



REQUEST for QUALIFICATIONS

ALL PROSPECTIVE EXTERIOR SIGNAGE DESIGN, FABRICATION, and INSTALLATION FIRMS

INVITATION for QUALIFICATIONS

GRADY HEALTH SYSTEM EXTERIOR SIGNAGE AND WAYFINDING

PROJECT NUMBER Q2024008

Grady Health System Department of Facilities Development is soliciting “Qualifications” from design/fabrication/installation vendors or teams to:

1. Design, fabricate, and install new building identification signage across the Health System;
2. Design, develop, fabricate, and install street-scale signage and wayfinding on the Health System’s Main Campus
3. Remove existing building identification signage over a phased schedule across the Health System’s service area.

A brief overview of the project follows in this document.

The project:

- Is centered on Grady Memorial Hospital - 80 Jesse Hill Jr. Drive, SE, Atlanta, GA 30303, and includes:
 - Butler Parking Deck
 - Correll Pavilion
 - Georgia Hall
 - Glenn Building
 - Loughlin Radiation Oncology Building
 - Piedmont Parking Deck
 - Steam Plant
 - Steiner Building
 - Urgent Care Center
- Includes “off-campus” facilities:
 - Asa Yancey, MD, Outpatient Center
 - Brookhaven Outpatient Center
 - Camp Creek Comprehensive Care Center
 - Cascade Outpatient Center
 - Crestview Health and Rehabilitation Center
 - Docu-Store
 - East Point Outpatient Center
 - EMS Buildings:
 - Memorial Drive
 - Estoria Street
 - Marietta Street
 - Oakley Industrial Boulevard
 - Flat Shoals (Union City)
 - North Fulton

- The selected firm or team will be required to review AHJ codes and policies, and acquire permits as needed (to be reimbursed upon completion of specific installations).

All firms planning to propose individually, or partner with others, and submit a proposal must be pre-qualified.

To become qualified, please submit a qualifications package meeting the following requirements:

1. List of at least three design-fabricate-install projects of similar size and scale.
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 qualifications to George Smith by email to gsmith@gmh.edu by C.O.B Thursday, April 18, 2024.

You will be notified by Monday, April 22, 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 C.O.B. - Qualifications packages due
- Monday, April 22, 2024, at or before 3:00 PM - GMH notifies qualifying firms
- Monday, April 29, 2024 - Pre-Proposal Meeting – Offices of Facilities Development, Third Floor, Hurt Building, 50 Hurt Plaza, Atlanta, Georgia 30303 - 10:30 a.m.

PROJECT INFORMATION:

Sign Types:

Include, but may not be limited to:

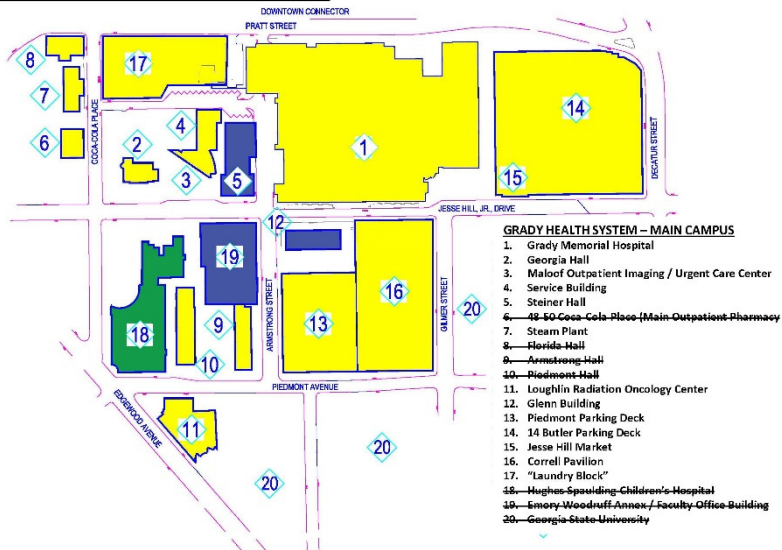
- Ground Mounted Building Identification Signs
- Building Mounted Building Identification Signs
- Building Entry Identification Signs
- Primary Freestanding Directional Signs (Pylons)
- Pole Mounted/Freestanding Directional Signs
- Freestanding Campus Orientation/Directional Signs

Unless otherwise noted, the existing backlit, Grady "Logo" signs will not be redesigned or replaced.

