



Project
Grady Memorial Hospital Corporation *dba*
Grady Health System
Academic Building Space Program and Concept
Planning

Request for Proposal
Facility Planning Services

Released: June 28, 2024
Due Date: July 25, 2024

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1.0 GENERAL INFORMATION

1.1 Introduction

Grady Health System (Grady) seeks proposals for space programming and facility planning for a new academic, innovation and administration services building on the campus in downtown Atlanta. This project will collect inputs from Grady, Emory School of Medicine (Emory) and Morehouse School of Medicine (Morehouse) to define space requirements for non-clinical functions and envision interactive, innovation spaces to support world-class training and research aligned to Grady, Emory and Morehouse's vision.

1.2 Background

Grady is one of the country's largest public hospital systems with 953 licensed beds, Crestview Health and Rehabilitation Center (388 licensed long-term care beds), the Ponce Center for the treatment of HIV/AIDS, the Loughlin Radiation Oncology Center, the Maloof Imaging Center, seven (7) 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.

Emory School of Medicine and Morehouse School of Medicine provide attending coverage for direct clinical care and oversight of trainees through an affiliation agreement with Grady. This affiliation agreement includes 1,596 clinical, research and education FTEs, and the training program includes 1,260 residents and fellows.

Over several internal renovation projects, Grady has increased space related to clinical support throughout inpatient areas, updated a resident resource center, and provided service line specific fellow spaces near clinical activities. In addition, administrative offices supporting both Emory and Morehouse are housed within the main inpatient facility and for Emory, in adjacent buildings on the campus. With growth across both schools and Grady, a new academic building is envisioned for the campus. This building will house non-clinical Grady support functions, academic offices, innovation, and collaboration activities.

1.3 Project Overview

Grady intends to develop a space program to capture the number and types of spaces to scope a state-of-the-art academic building, including innovation space, simulation space, collaborative and independent workstations, and academic offices. Grady is in the process of studying the total parking needs for the campus. A portion or all of the parking deficit may be provided through the new building. The work from the parking study will be added to the space program for a total building size. This future building is envisioned on the campus in place of two to three buildings that will be demolished (See attached site plan). Grady, Emory, and Morehouse will partner to provide information to develop the space program.

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 RFP. The firm must have gained this experience as a result of being regularly engaged in the business of providing services in a medical school, academic health system environment.

Grady shall assess each Bidder's response and whether the Bidder is capable of undertaking and completing the scope of work delineated within this RFP in a satisfactory and timely manner. Grady will award a contract only to a responsible Bidder that has the ability to perform under the terms of this RFP successfully.

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.

1.5 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 Grady staff.

- Demonstrating and Understanding of the Services
- Previous Experience on Projects of Similar Nature/References
- Management Plan
- Cost Proposal

2.0 SCOPE OF WORK / DESIGN RESPONSIBILITIES

The scope of work anticipated by this RFP consist of services necessary to develop a comprehensive space program, including numbers of staff or functions for the building, the associated space required, support space and infrastructure to inform the entire size of the building. The work includes a proposed stacking diagram and positioning on the campus. Grady will assist with coordination across the three institutions (Grady, Emory, and Morehouse), and the awarded firm will be asked to lead in communication, and integration of the three stakeholders. The planning documentation included, but not limited to, are as follows:

- Summary of interviews and data collection (anticipate 30 – 40)
- Space Program
- Site plan
- Total stacking diagram

An additional RFP will be issued at a future date requesting architectural design services to include Schematic Design, Design Development, Construction Documents, Bidding, and Construction Administration.

