

The Grady Memorial Hospital Corporation
d/b/a

GRADY HEALTH SYSTEM



Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

Facilities Development

**REQUEST FOR PROPOSAL
(RFP)**

FOR

**ARCHITECTURAL AND ENGINEERING SCHEMATIC DESIGN SERVICES
FOR
PONCE de LEON CENTER**

F2018007

**Request for Proposal Posted: Friday, June 21, 2019
Mandatory Pre-Bid Meeting: Tuesday, July 2, 2019
Proposal Due: Thursday, July 25, 2019 at 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 25,000 inpatient visits and more than 600,000 outpatients annually, including over 95,000 emergency care visits (including psychiatric emergency).

SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

Project Overview

The Project consists of program verification and schematic design for the seven story, approximately 98,000+/- s.f. Ponce de Leon Center, located on 6.9 acres at 341 Ponce De Leon Ave NE, Atlanta, GA 30308.

Prior to the completion of Schematic Design, the selected firm will provide a change order proposal to move into the next, Design Development Phase, and the contract will be modified accordingly.

The Ponce Center has housed the Health System’s HIV/AIDS Primary Care and Research Center since the mid-1990’s and is in need of building out two floors of shelled space and remodeling the remaining occupied Patio through fourth floors to meet current best practices

Creating a healing environment is important for GHS’s based patient centered care delivery model.

Design solutions must be inspired by the Project Drivers, respond to the needs of the patients and care givers through architecture as well as through material selections, and recognize the separate needs and identities of the patient community.

Development of healing environment design goals and principles is required during the Conceptual/Schematic Design phase of the Project as this will be used to validate all future design decisions.

Architect shall be responsible for all design and engineering services related to the Project including, but not limited to:

a. Renovation and optimization to an existing 98,000+/- BGSF outpatient tower to redistribute clinics, diagnostic and treatment, administrative, main entrance, public, loading dock, and related clinical and non-clinical support spaces.

b. Construction costs for the Project are estimated at \$15,000,000 (fifteen million dollars and zero cents) for excluding escalation), for renovation/remodeling within the existing building foot-print, and an additional \$10,000,000 (ten million dollars and zero cents excluding escalation) for MEPFPT (Mechanical, Electrical, Plumbing, Fire Protection and Technology) replacements and upgrades.

c. Additionally, Architect shall provide all Interior Design services for the Project.

This includes but is not limited to:

- coordination with GHS to integrate design with overall branding strategy as inspired by GHS's patient centered care delivery model;**
- ergonomics;**
- selection of cost effective appropriate materials, providing durability and maintainability;**
- coordination with other disciplines such as architecture, lighting design, acoustics, and wayfinding.**

d. Architect shall provide Design Schedule including GHS's review dates, drawing durations, etc.

e. Medical Equipment Planning Services

Architect shall provide Medical Equipment Planning services, meeting with end users to assess GHS's medical equipment needs.

Architect shall specify all medical equipment, including all necessary related elements including, but not limited to:

- power,**
- heat loads,**
- IT connections,**
- all required backing for attachments,**
- all structural requirements including seismic bracing and anchorages and connections to building systems, etc.**

Architect shall provide incidental medical equipment planning services including but not be limited to:

- power,**
- heat loads,**
- IT connections,**
- all required backing for attachments,**
- all structural requirements including seismic bracing and anchorages and connections to building systems,**

for all incidental medical equipment including automated medication dispensers, automated supply dispensers, refrigerators, monitors, sharps containers, etc.

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 details:

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

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.
8. The Bidder shall have experience in providing similar scope of work in similar institutions as described in this IFB. 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 long term care resident environment.
9. Please provide three (3) references of similar size and scope of implementation.

