

The Grady Memorial Hospital Corporation
d/b/a

GRADY HEALTH SYSTEM



Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

**REQUEST FOR QUOTE
(RFQ)**

**FOR
PHYSICIAN RESIDENCY PROGRAM**

RFQ# 26005IM

**Request for Quote Posted: *July 6, 2026 @ 2:00PM EST*
Quote Due: *August 7, 2026 @ 2:00PM EST***

SECTION 1: GRADY HEALTH SYSTEM BACKGROUND

Grady Health System (GHS) is one of the largest safety net health systems in the nation. Grady consists of the 953-bed Grady Memorial Hospital, six neighborhood health centers, Crestview Health & Rehabilitation Center, and Children's Healthcare of Atlanta at Hughes Spalding, which is operated as a Children's affiliate.

With its nationally acclaimed emergency services, Grady is Atlanta's premier Level 1 trauma center – the metro area's only nationally verified Level 1 center. Grady EMS serves as the 911 ambulance provider for the city of Atlanta, South Fulton County communities, and numerous counties across Georgia. It also operates the state's first Mobile Stroke Unit, taking cutting-edge pre-hospital care directly to patients. Grady's American Burn Association/American College of Surgeons verified Burn Center is one of only two in the state. The Marcus Stroke and Neuroscience Center is a Joint Commission designated Advanced Comprehensive Stroke Center.

Other key services/distinctions include Grady's Regional Perinatal Center with its Neonatal Intensive Care Unit, Georgia's first Cancer Center for Excellence, The Avon Comprehensive Breast Center, the Georgia Comprehensive Sickle Cell Center, and the Ponce de Leon Center - one of the top HIV/AIDS outpatient clinics in the country. Grady is one of an elite group of hospitals to earn the Baby-Friendly USA international recognition as a Baby-Friendly Designated birth facility. Grady has earned the prestigious Stage 7 on the HIMSS Analytics Electronic Medical Record Adoption Model - Georgia's first adult acute care hospital to earn the highest rating for improving patient care and safety through health information technology.

SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

Grady Memorial Hospital ("Grady") serves as a primary teaching site for the Emory University School of Medicine and the Morehouse School of Medicine, supporting a wide range of Graduate Medical Education (GME) programs. These programs are central to Grady's clinical mission, offering critical training to residents and fellows who contribute meaningfully to patient care across the hospital's diverse clinical services.

As a large safety-net and public academic hospital, Grady bears a complex mix of educational and service responsibilities. To ensure the long-term sustainability of its mission, Grady seeks a qualified firm or consultant to conduct a comprehensive financial audit of the current GME arrangements with its academic partners. The goal is to determine whether Grady's financial contributions and cost allocations are equitable, transparent, and consistent with ACGME standards and national norms for participating sites at safety-net institutions.

Vendor Registration

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process once awarded a contract, and all representatives must register prior to visiting any location or department of the health system. All fees due are the responsibility of the awarded Vendor and their associates. The registration allows GHS to manage the vendors supplying critical services to the health system, profile of the vendors, and all representatives that visit the health system. The electronic Vendor Registration Application can be completed on the GHS website at www.gradyhealth.org/suppliers.

Qualifications & Expertise

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

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

1. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three (3) years, office locations, and information documenting the company's financial position (i.e., financial statements, annual reports).

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

2. Indicate name and the business address of the entity, or individual that will be the party to the proposed contract and the Offeror's business telephone number, fax number, and e-mail address.
3. Indicate the type of ownership (sole proprietorship, partnership, corporation, joint venture, or limited liability company—list state in which incorporated) and parent company, if any.
4. Provide the name, address, and telephone number of the point of contact that will serve as the authorized negotiator(s) for the Offeror. The authorized negotiator shall have the authority to act on behalf of the Offeror and make binding commitments for the Offeror and any sub-consultants concerning this RFQ.
5. Please disclose any ownership and/or relationships with Grady Health System and /or the Grady Memorial Hospital Corporation d/b/a Grady Health System.
6. Disclose whether the proposing entity, or any shareholder, member, partner, officer or employee thereof, is presently a party to any pending litigation, or has received notice of any threatened litigation or claim directly or indirectly bearing on Grady Health System or The Fulton-DeKalb Hospital Authority.
7. Disclose the name and title of any of Grady Health System's and/or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees, contracted employees, or independent contractors that are employed by or affiliated with the Offeror's organization. This includes but is not limited to the Offeror's board members, committee members, and advisors to the Offeror's organization, holding company or any owned subsidiary. This disclosure will apply to anyone affiliated with Grady Health System in its description in Section 1 above.
8. Please provide three (3) references of similar size and scope of implementation.

