

The Grady Memorial Hospital Corporation
d/b/a

GRADY HEALTH SYSTEM



Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

**REQUEST FOR PROPOSAL
(RFP)**

FOR

**Surgical, Clinic and Cancer Center
Transition and Activation Planning**

Request for Proposal Posted: May 21, 2021

Proposal Due: June 21, 2021 @ 2:00 p.m. EST

SECTION 1: GRADY HEALTH SYSTEM BACKGROUND

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

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

Medical care is provided under contract with Emory University and Morehouse Schools of Medicine. GHS also operates three (3) professional training programs in medical technology, radiation oncology, and radiation technology. GHS averages more than 25,000 inpatient visits and more than 600,000 outpatients annually, including over 95,000 emergency care visits (including psychiatric emergency).

SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

The Correll Pavilion at Grady, formerly called the Center for Advanced Surgical Services (CASS), is under construction with a planned opening Q4 2022. The new 9-story 600,000 SF outpatient center (HOPD) includes 280,000 SF of clinical space with a bridge connection to the Main hospital and 4 stories of parking. See (Exhibit A) for stacking diagram and (Exhibit B) floor plans.

This Correll Pavilion will house an ambulatory surgery center, endoscopy services, outpatient imaging, outpatient rehabilitation, surgery clinics and the cancer center. Currently, these services all reside within the main hospital, co-mingled with inpatient services, limiting efficiencies and growth, as well as hindering ease of patient access.

To prepare for the new building and ensure staff preparedness to provide patient care and services on Day One, Grady Health System is seeking assistance from the consultant to provide Transition planning and Activation services for the Correll Pavilion. GHS sees value in awarding the contract to one overall firm to manage the process on a system-wide approach. We anticipate this work to be completed between August 2021 and December 2022.

See (Exhibit C) for Project schedule.

Planning to date for this facility has included market analysis, future volume estimates, facility programming with associated operating assumptions and development of workflows. NBBJ assisted GHS with programming (Year 2017) and operational planning (October 2020 to May 2021). The architect of record is HOK. The engineer and technology consultant is TLC. The medical equipment planner is HW Resource Management.

The services planned for the facility and the planned provider include:

- Central scheduling and Financial Clearance
- Registration/check-in
- Pre-admission clinic and outpatient lab
- Retail Pharmacy and OR pharmacy
- Ambulatory Surgery – 6 Operating Rooms with the ability to increase to 8
- Endoscopy – 4 procedure rooms with the ability to increase to 5
- Prep and recovery, PACU
- Sterile processing department (SPD)
- Outpatient imaging – MRI, CT, Light IR, 4 X-Rays, Ultrasound
- Orthopedic clinic – Trauma, Hand, Spine, Sports, PM&R
- Outpatient rehabilitation
- General surgery, Oral maxillofacial surgery, ENT, Gastroenterology, Ophthalmology and Optometry clinics
- Breast imaging, Cancer center clinics, cancer center support, Infusion Center, and Infusion pharmacy
- Security
- Facility management
- Biomed
- Parking
- Supply Chain

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 www.gradyhealth.org/suppliers.

Qualifications & Expertise

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

Within all responses to this RFP the Offeror must provide the following details:

1. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three (3) years, office locations, and information documenting the company's financial position (i.e. financial statements, annual reports).
2. Indicate name and the business address of the entity, or individual that will be the party to the proposed contract and the Offeror's business telephone number, fax number, and e-mail address.
3. Indicate the type of ownership (sole proprietorship, partnership, corporation, joint venture, or limited liability company—list state in which incorporated) and parent company, if any.
4. Provide the name, address, and telephone number of the point of contact that will serve as the authorized negotiator(s) for the Offeror. The authorized negotiator shall have the authority to act on behalf of the Offeror and make binding commitments for the Offeror and any sub-consultants concerning this RFP.
5. Please disclose any ownership and/or relationships with Grady Health System and/or the Grady Memorial Hospital Corporation d/b/a Grady Health System.

