

REQUEST for QUALIFICATIONS

ALL PROSPECTIVE ARCHITECTURAL / ENGINEERING / GENERAL CONTRACTING FIRMS

INVITATION for QUALIFICATIONS GHS-FD Project #Q2024006: ECC FLOORING DOORS & PAINTING REFRESH

Grady Health System Department of Facilities Development is soliciting "Qualifications" from Design/Build teams for the refresh within the ECC unit on the Ground Floor.

Gradys Emergency Department is the most experienced in Georgia, handling more than 150,000 emergency room visits each year which makes us one of the busiest ERs in the world. It's also the gateway to Atlanta's premier and only nationally-verified Level I trauma center.

Project Scope:

Project is located on the Ground Floor of the main hospital.

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

This project totals more than 21,000 SF of space and will total **(6) phases** as shown in **Figure #1**. Work to be designed, planned and executed includes the following scope within corridors, typical exam and hybrid Trauma/OR rooms, triage, clean and utility rooms, and toilets rooms:

- Remove & Replace Existing Flooring
- Remove & Replace Existing Manual Sliding Doors
- Paint Refresh

All A/E/C firms planning to partner and submit a proposal must be pre-qualified or submit qualifications for consideration. To become qualified, please submit a qualifications package meeting the following requirements:

- 1. Capabilities Must be experienced with designing and building healthcare occupancy improvements within an active healthcare setting, performing field verifications without interruption to the facility.
- 2. Brief narrative of each of the referenced projects.
- 3. Organization chart of your team
- 4. One-page CV or resume of each team member.
- 5. Completion of the following Contract Compliance Appendix C and C-1 (Following)
- 6. Registration with VendorMate (screen shot of current status is acceptable)



Please submit RFI's and Qualifications to Jeff Durr & Evan Rodriguez by email to jrdurr@gmh.edu & erodriguez2@gmh.edu — See schedule below for deliverables.

You will be notified by Thursday, April 25, 2024, if you have met the threshold and have been qualified.

The schedule for the proposal submissions is as follows:

- Thursday, April 18, 2024, by 2:00 PM RFI's due
- Tuesday, April 23, 2024, by C.O.B. Qualifications packages due
- Thursday, April 25, 2024, at or before 3:00 PM GMH notifies qualifying firms
- Tuesday, April 30, 2024 Pre-Proposal Meeting Offices of Facilities
 Development, Third Floor, Hurt Building, 50 Hurt Plaza, Atlanta, Georgia 30303 10:30 a.m.

Your company wishes to be pre-qualified or qualified as a:

C	Architect/Design Firm		
C	Engineer		
C	General Contractor		
NAME:		TITLE:	
PHONE: ()	EMAIL:	
SIGNATURE	:	DATE:	

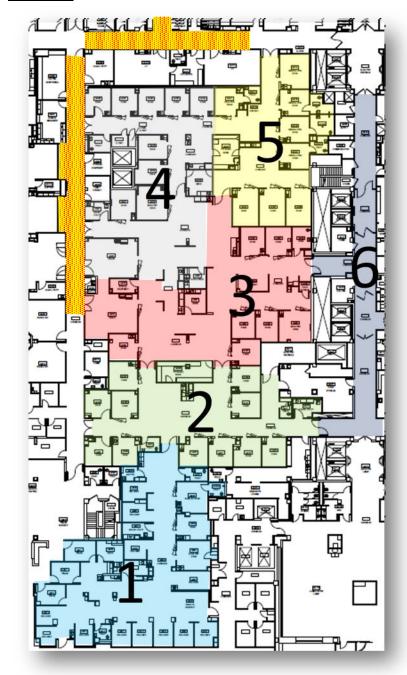
PROCESS FOR SELECTION

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

GHS-FD reserves the unqualified right to request additional information or meetings with any architect, engineer, or contractor.



Figure #1:





Local, Small Economically Disadvantaged Business Utilization

It is an overall objective of The Grady Memorial Hospital Corporation, d/b/a Grady Health System (GHS) to encourage involvement by local, small, economically disadvantaged contractors and suppliers in business activities generated by GHS*, while assuring that such activities will be conducted in accordance with all applicable laws.

It is the declared policy and intent of GHS® to strive to maximize participation of local, small, economically disadvantaged businesses through all business contracting opportunities.

GHS° is committed to ensuring that local, small, economically disadvantaged businesses are given every opportunity to participate in contracting opportunities.

GHS® prohibits discrimination on the basis of race, color, gender, religion, national origin, or disability in connection with employment of any person, or the award of any contract.

GHS° will provide equal opportunities without regard to race, color, gender, religion, national origin, or disability, by requiring that any vendor doing business with GHS° provide equal opportunity to persons and businesses employed by, or contracting with the supplier of products and services to GHS°.

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

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 proposal response.

ECONOMIC OPPORTUNITY PLAN

IF SELECTED, AND IN ADDITION TO THE BID SUBMISSION REQUIREMENTS, EACH VENDOR MUST SUBMIT AN ECONOMIC OPPORTUNITY PLAN (APPENDIX C) WITH THEIR BID.

- Appendix C: Contract Compliance Certificate
- Appendix C-1 Business Identification and Nondiscrimination



BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH BID)

	(TO BE S	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:					
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 recogni	ized and accepted by GHS are	e included.			
LOCAL SMALL BUSINESS					
If yes, please indicate in which county your company is located? Please include a copy of business license with address.					
DeKalbFultonBusiness location in both countiesOther					

Total percent of participation by one of the above listed designations $___\%$

PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

	Y es	INO
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:		

Trease explain any no answers, use aca	tronar paper as necessary.		
Authorized Representative Signature:		Date:	

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