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**INVITATION FOR BIDS:**

GRADY MEMORIAL HOSPITAL  
INTERIOR WAYFINDING SIGNAGE  
FABRICATION AND INSTALLATION  
IFB F2017008  
[Grady Memorial Hospital](#)  
80 Jesse Hill, Jr., Drive SE  
[Atlanta, GA](#) 30303

**I. Introduction****A. Overview and Statement of Design Intent**

Grady Memorial Hospital is a premier public academic hospital located in downtown Atlanta, Georgia.

Throughout the past two years, Grady and Corbin Design have worked together to develop a new wayfinding logic and interior signage standards.

This package is for the high-level wayfinding signage implementation.

Fabricators will be responsible for:

- demolition of all existing wayfinding signage,
- patch and repair/re-paint at the locations of removed signage,
- fabrication of new signage to the attached drawings and specifications
- installation of new signage at the locations shown on the attached sign location plan (SLP).

The new sign package emphasizes the messaging within the sign frame through an elegant, custom design. The wall signs are fabricated with layers of acrylic and printed inserts.

**B. Owner**

Grady Memorial Hospital

Patrina E. Crayton  
Architectural Project Manager  
Grady Memorial Hospital  
Facilities Development Department  
22 Piedmont Avenue SE  
Suite 300  
Atlanta, Georgia 30303

office: 404-616-6751  
email: [pecrayton@gmh.edu](mailto:pecrayton@gmh.edu)

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### **C. Designer**

Corbin Design  
109 East Front 304  
Traverse City, MI 49684  
Phone: 231 947-1236  
Fax: 231 947-1477  
Project Manager: Becky Douthitt  
Project Manager email: [becky@corbindesign.com](mailto:becky@corbindesign.com)  
Designer: Hesper Smyth  
Designer email: [hesper@corbindesign.com](mailto:hesper@corbindesign.com)

## **II. Project Schedule**

### **A. Bidding and Completion Schedule**

*All times are EDT*

Bid documents issued: Friday, June 21, 2019  
Mandatory Pre-bid Site Tour: Tuesday, July 9, 2019 | 10:00 a.m.  
Sub-Contractor Site Tour: Wednesday and Thursday, July 10 - 11, 2019 | 9:00 a.m.

Proposing contractors and/or sub-contractors shall properly equipped to complete preliminary field investigations of above ceiling conditions.

Bid forms and submittals due: Thursday, August 1, 2019 | 2:30 p.m.  
RFI due: Friday, July 26, 2019 | 12:00 p.m.  
Final Addendum issued: Tuesday, July 30, 2019 | 2:00 p.m.  
Contract award/Notice to Proceed: +/- August 22, 2019  
Project submittals creation: 15 working days from Notice to Proceed  
+/- Thursday, September 12, 2019  
Project submittals review/approval: +/- October 3, 2019  
Fabrication & Installation: +/- October 3, 2019 - November 28, 2019  
Installation completes +/- November 27, 2019

Submittal to Owner of the enclosed bid forms will acknowledge Bidder's agreement with this time schedule. If you cannot make the completion schedule, please note this on the bid form section 1, Bidder's Proposed Schedule for the Work, with:

- back-up for your inability to meet this schedule and/or
- an alternate proposed schedule – with back-up.

### **B. Bid Submittal**

Bids are to be submitted on or before 2:30 p.m., Thursday, August 1, 2019.

Four hard copies shall be submitted:

- Three (3) copies to the Owner at the above address.

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- One (1) copy of the bid and the requested sample are to be submitted to the Designer at the above address.

In addition, one (1) electronic copy shall be delivered electronically via e-Builder to a link that shall be provided during the bid/addenda period.

Bids shall remain valid for a period of ninety (90) days from submission.

### **C. Mandatory Pre-Bid Site Visit**

A mandatory pre-bid Meeting and Site Tour will be held Tuesday, July 9, 2019 beginning at 10:00 a.m., in the office of Grady Facilities Development at the address previously listed.