3.0 SCHEDULE

Time is of the essence, below is the proposed timeline to meet Grady Health System needs (subject to change):

RFP Issuance	Friday, June 28 th , 2024
RFP Pre-Bid Meeting	Thursday, July 11 th , 2024
RFP Proposal Due Date	Thursday, July 25th, 2024
RFP Award	Tuesday, August 6 th , 2024

4.0 PROPOSAL FORMAT

Please include the following in your proposal (straightforward and succinct is preferred):

- *Cover Letter* – Provide a statement of interest. Include name and number for the primary point of contact should your firm be selected.
- *Introduction of Firm* – Provide a brief overview of your firm. Include firm’s scope of services.
 - Include name and business address.
 - Indicate type of ownership.
 - Provide the name and contact information for the point of contact that will negotiate the final agreement and execute the contract.
 - Please disclose any ownership and/or relationships with Grady Health System.
 - 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.
 - 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.
- *Project Team* – Provide a team organizational chart to include each person and their designated role for this project.
- *Project Approach* – Outline your team’s proposed approach for successful completion of scope of work. Include examples of previous services provided for similar projects.
- *Project Schedule* – Provide an overall project schedule, including information gathering, meeting cadence with stakeholders, milestones and final document/presentation.
- *Value Proposition* – Description of why this team is best suited to the project and what skillset or approach differentiates this team from other design teams.

- *References* – Please include 2 references.

- *Fee Proposal*
 - Provide a fee total to provide planning services.
 - Provide add alternates to any services your firm can provide that are not identified as base services but should be considered as applicable.

Please limit your submittal to no more than 10 single-sided 8.5”x11” pages, with 11 pt. minimum font size.

Submit your proposals electronically to sean.soares@bdrpartners.com by **4:00pm on Thursday, July 25, 2024.**

5.0 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.

BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH BID)

	Yes	No												
Small Business as defined by the US. Small Business Administration (DBE, SBE, HubZone)														
<p>Minority Business Enterprise (MBE)</p> <p>If yes, please indicate the percentage of minorities who own, control or operate your company:</p> <table border="1" data-bbox="203 709 1286 892"> <tbody> <tr> <td>African American</td> <td>%</td> <td>Asian American</td> <td>%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>%</td> <td>Pacific Islander</td> <td>%</td> </tr> <tr> <td>Native American</td> <td>%</td> <td>Other</td> <td>%</td> </tr> </tbody> </table>	African American	%	Asian American	%	Hispanic/Latino	%	Pacific Islander	%	Native American	%	Other	%		
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)														
<p>IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE?</p> <p>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.</p>														
<p>LOCAL SMALL BUSINESS</p> <p>If yes, please indicate in which county your company is located?</p> <p>___DeKalb ___Fulton ___Business location in both counties ___Other</p>														

PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

	Yes	No
Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.		
Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?		
Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/Affirmative Action employment policy?		
Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?		
Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?		
Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?		
Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmation Action obligations with all employees including those having any responsibility for employment decisions?		
Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities?		
Do you conduct, at least annually, a review, of all supervisors' adherence to and performance under the vendors, and Contractor's Equal Employment Opportunity policies and Affirmative Action obligations?		
Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address.		

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

Authorized Representative Signature:

Date:

DIVERSE SUPPLIER SUBCONTRACTING 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

Title

Date

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

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:

APPENDIX E: BID FORM

To: Grady Health System

Project: **Academic Building Planning**

GHS-FD Project # **TBD**

Date: _____

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

1. OFFER

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

Academic Building Planning for the Lump Sum Price of:

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

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
- Addendum # Dated
- Addendum # Dated
- Addendum # Dated

5. 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

SUPPLIER DIVERSITY CERTIFICATION:

I certify that the statements made by me in this Supplier Diversity Section are complete and true to the best of my knowledge and belief and are made in good faith. I understand that if I knowingly make any misstatements of facts, I am subject to disqualification and debarment from participation in future GHS contracting opportunities, held liable for breach of contract and subject to the enforcement of any remedies available under the contract or as a matter of contract law. I agree that no changes shall be made to this section without the written consent of GHS.

Authorized Representative Signature

Title

Date

APPENDIX 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)

ATTACHMENT A: SITE PLAN (NTS)

