

The Grady Memorial Hospital Corporation
d/b/a

GRADY HEALTH SYSTEM



Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

**REQUEST FOR QUOTATION
(RFQ)**

FOR

EVS PAPER, LINER & CHEMICAL SUPPLIES

23004KW

**Request for Quotation Posted: March 16, 2023
Proposal Due: March 27, 2023 @ 2:00 p.m. 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. And 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

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SECTION 2: OVERVIEW, QUALIFICATIONS & EXPERTISE

Project Overview

Grady Health System® is seeking a cost proposal from qualified suppliers to provide products and chemical supplies, and equipment utilized in the Environmental Management Services for two locations Grady Hospital & Correll Pavilion.

Vendor Registration

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process prior to visiting any location or department of the health system. The registration allows GHS to have a complete profile of the vendors and all representatives that visit the health system to solicit products and services to GHS. 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. Selected firm must have local presence within the Atlanta region.
2. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three years, office locations, and information documenting the company's financial position (i.e. financial statements, annual reports).
3. Indicate name and the business address of the entity, or individual that will be the party to the proposed contract and the Proposer's business telephone number, fax number, and e-mail address.
4. Provide three (3) references from clients you have served in the past five (5) years.

5. Disclose whether the proposing entity, or any shareholder, member, partner, or 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 GHS or the Grady Memorial Hospital Corporation. Has your organization or any of the staff ever been convicted of Medicare fraud or abuse?
6. Disclose whether the proposing entity, or any shareholder, member, partner, or officer or employee thereof, is presently has any business or personal relationship directly or indirectly with leadership at Grady Health System, members of the board or members of the Grady Memorial Hospital Corporation.
7. Supplier Diversity section must be completed, and Diverse Supplier Subcontracting Plan must be submitted with your response. Proponents that Fail to provide a completed package will be subject to disqualification.

GHS shall make an assessment of each Offeror’s response and whether in the opinion of GHS, the Offeror is capable of undertaking and completing the scope of work delineated within this RFQ in a satisfactory and timely manner. GHS will award a contract only to a responsible Offeror that has the ability to successfully perform under the terms of this RFQ.

SECTION 3: PROPOSAL EVALUATION, SELECTION PROCESS, AND SCHEDULE

Questions Due: March 21, 2023 @ 2:00 PM EST

***GHS response to questions: March 22, 2023 @ 5:00 p.m. EST**

Response Due Date: March 28, 2023 @ 2:00 p.m. EST.

***Award: TBD**

Vendor to start TBD

** Date(s) are subject to change*

SECTION 4: SPECIFICATIONS / DESCRIPTION

§ 4-A Scope of Services

Grady Health System® is seeking a cost proposal from qualified vendors to provide paper, liner and chemical supplies for two locations Grady Hospital & Correll Pavilion.

§ 4-B Deliverables

Respondents’ proposals should address the following deliverables. The qualified respondents shall retain a three month supply of the following products at all times. GHS reserves the rights to inspect vendors facilities and on hand inventory at any time. **See Attachment A (Estimated 3 months Usage)**

Item #	Product Description	Pack Qty.	Sum of Cases	Lead Cert.
BWK9008	BRUSHGROUT NYLON BRISTLE.875IN	1	32	No
EC3037N10	VB LINER CAN NAT 30X37 10MIC	500	100	No
EC4048N14	VB LINER CAN NAT 40X48	250	426	No
FGQ44900B	Q449 48IN MICROFIBER DUST PAD	1	12	No
FGQ55900BK00EA	Q559 HYGEN 18 QUICK CONNECT W	1	2	No

