INVITATION for BIDS

GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT

GHS-FD Project #: Q2024014

Grady Health System Department of Facilities Development is soliciting “Sealed Bids” to A/E services for the GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT (Q2024014).

The project will be located on the second floor, E-Wing, of Grady Memorial Hospital, 80 Jesse Hill, Jr., Drive SE, Atlanta, Georgia 30303

The IFB (dated May 14, 2024) is attached and will be reviewed at the mandatory pre-bid meeting Thursday, May 23, 2024, at 1:30 p.m., in the offices of the Health System’s Department of Facilities Development, Third Floor, Hurt Building.

The driving address is 50 Hurt Plaza, SE, Atlanta, GA 30303.

Bids, in accordance with IFB # Q2024014, are due on Thursday, June 6, 2024, at 3:00 p.m., in the Offices of Grady Health System Facilities Development.

All A/ID/E firms planning to submit a bid must complete the included qualifications package prior to the mandatory pre-bid meeting date.

A pre-qualification package may be downloaded at: http://www.gradyhealth.org/vendors/.

Additionally, registration with VendorMate (through the same web-site) must be completed prior to bid submission.

Please notify George Smith at 404-616-3228 or by email at gcsmith@gmh.edu of your intentions to participate in this invitation by 5 pm on Wednesday, May 22, 2024.

Sincerely,

Senior Architectural Project Manager
Grady Health System Department of Facilities Development
INVITATION FOR BIDS

PROJECT NAME:
GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT

PROJECT NUMBER:
Q2024014

Location:
Second Floor – E-Wing
Grady Memorial Hospital
80 Jesse Hill, Jr., Drive SE
Atlanta, Georgia 30303

Date: May 15, 2024

Project Manager: George C. Smith
Phone: 404-616-3228
Fax: 404 616-3355
e-dress: gcsmith@gmh.edu
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1.0 GENERAL INFORMATION

1.1 Introduction

Your firm is invited to submit a “Sealed Bid” for architectural-engineering services as described within this IFB.

1.2 About Grady Health System – Facilities Development

Grady Health System – Facilities Development manages all capital improvements, space planning, programming, architectural & engineering design and construction for the Grady Health System.

1.3 Project Overview

Project Design Scope includes, but may not be limited to: (See attached Area of Work)

1. Define dining zones through redesign of existing dining area;
2. Replace finishes throughout;
3. Provide basic FF&E plain indicating the replacement of seating and table-tops throughout;
4. Replace/relocate condiment counters;
5. Identify possible location for, and design new public restroom facilities;
6. Improve after-hours access point(s) and vending space;

Please note – Refurbishment to the existing Servery is not in this scope of work.

1.4 Qualifications and Expertise

Grady Health System requires the successful Bidder to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence and professionalism).

The Bidder shall have experience in providing similar scope of work in similar institutions as described in this IFB.

The firm must have gained this experience as a result of being regularly engaged in the business of providing services in an acute health care/patient and long term care resident environment.

Grady Health System shall make an assessment of each Bidder’s response and whether in the opinion of GHS, the Bidder is capable of undertaking and completing the scope of work delineated within this IFB in a satisfactory and timely manner.

GHS will award a contract only to a responsible Bidder that has the ability to successfully perform under the terms of this IFB.

To become qualified, please in your proposal a package meeting the following requirements:
1. Show your team’s capabilities and experience successfully designing healthcare occupancy improvements within an active healthcare setting, including performance of field verifications without interruption to the facility.

2. List at least three projects of similar size, scope, and scale specific to the request of this invitation, providing:
   a. a brief narrative, with contact information, of each of the referenced projects.
   b. an organization chart of your team with the actual team members you plan to assign to this project.
   c. a one-page CV or resume of each team member.

3. Registration with VendorMate must also be completed in order to be considered pre-qualified.
   To register your company, complete the Vendor Credentialing process:
   • Visit the Vendormate web-site: Vendormate
   • Complete the registration form
   • Upon completion, you will receive a confirmation e-mail from Vendormate
   • A copy of this confirmation e-mail must be included in your package

2.0 DEFINITIONS

GHS – The Grady Memorial Hospital Corporation d/b/a/ Grady Health System
GHS-FD – Grady Health System – Facilities Development
IFB – Invitation for Bids
AHJ – Authorities Having Jurisdiction
A/E – Architect/Engineer Company and/or organization submitting bid.