Health System Facility Locations:

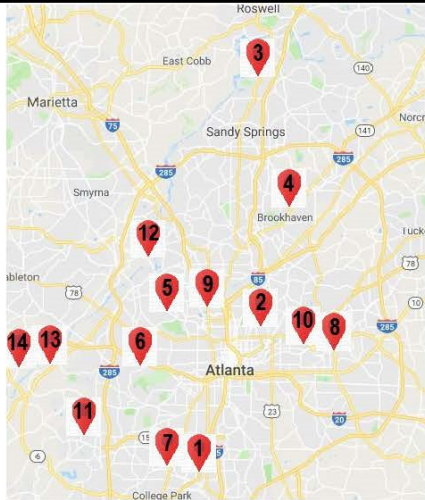
Grady Health System – Main Campus:

MAIN CAMPUS



Grady Health System – Off Campus Locations:

OFF CAMPUS BUILDINGS



1. CRESTVIEW
2. PONCE CENTER
3. NORTH FULTON
4. BROOKHAVEN
5. ASA YANCEY
- ~~6. OTIS SMITH~~
7. EAST POINT
8. KIRKWOOD
9. CENTRAL FILL PHARMACY
10. EMS SERVICE & LOGISTICS CENTERS
11. CAMP CREEK COMPREHENSIVE CARE CENTER
12. EMS TRAINING CENTER
13. OFF-SITE MEDICAL RECORDS
- ~~14. OFF-SITE MATERIALS STORAGE~~

QUALIFICATIONS PACKAGE COVER SHEET

Your company wishes to be pre-qualified as (check all that apply):

- Design
- Fabrication
- Installation
- Other

NAME: _____

TITLE: _____

PHONE: () _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

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.

The following documents are considered a part of and should be submitted with the qualifications package. Failure to provide the requested information will result in the proposal being determined nonresponsive.

PROCESS FOR SELECTION

A selection team will evaluate each qualification submitted and score respondents.

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 vendor submitting qualifications.

CONTRACT COMPLIANCE

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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

**APPENDIX C
CONTRACT COMPLIANCE CERTIFICATION**

CERTIFICATION:

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

Authorized Representative Signature

Title

Authorized Representative Printed Name

Date

APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION
(TO BE SUBMITTED WITH QUALIFICATIONS PACKAGE)

Part I – Business Identification (definitions on Appendix C-2). Please indicate if your company qualifies as one of the business designations below:

	Yes	No												
Small Business If yes, please check the following reason(s) that apply: _____ Less than 100 Employees _____ Less than \$1,000,000.00 in gross annual receipts														
Minority Business Enterprise If yes, please indicate the percentage of minorities who own, control or operate your company: <table border="1" style="width:100%; margin-top:5px;"> <tr> <td>African American</td> <td align="center">%</td> <td>Asian American</td> <td align="center">%</td> </tr> <tr> <td>Hispanic/Latino</td> <td align="center">%</td> <td>Pacific Islander</td> <td align="center">%</td> </tr> <tr> <td>Native American</td> <td align="center">%</td> <td>Other</td> <td 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	%											
FEMALE BUSINESS ENTERPRISE If yes, please indicate the percentage of women who own, control or operate your company: _____%														
LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located? _____ DeKalb _____ Fulton _____ Business location in both counties _____ Other														
ARE YOU RESPONDING AS A CONSULTANT?														
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 proposal response.														

Total percent of participation by one of the above listed designations _____%

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: _____

END OF DOCUMENT