The preliminary agenda includes:

- Introductions
- Document review
- Grady Work and Procurement Requirements
- Schedule recap
- Limited questions
- Site tour lead by the Owner.
- Please come prepared with:
  - copies of the IFB as the Owner will not supply hard-copied at the pre-bid meeting
  - any questions you may have

## **III. Bid Package**

### **A. Contents**

The items listed below are available via the Owner's website:  
[gradyhealth.org/suppliers](http://gradyhealth.org/suppliers)

1. Bid Document and Bid Form
2. Design intent and specifications of each sign type
3. Fabrication Specifications, including pre-fabrication and post-installation submittal requirements and warranty requirements
4. Sign location plan (SLP - for bidding purposes only)
5. Sign message schedule (SMS - for bidding purposes only)
6. Electronic artwork for sign sample

### **B. Explanation to Bidders**

Any explanation desired by a Bidder regarding the meaning or interpretation of the bid package must be requested in writing to the Designer, copied to the owner, at above email address by **Friday, July 26, 2019 at 12:00 pm** to allow sufficient time for a reply to reach all prospective Bidders before the submission of their bid.

Do not wait to submit RFI until that date/time.

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Information will be furnished to all prospective Bidders as at least one addendum. Receipt of addenda by number/date by Bidders must be acknowledged on the bid form. All Bid Addenda will be posted on the GHS website listed above. The final Bid Addendum will be issued on **Tuesday, July 30, 2019, by 2:00 p.m. on the Grady website listed above.**

#### **C. Modification and Withdrawal of Bid**

Prior to the bid submittal deadline, any bid submitted may be modified, withdrawn or resubmitted by notifying the Owner and the Designer. Withdrawal notices and revised bids shall be submitted in writing and must be received on or before the bid submittal deadline. No bid may be modified, withdrawn, or cancelled by the Bidder, except upon the express permission of the Owner and the Designer, unless the award of contract is delayed for a period of 90 days.

#### **D. Experience**

The Owner requires that all Bidders must have sufficient experience in projects of this type, size and complexity in order to submit a bid for the project.

Bidders must provide the names/locations of three projects of similar scope and size in the field of architectural interior signage.

Please provide:

- the name and contact information, including address, telephone number, and e-address, of the individual for each project who can discuss the working relationship with your company,
- a brief description of the project.

The Owner and/or Designer may elect to contact these individuals as part of its evaluation of your bid.

It is the intent of the Owner to award a contract to the most qualified Bidder, provided the bid has been submitted in accordance with the requirements of the bid package and does not exceed the funds available.

The Owner shall have the right to waive any informality or irregularity in any bid(s) received and to accept the bid which, in its judgment, is in its own best interests.

The Owner reserves the right to reject any and all bids for any reason.

The criteria the Owner will use in evaluating the bids are as follows (listed in no particular order of priority):

- Quality, appearance and adherence to the specifications of the samples submitted;
- Bidder's schedule for the work;
- Unit sign cost;
- Total project cost:
  - Removal
  - Patching and painting

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- Fabrication
  - Installation
  - Reputation of the firm in completing past work (references);
  - Compliance with Grady MWBE/Diversity and Inclusion requirements (see attached)
  - Demonstrated understanding of the project; and
  - Review of sample shop drawings and sample keystroking documents.

#### **E. Familiarity with Project Premises and Conditions**

Prior to submitting a bid, the Bidder is required to inspect the work site and its surroundings during the Pre-Bid Site Tours.

For the purposes of the contract it shall be conclusively presumed the bidder has waived the right to later claim extra payment or time extensions for conditions which would have been evident had the site been inspected prior to bid submittal.

#### **F. Taxes**

This facility is exempt from all federal excise tax and state sales and use taxes.

However, depending upon the situation, the Bidder may not be exempt from said taxes, and the Owner is making no representation as to any such exemption.

### **IV. Submittal Requirements**

#### **A. Bid Submittals**

All bid submittals shall be sent to the Owner and Designer, in the quantities requested, at addresses above.

#### **Notes:**

- ***Bid forms submitted without the requested samples will be rejected.***
- ***Bids will not be opened publicly.***
- ***All parties submitting bids will be notified in writing of the results of their submission.***

The following items are required to be submitted with the bid form:

#### **1. Sign Sample**

Two (2) sample signs shall be prepared, by the Bidder and will be reviewed by both the Owner and the Designer.

One (1) shall be sent to the Owner, one (1) shall be sent to the Designer. These samples shall accurately reflect the Bidder's intention to fabricate the I-2 Secondary ID sign.

The successful Bidder will be expected to fabricate all signage using identical craftsmanship demonstrated in the sample sign submitted or as approved by the Designer.