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6. Disclose whether the proposing entity, or any shareholder, member, partner, officer or employee thereof, is presently a party to any pending litigation, or has received notice of any threatened litigation or claim directly or indirectly bearing on Grady Health System or The Fulton-DeKalb Hospital Authority.
7. Disclose the name and title of any of Grady Health System's and/or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees, contracted employees or independent contractors that are employed by or affiliated with the Offeror's organization. This includes but is not limited to the Offeror's board members, committee members and advisors to the Offeror's organization, holding company or any owned subsidiary. This disclosure will apply to anyone affiliated with Grady Health System per its description in Section 1 above.
8. Please provide three (3) references of similar size and scope of implementation.

SECTION 3: PROPOSAL EVALUATION, SELECTION PROCESS, AND SCHEDULE

Questions Due: May 28, 2021 @ 2:00 p.m. EST

***GHS response to questions posted to the GHS Website: June 7, 2021 @ 5:00 p.m. EST**

***Response Due Date: June 21, 2021 @ 2:00 p.m. EST**

***Presentations and Interviews: Week of July 5**

***Award Recommendation: July 19, 2021**

Contract Negotiations: 4 weeks

***Vendor to start August 16 2021**

**Date(s) are subject to change*

SECTION 4: SPECIFICATIONS / DESCRIPTION

§ 4-A Scope of Services

Please include the following components in your proposed fee:

1. **Project scope of work, Budget, and Timeline**, including review of operational planning completed to date, development of project plan with key milestones, project resources, needs, potential risks, budget and timeline.
2. **Workflow/Operations Implementation and Change Management**, consultant to provide implementation and change management strategies on how GHS' operations implementation priority list will be executed into the activation process (via simulation and/or tabletop exercises) GHS is in the process of developing the operations implementation priority list to identify suboptimal or missing processes and practices between current state and future outcome.

Identify any departments/services in the Main hospital not being relocated but being impacted by workflow changes.

3. **Transition Plan** for all services within the Correll Pavilion. The comprehensive transition plan will set the overall direction to start transforming strategies into operational reality, including all impacted departments, patients, staff, policies, medical equipment, furniture, IT, supply chain, warehousing and move management. The budget will include all transition, occupancy, and activation costs.

Assist GHS transition/activation leadership to establish a structure for the Project to manage meetings, critical action items, risk escalations, and committees/stakeholders.

See (Exhibit D) for CASS Org chart

4. **Move Management** to support and coordinate the relocation of the departments, existing equipment, materials, and limited reused furniture per your proposed timeline. This could be a partnership with a proposed 3rd party vendor, a move company recommended by the consultant to provide the services.

Seat assignments: The consultant will assist GHS with office and workstation assignments.

Please provide your approach and process on move management.

See (Exhibit E) existing plans for all relocated services.

5. **Warehouse and Logistics management** to support and coordinate all furniture, medical and IT equipment and supplies for procurement and deployment/installation/configuration per your proposed timeline. This could be collaborating with a proposed 3rd party vendor, recommended by the consultant to provide total visibility for the chain of custody of all equipment and supplies.

We anticipate a 6 month need for warehouse space from July 2022 to December 2022.

GHS is planning to use all new furniture for the Project. Coordination with Corporate Environment, GHS preferred vendor for managing Furniture's delivery and installation will be required.

It is estimated 15% of the medical equipment will be reused.

Please provide your approach and process on warehouse and logistics management.

See (Exhibit F) IT Equipment and Inventory list.

6. **Workforce Planning** for services in this facility. Review Staffing recommendations and provide recruitment plan, budget, and on-boarding process and training with the support of HR.

7. **Training and Orientation Program**, develop a training/education course between departments and vendors for medical equipment.

Develop a building orientation program for trainers, departments, staff, and providers.

8. **Dress Rehearsal events**, develop interdisciplinary and department-based scenarios to support the implementation of a facility-wide Dress Rehearsal. The consultant will provide the following services: scenario writing, staff scripting, logistics coordination for the events, code response testing, workflow validation process, and staff training for the various roles and support required to support the day. The consultant will develop up to 5 scenarios per department/unit depending on the complexity.