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FN520005920	PURPLE DIAMOND PAD 5, 10/CS	10	1	No
MDCT447338	C15338 DEFENDER 13.1GM TAB	500	8	No
OCK155BLUEB	K155-C KUT-A-WAY 5X36 DUST MOP	1	12	Yes
OCM146	HANDLE DUST MOP SNAP ON	1	8	No
OCQ438	HYGEN DUST MOP MICROFIBER	1	35	No
OCQ590EACH	Q590 RM HYGEN QUICK CONNECT EA	1	8	No
OCSPP14X28	SCOTCH-BRITE PAD MAROON 14X28	10	5	Yes
OC14X20RED	3M 5100 PAD RED BUFFER 20X14	10	7	Yes
OC150IMPACT	150 IMPACT VALUE PLUS TOILET	1	5	No
OC27ERASER	3M 3600 PAD PINK 27 IN ERASER	5	6	No
OC3M4610CS	BOX 4610 SCOTCH-BRITE ERASER	5	20	No
OC6472BULK	6472 3M PAD HOLDER BULK 10/CS	10	2	No
PG79009	ERASER MR CLEAN MAGIC 6/6	36	12	No
Q560	QUICK CONNECT 18 IN FRAME	1	25	No
RHM3	RHM3 1.5 IN TOILET SEAT BAND	2000	0	No
RK8002	TOWEL RL KFT 6RL/CS	6	25	No
R2433N6	VB LINER CAN CLR 24X33 6MIC	1000	20	No
R3037N16	VB LINER CAN NAT 30X37 16MIC	500	48	No
R4048N14	VB LINER CAN NAT 40X48 45GAL	250	184	No
SHIELD	VB TOILET SEAT COVER	5000	74	No
TMMP446018	TMMP446018 FREEDOM S1 18IN MOP	500	23	No
UMBRELLABAG51	BAG UMBRELLA 6.5X36 LARGE #51	500	6	No
UWMB295904	UWMB295904 WIDE MOUTH MIXING	1	100	No
VB1428MDSP	VB PAD DEEP SCRUBBING 14X28 IN	10	2	No
VB16RBFP	VB PAD BUFFING RED 16 IN	5	2	No
VB20NTBP	VB PAD HOGS HAIR NAT TAN 20 IN	5	11	No
VB20RBFP	VB PAD BUFFING RED 20 IN	5	14	Yes
V8046HN	LINER CAN NAT 40X46 45GAL	250	606	No
Z6037MNR01	LINER CAN NAT 30X37 20-30GAL	500	47	No
Z6037XNR01	LINER CAN NAT 30X37 16MIC HDPE	500	7	No
100823906	OXIVIR WIPES REFILL 160CT	4	435	No
100850925	OXIVIR 1 DISINFECTANT WIPES	4	430	No
110292	TISSUE.T.T 2PLY TORK ADV	36	21	Yes

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13818	BAG LAWN & LEAF KFT 16X12X35	50	10	No
150IMPACTCS	150 VALUE-PLUS TOILET BOWL	12	9	No
20BLPAD	3M 7200 PAD BLK STRIPPER 20 IN	5	3	Yes
20REDPAD	3M 5100 PAD RED BUFFER 20 IN	5	6	Yes
20204	TOWEL MULTIFOLD 9.2X9.4 WHT	16	12	No
20321	SCOTCH-BRITE PAD PURPLE 27 IN	5	0	Yes
204WHITE	TOILET BOWL MOP	1	145	No
2531RM	PAN DUST LOBBY PRO MSG 2531	1	50	No
290088	TOWEL RL 700FT KFT TORK 6RL/CS	6	1580	No
290088	TOWEL RL 700FT KFT TORK 6RL/CS	6	17	No
3M8440CS	8440 WHT DOODLEBUG FLOOR	20	1	No
303710C	VB LINER CAN NAT 30X37 10MIC	500	228	No
3200EB	1.25 INCH PUTTY KNIFE	1	20	No
3317	3317 1.5 FLEXIBLE PUTTY KNIFE	1	20	No
4004CC	3M SCOTCHBRITE 4004CC EASY	12	3	No
414	414 STOCK PRT TOILET SEAT BAND	5000	5	No
431206	LOBBY BROOM 30 IN HANDLE	1	45	No
47046	TOILET SEATCOVER 1/2 FOLD	20	5	No
472880	BATH TISSUE 2PLY HIGH CAP	36	947	No
48065	SCOTCH-BRITE PAD PURPLE 20 IN	5	1	No
55654W	3M EASY TRAP DUSTER WHT	1	13	Yes
59152W	EASY TRAP DUSTER 8X6	8	12	Yes
6100036	6100036 HI PERF NEUTRAL	1	14	No
6100082	6100082 HI PERFORMANCE NEUTRAL	2	18	No
6100413	6100413 MAXX PHAZER DURABLE	2	2	No
6113094	6113094 LEMON EZE CREAMECLEANR	12	51	No
6169504	6169504 LIFT-OFF BASEBOARD	12	4	No
6189963	61189963 GEMSTAR STRATUS FLOOR	1	2	No
6191402	6191402 PREP PAK NEUTRALIZER	180	2	No
6195513	6195513 MONOSTAR PHAZER	2	12	No
6195733	64895733 PHAZER MED FREQUENCY	2	34	No
6310RM	BOWL BRUSH PLASTIC HANDLE	1	60	No
70071312519	BUFFER PAD RED 14X32	5	4	Yes

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70071316262	3500N 27 NATURAL TAN HOGS	5	11	No
734642	MOP MICROFIBER PADS 18" 734642	500	682	No
91930	91930 DYMON SS	6	18	No

§ 4-C Requirements

1. Vendor shall provide written documentation of their ability to service a facility the size of Grady Health System.
2. Vendor shall provide written documentation of how they are achieving Environmental Sustainability at their organization
3. Vendor shall have no less than the minimum of five years' continuous experience providing services to a health system similar to Grady Health System.
4. Vendor shall provide 3 references similar to Grady Health System to whom they have provided service within the last 5 years.
5. Pricing will be firm for the term of the agreement.

