

## REQUEST for QUALIFICATIONS

### ALL PROSPECTIVE ELECTRICAL SWITCHGEAR SUPPLIERS

**INVITATION for QUALIFICATIONS  
ELECTRICAL SWITCHGEAR REPLACEMENT  
GHS-FD Project #: 2020003  
21502**

The Grady Health System Department of Facilities Development is soliciting qualifications of electrical switchgear supplier services for the Electrical Switchgear Replacement project. The project is currently in the schematic design (SD) phase, and our team has produced drawings in the form of 50% SDs for information and reference. To view/download the drawings, use the following link:

<https://app.e-builder.net/public/publicLanding.aspx?QS=f87d5965643b488f92b065f73d300ee2>

The project will be located in the basement of the main hospital.

- 80 Jesse Hill Jr. Drive, SE, Atlanta, GA 30303.

All supplier firms planning to submit a proposal must be pre-qualified. To become pre-qualified, please submit a qualifications package meeting the following requirements:

- List of three to five design-build projects of similar size and scale.
- Brief narrative of each of the referenced projects.
- Organization chart of your team
- One page CV or resume of each team member.

Additionally, registration with VendorMate and TIER 1 Diversity forms must also be completed in order to be considered pre-qualified.

Please submit qualifications to Stacy Parker via email at [saparker@gmh.edu](mailto:saparker@gmh.edu) by C.O.B. October 11, 2021. You will be notified by October 13, 2021 if you have met the threshold for being pre-qualified.

### **Local, Small Economically Disadvantaged Business Utilization**

It is an overall objective of The Grady Memorial Hospital Corporation, d/b/a Grady Health System (GHS) to encourage involvement by local, small, economically disadvantaged 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 local, small, economically disadvantaged businesses through all business-contracting opportunities. GHS® is committed to ensuring that local, small, economically disadvantaged businesses are given every opportunity to participate in contracting opportunities.

GHS® prohibits discrimination on the basis of race, color, gender, religion, national origin, or disability in connection with employment of any person, or the award of any contract. GHS® will provide equal opportunities without regard to race, color, gender, religion, national origin, or disability, by requiring that any vendor doing business with GHS® provide equal opportunity to persons and businesses employed by, or contracting with the supplier of products and services to GHS®.

GHS® expects that the policies, programs and practices of its vendors/contractors are carried out in an equitable fashion and that local (Fulton County, DeKalb County, State of Georgia), small and economically disadvantaged business enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

**These documents are considered a part of and should be submitted with the qualifications package. Failure to provide the requested information will result in the proposal being determined non-responsive.**

- **Screen shot or copy of Vendormate certificate**
- **Completed TIER 1 Diversity form**
- **Certificate verifying TIER 1 diversity.**
- **List of three to five design-build projects of similar size and scale.**
- **Brief narrative of each of the referenced projects.**
- **Organization chart of your team**
- **One page CV or resume of each team member.**

**PROCESS FOR SELECTION**

A selection team will evaluate each qualification submitted and score the team member. The scores will be made available upon request for your team following pre-qualification

GHS-FD reserves the unqualified right to request additional information or meetings with any supplier.

Your company wishes to be pre-qualified as a:

- Architect
- Engineer
- General Contractor
- Equipment Supplier/Manufacturer

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

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

PHONE: (    ) \_\_\_\_\_

EMAIL: \_\_\_\_\_

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

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