3.0 SCOPE OF WORK

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

3.1 Provide labor, materials, means and methods to successfully execute completion of the project per scope of work.

3.2 In order to eliminate conflicts and reduce change orders during construction it is imperative that structural, architectural, mechanical, plumbing, medical gas, and electrical drawings be coordinated and existing conditions be field verified during the design and construction document phases. You are expected to conduct field investigations as required to understand and reflect existing conditions at the job-site (Required prior to bid submittal.)

3.3 Program Verification

3.4 Schematic Design Documentation
3.5 Design Development Documentation

3.6 Construction Documents and Specifications
3.6.1 Provide detailed stamped construction drawings and specifications clearly indicating the work required for:
3.6.1.1 structural – as required
3.6.1.2 architectural
3.6.1.3 mechanical
3.6.1.4 electrical – including power, lighting, and low voltage
3.6.1.5 plumbing
3.6.1.6 fire protection

3.6.2 A/E drawing sheets will need to include, but are not limited to:
3.6.2.1 Cover with notes and legend(s)
3.6.2.2 Life Safety drawings for review by the State Fire Marshall as required.
3.6.2.3 Infection Control Risk Mitigation (ICRM) plans and notes outlining scope of contractor’s ICRM requirements
3.6.2.4 Interim Life Safety Measure (ISLM) plans and notes (may be consolidated with ICRM plan above)
3.6.2.5 General and specialty notes
3.6.2.6 Door schedules (as required)
3.6.2.7 Finish plans
3.6.2.8 Furniture plans (for reference, and in coordination with GHS furniture vendor[s]);
3.6.2.9 Signage plans in coordination with existing GHS standards and signage vendor
3.6.2.10 Sections as required
3.6.2.11 Floor and reflected ceiling plans with notes and specifications as required
3.6.2.12 Interior elevations, details, and sections as required
3.6.2.13 Engineering plans, drawings, notes, details, and specifications as outlined in 3.6.1 above, and as required to include, but not necessarily limited to:
3.6.2.13.1 Structural
3.6.2.13.2 Mechanical
3.6.2.13.3 Electrical
3.6.2.13.4 Plumbing
3.6.2.13.5 Fire Protection

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

3.7 The construction budget, exclusive of permits, bonds, insurance, A/E Fees, contingency, and FF&E (both medical and non-medical) is in development and will be shared during the bid period as an addendum;

3.8 Your lump sum bids will include:
3.8.1 Field verification, including meetings with Facilities Management and Clinical staff as required.

3.8.2 Attendance at design review meetings with GHS-FD construction and architectural project managers, including meetings with the GHS Project Steering Committee Steering Committee meetings consist of:

3.8.2.1 project “kick-off” and program verification – as required
3.8.2.2 schematic design progress review(s) – as required
3.8.2.3 100% schematic design Steering Committee review and sign-off,
3.8.2.4 design development progress review(s) – as required
3.8.2.5 100% design development Steering Committee review and sign-off
3.8.2.6 95% construction document Steering Committee review and sign-off

3.8.3 Attendance at all design Technical Review meetings with the GHS-FD construction and architectural project managers, and including the Technical Review Team, consisting of members from supporting departments (Facilities Management for utilities, Epidemiology for patient care/infection control, Clinical Engineering, Security, Safety, Information Systems, Environmental Services, etc.).

   Technical review meetings occur at:
3.8.3.1 Program verification
3.8.3.2 100% schematic design completion
3.8.3.3 100% design development completion (with the engineering team)
3.8.3.4 95% construction document completion (with the engineering team)

3.8.4 Schematic Design deliverables consist of:
3.8.4.1 pdf file(s) and ACAD compatible drawing file(s) of schematic design drawings which illustrate and verify the program(s) for GHS-FD Architectural Project Manager review.
3.8.4.2 Schematic Design construction budget estimate.

3.8.5 Design Development deliverables consist of:
3.8.5.1 pdf file(s) and ACAD compatible drawing file(s) of 95% design development documents for GHS-FD Architectural Project Manager review.
3.8.5.2 Design Development construction budget estimate.

3.8.6 Construction Document deliverables consist of:
3.8.6.1 pdf file(s) and ACAD compatible drawing file(s) file of 95% construction documents for GHS-FD Project Manager review.
3.8.6.2 Construction Document construction budget estimate.
   Upon final review and approval of 95% CD’s:
3.8.6.3 pdf file(s) and ACAD compatible drawing file(s) and specifications of completed, A/E stamped construction documents GHS-FD for submittal to:
3.8.6.3.1 Georgia Department of Community Health Planning.
3.8.6.3.2 Georgia State Fire Marshal
GHS-FD will submit required documents to Georgia State Fire Marshal and Georgia Department of Community Health for review and comment.