§ 4-D Records

All documents prepared by the agency in connection with this project shall remain the exclusive property of GHS and shall be immediately surrendered to GHS upon request.

§ 4-E Submission Guidelines

The response to this RFQ23004KW must be submitted **via e-mail. E-mail copies are acceptable.** Offerors are forbidden to contact, directly or indirectly anyone other than **Kareem Wine, Senior Resource Specialist. Kareem Wine** is the sole point of contact for this RFQ during the RFQ process. Contact with any person other than **Kareem Wine** is grounds for disqualification from this process.

Offeror Selection

GHS reserves the right to make an award based solely on the Proposals as submitted, or any other basis, or to negotiate further with one or more Offerors. The Offeror(s) selected will be chosen on the basis of greatest benefit to GHS, as determined by GHS, and not necessarily on the basis of 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 Proposals, 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 Proposal 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.

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.

§ 4-F Term

The Term of the agreement shall be one (1) year with an option to renew for two (2) additional one (1) year terms upon written mutual agreement. GHS reserve the rights to term for convenience by providing 120 days written notice.

SECTION 5: EVALUATION CRITERIA AND PROCESS

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
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The selection of the awardee to be engaged by GHS to accomplish the aforementioned scope of work will be based on the following criteria.

§ 5-A Technical Proposal/Demonstrating an Understanding of the Services/Products Requested/Technical Modules

Proposals submitted must demonstrate the capability to comply with all requirements and specifications contained in this RFQ. Failure to demonstrate the ability to meet specifications may result in non-consideration.

§ 5-B Previous Experience on Projects of a Similar Nature/References

GHS will review and evaluate the information submitted related to the scope of services and similar sized projects your firm has successfully completed in the past. Particular attention will be paid to the capability, quality, timeliness, cost controls and references.

§ 5-C 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 RFQ. 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.

§ 5-D Cost Proposal

GHS will review and evaluate the overall costs in the Proposal to determine if they are: (1) Realistic for the work to be performed; and (2) Consistent with various elements of the Offeror's scope of services/technical Proposal.

SECTION 6: SUPPLIER DIVERSITY

It is an overall objective of Grady Memorial Hospital Corporation d/b/a Grady Health System (“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 & Equity, contracted GHS suppliers must clearly as defined by GHS, demonstrate good faith efforts to achieve the Supplier Diversity goal set forth by reporting to GHS Direct Tier II goods and/or services 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, Contractor will be required to report Diverse Supplier Spend to GHS **quarterly** in a manner subject to GHS's sole discretion. Failure to meet the GHS Supplier Diversity 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 on the basis of 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 in an equitable fashion and that Certified Diverse Business Enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

The Supplier Diversity 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 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 address 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 subject to GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.

Definition: Diverse Business Enterprises

(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.

(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) DisabilityIN: 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 or not that business owner employs person(s) with a disability.

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/sizestandardsttopics/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>

BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH BID)

*The Grady Memorial Hospital Corporation d/b/a Grady Health System
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	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: _____

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. **Proponents that fail to provide a completed package will be subject to disqualification:**

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 Quotations, 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)

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 20% 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 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:

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 Quotation (**RFQ#23004KW**). 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 PROPOSAL
AFFIX Pricing on Attachment A (Excel Document)**

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 QUOTATION NUMBER: RFQ# 23004KW

RFQ DESCRIPTION: EVS PAPER, LINER & CHEMICAL SUPPLIES

PROPOSAL RESPONSES MUST ARRIVE NO LATER THAN March 28, 2023 @ 2:00 PM EST.

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

This document contains **17**pages. Questions regarding RFQ# should be directed to **Kareem Wine no later than March 21, 2023 @ 2:00 PM EST.**

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

<u>DELIVERY ADDRESS</u>	<u>MAILING ADDRESS</u>
kwine@gmh.edu	kwine@gmh.edu

***NOTE: EMAIL RESPONSES.**

**Executive Director
Procurement & Strategic Sourcing:**

Valerie N. Ramsey



DATE: 3/16/23

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

EXHIBIT A

GHS TERMS AND CONDITIONS

(PDF)