SECTION 3: QUOTE EVALUATION, SELECTION PROCESS, AND SCHEDULE

Questions Due: July 17, 2026 @ 2:00PM EST

***GHS response to questions will be emailed to all responders: July 24, 2026 @ 5:00PM**

Response Due Date: August 7, 2026 @ 2:00PM EST

***Presentations and Interviews: TBD August 2026**

***Award Recommendation: TBD September 2026**

Vendor to start TBD

** Date(s) are subject to change*

SECTION 4: SPECIFICATIONS / DESCRIPTION

§ 4-A Objectives

This engagement aims to:

- Evaluate whether Grady is disproportionately covering shared GME costs compared to reasonable expectations for a participating site.
- Assess the financial frameworks and reimbursement models governing GME activities between Grady, Emory University School of Medicine, and Morehouse School of Medicine.
- Benchmark Grady's GME cost participation against peer safety-net hospitals and comparable teaching institutions.
- Review compliance with **ACGME requirements** for participating sites, with a focus on ensuring that GME-related resources are aligned with the institution's educational, fiscal, and patient care missions.
- Review funds GME funds flow between entities from invoice process through cost reporting
- Develop recommendations to establish a **sustainable and equitable cost-sharing model** that preserves educational quality while ensuring financial responsibility.

§ 4-B Scope of Work

The selected contractor will be responsible for:

1. Reviewing all existing institutional, programmatic, and financial agreements supporting GME rotations at Grady.
2. Analyzing direct and indirect costs (faculty time, clinical supervision, administrative overhead, space utilization, and support staff) incurred by Grady in supporting GME.
3. Evaluating the methodologies used by the sponsoring institutions to allocate funds and reimburse Grady for resident and fellow activity.
4. Comparing Grady's cost burden and funding model with **established benchmarks** for similar partnerships between academic medical centers and safety-net hospitals.
5. Identifying areas where Grady's financial exposure may exceed national or regional norms for participating sites and proposing recalibration strategies.

6. Producing recommendations that support compliance with federal and ACGME expectations while ensuring equitable distribution of training-related costs.

§ 4-C Deliverables

- **Comprehensive Financial Audit Report** detailing all cost and funding flows associated with GME activities at Grady.
- **Benchmarking Analysis** comparing Grady's GME financial structure to peer participating sites.
- **Equity and Compliance Assessment** documenting whether current arrangements meet ACGME and institutional standards.
- **Action Plan and Recommendations** outlining adjustments to cost-sharing agreements, including suggested negotiation frameworks and accountability mechanisms.
- **Executive Summary Presentation** for Grady leadership.

§ 4-D Quote Requirements

Quotes should include:

- Firm qualifications and relevant experience in hospital finance, GME program auditing, and cost allocation analysis.
- Detailed methodology for assessing shared cost distributions and benchmarking against industry norms.
- Proposed work plan, timeline, and deliverables by phase.
- Cost Quote including all fees, expenses, and payment terms.
- References from comparable academic or safety-net hospital engagements.

§ 4-C Term

Expected of engagement is anticipated to be six (6) months.

SECTION 5: EVALUATION CRITERIA AND PROCESS

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

- Depth of experience with GME financial modeling and compliance.
- Demonstrated understanding of ACGME standards and GME funding structures.
- Quality, clarity, and feasibility of proposed methodology.
- Value and cost-effectiveness of the Quote.
- Proven ability to deliver pragmatic, actionable recommendations.

SECTION 6: REPRESENTATIONS AND INSTRUCTIONS

§ 6-A-1 Response Guidelines

The information required by this RFQ is comprehensive and necessary for accurate Offeror selection. Please be concise with answers. Each applicable question must be answered. For questions deemed not applicable, please state “not applicable.”

Quotes must be completed and returned in the same format. Your RFQ response, in its entirety, will be included in the subsequent contract negotiated between GHS and the selected Offeror. All documents shall be submitted electronically to: gradyRFQ@gmh.edu and cc **Ivan Mann, imann@gmh.edu** no later than **August 7, 2026 @ 2:00PM EST**. In the email, indicate this **RFQ#26005IM** and the name of the company submitting the Quote in the subject line of the email. All forms in Appendices A, B, and C must be signed by an officer of the firm having the authority to make such offers, verifying that the Quote is valid and will remain valid.