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

3.8.6.4 Submittal of A/E stamped construction documents to the City of Atlanta for plan review. A/E will be responsible for any design changes mandated by the AHJ. A/E will pay required permit review fees, submitting receipt to GHS-FD Architectural or Construction Project Manager as an expense (item 3.10 below) or as change order to the contract amount.

3.9 Contract administration including review and approval of contractor submittals:
Estimated construction duration is TBD

3.10 Reimbursable Expenses.

3.11 Review of installation at 50% and 90% to insure construction is per plans and specifications.

3.12 Attendance at bi-weekly construction progress meetings with Owner and construction contractor.

3.13 Preparation, revision as required, and distribution of notes to GHS-FD Architectural and Construction Project Managers reflecting design related issues discussed during bi-weekly construction meetings.

3.14 Preparation of as-built Record Documents – both pdf and ACAD compatible electronic files).

3.15 Preparation of punch list items upon completion of installation.

3.16 A/E scope responsibility marked on check boxes (see Attachment A).

4.0 SCHEDULE

4.1 Schedule

| Start Date: Upon Contract execution your firm shall be ready to begin work within (7) calendar days. | Date of Completion (after contract execution): SCHEDULE: Construction Documents for individual projects shall be ready for delivery to AHJ’s in: 60 calendar days from execution of contract. |

5.0 SPECIFIC CONDITIONS

5.1 Bid Submittal Requirements
5.1.1 Mandatory Pre-bid Meeting: Attendance and submission of Appendix “D” at this meeting is required for bid submittal.

<table>
<thead>
<tr>
<th>Mandatory Pre-bid Meeting Information</th>
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<tbody>
<tr>
<td><strong>Date:</strong></td>
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<tr>
<td><strong>Time:</strong></td>
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| **Location:** | **Facilities Development Conference Room**  
**Third Floor, Hurt Building**  
**50 Hurt Plaza**  
**Atlanta, Georgia 30303** |

<table>
<thead>
<tr>
<th>Design Team Site Visits</th>
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<tbody>
<tr>
<td><strong>Date:</strong></td>
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<tr>
<td><strong>Time:</strong></td>
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**Grady Memorial Hospital**  
**80 Jesse Hill, Jr., Drive SE**  
**Atlanta, Georgia 30303** |

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<th>RFI End Date</th>
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<tr>
<td><strong>Date:</strong></td>
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<tr>
<td><strong>Time:</strong></td>
</tr>
<tr>
<td><strong>Responses by:</strong></td>
</tr>
</tbody>
</table>

5.1.2 The design team shall be responsible for ensuring that the bid is delivered to the correct address before the deadline for submission of bids. Any bids received after the deadline time established will be rejected. All hard-copy bids delivered to the correct address will be logged in at the time the bid is received in the GHS Facilities Development Offices, Third Floor, Hurt Building, 50 Hurt Plaza SE, Atlanta, Georgia 30303.
5.1.4 E-mail (and hard copy bids submitted in sealed envelopes) shall be marked as follows:

Bid for A-E Services –
GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT

JOB NUMBER: Q2024014
From: [Name of Firm]
      [Address of Firm]

5.2.1 Full Right of Rejection: The right to reject any and all bids/cost proposal submissions, WITH OR WITHOUT CAUSE, is reserved, i.e., no award, as is the right to selectively award any or all portions of this request for cost proposal. GHS reserves the right to rescind, with or without cause, any contract resulting from this request for cost proposal with 30 days written notice to the other party.

5.2.2 Full Right of Selection and Rejection: The right to select an A/E providing other than the lowest cost product is reserved. The decision, in the best interest of patient care and GHS, is considered final. GHS also reserves the right to select and award, at its option, to runner-up A/E(s) in the event the selected A/E for award or A/E 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.