SECTION 3: PROPOSAL EVALUATION, SELECTION PROCESS, AND SCHEDULE

***Mandatory Pre-Proposal Conference: Tuesday, July 2, 2019 at 10:00 a.m. EDT**

Fifth Floor, Ponce de Leon Center

341 Ponce de Leon Avenue

Atlanta, Georgia 30308

Design Team Consultant Walk-through: Wednesday, July 3, 2019 at 10:00 a.m. EDT

RFI Questions Due: Thursday, July 18, 2019 at 12:00 p.m. EDT

***Final GHS responses to questions will be posted via e-Builder links by Friday, July 19, 2019 at 12:30 p.m. EDT**

Response Due Date: Thursday, July 25, 2019 at 2:30 p.m. EDT.

***Presentations and Interviews: Tentatively the week of August 13, 2019**

***Award Recommendation: Tentatively mid-August**

Vendor to start not later than 5 days from Notice of Award/to Proceed

** Date(s) are subject to change*

SECTION 4: SPECIFICATIONS / DESCRIPTION

§ 4-A Scope of Services

Please see Appendix D for a complete list and explanation.

The Scope of Services for this effort includes:

- a) Program verification,**
- b) infrastructure analysis,**
- c) schematic design drawings and narrative, and schematic design project budget estimate,**
- d) design development and design development project budget estimate, to follow via Change Order to this Contract**
- e) construction documentation and 95% construction document project budget estimate, to follow via Change Order to this Contract**
- f) interior design, including FF&E specifications from Health System Standards,**
- g) medical equipment planning**
and
- h) construction contract administration to follow via Change Order to this Contract**

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# F2018007** 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 Smith, Senior Architectural Project Manager** no later than **Thursday, July 25, 2019, @ 2:30 p.m. EDT**. 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 Smith, Senior Architectural Project Manager**, the sole point of contact for this RFP during the RFP process. Contact with any person other than **George Smith** is grounds for disqualification from this 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 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:
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 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 principals 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 shall be issued by George Smith, and unsuccessful Offerors shall be notified in writing, after award has been made and accepted.

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. In addition, a copy of reported Diverse Supplier spend, must be attached with the submission of any invoices to GHS

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 is 20 % (twenty percent), of the contract value.

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.

Vendors interested in doing business with GHS® are required to sign the Certification below and complete the Supplier Diversity Section in its entirety and submit it with their bid response.

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 quarterly, in a manner in GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

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 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 the Procurement/Contracting Department. Unsuccessful Offerors shall be notified in writing, after award has been made.

RFQ 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.

(LFD) Local Business Enterprise: A business that is owned, operated, and located within DeKalb and Fulton County, Georgia.

(LSFD) Local Small Business Enterprise: A small business that is owned, operated, and located within DeKalb and Fulton County, Georgia.

U.S. Small Business Administration: As defined by the Small Business Act, a small business concern is "one that is independently owned and operated and which is not dominant in its field of operation." *Small Business* -- Depending on the industry, 'small' is defined by either the number of employees or average annual receipts of a business concern. Website

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

reference for size standards by NAICS code is
www.sba.gov/services/contractingopportunities/sizestandardstopics/index.html.

(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.

(SBE) Small Business Enterprise - Includes businesses physically located in the United States or its trust territories that are independently owned and operated, not dominant in its field of operation, with 500 or fewer employees (maximum allowable employees to qualify as a Small Business Enterprise may be greater than 500, depending on your industry).

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.

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

**BUSINESS IDENTIFICATION AND NONDISCRIMINATION
(TO BE SUBMITTED WITH BID)**

	Yes	No												
Small Business as defined by the US. Small Business Administration (DBE, SBE, Hub Zone)														
Minority Business Enterprise (MBE) If yes, please indicate the percentage of minorities who own, control or operate your company:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">African American</td> <td style="width: 10%; text-align: center;">%</td> <td style="width: 33%;">Asian American</td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td>Hispanic/Latino</td> <td style="text-align: center;">%</td> <td>Pacific Islander</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Native American</td> <td style="text-align: center;">%</td> <td>Other</td> <td style="text-align: center;">%</td> </tr> </table>	African American	%	Asian American	%	Hispanic/Latino	%	Pacific Islander	%	Native American	%	Other	%		
African American	%	Asian American	%											
Hispanic/Latino	%	Pacific Islander	%											
Native American	%	Other	%											
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 3 rd 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														

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

	Yes	No
Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.		
Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?		
Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/Affirmative Action employment policy?		
Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?		
Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?		
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?		
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?		
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 opportunities?		
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?		
Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.		