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

§ 6-A-2 Submission Guidelines

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

Incumbent Transition Acknowledgment

By submitting a response to this RFQ, the incumbent supplier acknowledges and agrees that, in the event they are not selected for award, they will fully support and participate in a seamless transition of services. This includes extending the current agreement for the duration necessary to complete the transition, with no changes to existing pricing, terms, or service levels. The incumbent further agrees to cooperate in good faith to ensure continuity of operations and an efficient handoff to the awarded supplier.

Submission of a Quote by an Incumbent Vendor and any resulting contract extension shall not obligate GHS to award a contract to the Incumbent Vendor, nor shall it be construed as a commitment by GHS to continue services beyond the extension period.

In the event the Incumbent Vendor is not selected for award, the Incumbent Vendor agrees to provide reasonable transition assistance, as requested by GHS, to facilitate a smooth and orderly transition of services to the newly awarded vendor. Transition assistance may include, but is not limited to, cooperation with GHS and the incoming vendor, knowledge transfer, documentation support, coordination activities, and other assistance necessary to minimize disruption to GHS operations. Unless otherwise approved in writing by GHS, all transition assistance shall be provided **at no additional cost** to GHS.

Failure to comply with any of the above stated guidelines may result in immediate disqualification. If you have any questions regarding this RFQ, email your questions/concerns to **Ivan Mann, Sr. Resource Specialist, imann@gmh.edu**.

§6-A-3 RFQ Terms and Conditions:

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

§ 6-A-4 RFQ Completion Instructions:

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

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

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

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

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

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

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

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

SECTION 7: SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES

It is an overall objective of Grady Memorial Hospital Corporation d/b/a Grady Health System (“GHS”) to encourage involvement by Small, Emerging, and Community-based businesses 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 maximize participation by Small, Emerging, and Community-based businesses in all business contracting opportunities. GHS is committed to ensuring that Small, Emerging, and Community-based businesses have every opportunity to participate in contracting.

In adherence to GHS’s commitment to Small, Emerging, and Community-based businesses & Equity, contracted GHS suppliers must clearly, as defined by GHS, demonstrate good faith efforts to achieve the Small, Emerging, and Community-based businesses goal set forth by reporting to GHS Direct Tier II goods and/or services purchased from Small, Emerging, and Community-based businesses certified by one (1) or more of the third-party certification agencies recognized by GHS. Such spending with Small, Emerging, and Community-based businesses will be monitored. In connection with such monitoring, Contractor will be required to report Small, Emerging, and Community-based businesses' Spend to GHS quarterly in a manner subject to GHS's sole discretion. Failure to meet the GHS Small, Emerging, and Community-based businesses objectives or to report in the manner prescribed by GHS shall be a material breach of any controlling contract between GHS and Contractor or vendor.

GHS prohibits discrimination based on race, color, gender, sex, religion, sexual orientation, 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, sex, religion, sexual orientation, national origin, or disability, by requiring that any vendor doing business with GHS provide equal opportunity to persons and businesses employed by or contracting with the supplier of products and services to GHS. GHS expects that the policies, programs, and practices of its vendors/Contractors are implemented equitably and that Certified Small, Emerging, and Community-based businesses are afforded an equitable opportunity to share in contract/subcontract opportunities.

Small, Emerging, and Community-based businesses. The goal for this contract is 20% of the total contract value.

Past Performance: Offeror shall (1) summarize in writing its past performance for client healthcare institutions in actively fostering the participation of Small, Emerging, and Community-based businesses 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 address of a specific knowledgeable contact person for each such client reference.

Present Commitment: The offeror shall submit in writing its present commitment and business plan to facilitate and promote the participation of Small, Emerging, and Community-based businesses by completion of the attached Small, Emerging, and Community-based businesses Subcontracting Plan (DSSP). Small, emerging, and Community-based businesses used 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 Quote for present commitment to Small, Emerging, and Community-based businesses 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 spending with Small, Emerging, and Community-based businesses will be monitored. In connection with such monitoring, Vendor will be required to report to GHS monthly, in a manner subject to GHS's sole discretion, all direct and/or indirect certified spend with Small, Emerging, and Community-based businesses.

Definition: Small, Emerging, and Community-based businesses

(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. [00]

(LGBT) National Gay and Lesbian Chamber of Commerce: A Lesbian, Gay, Bi-Sexual or Transgender Business Enterprise is a business that is at least 51% owned, operated, managed, and controlled by a LGBT person or persons who are either U.S. citizens or lawful permanent residents; who exercises independence from any non-LGBT business enterprise; has its principal place of business (headquarters) in the United States; and has been formed as a legal entity in the United States.

