></td>
<td><a href="mailto:bnb.nikelson@pstusa.com">bnb.nikelson@pstusa.com</a></td>
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<tr>
<td>Bill Alexander</td>
<td>BSA</td>
<td>404-556-5900</td>
<td></td>
<td><a href="mailto:balexander@bsal.com">balexander@bsal.com</a></td>
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<tr>
<td>Debbie Heitzman</td>
<td>PST</td>
<td>404-578-0159</td>
<td></td>
<td><a href="mailto:dheitzman@pharmacm.com">dheitzman@pharmacm.com</a></td>
</tr>
<tr>
<td>Robert Weikle</td>
<td>JFA</td>
<td>404-262-2215</td>
<td></td>
<td><a href="mailto:rweikle@jfalawfirm.com">rweikle@jfalawfirm.com</a></td>
</tr>
<tr>
<td>Angela Nichols</td>
<td>JFA</td>
<td>678-764-9969</td>
<td></td>
<td><a href="mailto:anichols@jfalawfirm.com">anichols@jfalawfirm.com</a></td>
</tr>
<tr>
<td>Benton Bandy</td>
<td>JFA</td>
<td>404-262-3205</td>
<td></td>
<td><a href="mailto:bbandy@jfalawfirm.com">bbandy@jfalawfirm.com</a></td>
</tr>
<tr>
<td>Darrell Robbins</td>
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<td>404-616-6145</td>
<td></td>
<td><a href="mailto:drrobins@opcinc.com">drrobins@opcinc.com</a></td>
</tr>
<tr>
<td>Travis Cowie</td>
<td>TKC</td>
<td>404-442-5415</td>
<td></td>
<td><a href="mailto:tcowie@tkcinc.com">tcowie@tkcinc.com</a></td>
</tr>
<tr>
<td>Dianci Alarcon</td>
<td>Stanilaw-Stanley R.</td>
<td></td>
<td></td>
<td><a href="mailto:darcon@stanilaw-stanley.com">darcon@stanilaw-stanley.com</a></td>
</tr>
<tr>
<td>Jessica McDonald</td>
<td>KSI</td>
<td>404-822-8817</td>
<td></td>
<td><a href="mailto:jmcdonald@ksisc.com">jmcdonald@ksisc.com</a></td>
</tr>
<tr>
<td>Jeff Fox</td>
<td>EMG</td>
<td>700-733-0601</td>
<td></td>
<td><a href="mailto:jfox@emg.com">jfox@emg.com</a></td>
</tr>
</tbody>
</table>

**NOTES:**  
***PLEASE INDICATE PRIMARY POINT OF CONTACT FOR EACH ARCHITECTURAL TEAM***

For GSP: Pat Burke in the main contact.

*Pat_Burke@gspnet.com*
DEPARTMENT OF FACILITIES DEVELOPMENT
MEETING SIGN-IN SHEET

Project Name: FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN  
GHS-FD Project #: JAZZID-1739  
Project Location: PONCE de LEON CENTER | 341 PONCE de LEON AVENUE | ATLANTA, GEORGIA 30308  
Meeting Topic: A/E PRE-BID MEETING  
Date: 2/15/18

<table>
<thead>
<tr>
<th>NAME</th>
<th>DEPARTMENT / FIRM</th>
<th>PHONE (O)</th>
<th>PHONE (M)</th>
<th>E-MAIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>JEFF Fox</td>
<td>EMG</td>
<td>800-733-0660</td>
<td>443-413-4293</td>
<td>JFox @ EMGCorp.com</td>
</tr>
</tbody>
</table>