*Submit sample sign to both Owner and Designer.*

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## **2. Typical Existing Shop Drawing**

Detailed shop drawing for a previously fabricated sign that is similar in construction to G-1 Guide Sign.

Shop drawing shall reflect the method of fabrication and materials used, mounting techniques and hardware, and internal construction and illumination if necessary.

*Submit sample shop drawing to both Owner and Designer.*

## **3. Keystroking Proofs**

A sample proofing document of final production keystroking you have created for a previous project for the sign message for a sign similar in type to the G-1 Guide Sign.

Keystroke proofs are to be in position composition proofs.

Keystrokes are to be in scale but not full sized.

*Submit sample keystroking proofs to both Owner and Designer.*

## **B. Submittals**

1. Upon award of contract, the successful Bidder shall submit all Pre-Fabrication Submittals outlined in the Fabrication Specifications starting on page 7 of the Design Intent Drawings.
2. During fabrication, the successful Bidder shall submit all updates as outlined in the Fabrication Specifications starting on page 7 of the Design Intent Drawings.
3. Following installation, the successful Bidder shall submit all Post-Fabrication submittals as outlined in the Fabrication Specifications starting on page 8 of the Design Intent Drawings.

## **V. Award of Contract**

### **A. Documents Provided to Successful Bidder**

The following is a list of the documents that will be provided to the successful Bidder by the Designer.

1. Outlined Illustrator files of the Design Intent Drawing for each sign type (created in Adobe Illustrator, version CC2017).
2. A PDF file of the Sign Message Schedule.
3. PDF files of the final Sign Location Plans (SLP's).

### **B. Contractual Relationship**

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Once the Owner selects a Successful Bidder, the primary contractual relationship will be between the Owner and the Successful Bidder. Corbin Design will continue to work with the Successful Bidder throughout fabrication and installation to protect the design intent and to assure faithful implementation of the wayfinding system as designed.

### **C. Default**

The Owner may at any time, by written notice to the Bidder, terminate this contract and the Bidder's right to proceed with the work, for just cause, which shall include, but is not limited to the following:

1. Failure to provide insurance and bonds (when called for), in the exact amounts and within the time specified or any extension thereof.
2. Failure to make delivery of the supplies, or to perform the services within the time specified herein, or any extension thereof.
3. The unauthorized substitution of articles for those bid and specified.
4. Failure to make progress if such failure endangers performance of the contract in accordance with its terms.
5. Failure to perform in compliance with any provision of the contract.
6. Standard of Performance – the Bidder guarantees the performance of the commodities, goods or services rendered herein in accordance with the accepted standards of the industry or industries concerned in this bid package, except that if this specification calls for higher standards, then such higher standards shall be provided.

Upon notice by the Owner of the Bidder's failure to comply with such standards or to otherwise be in default of this contract in any manner following the award of contract, the Bidder shall immediately remedy said defective performance in a manner acceptable to the Owner. Failure by the Bidder to immediately correct said defective performance shall be considered a breach of this contract and grounds for termination of the Bidder by the Owner.

In the event of any breach of this contract by the Bidder, the Bidder shall pay any cost to the Owner caused by said breach including but not limited to the replacement cost of such goods or services.

The Owner reserves the right to withhold payment until any defects in performance have been satisfactorily corrected.

7. All remedies available to the Owner herein are cumulative and the election of one remedy by the Owner shall not be a waiver of any other remedy available to the Owner.

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#### **D. Independent Contractor**

At all times, the Bidder, any of his/her employees, or his/her subcontractors and their subsequent employees shall be considered independent contractors and not as employees of the Owner.

The Bidder shall exercise all supervisory control and general control over all workers' duties, payment of wages to Bidder's employees and sub-contractors, and the right to hire, fire and discipline their employees and workers.

As an independent contractor, payment under this contract shall not be subject to any withholding for tax, social security or other purposes, nor shall the Bidder or his/her employees be entitled to sick leave, pension benefit, vacation, medical benefits, life insurance or workers' unemployment compensation or the like from the Owner.

### **VI. Installation**

#### **A. Installation Subcontractors**

If the successful Bidder will use a subcontractor to perform signage installation, the successful Bidder must provide a company representative to act as an on-site supervisor to oversee this work. (see also section V.D. Independent Contractor)

#### **B. Demolition and Repair**

Bidder is responsible for the removal and disposal of certain signs as identified by the Owner and within the sign message schedule.

