

REQUEST for QUALIFICATIONS

ALL PROSPECTIVE PARKING and TRAFFIC ENGINEERING FIRMS

INVITATION for QUALIFICATIONS
GRADY HEALTH SYSTEM MAIN CAMPUS PARKING STUDY
PROJECT NUMBER Q2024010

The Grady Health System is soliciting "Qualifications" for Traffic Engineering services for a study and recommendations on the Ingress, Egress, and Parking on its Main Campus centered around 80 Jesse Hill, Jr., Drive SE, Atlanta, Georgia.

The Goals of this effort will be to:

- Develop an understanding of the vehicular arrival routes and parking areas which are used by Grady patients, visitors, and staff.
- Identify options for future parking needs which will best facilitate ingress and egress from the main Grady campus.
- Identify opportunities to improve vehicular circulation on and around Grady's campus.

Tasks will include defining and assessing:

- Vehicular routes which patients and staff use to arrive the Grady campus via vehicle.
- Traffic patterns on the streets on and near Grady's campus.
- Existing public and staff parking opportunities.
- Pedestrian pathways between each primary parking area, MARTA transit stops, and each pedestrian entry portal for Grady Hospital and its associated major buildings.
- Pedestrian entry portals for Grady Hospital proper, and evaluating each for opportunities to enhance ingress & egress.

The project is located on the Grady Health System's Downtown Campus, bordered by:

- Coca-Cola Place on the North.
- Pratt Street (and the Downtown Connector / I-75/85) on the East.
- Decatur and Gilmer Streets on the South.
- Jesse Hill, Jr, Drive and Piedmont Avenue on the West.
- Armstrong Street is a mid-block/cross-street running from Piedmont Avenue to Jesse Hill, Jr., Drive. (see attached campus plan)

The Health System currently operates three on-campus parking structures.

All proposing firms planning to submit a proposal must be pre-qualified.

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

- List of three studies of similar size and scale.
- Brief narrative, with contact information, of each of the referenced studies.
- Organization chart of your team
- One-page CV or resume of each team member
- Screen shot or copy of VendorMate certificate
- Qualifications Package "Cover Sheet" (below)
- Appendix C Contract Compliance Certification (below)
- Appendix C-1 Business Identification and Nondiscrimination (below)

Failure to provide the requested information will result in the proposal being determined nonresponsive

Please submit qualifications to George Smith, by email to gcsmith@gmh.edu by C.O.B Friday, April 19, 2024.

You will be notified by 3:00 pm, Tuesday, April 23, 2024, if you have met the threshold and have been qualified.

The schedule for the proposal submissions is as follows:

- Friday, 4/18/24 C.O.B. qualifications packages due
- Tuesday, 4/23/24 GMH notifies qualifying firms
- Thursday, 5/2/24 Mandatory Pre-Proposal Meeting: 11:00 am, Grady Facilities Development Offices, Third Floor, Hurt Building, 50 Hurt Plaza, Atlanta, Georgia, 30303

PROCESS FOR SELECTION

A selection team will evaluate and score each qualification submitted.

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 firm submitting qualifications.

QUALIFICATIONS PACKAGE COVER SHEET

Your company wishes to be pre-qualified as:	
○ Architect○ Engineer○ Parking Consultant○ Planning Firm○ Project or Program Management Fir○ Other:	
Other.	_ (Ficuse specify)
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.

CONTRACT COMPLIANCE

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

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

Required Forms required as part of your Qualifications Submittal: and Economic Opportunity Plan Statement:

In order for the proposal package to be considered complete Bidders must submit the following completed documents:

 Appendix C – Contract Compliance Certification 	ncation
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\cap	Annendix	C-1	Rusiness	Identification	and	Nonc	liscrim	เเทล	tior

These documents are considered a part of and should be submitted with your qualifications package. Failure to provide the information on the part of the submitter will result in the submittal being determined non-responsive.

APPENDIX C CONTRACT COMPIANCE 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	Data	
	Date:	_

APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH PROPOSAL)

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 EmployeesLes	s than \$1,000,00	00.00 in gross annual rece	ipts		
Minority Business Enterprise					
If yes, please indicate the percentage of r	minorities who ov	wn, control or operate yo	ur company:		
African American	%	Asian American	%		
Hispanic/Latino	%	Pacific Islander	%		
Native American	%	Other	%		
FEMALE BUSINESS ENTERPRISE					
If yes, please indicate the percentage of v	vomen who own	, control or operate your	company:		
%			, ,		
LOCAL SMALL BUSINESS					
If yes, please indicate in which county yo	ur company is loc	cated?			
DeKalbFultonBusir	ess location in b	oth countiesOthe	er		
ARE YOU RESPONDING AS A CONSULTAN	T?				
IS YOUR COMPANY CERTIFIED AS ONE OF	THE BUSINESS D	ESIGNATIONS ABOVE?			
If yes, please give the certifying agency a	nd include a copy	of your current certificat	ion with your proposal		
response.	. ,	•	, , ,		
•					
al percent of participation by one of the	above listed desi	gnations %			

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