9. **Licensing and Regulatory Support**, provide licensing support for department specific (Pharmacy, Lab, PeriOp, SPD, Imaging, etc.) and new facility activation. Identify anticipated future regulatory or licensing inspections / certifications / accreditations.

SECTION 5: EVALUATION CRITERIA AND PROCESS

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

§ 5-A Demonstrating an Understanding of the Services

Proposals submitted must demonstrate the capability to comply with all requirements and specifications contained in this RFP. Failure to demonstrate the ability to meet specifications may result in non-consideration.

§ 5-B Previous Experience on Projects of a Similar Nature/References

GHS will review and evaluate the information submitted related to the scope of services and similar sized projects your firm has successfully completed in the past. Particular attention will be paid to the capability, quality, timeliness, cost controls and references.

§ 5-C Management Plan/Implementation/On Going Support

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

§ 5-D Cost Proposal

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

Please provide a fixed fee identified in the Scope of Services.

- Itemize services and fees by the requirements along with the proposed timeline.
- Provide fee breakdown for any outsourced work.
- Not-to-Exceed reimbursable expenses.
- Hourly rates by position
- Additional recommended services
- Notation of exclusions: any services or tasks will not be provided

SECTION 6: REPRESENTATIONS AND INSTRUCTIONS

§ 6-A-1 Response Guidelines

The information required by this RFP is comprehensive and necessary for accurate Offeror selection. Please be concise with answers. Each applicable question must be answered. For questions deemed not applicable, please state “not applicable”. The response to this RFP must be submitted via email **mpederson@gmh.edu**

Your RFP response, in its entirety, will be included in the subsequent contract negotiated between GHS and the selected Offeror. All forms in Appendices A, B and C must be signed by an officer of the firm having the authority to make such offers, verifying that the Proposal is valid and will remain valid.

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

§ 6-A-2 Submission Guidelines

Offerors are forbidden to contact, directly or indirectly anyone other than **Mukang Pederson**. **Mukang Pederson** is the sole point of contact for this RFP during the RFP process. Contact with any person other than **Mukang Pederson** is grounds for disqualification from this process. Offerors are also strictly forbidden to attempt to influence, through internal or external third party sources the outcome of this RFP. Your submission to this RFP serves as your confirmation that you, your firm and anyone acting as an agent, representative or influencer on behalf of your firm has not engaged in any action that may be construed as an attempt to influence the outcome of this RFP.

Failure to comply with any of the above stated guidelines may result in immediate disqualification. If you have any questions regarding this RFP, email your questions/concerns to **Mukang Pederson, Senior Project Manager at mpederson@gmh.edu**

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

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

§ 6-A-4 RFP Completion Instructions:

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

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

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

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

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

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

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

Notice of Award: The notice of award is issued by the Resource Management Department. Unsuccessful Offerors shall be notified in writing, after award has been made.

SECTION 7: SUPPLIER DIVERSITY

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

In adherence to GHS's commitment to Supplier Diversity, 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 and/or Indirect 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 20 % of the contract value

GHS® expects that the policies, programs and practices of its vendors/Contractors are carried out in an equitable fashion and that Certified Diverse Business Enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

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

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

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

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

Definition: Diverse Business Enterprise's

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

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

Asian-Pacific - A U.S. citizen whose origins are from Japan, China, Indonesia, Malaysia, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Thailand, Samoa, Guam, the U.S. Trust Territories of the Pacific or the Northern Marianas.

African American - A U.S. citizen having origins in any of the Black racial groups of Africa.

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

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

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

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

U.S. Small Business Administration:

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

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

Veteran Business Enterprise:

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

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

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BUSINESS IDENTIFICATION AND NONDISCRIMINATION
(TO BE SUBMITTED WITH BID)

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

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 Affirmative Action obligations with all employees including those having any responsibility for employment decisions?		
Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities?		
Do you conduct, at least annually, a review of all supervisors' adherence to and performance under the vendors, and Contractor's Equal Employment Opportunity policies and Affirmative Action obligations?		
Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.		

