

REQUEST for QUALIFICATIONS

ALL PROSPECTIVE ARCHITECTURAL / ENGINEERING / GENERAL CONTRACTING FIRMS

**INVITATION for QUALIFICATIONS
SEVENTH FLOOR ICU SUPPORT RENOVATIONS
PROJECT NUMBER TBA**

Grady Health System Department of Facilities Development is soliciting “Qualifications” for A/E/C services for a series of medium renovations on Grady Memorial Hospital’s D-Wing and in the South Tower for miscellaneous program spaces to be completed in two phases.

Program spaces include:

- Staff Break Rooms
- Equipment Rooms
- Offices
- On-Call / Sleep Rooms
- Corridor Cosmetic Upgrades

A brief overview of the project follows in this document.

The project is located on the Seventh floor on the D, J, K, and L Wings of the main hospital.

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

All A/E/C firms planning to partner and submit a proposal must be pre-qualified.

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

- List of three to five design-build projects of similar size and scale.
- Brief narrative of each of the referenced projects.
- Organization chart of your team
- One page CV or resume of each team member.

Additionally, registration with VendorMate and TIER 1 Diversity forms must also be completed in order to be considered pre-qualified.

Please submit qualifications to Thomas Lemieux by email at tglemieux@gmh.edu as well as gcsmith@gmh.edu by c.o.b MONTH/DAY/YEAR. You will be notified by MONTH/DAY if you have met the threshold for being pre-qualified.

A/E/C qualifications packages are due Thursday, 12/9/21 by 3:00 pm

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.

These 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.

- Screen shot or copy of Vendormate certificate
- Completed TIER 1 Diversity form (following)
- Certificate verifying TIER 1 diversity.
- List of three to five design-build projects of similar size and scale.
- Brief narrative of each of the referenced projects.
- Organization chart of your team
- One page CV or resume of each team member.

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.

QUALIFICATIONS PACKAGE COVER SHEET

Your company wishes to be pre-qualified as:

- Architect
- Engineer
- General Contractor

NAME: _____

TITLE: _____

PHONE: () _____

EMAIL: _____

SIGNATURE: _____

DATE: _____

CONTRACT COMPLIANCE

Local, Small Economically Disadvantaged Business Utilization

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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 BID SUBMISSION REQUIREMENTS, EACH VENDOR MUST SUBMIT AN ECONOMIC OPPORTUNITY PLAN (APPENDIX C) WITH THEIR BID. THE RESPONDENT MUST OUTLINE A PLAN OF ACTION TO ENCOURAGE AND ACHIEVE PARTICIPATION BY LOCAL, SMALL AND ECONOMICALLY DISADVANTAGED BUSINESSES AS IT RELATES TO THIS IFB.

Required Forms and Economic Opportunity Plan Statement:

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

- Appendix C-1 Business Identification and Nondiscrimination
- Appendix C-2 Strategy for Inclusion
- Appendix C-3 Certification of Efforts
- Appendix C-4 Statement of Intent
- Economic Opportunity Plan- A short narrative describing the Bidders commitment to assist GHS® in striving to maximize participation of local, small and disadvantaged businesses as it relates to this IFB.

These documents are considered a part of and should be submitted with the Bid. Failure to provide the information on the part of the Bidder will result in the proposal being determined non-responsive.

Vendors utilizing a joint venture partner, subcontractor or consultant will be required to submit a monthly utilization report, formatted to GHS[®] specifications. No changes or substitutions may be made to this Contract Compliance Section without the written consent from an authorized GHS[®] representative. Request for changes/substitutions by the Vendor must be made to GHS[®] in writing to include reason for the change, how the contract will be impacted, dollar amount and any other pertinent information. Vendor shall comply with the submitted plan, unless a written approval from an authorized GHS[®] representative has been received.

**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 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 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:

**APPENDIX C-2*:
STRATEGY FOR INCLUSION
(To be submitted with proposal)**

Please share your strategy for inclusion plan as it relates to this specific contract, including any joint-venture/partnership, subcontracting or consultant utilization.

Joint Venture/Partnership Information

PARTNER	Certification Type	Contact Information	Percentage Owned	Business DESIGNATION	Located in State of Georgia	County Located in State of Georgia
1.						
2.						

Subcontractor Information

SUBCONTRACTOR	Certification Type	Product or Service	Annual Expected Spend	BUSINESS DESIGNATION	LOCATED IN STATE OF GEORGIA	COUNTY LOCATED IN STATE OF GEORGIA
1.						
2.						
3.						

Consultant Information

Consultant	Certification Type	Product or Service	Annual Expected Spend	Business Designation	Located in State of Georgia	County Located in State of Georgia
1.						
2.						

Business Designation Definition:

Small Business: An independently owned and operated entity that has either fewer than one hundred (100) employees or less than one million dollars (\$1,000,000.00) in gross receipts per year. (State Statute 50-5-121)

Minority Business Enterprise: A business entity which is at least fifty-one percent (51%) owned and controlled by one or more minorities.

Female Business Enterprise: A business entity which is at least fifty-one percent (51%) owned and controlled by one or more women.

Local Small Business Enterprise: An independently owned and operated small business located within Fulton or DeKalb County, Georgia with a net worth of not more than \$250,000, for the preceding two years after federal income taxes.

**If needed, this form may be duplicated*

**APPENDIX C-3
CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH PROPOSAL)**

Vendor: _____

IFB Name: _____

IFB Number: _____

I certify that the following efforts were made to achieve local, small, economically disadvantaged business participation:

- a) Provided written notices to local, small, economically disadvantaged businesses 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 local, small, economically disadvantaged 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 local, small, economically disadvantaged businesses the opportunity to review specifications, blue prints and all other IFB related items at no charge, and allowed sufficient time for review prior to the proposal deadline **__Yes __ No**
- e) Acted in good faith with interested local, small, economically disadvantaged businesses, and did not reject local, small, economically disadvantaged 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 local, small, economically disadvantaged businesses seeking subcontracting opportunities **__Yes __ No**
- g) Additionally, I contacted the referenced local, small, economically disadvantaged businesses and requested a proposal. The responses I received were as follows:

Name and Address of local, small, economically disadvantaged businesses	Type of work and Contract Items, Supplies or Services to be Performed	Response	Reason for Not Accepting Proposal

(if additional space is required this form may be duplicated)

If applicable, please complete the following:

I hereby certify that local, small, economically disadvantaged businesses were “Unavailable” or “Unqualified” to submit proposals to provide goods and services for this IFB 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

APPENDIX C-4*
STATEMENT OF INTENT

TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS
(TO BE SUBMITTED WITH PROPOSAL)

Vendor: _____

IFB Name: _____

IFB Number: _____

_____ agrees to enter into a contractual agreement with
Prime Contractor
_____, who will provide the following goods/services
Joint Venture Partner/Subcontractor/Consultant

in connection with the above referenced IFB as a local, small, economically disadvantaged business:

for an estimated amount of \$ _____ or _____% of the total contract value.

Prime Contractor

Joint Venture Partner /Subcontractor/Consultant

Intend to work together in accordance with this Contract Compliance Section of the proposal, contingent upon award and execution of a contract with Grady Health System with to the aforementioned Prime Contractor.

I hereby certify that this statement is true and correct:

Prime Contractor Signature:

Joint Venture/ Subcontractor/Consultant Signature:

Print Name:

Print Name, Title and Date:

Title:

Address:

Date:

Phone

Fax:
