REQUEST FOR PROPOSALS

ALL PROSPECTIVE CONSTRUCTION MANAGEMENT FIRMS

REQUEST FOR PROPOSALS
Grady South Hospital
GHS-FD Project #: *F2026021*

Grady Health System Department of Facilities Development is soliciting proposals for Construction Management Services for the ***Grady South Hospital Campus.***

The project will be located at 5500 Campbellton Fairburn Rd, Union City, GA 30213.

The RFP (dated November 18, 2026) will be posted on the Grady website.

Proposals, in accordance with RFP # ***F2026021,*** are due on **January 13, 2027, at 4:00 PM.**

Additionally, registration with VendorMate (through the following website: https://registersupplier.ghx.com) must be completed prior to proposal submission.

Please notify ***Garrett Smith*** by email at garrett.smith@bdrpartners.com of your intention to submit a proposal by filling out and submitting Appendix D by **December 4, 2026 at 4:00 PM.**

Sincerely,

Grady Health System

Grady Health System

South Hospital

GHS – FD Project number – *F2026021*

Request for Proposal

Construction Management

Released: November 18, 2026

Due Date: January 13, 2027

TABLE OF CONTENTS

1.0 GENERAL INFORMATION
- 1.1 Introduction
- 1.2 Project Overview
- 1.3 Qualifications and Expertise
- 1.4 Evaluation Criteria and Process

2.0 SCOPE OF WORK
3.0 SCHEDULE
4.0 FORMAT AND CONTENT OF RFP
5.0 SUPPLIER DIVERSITY
6.0 PROCESS FOR SELECTION
- 6.1 Admissibility
- 6.2 Analysis of Proposals and Award

APPENDIX A: AUTHORIZATION FORM
APPENDIX B: CONTRACTOR WORK REQUIREMENTS
APPENDIX C: SUPPLIER DIVERSITY
APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION
APPENDIX C-2: SUPPLIER DIVERSITY DEFINITIONS
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
APPENDIX D: INTENT TO SUBMIT
APPENDIX E: CM COST FORM (EXCEL FILE IN APPENDIX F)
APPENDIX F: SUPPLEMENTAL DOCUMENTS

1.0 GENERAL INFORMATION

Grady Health System is soliciting Proposals for Construction Management Services for the following project:

PROJECT: **South Fulton Hospital Campus and Parking Decks**
PROJECT #: ***F2026021***
LOCATION: **5500 Campbellton Fairburn Rd, Union City, GA** 30213

1.1 Introduction

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, a network of 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 seeks to expand services to the South Fulton community to continue to deliver customer focused health care to residents of metropolitan Atlanta and citizens of the State of Georgia, Grady Health System intends to create a new hospital campus to serve south Fulton County and the surrounding areas.
The New Hospital project will include a 531,462 (+/-) Sf 10-story hospital with two proposed concrete parking decks; one below ground and one on grade, including all ancillary hospital services for 24-hour per day operations and a stand alone Central Energy Plant (CEP). **See Appendix F for additional details.**

The information contained in this RFP about Grady Health System, its facilities, services and business practices are confidential, and should not be distributed or disseminated without the express written approval of Grady Health System.

Grady Health System's Facilities Development team manages all capital improvements, space planning, programming, architectural & engineering design, and construction for the Grady Health System. Any questions regarding this RFP shall be submitted via e-mail correspondence to ***Garrett Smith*** at garrett.smith@bdrpartners.com with a copy to Justin Hurtt at justin.hurtt@bdrpartners.com

Contact with Grady Health System's administration, staff, and board members regarding this RFP is strictly prohibited during the aforementioned consultant selection process.

1.2 Project Overview

Project Description
Goals of this Effort:

The goals of the Grady South Hospital effort are to:

- Enhance patient care and experience by providing specialized services and amenities tailored to the unique needs of acute and inpatient care patients.
- Expand facilities and programs to accommodate the growing demand for acute and emergency care services in the community.
- Optimize operational efficiency and effectiveness by streamlining workflows and integrating innovative technology solutions into the facility design.
- Ensure regulatory compliance and safety standards to provide a secure environment conducive to patient recovery and rehabilitation.
- Promote community engagement and partnership to enhance access to care and support population health initiatives in the surrounding area.
- Sustain financial viability and growth by developing a sustainable business model that balances quality of care with fiscal responsibility.
- Achieve a **30%** minority spend to Diverse Suppliers for the CM Services of this project.