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

Authorized Representative Signature:

Date:

DIVERSE SUPPLIER SUB CONTRACTING PLAN (PROGRAM MANAGEMENT)
(TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY

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

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

How are Diverse Supplier capabilities determined by your company? _____

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

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

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

Will your Diverse Supplier subcontracting administrator:

Yes / No

_____ Develop and maintain bidders' lists of Diverse Suppliers from all possible sources

_____ Oversee the establishment and maintenance of your company's contract and subcontract award records associated with this Grady Health System agreement?

_____ Conduct or arrange the training of your company's purchasing personnel on the Grady Health System agreement goals and processes to achieve this goal?

_____ Review purchasing solicitation documents to remove statements, clauses, etc. which may tend to prohibit Diverse Supplier participation

_____ Screen proposed purchasing solicitation documents for subcontracting opportunities and implement appropriate procurement policies and procedures to improve and increase opportunities to Diverse Suppliers

_____ Introduce Diverse Suppliers to company purchasing personnel based on commodity or service in which these vendors may have a mutual or potential concern

_____ Maintain records demonstrating that procedures have been adopted and implemented to comply with the reporting requirements and supplier diversity goals within the Grady Health System

_____ Prepare and submit monthly, required Diverse Supplier reports to Grady Health System?

DIVERSE SUPPLIER SUBCONTRACTING PLAN (DSSP) PG.2
(DIRECT SUPPLIER DIVERSITY REPORTING - TO BE SUBMITTED WITH BID)

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

Company Name: _____ Agreement Term: _____
GHS Business Unit: _____ GHS Business Unit Contact Name: _____
Phone Number: _____ Vendor Contact e-mail: _____

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

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

Name/Title: _____ Company: _____
Address: _____ Phone: _____
Fax: _____ E-Mail Address: _____

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

Please list all of the GHS Accepted 3rd Party Certified Diverse Suppliers you have identified that will serve as Direct Tier 2 Subcontractors associated with this GHS project and the projected spend amounts with each company:

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

Submitted by:

Authorized Representative Signature

Date

Title

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

Vendor: _____

Solicitation Name: _____ **Solicitation Number:** _____

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

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

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

(If additional space is required this form may be duplicated)

If applicable, please complete the following:

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

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

Submitted by:

Authorized Representative Signature

Title

Date

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

STATEMENT OF INTENT

TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS
(TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY

Vendor: _____

Solicitation Name: _____

Solicitation Number: _____

_____ agrees to enter into a contractual agreement with
Prime Supplier

_____, who will provide the following goods/services
Joint Venture Partner/Subcontractor/Consultant

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

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

Prime Supplier

Joint Venture Partner/Subcontractor/Consultant

Intend to work together in accordance with this Contract Compliance Section of the bid, contingent upon award and execution of a contract with Grady Health System with to the aforementioned Prime Supplier.

I hereby certify that this statement is true and correct:

Prime Supplier Signature:

Joint Venture/Subcontractor/Consultant Signature:

Print Name:

Print Name, Title and Date:

Title:

Address:

Date:

Phone :

Fax:

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

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

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

**APPENDIX A: REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF
OFFERORS**

****REQUIRED INPUT WITH SUBMISSION****

CERTIFICATION

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

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____

E-MAIL: _____

(SIGNATURE)

(DATE)

APPENDIX B: COST PROPOSAL

(Print Name of Authorized Company Officer)

(Signature)

(Date Signed)

COST MUST BE SUBMITTED UNDER SEPARATE COVER AS INSTRUCTED

APPENDIX C: SOLICITATION/CONTRACT FORM

RFP DESCRIPTION: Transition and Activation for the Correll Pavilion at Grady

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN June 21, 2021 @ 2:00pm EST.

This document contains **20** pages.

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

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

Addendum No.: _____ Date: _____

Addendum No.: _____ Date: _____

NAME OF RESPONDING FIRM: _____

NAME OF COMPANY OFFICER: _____

(Company officer must have authority to legally bind the company)

TITLE: _____

DATE: _____

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

Signature