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 Offerors' 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) PG.2

(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 Direct and/or Indirect Tier II for this Solicitation is **20 %** of the contract value.

Company Name: _____
GHS Business Unit: _____
Phone Number: _____

Agreement Term: _____
GHS Business Unit Contact Name: _____
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: _____
Address: _____
Fax: _____

Company: _____
Phone: _____
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:

Vendor Name	Address	Contact	Phone	E-Mail	Certification Type	Business Classification (Product/Service)	Direct Projected Spend in Dollars	Direct Projected Spend by Percentage

Submitted by:

Authorized Representative 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:

Name and Address of certified diverse business enterprises	Type of work and Contract Items, Supplies or Services to be Performed	Response	Reason for Not Accepting Bid

(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 enterprise:

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:

Print Name:

Title:

Date:

Joint Venture/Subcontractor/Consultant
Signature:

Print Name, Title and Date:

Address:

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

Title

Date

APPENDIX A: REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF OFFERORS
****REQUIRED INPUT WITH SUBMISSION****

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#F2018007**). 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: **ARCHITECTURAL AND ENGINEERING SCHEMATIC DESIGN SERVICES FOR PONCE de LEON CENTER
MASTER PLAN**

RFP Number: **F2018007**

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:

**ARCHITECTURAL AND ENGINEERING SCHEMATIC DESIGN SERVICES FOR PONCE de LEON CENTER
MASTER PLAN**

(RFP# F2018007)

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 IFP including construction administration due dates that will be set forth in the Engagement Letter upon project award.

4. ADDENDA

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

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.....
- 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 12:00 P.M. ON THE DAY FOLLOWING 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)

.....
(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: F2018007

RFP DESCRIPTION: ARCHITECTURAL AND ENGINEERING SCHEMATIC DESIGN SERVICES FOR PONCE de LEON CENTER MASTER PLAN

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN **Thursday, July 25, 2019 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 28 pages. Questions regarding RFP#**F2018007** should be directed to **George Smith no later than Friday, June 28, 2019, 3:00 p.m. EDT**

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

<u>DELIVERY ADDRESS</u>	<u>MAILING ADDRESS</u>
Grady Health System Facilities Development 22 Piedmont Avenue SE, Suite 300 Atlanta, GA 30303	Grady Health System Facilities Development 80 Jesse Hill, Jr., Drive SE Atlanta, GA 30303

***NOTE: FAXED RESPONSES WILL NOT BE ACCEPTED.**

Executive Director

Materials Management: _____

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

The following list of services is intended to demonstrate the requirements that are necessary to implement the analysis, design development, preparation of construction bid documents, and construction administration that should be addressed in your bid.

- 3.1 In order to eliminate conflicts and reduce change orders during construction it is imperative that structural, architectural, mechanical, plumbing, medical gas, and electrical drawings be coordinated and existing conditions be field verified during the design and construction document phases. Therefore, you are expected to conduct field investigations as required to understand and reflect existing conditions at the job-site (Required prior to bid submittal.)
- 3.2 Provide labor, materials, means and methods to successfully execute completion of the project per scope of work.
- 3.3 Scope of Services:
- 3.3.a Conduct Program Verification meetings to confirm programmatic requirements;
- 3.3.b Conduct infrastructure review and analysis to determine scope of engineering work;
- 3.3.c Provide Schematic Design drawings, engineering narratives and project budgets;
- ~~3.3.d Provide Design Development documents and project budgets;~~
- ~~3.3.e Provide Construction Documents consisting of detailed stamped construction drawings and specifications clearly indicating the work required for:~~
- 3.3.e.1 structural,
- 3.3.e.2 architectural
- 3.3.e.3 interior design
- 3.3.e.4 mechanical,
- 3.3.e.5 plumbing,
- 3.3.e.6 medical gas
- 3.3.e.7 fire protection
- 3.3.e.8 electrical trades.