Project Budget

Program budget to include construction costs for the Grady South Hospital project, to include new construction, is anticipated to be ***$550,000,000***

Project Schedule and Timeline of Events

Key milestone dates below indicate the best forecast currently and are subject to change:

Awarded CM Firm Start Date	Upon Contract execution firm shall be ready to begin work within (7) calendar days
Document Design Service Duration	March 2027 – November 2027
CM Preconstruction	March 2027 – November 2027
LDP Set	July 2027
Design Development Completion	July 2027
Permit Set	September 2027
Construction Documents	November 2027
Site & Civil Work Start Date	October 2027 (*early release package*)
Target New Construction Start Date (Site)	November 2027
Target New Construction Completion Date	September 2030

1.3 Qualifications and Expertise

Grady Health System requires the successful CM Firm (Firm) to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence, and professionalism). The Firm shall have experience in providing similar scope of work in similar institutions as described in this RFP. The firm must have gained this experience as a result of being regularly engaged in the business of providing services in acute health care/patient care hospitals of similar size and scope.

Grady Health System (GHS) shall assess each Firm's response and whether in the opinion of GHS, the Firm 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 Firm 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 once awarded a contract and all representatives must register prior to visiting any location or department of the health system. All fees due are the responsibility of the awarded Vendor and their associates. The registration allows GHS to manage the vendors supplying critical services to the health system, profile of the vendors and all representatives that visit the health system. The electronic Vendor Registration Application can be completed on the GHS website at https://registersupplier.ghx.com.

1.4 Evaluation Criteria and Process

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

- Demonstrating and Understanding of the Services
- Previous Experience on Projects of Similar Nature/References
- Management Plan
- Cost Proposal
- Schedule including scopes noted in Section 2.0
- Diverse Subcontractor Supplier Plan
- Incorporation of Environmental Sustainability Measures

2.0 SCOPE OF WORK

GHS intends to bring the Construction Management team into the process during the design phase of the project. The Construction Manager at Risk shall operate as a member of the Project Team that will be responsible for the successful delivery of the project. It is the intent of GHS to engage the team of Owner, Architect and Construction Manager early in the process to realize the full value of teamwork during pre-construction as well as construction.

The Construction Manager must be an organization that has proven ability to provide sound technical consultation during the design stage of the project and to act as manager of construction in organizing and directing construction activities on a project of similar scope and complexity to this one. The Construction Manager shall be responsible for detailed construction cost estimates and construction budget control. The Construction Manager shall also be responsible for review of design during the entire process with a view

towards early value engineering, lifecycle costing, subcontractor coordination and phasing/scheduling, and direction of all other construction activities.

The Construction Manager must comply with the requirements of all applicable federal, state, and local laws. The Owner shall approve the awards of all construction subcontracts after evaluation and consideration of the recommendation of the Construction Manager. Prior to the commencement of construction phase services, the selected Construction Manager will propose for acceptance by GHS a Guaranteed Maximum Price (GMP) for all construction services.

Preconstruction Services for this Program will commence immediately upon selection of the CM and will carry through the completion of Contract Documents and the procurement of all of Work for the entire program. The Owner reserves the right to make reasonable changes to this schedule as program objectives require.

Preconstruction Services

A. Schedule and Logistics Plan Development

The Construction Manager shall assist in the development of a Master Preconstruction Schedule beginning with the Schematic Design and continuing through Contract Documents for each phase of the work. The Preconstruction effort will place significant emphasis on sequencing and logistics planning, this effort will require full-time representation by the CM, including attendance at design phase meetings.