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

If the Bidder requests that such information be held confidential and not disclosed by GHS, the Bidder will assume the defense of such position, up to and including litigation, and will indemnify, save and hold harmless GHS, its officers and employees, from any expense, fees, costs or liability associated with such third party request or such litigation. If the Bidder does consider the Bid or any portion thereof to contain confidential information, it shall submit a letter on the Bidder's letterhead signed by the owner or Chief Executive Officer, requesting that GHS treat the Bid confidential and private information to the extent possible under Georgia law. Otherwise, the Bidder agrees that its' submission may be deemed as public information.
5.2.4 Regulatory and Ethical Compliance: No Bid shall be accepted from, and no contract will be awarded to, any person, firm or corporation that, within the past five years, has been found in non-compliance with Georgia statutes or the standards and rules set by the Ethics Commission of the State of Georgia. ([http://www.ethics.state.ga.us](http://www.ethics.state.ga.us))

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

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

1) A drug-free workplace will be provided for Bidder's employees during the performance of this Agreement; and

2) A written certificate shall be secured from each subcontractor hired by Bidder stating that: "As part of the subcontract with Bidder, subcontractor certifies to Bidder that a drug-free workplace will be provided for subcontractor’s employees during the performance of this subcontract pursuant to paragraph (7) of subsection (b) of Code Section 50-24-3."

5.2.6 Substitution Policy: Substitution of awarded products is not permitted without first having written concurrence of the Facilities Development Project Manager. If substitution(s) are approved, the difference in cost of any higher cost substitutions at least cost will amount to cost savings to GHS.

5.2.7 Notice of Award: Award results will be sent to all A/E’s submitting bids.

5.2.8 Limitation of Quantity of Bid Submissions: A/Es are RESTRICTED AND PROHIBITED from submitting more than one bid submission per A/E or joint venture. Submission of more than one bid submission package (i.e., response to a request for cost proposal) will result in all bid inputs from that A/E being disqualified. Alternate bid quotations may be provided for varying product brand names meeting stated bid specifications IN ONE BID SUBMISSION.

5.2.9 Contract Documentation: The successful bidder and all subsequent work will be subject to the terms and conditions of the following contract documents:
• General Conditions of Contract Between Owner and Architect/Engineer including the Engagement Letter – See Exhibit A

5.2.10 GHS is not responsible for costs incurred by any architect or engineer for postage, courier, printing, travel, or any other expenses related to preparation of bids, attendance at prebid or other associated activities. All bids and documents submitted become the property of GHS unless otherwise requested in writing by responder at the time of the submission. Submission of any materials, confidential or otherwise, will implicitly grant the right of use by GHS.

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

5.2.11 Quotation Lock-in: All quotes remain firm for a minimum of 60 days.

5.2.12 Management Plan: 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 IFB. Provide biographical data on these individuals, the roles that each will play, and indicate which senior level staff member(s) will represent your firm at meetings with GHS. It is also requested that you provide biographies of other key members in your firm whom you regard as key to the firm’s governance or to a relationship with GHS. The Bidder shall also include an overview of its corporation, which will include, but not be limited to a summary of the firms project management and control policies.

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

Firms interested in doing business with GHS are required to complete Appendix C (Economic Opportunity Plan), and to submit with their bid response. Firms are also required to include within its response a short narrative describing its commitment to assist GHS in striving to maximize participation of local, small economically disadvantaged businesses.
5.2.14 GHS Policies and Procedures Compliance: The successful bidder, its agents, employees, assigns and sub consultants, will be required to comply with all of GHS rules, regulations and procedures referenced in Appendix B of this IFB. In addition, all members of the selected Design Team will be required to display proper, GHS identification which may require medical clearance(s), provided by the Design Team members, to GHS Employee Health for review and approval.

5.2.15 Review of Bid Documents and Field Conditions by the Architect: The Architect shall carefully study and review the Bid Documents and information furnished by the Owner. Before submitting bid or subsequently commencing activities, the Architect shall: take field measurements and verify field conditions; carefully compare this and other information known to A/E with the Bid Documents; and promptly report errors, inconsistencies or omissions discovered to Owner. It is the responsibility of the Architect, before submitting bid and subsequently entering into a contract, to satisfy itself as to the accuracy, consistency and completeness of the Bid Documents. Architect’s execution and delivery of the Bid Documents constitutes an acknowledgement by the Architect that it is satisfied that the Bid Documents and Scope of Work are sufficient in content and detail to complete the work and to enable the Architect to deliver, within the Contract Sum and Contract Schedule, a fully completed project with all appurtenant improvements without the need for any change to the Contract Sum or Contract Schedule as specified in the applicable Bid Documents.

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

5.2.17 Payment: A/Es are to be made aware that the Grady Health System pays invoices on a sixty (60) day cycle.

5.2.18 Clarity and Conciseness: The Grady Health System values clear and concise construction documents and/or reports prepared on schedule. Successful project delivery is the most reliable way of being considered for repeat work.