The Bidder and their subcontractors shall at all times keep the Owner's premises and the adjoining premises, driveways and streets clean of rubbish caused by the demolition operations, and at the completion of each day's work shall remove all rubbish, tools, equipment, temporary work and surplus materials, from and about the premises.

Repair of wall service to include feathering of paint to top and bottom and edge to edge – not just the sign square area. Owner will provide the paint specifications for the Bidder to procure the correct colors.

Ceiling repairs are to be covered by an allowance, and shall be repaired in like construction. Owner will provide paint and ceiling tile specifications for Bidder's procurement.

All rubbish and debris shall be disposed of off site in an approved sanitary landfill. Job site shall be left safe, neat and clean at the completion of each day's operation. Bidder shall be responsible for repairing or correcting damage to other contractor's work resulting from Bidder's work.

#### **C. Punch-list**

It is required that the successful Bidder complete regular daily/weekly walk-throughs with the Owner/Designer immediately following installations to identify any errors, such as construction or installation issues, prior to completion.



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Such errors are to be corrected in a timely manner, and to the satisfaction of the Owner.

A final Punch-list walk-through shall be conducted at the completion of the installation, with corrections and/or repairs made in a timely manner thereafter.

#### **D. Site Safety and Restoration**

During the installation period, successful Bidder and subcontractors are responsible for their own safety, and are expected to maintain a safe environment for GHS patients, visitors, staff, and others working and moving through the space.

Successful Bidder and subcontractors are to keep the Owner's premises and the adjoining premises, driveways and streets clean and clear.

Job site shall be left safe, neat and clean at the completion of each day's operation. Bidders and subcontractors are also expected to temporarily maintain any mockup or temporary signs in order to continue their directional and identification functions until final signage is installed.

At the completion of work, successful Bidder and subcontractors shall remove all rubbish, tools, equipment, and surplus materials, from and about the premises, and shall leave the site as originally found.

Successful Bidder shall be responsible for repairing or correcting damage to other contractors' work resulting from successful Bidder's work.

All members of the successful Bidder's team shall be properly identified while on site, and shall read and sign the attached "Work Rules" form.

### **VII. Warranty**

#### **A. Signage Warranty**

The successful Bidder is to provide a written five (5) year full replacement warranty to the Owner as outlined in the Fabrication Specifications (See Design Intent Drawings).

Successful Bidder shall also extend in writing to the Owner all manufacturers' warranties for materials and components used within the signs. It is the Successful Bidder's responsibility to obtain extended manufacturer warranties on all paint and powder coat applications.

#### **B. Repair or Replacement**

Without additional cost to the Owner the successful Bidder shall repair or replace, including installation, any defective signs or hardware which develop during the warranty period and repair any damage to other work due to such imperfections. The successful Bidder will be required to fully replace all signs that are in error relative to the working documents (sign message schedule and sign type drawings) that will be submitted to the successful Bidder upon award of contract.

### **VIII. Bid Form and Definitions**

#### **A. Bid Form**

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A bid form is provided with this document. Quantities shown on the bid form should be close to the final quantities but are provided for bid purposes only. It will be the successful Bidder's responsibility to verify the final counts.

**B. Cost Per Unit**

A unit cost price is required to enable the Owner to purchase and install additional signs within the next calendar year at the same price. Also, if the number of signs purchased initially increases or decreases, the unit cost provided shall be the basis for any cost adjustments.

**C. Subsequent Year Pricing**

Owner may need to purchase additional sign(s) in the next 2 – 3 years. Filling out the Bidder's Statement of Subsequent Year Pricing, at the end of this document, will help the Owner budget and plan accordingly, and is considered to be binding on the successful Bidder.

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## IX. MISCELLANEOUS

### A. Bid Open Record:

If a request to inspect the Bid, or any portion thereof, is made by a third party, GHS will endeavor to treat all materials requested to be kept confidential and non-disclosable to the extent provided by the Georgia Open Records Act. The Bidder 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 Bidder of any third party request for disclosure of such information pursuant to the Georgia Open Records Act or as may be otherwise made to Grady Health System.