The Preconstruction Schedule will identify the responsibilities among the members of the Project Team. Key milestones, including design phases, budget delivery dates, State and County submission and review dates, release of documents for pricing, and tentative pricing dates will be identified. The schedule should identify when architecturally significant Owner Furnished Equipment should be delivered to this project.

The Construction Manager will assist in developing the schedule so that realistic dates can be set and achieved. The Preconstruction Services Schedule will be distributed to all members of the Project Delivery Team and monitored on a regular basis during the Design review meetings. This schedule will be the central tool used to ensure efficient execution of the design phase of the project, followed by a timely construction start.

The Construction Manager will prepare a precedent annotated Gantt chart with submission of each Budget Estimate as outlined below. This schedule shall be updated with each submission package and shall reflect all previous revisions in the Budget Estimates that affect the construction duration. The detail provided on the schedules should directly correspond to the budget line items.

The Construction Manager shall develop a Master Construction Schedule beginning with the Construction Manager's mobilization and ending with Project Completion and Occupancy. The baseline schedule shall be developed in concert with the Budget Estimates and provide sufficient detail to clearly plot the critical path and allow a complete logistical analysis.

B. Document Review

Design/Preconstruction Services review meetings are to be held as required (2-4 times a month) during the design phase. Meetings shall be held either virtual or at the Administration offices at the Grady Main Hospital OR Offices of Grady Health Facility Development, Hurt Building, Suite 301.

The Construction Manager shall provide the Project Team continual input regarding constructability, availability of materials and qualified trades, cost/benefit analyses for building systems, and budget/schedule impact as the overall design is developed.

C. ***Budget/Estimates***

The Budget Estimates are to be developed for each phase area of operation / permit package as outlined below with a high degree of collaboration with the entire Project Team. Expected budget packages include but are not limited to:

- Budget Estimate No.1: The Construction Manager shall prepare a Budget Estimate based on the preliminary Schematic Design drawings and specifications included in this RFP. A detailed listing of qualifications and assumptions shall be included with the Budget Estimate Report.

- Budget Estimate No.2: The Construction Manager shall prepare a Budget Estimate based on the completion of the Schematic Design drawings and specifications. A detailed listing of qualifications and assumptions shall be included with the Budget Estimate Report.

- Budget Estimate No.3: The Construction Manager shall prepare a Budget Estimate based on the interim (12% - 50%) completion of the Design Development drawings and specifications and Early Release Package (ERP) including for LDP, site, civil, concrete and major MEP. This package will be utilized for an ERP and well as for Target Value Design (TVD) discussions. A detailed listing of qualifications and assumptions shall be included with the Budget Estimate Report.

- Budget Estimate No.4: The Construction Manager shall prepare a Budget Estimate based on the completion of the Design Development drawings and specifications in an effort to formalize a Guaranteed Maximum Price (GMP). A detailed listing of qualifications and assumptions shall be included with the Budget Estimate Report.

- Prior to the completion of the Construction Documents and at the owner's discretion, the Construction Manager will be required to submit a GMP. All inconsistencies, qualifications, line-item contingencies, and general assumptions shall be represented with specific cost detail.

- The Construction Manager will also participate in cost comparison/validation and TVD efforts during each estimate phase with a 3rd party estimating consultant.

It should be noted that Budget Estimates will become the basis for the GMP at GHS discretion. In addition to the Construction Manager's fee, the budget estimates shall include a ***detailed*** breakdown of all general conditions, supervision, equipment, and all soft costs (fee, bonding, escalation) etc.

D. Value Engineering

The Construction Manager shall submit a detailed list of value engineering options and the associated estimated costs along with the submission of each Budget Estimate. The Construction Manager shall meet and work with the Project Team in the evaluation of the various options and incorporate selected options into the Budget Estimates. The Construction Manager shall participate as a Project Team member in maximizing the project value for GHS. A high level of collaboration will be required to incorporate this element in the design process. Cost value engineering is not to be an afterthought of this initiative.

E. CM Firm shall comply with any and all necessary funding requirements of Grady Health System and Fulton County Development Authority.