NOTES:  
*** PLEASE INDICATE PRIMARY POINT OF CONTACT FOR EACH ARCHITECTURAL TEAM ***
ADDENDUM # 2

1. **Attachment:** Sign-In Sheet(s) from Walk-Throughs – 2/21/18

2. The following question was received as of 10:30 A.M., Tuesday, February 27, 2018:

<table>
<thead>
<tr>
<th>RFI #</th>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>The RFP asks for an Approach and Work Plan for a Space Utilization Plan;</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>however, in Appendix D – Scope of Work, the RFP specifically calls out</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Functional Programming. Does Grady want the Approach and Work Plan to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>include both Space Utilization and Functional Programming?</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>The Center for Advanced Surgical Services does not appear to be included</td>
<td>The Center for Advanced Surgical Services is a separate project not associated with this effort at Ponce Center.</td>
</tr>
<tr>
<td></td>
<td>in the 2016 HDR master plan.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>a. Will this service be displacing one or more programs in the 2016</td>
<td></td>
</tr>
<tr>
<td></td>
<td>plan?</td>
<td></td>
</tr>
<tr>
<td></td>
<td>b. Will Grady be providing demand and volume forecasts for the</td>
<td></td>
</tr>
<tr>
<td></td>
<td>consultant to translate to space?</td>
<td></td>
</tr>
</tbody>
</table>
## Project Name: FACILITY ASSESSMENT, PROGRAMMING and PLANNING SERVICES for PONCE de LEON CENTER MASTER PLAN

### RFP Number: JAZZID_1739

<table>
<thead>
<tr>
<th>Qn</th>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>For how many departments/service/groups will the consultant be doing detail programming (there were 18-22 in the 2016 planning)?</td>
<td>Assume the same approximate number of groups used in the development of the Master Plan – some groups may be able to meet together/at the same time.</td>
</tr>
<tr>
<td>5</td>
<td>Has any geotechnical investigation been done on the project site? If so, will a report be made available?</td>
<td>Not during my tenure with Health System, but any previous reports that are available will be made available.</td>
</tr>
<tr>
<td>6</td>
<td>Will original building plans be made available prior to the deadline for submission of proposals?</td>
<td>Typically not; I will investigate timing and send an invitation to all responding Architectural firms if this changes. However, this will not extend the responding time/due date.</td>
</tr>
<tr>
<td>7</td>
<td>How many firms will be shortlisted to the interview stage?</td>
<td>Two to no more than four;</td>
</tr>
<tr>
<td>8</td>
<td>Please provide more detail on the expectation of presentation graphics as required in the matrix in Attachment A of the RFP.</td>
<td>Presentation graphics include:  - Rendered floor plans  - Rendered elevations  - Selected rendered interior perspectives for use in Health System communications.</td>
</tr>
</tbody>
</table>

**ATTACHMENT FOLLOWS**
- END OF DOCUMENT - ADDENDA 2 -
ADDENDUM # 3

1. The following questions were received as of 10:30 A.M., Wednesday, February 28, 2018 :

<table>
<thead>
<tr>
<th>RFI #</th>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>8</td>
<td>Do our subs need to be registered with VendorMate, or is it sufficient if just the prime (GS&amp;P) firm is registered?</td>
<td>No</td>
</tr>
<tr>
<td>9</td>
<td>Please confirm the Prequalification sent in January 2018 is required as part of this submittal? If so, is one hard copy sufficient, or should we submit same number as the RFP requested for the Proposal?</td>
<td>• Yes&lt;br&gt;• We will need one copy for each Proposal</td>
</tr>
</tbody>
</table>

END OF DOCUMENT
**ADDENDUM # 4**

The following questions were received as of 10:30 A.M., Thursday, March 1, 2018:

<table>
<thead>
<tr>
<th>RFI #</th>
<th>QUESTION</th>
<th>RESPONSE</th>
</tr>
</thead>
<tbody>
<tr>
<td>10</td>
<td>Is there a site survey available? Does it delineated property lines, ownership, topography, roads, walks, buildings, vegetation, overhead and underground utilities?</td>
<td>No not at this time</td>
</tr>
<tr>
<td>11</td>
<td>It appears this scope of services does NOT include Civil engineering services (review of site utilities needed to support the renovation, site investigation report, due diligence and will serve letters). We assume this is because the focus is on the interior fit up. Please confirm.</td>
<td>Civil engineering may be required to assess parking options and to confirm external supply/waste utilities will support the master plan;</td>
</tr>
<tr>
<td>12</td>
<td>If no Civil is needed, will the cost of site development for any surface parking related to the fit up of existing upper floors be done as a broad approximation?</td>
<td>No, pricing for parking needs better definition than “broad approximation”</td>
</tr>
<tr>
<td>13</td>
<td>Are we to assume that the current site utilities will support the immediate scope of renovation / fit up of upper floors?</td>
<td>No – hence the requirement for utility assessment, and the statement in the Pre-Bid meeting of the need to confirm all utilities – existing internal, and external supply/waste, will support the master plan.</td>
</tr>
<tr>
<td>14</td>
<td>Will the cost estimate be limited to the fit up of the upper floors?</td>
<td>No – cost estimate will be required for all internal</td>
</tr>
<tr>
<td>Question</td>
<td>Answer</td>
<td></td>
</tr>
<tr>
<td>---------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>floors and any directly related site improvements such as surface parking? (In other words, exclude the cost of expanded area for the clinic? A parking deck? We understand we MAY do some sketches related to this but this is not part of scope)</td>
<td>renovation/remodeling, not just the shell build-out; The expansion of the building is not in the scope, but the identification of future opportunities is -- however, pricing these is not in the scope; If the parking solution recommends a parking deck, costs will need to be identified.</td>
<td></td>
</tr>
<tr>
<td>Is it safe to assume there will be meetings organized around three levels of participants - GHS-FD, GHS-Core (steering) Committee, GHS-Technical?</td>
<td>No -- there are four levels of participants: 1. specific user groups, which will report to the Core/Steering Committee, 3. GHS-FD (though most of the GHS-FD meetings will in conjunction with the other teams) 4. GHS-Technical (meetings will be less frequent)</td>
<td></td>
</tr>
<tr>
<td>Approximately how many groups will we need to interview?</td>
<td>Based on the participation and programs outlined in the Master Plan, there may be as many as 18-22 groups, though several may be combined based on need and operational overlap. Identifying and consolidating groups will be one of the first items on the agenda at the kick-off meeting with the Steering Committee.</td>
<td></td>
</tr>
<tr>
<td>The RFP lists Structural under the Building Utilities section of the facility assessment. Please confirm if a structural evaluation of the existing building is required in this scope of services.</td>
<td>Structural evaluation will be required in addressing any roof-top HVAC units, floor patching, utility shafts, etc.</td>
<td></td>
</tr>
<tr>
<td>The RFP Section 2 lists ‘A/E fees to complete design through Contract Administration’ as part of the services. Please confirm that the total fee is not needed for this RFP, or if it will only be needed from the selected team for the purposes of a complete project cost estimate deliverable.</td>
<td>Yes -- “A/E fees to complete design through Contract Administration” are not required in response to this RFP, but will be part of the deliverables once scope and construction budget are confirmed.</td>
<td></td>
</tr>
<tr>
<td>Confirm if CON documents/submittal preparation will be part of this initial phase of the project.</td>
<td>CON documents will be in support of GHS consultant (drawings, construction narrative, certified construction budget estimate)</td>
<td></td>
</tr>
<tr>
<td>Appendix D – Scope of Work, section b. Phase 2B refers to the Center for Advanced Surgical Services project. Please confirm that this section for Operational Planning and Functional Programming applies to this RFP, and that Reference(s) the Center for Advanced Surgical Services (C.A.S.S.) project are an error. The C.A.S.S. is a separate project not associated with Ponce Center. Operational planning and functional programming for the C.A.S.S.</td>
<td></td>
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<td>---</td>
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</tr>
<tr>
<td>21</td>
<td>Regarding the reference in Section 2 of the RFP requiring an assessment of the building envelope, can you define the extent of this assessment? Have there been problems with the building envelope that would require an in-depth envelope assessment? Can we assume this is to be based on visual observation from the ground, roof levels and out windows, along with information provided from the facility, such as age of roofs and reports of any leaks?</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>There are no documented problems with the building envelope other than concerns about the age of the roof(s). Envelope assessment will be limited to observable existing conditions, with recommendations and/or proposed solutions/investigations developed in the overall engineering narrative.</td>
<td></td>
</tr>
<tr>
<td>22</td>
<td>Regarding the MEP systems, can you provide guidance as to extent of work required in the assessment, programming and planning services? Is it appropriate to provide an assessment of the existing systems and a description of the overall improvements needed to support the building’s proposed use?</td>
<td>Yes, an overall assessment of the existing systems (age, condition, life remaining – i.e. a “red/yellow/green” report), with description(s) of overall improvements/recommended replacements that need to be addressed to support the programs and provide flexible utility support into the future.</td>
</tr>
</tbody>
</table>