6.0 FORMAT AND CONTENT OF BIDS

Bids must be submitted via e-mail – hard copies may be by hand delivery or postal mails.

Architects and Engineers are encouraged to prepare bids simply and economically, providing a concise statement of capabilities in regard to this mandate. Architects
should refrain from sending any promotional material. Such promotional material if sent will be discarded before bids are evaluated.

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

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

6.2 **Item 2: Appendix E**: Bid Form  
**Appendix E-1 Fee Worksheet** (electronic copy will be distributed as an addendum, and an electronic copy submitted with your team’s proposal)

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

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

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

6.6 **Item 6: The Architects Qualification Package** – Exhibit A

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

7.0 **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 II goods and/or services to be purchased from Diverse Business Enterprises certified by one (1) or more of the third party certification agencies
recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring, Contracted GHS Suppliers will be required to report Diverse Supplier Spend to GHS monthly in a manner in GHS’s sole discretion. In addition, a copy of reported Diverse Supplier spend, must be attached with the submission of any invoices to GHS. Failure to demonstrate the defined Good Faith Effort to achieve GHS’s Supplier Diversity goal, objectives, or to report in a manner prescribed by GHS, shall be a material breach of any controlling contract between GHS and Contractor or vendor.

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

The Supplier Diversity Goal for this Solicitation is **25%** of the total contract value

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

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

**SUPPLIER DIVERSITY PLAN**

IN ADDITION TO THE BID SUBMISSION REQUIREMENTS, EACH VENDOR MUST SUBMIT A SUPPLIER DIVERSITY PLAN (APPENDIX C) WITH THEIR BID. THE RESPONDENT MUST OUTLINE A PLAN OF ACTION TO ENCOURAGE AND ACHIEVE PARTICIPATION BY CERTIFIED DIVERSE BUSINESS ENTERPRISES AS IT RELATES TO THIS IFB.

Required Forms and Economic Opportunity Plan Statement:

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

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

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.

8.0 PROCESS FOR SELECTION

8.1 Admissibility

Appendix D Must be completed (filled out), and submitted to GHS-FD at the Pre-bid Meeting.

8.1.1 To be admissible, a bid must adhere to the requirements and content for submissions outlined in Section 6.0 of this IFB. Failure to adhere to this format may eliminate the bid from any further consideration, as determined at the sole discretion of GHS-FD.

Furthermore, bids from bidders 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.

8.2 Analysis of Bids & Award

8.2.1 Bids will not be opened publicly. All parties submitting bids will be notified in writing of the results of their submission.

8.2.2 GHS will not consider any exceptions, exclusions, and/or clarifications. The bid proposal will be considered for completing services per scope of work described in this IFB.

8.2.3 In evaluating bids the selection will be based on determination of Responsibility and a determination of Responsiveness.

8.2.4 GHS-FD reserves the unqualified right to request additional information or meetings with any architect to visit previous or current project sites, or to visit their premises, if deemed necessary to arrive at a fully informed decision.

8.2.5 The award will be to the responsible and responsive bidder whose bid conforms to all material specifications, terms and conditions as set forth in the bid, with the lowest price, provided his/her bid is reasonable and is to the interest of GHS to accept it. No bid shall be considered for award if the bid is not responsive to the essential requirements of the solicitation or is submitted by a non-responsive bidder.
8.2.6 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 bid documents and, if the firm is selected, the contract for this assignment.

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

By:

NAME:  __________________________

TITLE:  __________________________

PHONE: (  ) __________________________  FAX: (  ) __________________________

SIGNATURE:  __________________________  DATE:  __________________________

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

<table>
<thead>
<tr>
<th>BADGE AND PERMITS</th>
<th>INFECTION CONTROL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Obtain Vendor Badge (must present valid ID and Project No. from Plant Operations Customer Service). A T.B 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.</td>
<td>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.</td>
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</table>

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<tr>
<th>INSURANCE</th>
<th>SHUTDOWNS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor must have proof of liability and workman’s compensation insurance on site.</td>
<td>No Mechanical or electrical systems may be shut down 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 shut downs. Request for Utilities Shutdown Permit required.</td>
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<thead>
<tr>
<th>FIRE SAFETY</th>
<th>CEILING TILES</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
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</table>