~~A/E Construction Drawing sheets will need to include, but are not limited to:~~

- ~~▪ Cover with notes and legend(s)~~
- ~~▪ Life Safety drawings for review by the State Fire Marshall~~
- ~~▪ Infection Control Risk Mitigation (ICRM) plans and notes outlining scope of contractor's ICRM requirements~~
- ~~▪ Interim Life Safety Measures (ILSM) plans and notes (may be consolidated with ICRA plan above)~~
- ~~▪ General and specialty notes~~
- ~~▪ Door and hardware schedules~~
- ~~▪ Finish plans~~

- ~~Medical equipment plans~~
- ~~Furniture plans (for reference, construction coordination, and in coordination with GHS furniture vendor[s]);~~
- ~~Signage plans in coordination with existing GHS standards and signage vendor~~
- ~~Sections as required~~
- ~~Floor and reflected ceiling plans with notes and specifications~~
- ~~Interior elevations, details, and sections as required~~
- ~~Engineering plans, drawings, notes, details, and specifications as required to include, but not necessarily limited to:~~
 - ~~Structural, including equipment support structures to existing building.~~
 - ~~Mechanical~~
 - ~~Electrical~~
 - ~~Plumbing~~
 - ~~Medical Gas,~~
 - ~~Fire Protection~~

~~All drawings and specifications must be developed and coordinated with medical and non-medical FF&E.~~

3.3.f Interior Design, including FF&E specifications developed from Health System Standards;

3.3.g Medical Equipment Planning

~~3.3.h Construction Contract Administration~~

3.4 Your lump sum bids will include:

- ~~Separate construction bid package phased construction effort(s);~~
- Field verification, including meetings with Facilities Management and Clinical staff as required.
- Attendance at design review meetings with GHS-FD construction and architectural project managers, including meetings with the GHS Project Steering Committee Steering Committee meetings consist of: project “kick-off” and preliminary programming
 - program verification – as required
 - schematic design progress review(s) – as required
 - 100% schematic design Steering Committee review and sign-off,
 - ~~design development progress review(s) – as required~~
 - ~~100% design development Steering Committee review and sign off~~
 - ~~50% construction document review~~
 - ~~95% construction document Steering Committee review and sign-off~~

Each design review meeting is anticipated to last approximately 2 hours, with the A/E team responsible for:

- leading the meetings
- developing and distributing agendas
- taking, distributing, and revising (as required) meeting minutes.

- All meeting agenda will be reviewed/discussed the GHS Architectural Project Manager prior to scheduled meetings.
- Attendance at all design Technical Review meetings with the GHS-FD construction and architectural project managers, and including the Technical Review Team, consisting of members from supporting departments (Facilities Management for utilities, Epidemiology for patient care/infection control, Clinical Engineering, Security, Safety, Information Systems, Environmental Services, etc.).
Technical review meetings occur at:
 - Program verification
 - 100% schematic design completion
 - ~~100% design development completion (with the engineering team)~~
 - ~~95% construction document completion (with the engineering team)~~
- Production of one full-size set, one half-sized set, and one ACAD 2019 compatible drawing file of schematic design drawings which illustrate and verify the program(s) for GHS-FD Architectural Project Manager review.
- Schematic Design construction and project budget estimates.
- ~~Production of one full-size set, two half-size sets, one ACAD 2019 compatible drawing file and one pdf file of 95% design development documents for GHS-FD Architectural Project Manager review.~~
- ~~Design Development construction and project budget estimates.~~
- ~~Production of one full-size set, two half-sized sets, one ACAD 2019 compatible drawing file, and one pdf file of 50% construction documents for GHS-FD Architectural Project Manager Review.~~
- ~~Production of two full-size sets, two half-sized set, one ACAD 2019 compatible drawing file, and one pdf file of 95% construction documents for GHS-FD Project Manager review.~~
- ~~95% Construction Document construction and project budget estimates.~~
- ~~Submittal of:~~
 - ~~6 full-size sets of 100% completed, "For Construction", A/E stamped construction documents 3 half-size sets of 100% completed, A/E stamped construction documents~~
 - ~~1 CD of PDF files of 100% completed, "For Construction" A/E stamped construction documents to GHS-FD for submittal to Georgia Department of Community Health Planning.~~
 - ~~1 CD of ACAD 2019 compatible drawing files and PDF files of 100% completed, "For Construction", A/E stamped construction drawings and specifications.~~

