



Project Name: **Grady South Hospital**

IFB Number: **Project #F2026021**

Date: **May 22, 2026**

Addendum #2

1. FTP Link to CON Files:  [Grady South Hospital - CON Documentation for Project Manager RFP](#)

2. Following are questions received as of May 15, 2026

1. Regarding the Construction budget of \$550M in 1.3 Project Overview, does this include medical equipment, FF&E, IT, Security, etc.? **It does include some low voltage cabling costs but that is exclusive of FFE, IT hardware, and security hardware costs.**
2. Has there been a budget established for other project soft costs outside the stated construction budget? **Preliminary budgets have been established for CON purposes, but detailed programming and budgeting will be part of the engagement with the Grady team.**
3. Paragraph "h." of the Approach and Work Plan states that the construction delivery method will be design, bid, build. In Section 3.0, the RFP opens the option for "multiple contactor construction contracting strategies." Is it safe to assume that Grady is open to considering construction delivery strategies other than design, bid, build? **Our current preference will be to competitively select a General Contractor following completion of Schematic Design documents and make the GC part of the project delivery team and contract under a GMP contract form. However, Grady Health System reserves the right to select and contract under any delivery model.**

4. Regarding Section 3.0 Item 1. Management Systems and Controls, will the cost of the required software applications be paid by the Owner, or the Project Manager? **Trimble Unity (eBuilder) is Grady Health System's enterprise construction management software and license seats will be provided to the selected consultant team members.**

5. Regarding Section 3.0 Item 2. Consultant Selection and Contract Administration, which, if any, of the required consultants will be contracted before the start of the Project Management services? **Ideally, we will have the PM firm onboard to assist in the procurement process of any and all consultants needed on the project from Schematic Design going forward. An RFQ has been issued for Architectural-Engineering Firms and is running concurrently with this process.**

6. Regarding Section 3.0 Item 3. Design Management, "facilitation of effective medical equipment, fixtures and furnishing planning" and "design phase Environment of Care plan review", is it correct to assume that Grady will be contracting directly with the consultants providing these services? **It is likely these consultants, if hired, will be part of the AE team selected. We expect the PM firm to assist in their management.**

7. Will there be a "Pre-Bid Meeting" for this solicitation as referenced in Section 8.1 of the RFP? **We are not anticipating a pre-bid meeting for this solicitation.**

8. The Appendix B Contractor Work and Permit Requirements exhibit appears to apply to existing operating facilities. Will this document be modified, or should it be signed as is? **This document is a standardized form for issues working within existing Grady facilities. As a greenfield project, many of these items will not be applicable to this engagement.**

1. Has a design firm been awarded for this project? If so, are we allowed to know who will be managing the design? **Perkins and Will has completed the planning and design work to date for purposes of the CON submittal package and is engaged to help with the Development of Regional Impact (DRI) process. An RFQ is being conducted in parallel to this effort to make a selection to carry out the balance of the AE services for the project.**

2. Has an estimated milestone schedule been completed for this project? If so, will that be shared with the bidders? We would be looking for estimated CON submission timelines, design timelines, estimated construction start, estimated occupancy goal, etc. **Yes, an overall timeline has been developed by our current design team and can be shared as a part of the short-list/interview process.**

3. Has an anticipated start date for design kick-off been set? **We anticipate starting Schematic design this summer following selection of PM firm and AE firms.**