(DOBE) Disability IN: A disability-owned business enterprise (DOBE) is a for-profit business that is at least 51% owned, managed, and controlled by a person with a disability regardless of whether that business owner employs person(s) with a disability. [00]

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 or SDV) 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.

(DVE) Disadvantaged Veteran Enterprise – A business that is at least 51% owned by, and whose management and daily business operations are controlled by one or more veterans.

U.S. Small Business Administration: As defined by the Small Business Act, a small business concern is “one that is independently owned and operated, and which is not dominant in its field of operation.” *Small Business* -- Depending on the industry, ‘small’ is defined by either the number of employees or average annual receipts of a business concern. Website reference for size standards by NAICS code is www.sba.gov/services/contractingopportunities/sizestandardstopics/index.html.

(SDB) 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.

(SBE) Small Business Enterprise - Includes businesses physically located in the United States or its trust territories that are independently owned and operated, not dominant in its field of operation, with 500 or fewer employees (maximum allowable employees to qualify as a Small Business Enterprise may be greater than 500, depending on your industry).

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>

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

BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH BID)

	Yes	No												
Small Business as defined by the US. Small Business Administration (SDB, SBE, Hub Zone)														
Minority Business Enterprise (MBE) If yes, please indicate the percentage of minorities who own, control, or operate your company:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">African American</td> <td style="width: 10%; text-align: center;">%</td> <td style="width: 30%;">Asian American</td> <td style="width: 10%; text-align: center;">%</td> </tr> <tr> <td>Hispanic/Latino</td> <td style="text-align: center;">%</td> <td>Pacific Islander</td> <td style="text-align: center;">%</td> </tr> <tr> <td>Native American</td> <td style="text-align: center;">%</td> <td>Other</td> <td style="text-align: center;">%</td> </tr> </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)														
LESBIAN, GAY, BISEXUAL, TRANSGENDER BUSINESS ENTERPRISE (LGBTE)														
DISABLED-OWNED BUSINESS ENTERPRISE (DOBE)														
DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE, SDV)														
IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE? If yes, please give the certifying agency and include a copy of your current certification with your bid response. The 3 rd party certifying agencies recognized and accepted by GHS are included.														
LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located? Please include a copy of business license with address. ___ DeKalb ___ Fulton ___ Business location in both counties ___ Other														

PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

	Yes	No
Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions.		
Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards?		
Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/Affirmative Action employment policy?		
Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer?		
Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination?		
Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers?		
Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and 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: _____

**SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES SUBCONTRACTING PLAN
(PROGRAM MANAGEMENT)**

(TO BE SUBMITTED WITH BID)- SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES

The following are questions concerning the efforts your company will make to ensure that Small, Emerging, and Community-based businesses 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 Small, Emerging, and Community-based businesses, and how is this determined? _____

How are the capabilities of small, emerging, and Community-based businesses determined by your company? _____

How will you ensure the maximum possible inclusion of Small, Emerging, and Community-based business in all of your purchasing solicitations (i.e. Request for Quotes, Request for Information, and Request for Quotes, etc.)? _____

How will your company ensure that Small, Emerging, and Community-based businesses are made aware of upcoming subcontracting opportunities and how will you prepare them to respond appropriately? _____

How will you monitor your company's Small, Emerging, and Community-based businesses' subcontracting performance under this agreement and make any adjustments to achieve the subcontracting plan goals? _____

Will your Small, Emerging, and Community-based businesses be subcontracting administrator:

Yes / No

_____ Develop and maintain lists of Small, Emerging, and Community-based businesses 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 Small, Emerging, and Community-based businesses.

_____ Screen proposed purchasing solicitation documents for subcontracting opportunities and implement appropriate procurement policies and procedures to improve and increase opportunities for Small, Emerging, and Community-based businesses.

_____ Introduce Small, Emerging, and Community-based businesses to company purchasing personnel based on commodity or service in which these vendors may have a mutual or potential concern

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

_____ Maintain records demonstrating that procedures have been adopted and implemented to comply with the reporting requirements and Small, Emerging, and Community-based business goals within the Grady Health System

_____ Prepare and submit monthly, required Small, Emerging, and Community-based business reports to Grady Health System.

SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES SUBCONTRACTING PLAN (DSSP) PG.2

(DIRECT SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES REPORTING)