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<thead>
<tr>
<th>FIRESTOP</th>
<th>SAFETY</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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 and construction areas. All clothing must meet OSHA requirements.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>SMOKING</th>
<th>CUTTING &amp; CORING</th>
</tr>
</thead>
<tbody>
<tr>
<td>No smoking on premises. Use dedicated smoking areas outside of building.</td>
<td>Observer to be posted to watch “blind side” of cutting, if coring, or if demolition is to be done.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>COMMUNICATION DEVICES</th>
<th>SECURITY AND STORAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>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.</td>
<td>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.</td>
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</table>

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<tr>
<th>HOUSEKEEPING</th>
<th>UTILITIES</th>
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<tr>
<td>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.</td>
<td>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.</td>
</tr>
</tbody>
</table>
**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 Manager 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 temporarily take the smoke detectors out of service in the construction area. Request for Utilities Shutdown Permit required. Plant Operations may temporarily disconnect smoke alarms.

**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 (Pull the pin, Aim at the base of the fire, Squeeze the trigger and Spray in a sweeping motion) the fire as time allows, and continue to evacuate.

**CONCURRENCE:** I HAVE READ, UNDERSTAND AND PLEDGE TO SUPPORT PATIENT CARE AS OUTLINED ABOVE. I UNDERSTAND FAILURE TO COMPLY WITH THESE REQUIREMENTS CAN RESULT IN DISMISSAL FROM THE PREMISES.

**SIGNATURE / FIRM:** ______________________________  DATE: ____________________________
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 BID**

#### Part I – Business Identification

Please indicate if your company qualifies as one of the business designations below:

<table>
<thead>
<tr>
<th>Business Type</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small Business as defined by the US. Small Business Administration (DBE, SBE, HubZone)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minority Business Enterprise (M/WBE)</td>
<td></td>
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</tr>
<tr>
<td><strong>If yes, please indicate the percentage of minorities who own, control or operate your company:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Native American</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>WOMAN-OWNED BUSINESS ENTERPRISE (WBE)</td>
<td></td>
<td></td>
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<tr>
<td>DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE)</td>
<td></td>
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</tr>
<tr>
<td><strong>IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE?</strong></td>
<td></td>
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</tr>
<tr>
<td><strong>If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3rd party certifying agencies recognized and accepted by GHS are included.</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LOCAL SMALL BUSINESS ENTERPRISE</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Part II - NONDISCRIMINATION POLICIES AND PROCEDURES

<table>
<thead>
<tr>
<th>Policy</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Are you an individual and do not employ anyone?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, you do not need to complete the remainder of the questions.</td>
<td></td>
<td></td>
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<tr>
<td>Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you notify all recruitment sources in writing of your company’s Equal Employment Opportunity/Affirmative Action employment policy?</td>
<td></td>
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</tr>
<tr>
<td>Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Do you belong to any unions?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, have you notified each union in writing of your commitments to non-discrimination?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Does your company have a collective bargaining agreement with workers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?</td>
<td></td>
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</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 BID)

Present Commitment: Offeror shall submit its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by the completion of Appendix C-4 in its entirety. Diverse Business Enterprises utilized as Tier II contractors and suppliers must be certified by one or more of the 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
The following are questions concerning the efforts your company will make to ensure that Diverse Supplier's will have an equitable opportunity to compete for lower tier subcontracts associated with the Grady Health System agreement:

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

How are Diverse Supplier capabilities determined by your company?

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

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

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

Will your Diverse Supplier subcontracting administrator:

Yes / No

- Develop and maintain bidders’ lists of Diverse Suppliers from all possible sources
- Oversee the establishment and maintenance of your company’s contract and subcontract award records associated with this Grady Health System agreement?
- Conduct or arrange the training of your company’s purchasing personnel on the Grady Health System agreement goals and processes to achieve this goal?
- Review purchasing solicitation documents to remove statements, clauses, etc. which may tend to prohibit Diverse Supplier participation
- Screen proposed purchasing solicitation documents for subcontracting opportunities and implement appropriate procurement policies and procedures to improve and increase opportunities to Diverse Suppliers
- Introduce Diverse Suppliers to company purchasing personnel based on commodity or service in which these vendors may have a mutual or potential concern
- Maintain records demonstrating that procedures have been adopted and implemented to comply with the requirements and goals within the Grady Health System
- Prepare and submit monthly, required Diverse Supplier reports to Grady Health System?
DIVERSE SUPPLIER SUBCONTRACTING PLAN (DSSP) PG.2

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

In adherence to GHS’s commitment to Supplier Diversity, GHS suppliers must clearly as defined herein, demonstrate good faith effort to achieve the 25% Supplier Diversity goal set forth by documenting the Tier II direct goods and/or services to be purchased from Diverse Business Enterprises certified by one or more of the 3rd party certification agencies recognized by GHS. Such spend with Diverse Business Enterprises will be monitored. In connection with such monitoring Contracted GHS Suppliers will be required to report to GHS monthly, in a manner in GHS’s sole discretion, all direct spend with Certified Diverse Business Enterprises.