If the Bidder requests that such information be held confidential and not disclosed by GHS, the Bidder 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 Bidder does consider the Bid or any portion thereof to contain confidential information, it shall submit a letter on the Bidder's letterhead signed by the owner or Chief Executive Officer, requesting that GHS treat the Bid confidential and private information to the extent possible under Georgia law. Otherwise, the Bidder agrees that its' submission may be deemed as public information.

### B. Regulatory and Ethical Compliance:

No Bid 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 Bidder'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 Bidder and/or its principles appear on the OIG list, GHS reserves the right to reject the Bidder's Bid and refuse award of a contract.

### C. Compliance With a Drug Free Workplace Act:

To the extent applicable to the work hereunder, Bidder hereby certifies pursuant to the Drug-Free Workplace Act (O.C.G.A. § 50-24-1 through 50-24-6), that:

1. A drug-free workplace will be provided for Bidder's employees during the performance of this Agreement;  
and
2. A written certificate shall be secured from each subcontractor hired by Bidder stating that: "As part of the subcontract with Bidder, subcontractor certifies to Bidder that a drug-free workplace will be provided for subcontractor's employees

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during the performance of this subcontract pursuant to paragraph (7) of subsection (b) of Code Section 50-24-3."

D. Limitation of Quantity of Bid Submissions:

Bidding firms are RESTRICTED AND PROHIBITED from submitting more than one bid submission per Firm or Joint Venture.

Submission of more than one bid submission package (i.e., response to a request for cost proposal) will result in all bid inputs from that Firm being disqualified.

Alternate bid quotations may be provided for varying product brand names meeting stated bid specifications IN ONE BID SUBMISSION.

E. GHS is not responsible for costs incurred by any firm or sub-contractor for postage, courier, printing, travel, or any other expenses related to preparation of bids, attendance at pre-bid or other associated activities.

All bids and documents submitted become the property of GHS unless otherwise requested in writing by responder at the time of the submission.

Submission of any materials, confidential or otherwise, will implicitly grant the right of use by GHS.

F. Any cost incurred in the preparation and presentation of this response is to be absorbed by the Bidder.

All documents submitted will become the property of GHS unless otherwise requested in writing by Bidder at the time of submission.

Further, any materials submitted by Bidder 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 Authority.

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.

G. Management Plan:

GHS will review and evaluate an overview of the proposed project management team and plan.

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In this overview, please identify the sub-contractors and other key staff who would be assigned to the project and involved in providing goods/services as specified in the IFB.

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.

The Bidder shall also include an overview of its corporation, which will include, but not be limited to a summary of the firms project management and control policies.

- H. Economic Plan: The Grady Memorial Hospital Corporation d/b/a Grady Health System (GHS) is committed to ensuring that local, small, or economically disadvantaged businesses are given every opportunity to participate in contracting opportunities.

Firms interested in doing business with GHS are required to complete Appendix C (Economic Opportunity Plan), and to submit with their bid response. Firms are also required to include within its response a short narrative describing its commitment to assist GHS in striving to maximize participation of local, small economically disadvantaged businesses.

- I. GHS Policies and Procedures Compliance:

The successful bidder, its agents, employees, assigns and sub consultants, will be required to comply with all of GHS rules, regulations and procedures referenced in Appendix B of this IFB.

In addition, all members of the selected Team will be required to display proper, GHS identification which may require medical clearance(s), provided by the Design Team members, to GHS Employee Health for review and approval.

- J. Confidentiality:

Each party shall retain strict confidence the terms and conditions of this IFB process and all information and data relating to the other party's business, patients, employees, development plans, programs, financial and non-public procurement information, documentation, techniques, trade secrets, systems and know-how, and shall not otherwise required by law, disclose such information to any third party without the other party's written consent.

- K. Payment:

Proposing teams are to be made aware that the Grady Health System pays invoices on a sixty (60) day cycle.

- L. Clarity and Conciseness:

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The Grady Health System values clear and concise documents and/or reports prepared on schedule.

Successful project delivery is the most reliable way of being considered for repeat work.

Proposing teams are encouraged to prepare bids simply and economically, providing a concise statement of capabilities in regard to this mandate, and should refrain from sending any promotional material.

Such promotional material if sent will be discarded before bids are evaluated.

To expedite the evaluation of bids and to assure each team an equitable opportunity to present its qualifications, the following items are required to be submitted with the Bid:

**Item 1:** Appendix A: Authorization/Certification Form  
(Attached - must be signed)

**Item 2:** Appendix E: Bid Form

**Item 3:** Management Plan as described in Section 5.2.12

**Item 4:**

|               |                                                           |
|---------------|-----------------------------------------------------------|
| Appendix C:   | Contract Compliance Certification Form                    |
| Appendix C-1: | Business Identification and Nondiscrimination             |
| Appendix C-3: | Supplier Diversity Plan                                   |
| Appendix C-4: | Diverse Supplier Subcontracting Plan (Program Management) |
| Appendix C-5: | Certification of Efforts                                  |
| Appendix C-6: | Statement of Intent                                       |

**Item 5:** References to projects with similar scope of work successfully completed in the last thirty-six months.

**Item 6:** The Architects Qualification Package – Exhibit A (if the firm has not submitted one in the past year).

**Item 7:** Proof of ability to provide specified insurances (See Exhibit A).

## **X. SUPPLIER DIVERSITY**

### **Diverse Business Enterprise Utilization**

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

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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, Solicitors of a GHS contract must clearly as defined by GHS herein, demonstrate good faith effort to achieve the Supplier Diversity goal set forth. By the documentation of Direct Tier II goods and/or services to be 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, Contracted GHS Suppliers will be required to report Diverse Supplier Spend to GHS monthly 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. Failure to demonstrate the defined Good Faith Effort to achieve GHS's Supplier Diversity goal, objectives, or to report in a 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.

The Supplier Diversity Goal for this Solicitation is 25% of the total 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 Contract Compliance Section in its entirety and submit it with their bid response.

### **3 Supplier Diversity Plan**

- 4** In addition to the BID submission requirements, each vendor must submit a Supplier Diversity Plan (Appendix C) with their BID. The respondent must outline a plan of action to encourage and achieve participation by CERTIFIED DIVERSE BUSINESS ENTERPRISES as it relates to this IFB.

Required Forms and Economic Opportunity Plan Statement:

**In order for the bid package to be considered complete Bidders must submit the following completed documents: Refer to Section 6.2 herein**

**These documents are considered a part of and should be submitted with the Bid. Failure to provide the information on the part of the Bidder will result in the bid being determined non-responsive.**

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**Vendors utilizing a joint venture partner, subcontractor or consultant will be required to submit a monthly utilization report, formatted to GHS® specifications. No changes or substitutions may be made to this Supplier Diversity Section without the written consent from an authorized GHS® representative. Request for changes/substitutions by the Vendor must be made to GHS® in writing to include reason for the change, how the contract will be impacted, dollar amount and any other pertinent information. Vendor shall comply with the submitted plan, unless a written approval from an authorized GHS® representative has been received.**



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**Appendix A: Authorization/Certification Form**

Firm:

To whom it may concern:

This is to certify that:

NAME:

TITLE:

SIGNATURE:

\_\_\_\_\_

Is/are authorized to sign all bid documents and, if the firm is selected, the contract for this assignment.

Certifies that he/she has read, understands and agrees to be bound by the terms and conditions of the Invitation for Bids.

By:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

FAX: ( ) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Note: this form may, at the firm's discretion, be replaced by another document to the same effect.

## Appendix B: Contractor Work and Permit Requirements

JOB TITLE: **GRADY MEMORIAL HOSPITAL INTERIOR WAYFINDING SIGNAGE & WAYFINDING**

Project No. **F2017008**

Area: **GRADY MEMORIAL HOSPITAL**

Project Manager: **PATRINA E. CRAYTON**

**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><b>BADGE AND PERMITS</b><br/>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. <b>Area work/burn permits and utilities shutdown requests are secured prior to starting work.</b></p>                                                            | <p><b>5 INFECTION CONTROL</b><br/>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><b>6 INSURANCE</b><br/>Vendor must have proof of liability and workman's compensation insurance on site.</p>                                                                                                                                                                                                                                                                                                                                                                     | <p><b>7 SHUTDOWNS</b><br/>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. <b>Request for Utilities Shutdown Permit required.</b></p>                                                                                                                                                                                                                                         |
| <p><b>8 FIRE SAFETY</b><br/>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.<br/>9</p>                                                                                                                                                                                                            | <p><b>10 CEILING TILES</b><br/>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 <b>will be tagged with the project permit number</b>, 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><b>11 FIRESTOP</b><br/>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.<br/>12</p>                                                                                                         | <p><b>13 SAFTEY</b><br/>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><b>14 SMOKING</b><br/><b>15 No smoking on premises.</b> Use dedicated smoking areas outside of building.</p>                                                                                                                                                                                                                                                                                                                                                                     | <p><b>16 CUTTING &amp; CORING</b><br/>Observer to be posted to watch "blind side" of cutting, if coring, or if demolition is to be done.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                |
| <p><b>17 COMMUNICATION DEVICES</b><br/>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.<br/>18</p>                                                                                                                              | <p><b>19 SECURITY AND STORAGE</b><br/>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 5<sup>th</sup> 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><b>HOUSEKEEPING</b><br/>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><b>20 UTILITIES</b><br/>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>                                                                                                                                                                                                                                                                                                                                                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>21 PARKING</b><br/>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><b>ELEVATORS</b><br/>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><b>HAZARDOUS MATERIALS</b><br/>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><b>22 OPEN FLAMES/HOT WORK</b><br/>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.<br/>23</p>                                                                                                                                                                                                                                                                       | <p><b>SCHEDULING</b><br/>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. 4<sup>th</sup> and 13<sup>th</sup> 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><b>26 SMOKE DETECTORS</b><br/>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><b>27 OCCUPIED AREAS</b><br/>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><b>28 STANDARDS OF CONDUCT</b><br/>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><b>29 TOILETS</b><br/>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><b>GHS TELEPHONE NUMBERS</b><br/>Frequently used numbers inside GHS:<br/>GHS Plant Operations/Facility Management: 5-3960<br/>GHS Facilities Development: 5-4291<br/>Compliance Coordinator: Jinx Rainwater: 5-5291<br/>Safety Office: 5-5356<br/><b>30 Plant Operations: Duty Engineer: 404-837-0005</b><br/>GHS Emergency: 911#<br/>Cardiac Arrest: 5-5555<br/>Fire Commander Center: 5-3956<br/>Housekeeping: 5-4065</p>                                                                                                                                                                                      | <p><b>INTERIM LIFE SAFETY MEASURES</b><br/>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"> <li>1. Ensuring that exits provide free and unobstructed egress.</li> <li>2. Ensuring free and unobstructed access to emergency departments.</li> <li>3. Ensuring that fire alarm, detection, and suppression systems are not impaired.</li> <li>4. Ensuring that temporary construction partitions are smoke tight and non-combustible.</li> <li>5. Providing additional fire-fighting equipment and personnel training.</li> <li>6. Prohibiting smoking in or near construction areas.</li> <li>7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices.</li> <li>8. Conducting additional fire drill(s) each quarter.</li> <li>9. Increasing hazard surveillance of buildings, grounds and equipment.</li> <li>10. Training personnel when structural features are compromised.</li> <li>11. Conducting organization wide safety programs to ensure awareness of hazards.</li> </ol> |

**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:** \_\_\_\_\_

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**APPENDIX C**  
**CONTRACT COMPLIANCE CERTIFICATION**

**CERTIFICATION:**

I certify that the statements made by me in this Contract Compliance 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 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

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Authorized Representative Printed Name

Date

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**APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION**

*(TO BE SUBMITTED WITH BID)*

Part I – Business Identification (definitions on Appendix C-2). Please indicate if your company qualifies as one of the business designations below:

|                                                                                                                                                                                                                                                                                       |   |                  |   | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|------------------|---|-----|----|
| Small Business as defined by the US. Small Business Administration (DBE, SBE, HubZone)                                                                                                                                                                                                |   |                  |   |     |    |
| Minority Business Enterprise (M/WBE)<br>If yes, please indicate the percentage of minorities who own, control or operate your company:                                                                                                                                                |   |                  |   |     |    |
| 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?<br>If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3 <sup>rd</sup> party certifying agencies recognized and accepted by GHS are included. |   |                  |   |     |    |
| LOCAL SMALL BUSINESS ENTERPRISE<br>If yes, please indicate in which county your company is located?<br>___DeKalb ___Fulton ___Business location in both counties ___Other                                                                                                             |   |                  |   |     |    |

**PART II - NONDISCRIMINATION POLICIES AND PROCEDURES**

|                                                                                                                                                                                                                                                 | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| Are you an individual and do not employ anyone?<br>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?<br>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?<br>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?                                  |     |    |

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|                                                                                                                                                                                                             |  |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 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:

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Authorized Representative Signature:

Date:

## APPENDIX C-2: SUPPLIER DIVERSITY DEFINITIONS

**(M/WBE) 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.

*(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.

### **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.

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

**APPENDIX C-3: SUPPLIER DIVERSITY PLAN**

*(TO BE SUBMITTED WITH BID)*

**Present Commitment:** Offeror shall submit its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by the completion of Appendix C-4 in its entirety. Diverse Business Enterprises utilized as Tier II contractors and suppliers must be certified by one or more of the 3<sup>rd</sup> 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.

**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 C-4: DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT) PG.1**

*(TO BE SUBMITTED WITH BID)*

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 requirements and 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**

*(PROPOSED DSSP PLAN TO BE SUBMITTED WITH BID, FINAL PLAN TO BE PRESENTED AT SCHEDULE OF VALUES MEETING)*

**In adherence to GHS's commitment to Supplier Diversity, GHS suppliers must clearly as defined herein, demonstrate good faith effort to achieve the 25 % Supplier Diversity goal set forth by documenting the 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.**

Company Name: \_\_\_\_\_

Agreement Term: \_\_\_\_\_

GHS Business Unit: \_\_\_\_\_

GHS Business Unit Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Vendor Contact e-mail: \_\_\_\_\_

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

\_\_\_\_\_

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

Name/Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

State the total dollar value planned to be subcontracted associated with this GHS agreement:

\_\_\_\_\_

Please list all of the GHS Accepted 3<sup>rd</sup> 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

**APPENDIX C-5: CERTIFICATION OF EFFORTS**  
*(TO BE SUBMITTED WITH BID)*

**Vendor:** \_\_\_\_\_

**IFB Name:** GRADY MEMORIAL HOSPITAL INTERIOR WAYFINDING SIGNAGE

**IFB Number:** F2017008

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, blue prints and all other IFB 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 IFB 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”;

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Submitted by:

\_\_\_\_\_  
Authorized Representative Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**APPENDIX C-6\***  
**STATEMENT OF INTENT**

TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS  
(TO BE SUBMITTED AT SCHEDULE OF VALUES MEETING)

**Vendor:** \_\_\_\_\_

**IFB Name:** GRADY MEMORIAL HOSPITAL INTERIOR WAYFINDING SIGNAGE  
**IFB Number:** F2017008

\_\_\_\_\_ (Prime Contractor) agrees to enter into a contractual agreement with \_\_\_\_\_, (Joint Venture Partner / Subcontractor / Consultant) who will provide the following goods/services in connection with the above referenced IFB as a certified diverse business enterprises:

\_\_\_\_\_

for an estimated amount of \$\_\_\_\_\_ or \_\_\_\_\_% of the total contract value.

\_\_\_\_\_  
Prime Contractor

\_\_\_\_\_  
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 Contractor.

I hereby certify that this statement is true and correct:

Prime Contractor Signature:

Joint Venture/Subcontractor/Consultant Signature:

\_\_\_\_\_  
Print Name:

\_\_\_\_\_  
Print Name, Title and Date:

\_\_\_\_\_  
Title:

\_\_\_\_\_  
Address:

\_\_\_\_\_  
Date:

\_\_\_\_\_  
Phone:

\_\_\_\_\_  
Fax:

**This form may be duplicated as needed.**



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**APPENDIX D: INTENT TO SUBMIT**

This letter serves as notification of intent to submit or not to submit a proposal for the **GRADY MEMORIAL HOSPITAL WAYFINDING SIGNAGE**

IFB Number: ***F2017008***

Complete and submit this form during the Mandatory Pre-Bid Meeting. This will determine your responsibility to submit a bid.

\_\_\_\_\_, acting as a representative of \_\_\_\_\_

(Name of Representative)

(Company Name)

hereby offers our intent to:

\_\_\_\_\_ Submit a response to the request for services in this IFB for both efforts.

\_\_\_\_\_ Decline to submit a response to the request for services in this IFB.

Reason: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone/Fax number)

\_\_\_\_\_  
(Email address)