In adherence to GHS’s commitment to Small, Emerging, and Community-based businesses, GHS suppliers must clearly, as defined herein, demonstrate a good faith effort for Tier II direct goods and/or services to be purchased from Small, Emerging, and Community-based businesses certified by one or more of the 3rd party certification agencies recognized by GHS. Such spending with Small, Emerging, and Community-based businesses will be monitored. In connection with such monitoring, Contracted GHS Suppliers will be required to report to GHS monthly, in a manner determined by GHS, all direct spending with Certified Small, Emerging, and Community-based businesses. The Small, Emerging, and Community-based businesses Goal for this Solicitation is 30% 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 Small, Emerging, and Community-based businesses 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 Small, Emerging, and Community-based businesses 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

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

--	--	--	--	--	--	--	--	--

Submitted by:

Authorized Representative Signature

Title

Date

CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH BID) – SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES

Vendor: _____

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

I certify that the following efforts were made to achieve participation by Certified Small, Emerging, and Community-based businesses.

- a) Provided written notices to certified Small, Emerging, and Community-based businesses who can 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 Small, Emerging, and Community-based businesses 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 Small, Emerging, and Community-based businesses 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 Small, Emerging, and Community-based businesses, and did not reject certified Small, Emerging, and Community-based businesses 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 Small, Emerging, and Community based businesses seeking subcontracting opportunities Yes No
- g) Additionally, I contacted the referenced certified Small, Emerging, and Community-based businesses and requested a bid. The responses I received were as follows:

Name and Address of certified Small, Emerging, and Community-based businesses	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)

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

If applicable, please complete the following:

I hereby certify that certified Small, Emerging, and Community-based businesses 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)- SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES

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 Small, Emerging, and Community-based business:

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:

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

Title:

Address:

Date:

Phone :

Fax:

SMALL, EMERGING, AND COMMUNITY-BASED BUSINESSES CERTIFICATION:

I certify that the statements made by me in this Small, Emerging, and Community-based businesses 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 misstatement of fact, 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 under 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 Quote (**RFQ#26005IM**). The undersigned further certifies that he/she is legally authorized by the Offeror to make the statements and representations on this form, and that said statements and representations are true and accurate to the best of his/her knowledge and belief. The undersigned understands and agrees that if the Offeror makes any knowingly false statements, or if there is a failure of the successful Offeror (i.e., contractor) to implement any of the stated agreements, intentions, objectives, goals, and commitments set forth herein without the prior approval of GHS, then the Offeror's act or omission shall constitute a material breach of the contract. The right to terminate shall be in addition to and not in lieu of any other rights and remedies GHS may have for defaults under the contract. Additionally, the Offeror may be prohibited from obtaining future contracts awarded by GHS. GHS reserves the right to terminate any contract where a material breach has occurred.

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____

E-MAIL: _____

(SIGNATURE)

(DATE)

APPENDIX B: COST QUOTE

Offeror's Name: _____

Total contract value for ALL requirements, including *G&A: _____ **

*G&A: All general and administrative costs, profits, travel, per diem, and ALL costs associated with this contract.

**This figure is the figure that will be used in the evaluation. _____

Where there is reference in the RFQ to deliverables, submission requirements, or other response and contract performance discussions, said reference may not include all requirements in the RFQ. It is incumbent upon the Offeror to read this entire RFQ carefully and respond to and price all requirements and ensure "Total contract value for ALL Requirements" above includes all requirements.

(Print Name of Authorized Company Officer)

(Signature)

(Date Signed)

APPENDIX C: SOLICITATION/CONTRACT FORM

REQUEST FOR QUOTE NUMBER: RFQ#26005IM

RFQ DESCRIPTION: Physician Residency Program

QUOTE RESPONSES MUST ARRIVE NO LATER THAN **August 7, 2026 @ 2:00PM EST.**

NOTE: Mark the outside lower-left corner of your submission with the RFQ number shown above.

This document contains **19** pages. Questions regarding RFQ#26005IM should be directed to **imann@gmh.edu** no later than **July 17, 2026 @ 2:00PM EST.**

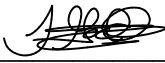
You are invited to submit your Quote for the services listed within this RFQ. Responses must arrive at:

gradyRFQ@gmh.edu imann@gmh.edu
--

***NOTE: EMAILED RESPONSES ACCEPTED.**

Executive Director

Procurement & Strategic Sourcing:



Tamika Goddard

DATE: 7/1/26

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

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

Addendum No.: _____ **Date:** _____

Addendum No.: _____ **Date:** _____

NAME OF RESPONDING FIRM: _____

NAME OF COMPANY OFFICER: _____

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

TITLE: _____

DATE: _____

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

Signature