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

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

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

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

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

Please list all of the GHS Accepted 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:

<table>
<thead>
<tr>
<th>Vendor Name</th>
<th>Address</th>
<th>Contact</th>
<th>Phone</th>
<th>E-Mail</th>
<th>Certification Type</th>
<th>Business Classification (Product/Service)</th>
<th>Direct Projected Spend in Dollars</th>
<th>Direct Projected Spend by Percentage</th>
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</thead>
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Submitted by:

_________________________________________  ___________________________
Authorized Representative Signature  Title

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

Vendor: _______________________________ IFB Name: _______________________________

IFB 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 IFB related items at no charge, and allowed sufficient time for review prior to the bid deadline __Yes __No

e) Acted in good faith with interested certified diverse business enterprises, and did not reject certified diverse business enterprises as unqualified or unacceptable without sound reasons based on a thorough investigation of their capabilities __Yes __No

f) Did not impose unrealistic conditions of performance on certified diverse business enterprises seeking subcontracting opportunities __Yes __No

g) Additionally, I contacted the referenced certified diverse business enterprises and requested a bid. The responses I received were as follows:

<table>
<thead>
<tr>
<th>Name and Address of certified diverse business enterprises</th>
<th>Type of work and Contract Items, Supplies or Services to be Performed</th>
<th>Response</th>
<th>Reason for Not Accepting Bid</th>
</tr>
</thead>
<tbody>
<tr>
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(if additional space is required this form may be duplicated)

If applicable, please complete the following:

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

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

_______________________________   _________________
Authorized Representative Signature   Title

_______________________________
Date
APPENDIX C-6*
STATEMENT OF INTENT
TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS
(TO BE SUBMITTED AT SCHEDULE OF VALUES MEETING)

Vendor: _______________________________

IFB Name: _______________________________  IFB 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 IFB as a certified diverse business enterprises:

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

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

_________________________________           _______ _______________________________
Prime Contractor                                    Joint Venture Partner /Subcontractor/Consultant

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

I hereby certify that this statement is true and correct:

Prime Contractor Signature:  Joint Venture/Subcontractor/Consultant

 Print Name, Title and Date:  

Print Name:  

Title:  

Date:  

Phone  

Fax:  

This form may be duplicated as needed.
APPENDIX D: INTENT TO SUMBIT

This letter serves as notification of intent to submit or not to submit a proposal for the GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT

IFB Numbers: Q2024014

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

___________________, Acting as a representative of _____________________________
(Name of Representative) (Company Name)

Hereby offer our intent to:

_____ Submit a response to the request for services in this IFB.

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

Reason:_________________________________________________________

__________________________________
(Print Name)

__________________________________
(Signature)

__________________________________
(Title)

__________________________________
(Date)

__________________________________
(Telephone/Fax number)

__________________________________
(Email address)
Appendix E: Bid Form

To: Grady Health System

Project: GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT

GHS-FD Project # Q2024014

Date: ....................

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

1. OFFER
Having examined the Place of the Work, all matters referred to in the Invitation For Bids, and the sample General Conditions of Contract Between Owner and Architect including the Engagement Letter in Exhibit A prepared by Grady Health System Facilities Development for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the professional services requested for:

GRADY MEMORIAL HOSPITAL CAFETERIA REDESIGN & REFURBISHMENT (Q2024014) for the Lump Sum Price of:

................................................…………………………………………....dollars, and 00/100

in lawful money of the United States of America, $____________________________.00

2. ACCEPTANCE
This offer shall be open to acceptance [and is irrevocable] for sixty [60] days from the bid closing date. If this bid is accepted by Grady Health System- Facilities Development within the time period stated above, we will:
- Execute the Agreement within two [2] days of receipt of Notice of Award.
- Furnish the required Insurance within two (2) days of receipt of Notice of Award.
- Commence work within five [5] calendar days after written Notice to Proceed of this bid.