~~GHS-FD will submit required documents to Georgia State Fire Marshal and Georgia Department of Community Health for review and comment.~~

~~The A/E will be responsible for any design changes mandated by the AHJ.~~

- ~~• Submittal of 2 full sets, of A/E stamped construction documents to the City of Atlanta for plan review.~~
- ~~• A/E will be responsible for any design changes mandated by the AHJ.~~
- ~~• A/E will submit an invoice for City Permitting Fees to GHS-FD Architectural Project Manager to request Health System Check the following week.~~
- ~~• A/E will submit drawings with Health System Check for permit review following receipt of check.~~
- ~~• Contract administration including review and approval of contractor submittals
(Estimated construction duration over three phases – approximately **12 months**)~~
- Reimbursable Expenses.
- ~~• Review of installation at 50% and 90% to insure construction is per plans and specifications.~~
- ~~• Attendance at weekly Owner/Architect/Contractor construction progress meetings.~~
- ~~• Preparation, revision as required, and distribution of notes to GHS-FD Architectural and Construction Project Managers reflecting design related issues discussed during weekly construction meetings.~~
- ~~• Preparation of as-built Record Documents (including ACAD 2019 compatible electronic files).~~
- ~~• Preparation of punch list items upon completion of each phase installation.~~
- A/E scope responsibility marked on check boxes (see Attachment A).

SCHEDULE

Start Date:	Date of Completion (after contract execution)
Upon Contract execution your firm shall be ready to begin work within (7) calendar days.	SCHEDULE: Certificate of Need supporting documents shall be ready for CON application within 60 calendar days from Notice to Proceed.

Appendix E: Contractor Work and Permit Requirements

Project Name: **ARCHITECTURAL AND ENGINEERING SCHEMATIC DESIGN SERVICES FOR PONCE de LEON CENTER** Project No. F2018007
 Area: **Ponce de Leon Center** 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.

<p>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.</p>	<p>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.</p>
<p>INSURANCE Vendor must have proof of liability and workman's compensation insurance on site.</p>	<p>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.</p>
<p>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 <u>prior</u> to beginning work. Safety and/or the GHS Project Manager must approve temporary barriers.</p>	<p>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 approval from Epidemiology/ Safety to protect patient's health and welfare.</p>
<p>FIRESTOP 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.</p>	<p>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 spaces construction areas. All clothing must meet OSHA requirements.</p>
<p>SMOKING No smoking on premises. Use dedicated smoking areas outside of building.</p>	<p>CUTTING & CORING Observer to be posted to watch "blind side" of cutting, if coring, or if demolition is to be done.</p>
<p>COMMUNICATION DEVICES Use of cell phones <u>prohibited</u> 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.</p>	<p>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.</p>
<p>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 refuge is to be left at any entry. Contractors will not use hospital equipment to clean up their projects.</p>	<p>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.</p>

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

<p>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.</p> <hr/> <p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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 Manger 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.</p>
<p>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.</p>	<p>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.</p>
<p>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.</p>	<p>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.</p>
<p>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</p>	<p>INTERIM LIFE SAFETY MEASURES These are a series of administrative actions that must be taken to compensate for construction deficiencies or activities. They include:</p> <ol style="list-style-type: none"> 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:

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

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Proposal*

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:

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

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.

END OF ATTACHMENT

Attachment B

PDF file of floor plans for the existing conditions for Ponce Center

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 F2018007

Please scan or fax a copy before noon pm, the day following the mandatory pre-bid meeting (Wednesday, July 3, 2019) to:

George Smith
Senior Architectural Project Manager
Facilities Development
22 Piedmont Avenue SE, Suite 300
Atlanta, Georgia 30303
Fax : 404-489-6946
e-dress: imann@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)