4. Has a space plan for the new hospital been developed? If so, can that be shared with the bidders? **Concept plans have been developed for purposes of CON and DRI processes and will be made available via an FTP site (see link above) to all those who submitted an intent to submit letter.**
5. Has GHS contracted a CON consultant for assistance with this project? **Yes. The CON has already been filed with Georgia DCH.**
6. Has GHS contracted an Equipment Planner for assistance with this project? **An equipment planner is included on the Perkins and Will team at present and we expect the AE team will oversee this consultant when the procurement process concludes for AE Services.**
7. Has GHS contracted an Activation/Transition Planner for assistance with this project? **We have some internal resources with respect to project activation but expect to engage a firm for this scope later in the process.**
8. Is GHS open to the bidder utilizing subconsultants for specialty roles (like the ones listed in questions #5-7) or does GHS expect all services to be provided by employees of the proposing firm? **We are open to either model.**
9. Are reimbursable costs to be included in the base fee submitted as part of the PM proposal, or will these be handled separately as owner-direct costs? **A not-to-exceed estimate of reimburseables should be included with your fee proposal.**
10. Will GHS provide e-Builder licenses and administrative access to the PM team at no cost, or is the bidder expected to absorb licensing costs in their fee? **License seats will be provided.**
11. The RFP outlines a required project team but does not define minimum FTE counts or on-site expectations for each role. Will GHS provide minimum staffing level requirements, or is this entirely at the bidder's discretion? **This will be up to the proposer but should include sufficient resources to properly manage this scale of project.**
 1. **Supplier Diversity Goal:** Does the 25% supplier diversity goal (Section 7.0) apply to the PM services contract value or to the \$550M construction budget the PM will administer? **The 25% goal is specific to the PM services contract. Overall the project will likely have an aspirational 30% spend goal.**
 2. **Proposal Structure:** Section 1.4 lists items (a)-(u); Section 6.0 lists Items 1-7. Should we incorporate (a)-(u) within Item 3 (Management Plan), or submit them as separate sections? Kindly provide clarification regarding the expected proposal structure. **Please include Section 1.4 items a-u as a part of the Management Plan.**

3. **Schedule / Phases:** To ensure availability and alignment of proposed, dedicated PM resources, does GHS have a rough breakdown of anticipated phases within the July 1, 2026 to December 31, 2031 timeline? **An overall project timeline will be made available to the firms submitting a notice of intent to submit.**
4. **Project Governance:** Could you please outline GHS’s anticipated governance structure for project-related decisions and oversight? **Grady Health System’s Design and Construction department led by VP, Tom Doenitz and departmental project managers will work in tandem with selected firm to manage the project on a day-to-day basis. Our department reports directly to the President and Chief Operating Officer and will work in conjunction with the Senior Leadership team (CAO, CFO and CNO) to report project progress to the Grady Board of Directors.**
5. **Delivery Method:** Could you please confirm the delivery method for construction services? Section 1.4 Qualifications and Expertise / APPROACH AND WORK PLAN item h. requests the PM provide an approach “for a design, bid, build delivery strategy.” Will GHS consider a CM at Risk delivery method? **Our current preference will be to competitively select a General Contractor following completion of Schematic Design documents and make the GC part of the project delivery team and contract under a GMP contract form. However, Grady Health System reserves the right to select and contract under any delivery model.**
6. **Total Project Budget:** Could you clarify whether the PM will be managing the overall Total Project Budget? If yes, could you please advise what the anticipated Total Project Budget is, understanding the CON filing references \$924 million? **The selected PM firm will help manage the full capital budget for the project to include medical equipment, FFE, security, IT, etc. which per the CON is approximately \$900MM.**
1. Please confirm which fee structure GHS intends to evaluate — GMP or Lump Sum — and clarify how proposers should reconcile these two requirements. If GMP is intended, will the Bid Form lump-sum field be interpreted as the NTE/ceiling amount? **The intent is for a Guaranteed Maximum Price for the fee quote. This should be a Not to Exceed Amount that is all-inclusive of the services and staff you’re proposing.**
2. Will the award be made strictly to the lowest-priced responsive bidder, or will GHS evaluate factors beyond price? If a best-value evaluation will be applied, please publish the selection criteria and their relative weighting. **There will be multiple factors involved in the selection matrix scoring. This is not going to be published in advance of submittals however.**