3. CONTRACT TIME
All professional services will be completed in accordance to “Section 4.0 Schedule” of the IFP including construction administration due dates that will be set forth in the Engagement Letter upon project award.

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

Addendum # ...... Dated ....................
5. APPENDICES
The following documents are attached to and made a condition of the Bid:
The Required Items numbered 1 through 7 described in “Section 6- Format and Content of Bids”:

- **Item 1:** The Appendix A: Signed Authorization/Certification Form
- **Item 2:** Appendix E: Bid Form Appendix E-1 Fee Worksheet (hard and electronic copies)
- **Item 3:** Management Plan
- **Item 4:** Appendix C-1 – C-6: Contract Compliance Certification Forms
- **Item 5:** Project References
- **Item 6:** The Architects Qualification Package
- **Item 7:** Proof of ability to provide specified insurances

6. BID FORM SIGNATURES

The Corporate Seal of

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

...........................................................
(Authorized signing officer    Title)
(Seal)

...........................................................
(Authorized signing officer    Title)
(Seal)
If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF DOCUMENT
Attachment A

to the Project Engagement Letter
for architect contracts using the
GENERAL TERMS AND CONDITIONS
OF CONTRACT BETWEEN OWNER AND ARCHITECT

For purposes of the following sections of the General Terms and Conditions of Contract between Owner and Architect, the duties, obligations and responsibilities of Owner shall be performed by:

<table>
<thead>
<tr>
<th>PROJECT PHASE</th>
<th>ITEM</th>
<th>A/E TEAM</th>
<th>OWNER</th>
<th>NOT REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PLANNING</td>
<td>Develop the Program</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Assist Owner in developing the Program</td>
<td></td>
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<td>XX</td>
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<tr>
<td></td>
<td>Preliminary evaluations (identified in Project Engagement Letter)</td>
<td></td>
<td>XX</td>
<td></td>
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<tr>
<td></td>
<td>Develop project budget</td>
<td></td>
<td>XX</td>
<td></td>
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<tr>
<td>SCHEMATIC DESIGN (SD)</td>
<td>Prepare Schematic Design documents</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>SD based Construction Cost Estimate - Detailed</td>
<td></td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td></td>
<td>SD based Equipment Cost Estimate - Summary</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>DESIGN DEVELOPMENT (DD)</td>
<td>Prepare Design Development Documents</td>
<td></td>
<td>XX</td>
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<td></td>
<td>DD based Construction Cost Estimate - Detailed</td>
<td></td>
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<td>XX</td>
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<tr>
<td></td>
<td>DD based Equipment Cost Estimate - Detailed</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>CONSTRUCTION DOCUMENTS (CD)</td>
<td>Prepare Construction Documents – Drawings and Specifications</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>CD based Construction Cost Estimate - Detailed</td>
<td></td>
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<td>XX</td>
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<tr>
<td></td>
<td>CD based Equipment Cost Estimate - Detailed</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>CONSTRUCTION</td>
<td>Identify and assist Owner required governmental permits and approvals</td>
<td></td>
<td>XX</td>
<td></td>
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<tr>
<td>BID</td>
<td>Assistance in obtaining bids</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Assistance in preparing contracts</td>
<td></td>
<td></td>
<td>XX</td>
</tr>
<tr>
<td></td>
<td>Attendance at pre-bid meeting</td>
<td></td>
<td>XX</td>
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</tr>
<tr>
<td></td>
<td>Provide direct clarifications to contractors during bid process</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td>CONSTRUCTION</td>
<td>Give Contractor assistance in obtaining permits</td>
<td></td>
<td>XX</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Attend pre-construction meeting</td>
<td></td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Provide additional inspection or test reports</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Prepare change orders and construction change directives for Owner’s execution</td>
<td></td>
<td></td>
<td>XX</td>
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<tr>
<td>OTHER</td>
<td>Provide Presentation Graphics for owners use</td>
<td></td>
<td>XX</td>
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<tr>
<td></td>
<td>Provide Medical Equipment Planning</td>
<td></td>
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<td>XX</td>
</tr>
</tbody>
</table>
For purposes of the following sections of the General Terms and Conditions of Contract Between Owner and Architect - the duties, obligations and responsibilities following shall be performed by:

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

In the event that any duties, obligations or responsibilities of Owner in the Agreement Between Owner and Architect have not been allocated above, the Architect shall be responsible therefore.

END OF ATTACHMENT