F. CM Firm shall comply with any and all necessary Authorities Having Jurisdiction including but not limited to Fulton County, Union City, Development of Regional Impact (DRI), State Health Authorities, DCH, HFRD, State Fire Marshal, etc.

G. CM Firm must agree to the terms and conditions in the Grady Health Master Service Agreement.

Construction Phase

A. Site Safety Management / Infection Control

The Construction Manager shall collect and coordinate site-specific safety plans from each subcontractor. Set up procedures to hold all subcontractors accountable for meeting the safety requirements included within the Project Manual, and within their own Safety Plans. The Construction Manager shall also agree to abide by all Interim Life Safety Measures and Infection Control Policies currently in place by GHS.

B. Construction Quality Management

The Construction Manager shall monitor the work and report any non-conforming work to the Architect, make recommendations, submit plans of correction to the Owner and Architect for review and approval, and implement plans for correction accordingly.

C. Schedule

The Construction Manager shall notify owner on the week that a schedule variation occurs and shall manage the process to correct and recover any lost time. A recovery schedule shall be developed and submitted to the Owner for review within two weeks. The Construction Manager shall be responsible for the coordination of all schedules and work items.

The Construction Manager shall provide no less than monthly schedule updates clearly stating the current projected end date, identifying all float, and showing all progress. In addition to the monthly schedule updates, during construction the Construction Manager will be required to provide six-week “look-ahead” schedules at each project team meeting. Construction Manager shall present updated labor analyses as appropriate, stating whether manpower levels are adequate, and any plans of correction required.

D. Construction Coordination and Supervision

The Construction Manager shall provide coordination and *qualified* supervision as required to coordinate the work of the sub-contractors with each other and with the activities and responsibilities of the Construction Manager, the Design Team, the Owner, and other contractors. The Construction Manager shall provide organization, process, and on-site lines of authority to carry out the overall plan and achieve the cost, schedule, quality, and safety goals of the Owner.

The Construction Manager shall route and document all communication to both Owner and the Architect. The Construction Manager shall immediately provide documented analysis of all facts and communications relating to all potential claims to GHS. The Construction Manager shall create and implement written payment procedures for all contractors. The Construction Manager will be required to provide a Partial Release of Lien from each subcontractor that was paid the previous month included with the monthly application for payment. The Construction Manager shall create and implement written change order procedures in concert with the Owner’s contingencies and allowances. The Construction Manager shall develop and monitor an effective system of cost control, reflecting current cost claims against the budget, and projecting costs to completion monthly. The Construction Manager shall receive all submittal items

from contractors and vendors, review them for general conformance with contract documents and the work plan, and shall forward them to the Architect with recommendation. The Construction Manager shall maintain current as-built and record documents at the site. The Construction Manager shall coordinate receipt, delivery, and unpacking of all Owner supplied materials that are not being received by the vendor or GHS.

Please refer to the Architect and Engineers outlined preliminary plans and documents in APPENDIX F.

Owner Provided Services

Grady Health System may contract separately for some low voltage, audio visual, information systems and technology, materials testing, surveying, commissioning, wayfinding, art consultant, furniture, fixtures and equipment, and medical equipment services as required to implement the project.

3.0 RFP SCHEDULE OF EVENTS

The following Schedule of Events represents the Owner's best estimate of the schedule that will follow. The Owner reserves the right to adjust the schedule as the Owner deems necessary.

RFP Issuance/Posting	November 18, 2026
Intent to Propose Form Due (Appendix D)	**December 4, 2026**
RFI's Due	December 10, 2026
Response to RFI's	December 18, 2026
RFP Proposal Due Date	**January 13, 2027**
Potential Interview Date	Dates of January 29 through February 5, 2027
Target Award Date	**February 5, 2027**

4.0 PROPOSAL FORMAT

Provide one (1) electronic copy of the proposal submitted to ***Garrett Smith***; garrett.smith@bdrpartners.com; with copy to ***Justin Hurtt***; justin.hurtt@bdrpartners.com

1. Please include the following in your proposal: **Cover Letter**: Provide a statement of interest. Include name and number for the primary point of contact should your firm be selected.

2. **Company Information:** Provide basic company information: Company name, address, indicate type of ownership, name of primary contact, telephone number, fax number, e-mail address, and company website (if available). Identify the office from which the project will be managed and this office's proximity to the project site.
    a. Please disclose any ownership and/or relationships with Grady Health System.
    b. 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.

c. 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.

3. **Proposed Team Organization**: Provide your project team's organization chart to Include all consultants and sub-contractors per the requirements of this RFP.
    a. Outline of proposed team to include any and all supplemental members you are proposing as part of your comprehensive team
    b. Include resumes for key personnel only
    c. Provide a matrix of key personnel that have recently worked together or collaborated.

4. **Proposed Team Qualifications and Similar Project Experience:** Provide professional qualifications and description of experience for proposed project team. Provide information to support the following criteria:
    a. Define team member's roles and responsibilities
    b. Please include committed time percentage of proposed team members at each project phase.
    c. Accreditation types and levels of lead staff
    d. Clearly define and indicate specific team member experience with similar size and scope healthcare projects. Include:
    i. Project name, location and dates during which services were performed.
    ii. Brief description of project and physical description (square footage, number of stories, site area).
    iii. Exact role team member performed on this project
    iv. Owner's current contact information
    e. Identify how team member added value on each project example

5. **Project Approach:** Provide a response to the following items, along with a description of any other concepts or qualities that differentiate your firm's approach to the project:
    a. Explain your approach to construction management specific to Grady South Hospital project. Timeline is critical, please touch on your approach to ensuring your firm can meet the timeline and offer any insight or ideas around ways to expedite.
    b. What unique understanding of similar projects will enable you to provide the best sequencing plan, coordination, and schedule?
    c. What is your approach to managing quality, safety, and communication on a jobsite and externally?
    d. Provide information on Sustainability efforts to include previously incorporated measures and best practices for projects with similar size and scope. Identify specific areas of opportunity related to the Grady South Hospital project.
    e. Outline your approach to ensuring minority and diverse business enterprise participation.
    i. Tier I and Tier II spend is counted towards the supplier diversity goal. ii. Tier I is defined as the supplier getting paid directly from Grady, often referred to as the Prime
    f. What unique understanding of similar healthcare projects will enable you to provide cost-saving ideas for incorporating state-of-the-art design intent for this project? Be specific to the size and scope of the Grady South Hospital project.

g. Describe examples within the past two years of strategies that your firm has employed to help Owners lower the cost of similar capital projects? Be specific as it relates to the scope of the Grady South Hospital project.

6. **Project Logistics Plan & Schedule**
    a. Based on the information given, provide your recommended sequencing logistics plan and schedule. Include any ideas you have to help make the project(s) go smoothly.

7. **Value Proposition**
    a. Description of why this team is best suited to the project and what skillset or approach differentiates this team from other construction management firms.

8. **Proposed Fee:** Provide a fee as outlined in this RFP. **Appendix E - CM Cost Form** is included and should be filled out accordingly **INCLUDING THE EXCEL FILE**. *Include a 100% Performance & Payment Bond as an Add Alternate as noted in the form*. ***Please provide an Excel version of each completed Proposal Form as part of your response.***

RFP EXHIBITS AND SUPPLEMENTAL DOCUMENTS

a. APPENDIX A: AUTHORIZATION FORM
b. APPENDIX B: CONTRACTOR WORK REQUIREMENTS
c. APPENDIX C: SUPPLIER DIVERSITY
d. APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION
e. APPENDIX C-2: SUPPLIER DIVERSITY DEFINITIONS
f. APPENDIX C-3: SUPPLIER DIVERSITY PLAN
g. APPENDIX C-4: DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT)
h. APPENDIX C-5: CERTIFICATION OF EFFORTS
i. APPENDIX C-6: STATEMENT OF INTENT
j. APPENDIX D: INTENT TO SUBMIT
k. APPENDIX E: CM COST FORM
l. APPENDIX E-1: CM COST FORM (LIVE FILE)
m. APPENDIX F-1: CON DOCUMENTS, NARRATIVE AND STACKING DIAGRAMS
n. APPENDIX F-2: RESPONSIBILITIES MATRIX
o. APPENDIX F-3: CONSTRUCTION AIA A133 FORM