3. Section 1.4(h) requests that proposers identify exceptions to the RFP/Agreement; Section 8.2.2 states exceptions will not be considered. Please clarify whether proposers should submit exceptions, how they will be evaluated, and when contract terms may be negotiated. **Alternates may be proposed if accompanied by a defined cost implication in the proposed fee.**
4. Please confirm: (a) whether \$550M is a hard cap, a target estimate, or a current order-of-magnitude figure subject to refinement; and (b) what is included or excluded (soft costs, FF&E, medical equipment, IT/low-voltage, owner contingency, escalation). **The \$550MM is the CON construction budget and needs to be considered a Not-to-Exceed number.**
5. Please clarify the PM's role for FF&E, medical equipment, IT, and Security: (a) full procurement management including RFQ/RFP development, contract administration, vendor management, and installation oversight; or (b) coordination with separately-contracted specialty consultants. If (b), please identify who is anticipated to hold those specialty contracts and the planned scope split. **The AE team will include a medical equipment planner and the EOR will include a low-voltage design-consultant. Grady IT and Security will contract with vendors for their systems. The PM will have oversight responsibilities.**
6. Please describe the PM's expected role in operational activation: (a) full activation planning including clinical operational readiness, simulations, staff training coordination, equipment commissioning, and go-live support; (b) coordination only, with a separately-engaged Owner's Activation Consultant performing the planning; or (c) some other model. If (b) is intended, when will the Activation Consultant be engaged and what is their anticipated scope? **We have some internal resources with respect to project activation but expect to engage a firm for this scope later in the process. The selected PM firm will be expected to work in conjunction with this consultant leading up to the go-live date.**
7. Please confirm the delivery method: (a) all construction is hard-bid DBB with a single GC; (b) the primary delivery is DBB but certain trade packages (MEP, curtain wall, etc.) will use design-assist or design-build alternative delivery; or (c) early-trade packaging / phased bidding is contemplated. If a mixed approach is intended, please describe the anticipated packages and timing. **Our current preference will be to competitively select a General Contractor following completion of Schematic Design documents and make the GC part of the project delivery team and contract under a GMP contract form. However, Grady Health System reserves the right to select and contract under any delivery model.**
8. Please publish the relative weighting GHS will use to evaluate proposals across: (a) firm responsibility / qualifications / experience; (b) responsiveness / compliance with RFP requirements; (c) proposed price; (d) supplier diversity participation; (e) any other factors.

Additionally, please confirm whether interviews are planned for shortlisted firms, and if so, the anticipated date, format, and weighting. **The scoring matrix will not be published in advance of the submittal of proposals.**

9. Has any firm been engaged in an Owner's Representative, Program Management, or pre-RFP advisory capacity on the Grady South Hospital project to date? If so: (a) is that firm a proposer for this RFP; (b) will work product produced under that engagement (program documents, site analysis, budget validation, etc.) be made available to all proposers? **Outside of our AE Firms and CON Consultant, no firm has been engaged in the role of Owner Rep, PM or Advisory capacity to date for the Hospital.**
10. Please confirm: (a) does GHS hold the enterprise e-Builder license and will provide PM team accounts, or is the PM expected to procure e-Builder for the project; (b) what is the expected configuration scope (modules to be used: Cost, Schedule, Document Control, Bidding, Workflow); (c) who is responsible for cost and time for initial configuration, data migration from any prior system, and ongoing administration; (d) does GHS have an enterprise instance with templates and workflows already configured that should be used. **Trimble Unity (eBuilder) is Grady Health System's enterprise construction management software and license seats will be provided to the selected consultant team members.**
11. Please provide the status of and available reports for: (a) geotechnical investigations; (b) Phase I and Phase II environmental site assessments; (c) topographic and ALTA surveys; (d) preliminary civil engineering (grading, stormwater, utilities); (e) utility coordination with Fulton County / Union City / Georgia Power / Atlanta Gas Light; (f) wetlands and stream determinations / 404 permit assessment; (g) traffic studies; (h) any site annexation or zoning actions in process. **Perkins and Will has completed the planning and design work to date for purposes of the CON submittal package and is engaged to help with the Development of Regional Impact (DRI) process. a) Geotechnical studies have been conducted on the property for the FSED which is currently in process of opening but work specific to the Hospital siting is not yet completed. b) Studies were completed as part of the land acquisition completed several years ago. c) An-as built campus survey is pending release via current design team. d) Kimley-Horn has been engaged for civil engineering on the project under the P&W contract currently in place. e) Preliminary conversations with utility providers have commenced. f) Wetlands mitigation is in the contract scope of Kimley-Horn but not a requirement for Phase I of the Hospital construction. g) Kimley-Horn has been engaged for traffic studies and a DRI process has been initiated. h) No annexation actions are anticipated and DRI is in process for approval of masterplanned improvements.**
12. Please clarify how this PM scope interfaces with ongoing or separately contracted projects (e.g., freestanding ED, early site work). Will the selected PM assume oversight of these components? **The selected PM will work in close coordination with selected consultants on the Hospital and associated site improvements. A separate team will be working on the Medical Office building currently in planning stages of design.**