Submittal of Questions or Clarifications: Questions about any aspect of the RFP, or the project, shall be submitted in-writing via e-mail by the due date to: Garrett Smith; Garrett.smith@bdrpartners.com with a copy to Justin Hurtt; justin.hurtt@bdrpartners.com

RFP electronic response submittals are to be received no later than 4:00 PM EST, January 13, 2027. Hard copies are *not* required for this submission. Send to Garrett Smith garrett.smith@bdrpartners.com

Please limit your submittal to no more than 40 electronic 8.5”x11” pages, with 11 pt. minimum font size. Appendices do not count towards the requested page limit count.

5.0 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 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 I & 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 **30%** 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 RFP response.

SUPPLIER DIVERSITY PLAN

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

Required Forms and Economic Opportunity Plan Statement:

In order for the RFP package to be considered complete, Firm's must submit the following completed documents included in this RFP package.

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

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.

Grady Health System contact information for Supplier Diversity and Equity can be found here:

Tamika Goddard ; tgoddard@gmh.edu

These individuals should be utilized as a resource to aid in your efforts when developing your supplier diversity plan and can be used as a resource to enhance the certified diverse business enterprise participation.

Resources and websites to utilize:

- City of Atlanta - Supplier Diversity Management System (gob2g.com)
- Georgia GDOT - Oracle BI Interactive Dashboards - Directory of Prequalified Contractors (ga.gov)
- MARTA - Supplier Diversity Management Program (diversitysoftware.com)
- Fulton County - Compliance and Certification Online System - Fulton County, GA (diversitycompliance.com)

6.0 PROCESS FOR SELECTION

Admissibility

Appendix D Must be completed (filled out) and submitted to GHS-FD on or before December 4, 2026.
Send to - Garrett Smith; garrett.smith@bdrpartners.com and Justin Hurtt; justin.hurtt@bdrpartners.com

To be admissible, CM Firmmust adhere to the requirements and content for submissions outlined in this RFP. Failure to adhere to this format may eliminate the Firm from any further consideration, as determined at the sole discretion of GHS-FD.

Furthermore, RFP from Firms who are currently debarred by Grady Health System, by any local jurisdiction or agency, and/or involved in any litigation with The Grady Memorial Hospital Corporation or Grady Health System will not be considered admissible.

Analysis of RFP & Award

- RFP packages will not be opened publicly. All parties submitting RFP's will be notified in writing of the results of their submission.
- GHS will not consider any exceptions, exclusions, and/or clarifications. The RFP proposal will be considered for completing services per scope of work described in this RFP.
- In evaluating Firm's the selection will be based on determination of Responsibility and a determination of Responsiveness.
- GHS reserves the unqualified right to request additional information or meetings with any applicant to visit previous or current project sites, or to visit their premises, if deemed necessary to arrive at a fully informed decision.

- The award will be to the responsible and responsive Firm whose RFP conforms to all material specifications, terms and conditions as set forth in the RFP, provided Firms RFP is reasonable and is to the interest of GHS to accept it. No Firm shall be considered for award if the RFP is not responsive to the essential requirements of the solicitation or is submitted by a non-responsive bidder.
- Protest: A formal written protest form can be obtained by contacting the Office of the Contracting Officer at 404-616-0450.

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 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 Request for Proposals.

By:

NAME: _____

TITLE: _____

PHONE: ( ) _____

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

PROJECT NAME: **GRADY SOUTH HOSPITAL** PROJECT NO. ***F2026021***

AREA: **Union City, GA** PROJECT MANAGER**: GARRETT SMITH**

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

BADGE AND PERMITS Obtain Vendor Badge (must present valid ID and Project No. from Plant Operations Customer Service). A TB Skin Test (PPD) is required if on site for three or more days. PPDs may be obtained through GHS Employee Health Services (15A) at the expense of the contracting company. **Area work/burn permits and utilities shutdown requests are secured prior to starting work.**	**INFECTION CONTROL** All extra materials, debris, and trash are to be removed before moving to the next area or at the end of the day. No eating or drinking in hospital occupied work areas. All evidence of eating or breaks taken on a secured construction site must be removed before end of day. Maintain appropriate construction barriers.
INSURANCE Vendor must have proof of liability and workman's compensation insurance on site.	**SHUTDOWNS** No Mechanical or electrical systems may be shutdown or turned off for any reason without the GHS Project Manager and Facilities Management's assistance. Plan your work so that seven (7) calendar days notice can be given for all shutdowns**. Request for Utilities Shutdown Permit required.**
FIRE SAFETY Communicate to the FCC, ext. 5-3956, the area where you will be working: 7 A, B, C. etc. Approved barriers must be in place prior to beginning work. Safety and/or the GHS Project Manager must approve temporary barriers.	**CEILING TILES** Replace all ceiling tiles by the end of the day, even if work is not completed. Ceiling or ceiling tile removal for access to work or inspection **will be tagged with the project permit number**, GHS Project Manager's name and contact number. Damaged or discolored tiles should be noted before the project begins, or the contractor will be held responsible. Ceilings that are out for long periods of time must have protection or approval from Epidemiology/ Safety to protect patient's health and welfare.
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.	**SAFTEY** 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.
SMOKING **No smoking on premises.** Use dedicated smoking areas outside of building.	**CUTTING & CORING** Observer to be posted to watch "blind side" of cutting, if coring, or if demolition is to be done.
COMMUNICATION DEVICES Use of cell phones prohibited throughout the hospital. Cellular telephones and 2-way radios may cause electromagnetic interference affecting life support and other critical equipment. Vulnerable, sensitive areas have signage restricting radio-transmitting devices within that vicinity.	**SECURITY AND STORAGE** Immediate work area secured to keep all others out. Secure all equipment when not in use or attended. Work with GHS Facility Development if project storage space is needed for overnight, or any length of time. Stairwell travel should allow re-entry every 5th floor, if some stairwell doors are found to be locked. Assigned access cards and keys are for the contractor's use only. No "piggy-backing" is allowed. All assigned keys must be turned over to the foreman/project manager at the end of the day.
HOUSEKEEPING Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces and construction area. The construction area shall be kept in a neat condition at all times. Combustible boxes and scrap materials shall be disposed of daily. Provisions shall be made to avoid the tracking of dust outside of the construction area. No refuge is to be left at any entry. Contractors will not use hospital equipment to clean up their projects.	**UTILITIES** All company owned equipment (power cords, etc.) must be inspected and approved by Safety/GHS Electrical Department prior to use. When using electrical equipment, a GFCI will be used.

PARKING
The GHS-PM will designate available parking areas for contractor employees. Parking space at GHS is limited and workers may be required to park some distance from their work place. Violation of this requirement will result in towing of the vehicle at the owner's expense.

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.

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.

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.

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.

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 temporally take the smoke detectors out of service in the construction area. Request for Utilities Shutdown Permit required. Plant Operations may temporarily disconnect smoke alarms.

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.

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.

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

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

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

FIRE SAFETY MEASURES: In the event of a fire, the following steps should be taken:
Rescue anyone in immediate danger.
Alert/alarm by activating the nearest pull station (typically located at most stairwells or proximal to elevator lobbies).
Contain the fire by closing doors, windows and turning off fans
Extinguish (**P**ull the pin, **A**im at the base of the fire, **S**queeze the trigger and **S**pray 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:**_____

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: _____

Authorized Representative Printed Name

_____ Date: _____

APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH QUALIFICATIONS)

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 If yes, please check the following reason(s) that apply: ____Less than 100 Employees ____Less than $1,000,000.00 in gross annual receipts		
Minority Business Enterprise 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 ____%		
FEMALE BUSINESS ENTERPRISE If yes, please indicate the percentage of women who own, control or operate your company: ____%		
LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located? ____DeKalb ____Fulton _____Business location in both counties ____Other		
ARE YOU RESPONDING AS A CONSULTANT?		
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 proposal response.		

Total percent of participation by one of the above listed designations _____%

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: _____

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 RFP)

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 3rd Party Certification Agencies recognized by GHS.

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

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)

(TO BE SUBMITTED WITH RFP)- 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 CM Firm's 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

(PROPOSED DSSP PLAN TO BE SUBMITTED WITH RFP, 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 30% 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 3rd Party Certified Diverse Suppliers you have identified that will serve as <u>Direct Tier 2</u> Subcontractors associated with this GHS project and the projected spend amounts with each company:

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

Submitted by:

_____ _____
Authorized Representative Signature Title

_____
Date

APPENDIX C-5: CERTIFICATION OF EFFORTS

(TO BE SUBMITTED WITH RFP)

Vendor: _____ _____
RFP Name: _____ **RFP 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, blue prints and all other RFP related items at no charge, and allowed sufficient time for review prior to the RFP 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 RFP 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

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: _____

RFP Name: _____ **RFP Number:** _____

_____ agrees to enter into a contractual agreement with
Prime Contractor
_____, who will provide the following goods/services
Joint Venture Partner/Subcontractor/Consultant

in connection with the above referenced RFP 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:

_____
Print Name:

_____
Title:

_____
Date:

_____

Joint Venture/Subcontractor/Consultant Signature:

_____
Print Name, Title and Date:

_____
Address:

_____
Phone

_____
Fax:

_____

<u>This form may be duplicated as needed.</u>

APPENDIX D: INTENT TO SUMBIT

This letter serves as notification of intent to submit or not to submit a proposal for THE GRADY SOUTH HOSPITAL

RFP Numbers: ***F2026021***

_____, Acting as a representative of _____
(Name of Representative) (Company Name)

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 number)

_____
(Email address)

APPENDIX E: CM COST FORM

To: Grady Health System

Project: **Grady South Hospital**

GHS-FD Project # ***F2026021***

Date: _____

Submitted by:
(full name) _____
(full address) _____
_____

1. OFFER

Having examined the Place of the Work, all matters referred to in the Request for Proposal, and the sample General Conditions of Contract Between Owner and CM 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:

Grady South Hospital (*F2026021*) for Estimated Cost of:

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

This Estimated Price comprises of the following break out costs:

Estimated Cost of Construction for the Grady South Hospital:

Sitework:	$_____
Core & Shell:	$_____
Interior Fit-out:	$_____
MEP & FP:	$_____
CEP:	$_____
Parking Garages:	$_____

Preconstruction Fee *Lump Sum* for the Grady South Hospital: $_____

i. Break out preconstruction services fee by phase (SD, DD, GMP)

SD	$_____
DD	$_____
GMP	$_____

General Conditions *Lump Sum* for the Grady South Hospital $_____

General Requirements *Lump Sum* - Grady South Hospital $_____

CM Services Fee for Grady South Hospital: (state ***(%)*** fee of cost of work) %_____

CM 100% Performance & Payment Bond premium: (state ***(%)*** fee) %_____

SDI (Sub Guard): (state ***(%)*** fee) %_____

CGL Insurance (if no CCIP): (state ***(%)*** fee) %_____

2. CONTRACT TIME

All professional services will be completed in accordance with "Section 4.0 Schedule" of the IFP including construction administration due dates that will be set forth in the contract upon project award.

3. ADDENDA

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

Addendum # ..... Dated .....
Addendum # ..... Dated .....
Addendum # ..... Dated .....
Addendum # ..... Dated .....

6. CM COST FORM SIGNATURES

The Corporate Seal of

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

_____
(Authorized signing officer Title)
(Seal)

_____
(Authorized signing officer Title)
(Seal)

If the Firm 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.

END OF DOCUMENT

APPENDIX F: SUPPLEMENTAL DOCUMENTS

The following documents are to aid in the process, but are not final. Please use these concept plans as a guide to understand the intended scope of work.

1. CON Documents, Narrative and Stacking Diagrams
2. Construction AIA A133 Form
3. CM Cost Form Excel File