13. Please clarify the intended boundary between Owner's Representative/Project Management services and Construction Management responsibilities—specifically regarding field inspections, QA/QC oversight, and constructability reviews. Should the PM perform independent inspection services, or rely on contractor/third party inspections? **The PM firm selected should anticipate conducting their own QA/QC except for required independent third-party inspections/materials testing and Commissioning activities which will be by separately engaged consultants. Coordinated efforts with these consultants are expected.**
 14. Please confirm expectations for on-site staffing levels and duration by project phase (design, procurement, construction). Is full-time, full-time equivalent (FTE) presence anticipated during construction? **This should be a part of your recommended approach and work plan based on your experience of similar sized/scoped projects successfully delivered by your firm.**
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1. In Section 3.0 Scope of work, Paragraph 3, Item (4) - Notes "construction management services." We assume that is intended to be "project management services." **The intent of the language was to convey the Project Manager will oversee and coordinate the efforts of the Construction Manager who is ultimately selected as the GC.**
 2. The RFP references field inspections and generalist MEP inspections. Please confirm whether the PM is expected to provide professional inspection services or coordination/oversight only. In our experience, the MEP engineer should be making routine site visits to ensure what's being installed meets design intent of drawings and specs. **The PM firm selected should anticipate conducting their own QA/QC except for required independent third-party inspections/materials testing and Commissioning activities which will be by separately engaged consultants. Coordinated efforts with these consultants are expected. It is not expected the PM will replace normal CA visits by the AE team.**
 3. Does GHS anticipate early or enabling packages prior to full design completion (e.g., site, utilities, CEP)? The RFP states the delivery model is Design - Bid - Build. Please confirm this is GHS's preferred delivery model for this project. **On a project of this scale, it would be anticipated to have early release packages for sitework, foundations, structure, etc. This has yet to be fully determined in conjunction with the design and construction team however. Our current preference will be to competitively select a General Contractor following completion of Schematic Design documents and make the GC part of the project delivery team and contract under a GMP contract form. However, Grady Health System reserves the right to select and contract under any delivery model.**
 4. Will GHS provide a baseline master project schedule as part of the PM engagement. **Yes, an overall timeline has been developed by our current design team and can be shared as a part of the short-list/interview process.**

5. Does GHS plan to provide current Master Plan to the Program Management bidders to assist in the RFP response? **An FTP link of the CON documentation will be provided to the respondents who filed an intent to submit letter (see link above).**
 6. Please confirm whether the 25% Supplier Diversity goal applies exclusively to Tier II subcontracting or includes other spend categories. **The 25% goal is specific to the PM services contract. Overall, the project will likely have an aspirational 30% spend goal.**
 7. Will GHS provide a pre-approved list of Diverse Business Enterprises for Program Management services? **Grady does not recommend individual businesses for inclusion in your team.**
 8. Section 6 references submission of Business Deal Structure “under separate cover.” Please confirm submission format and whether this applies to electronic submittals. **This is referring to “Appendix E: Bid Form” which should be filled out and included with your submission (it does not need to be under separate cover). If submitting electronically this can simply be a page within the submission.**
 9. For planning purposes, when does Grady anticipate interviewing Program Management firms? **Grady Health System reserves the right to conduct interviews prior to selection, but this can be anticipated shortly after the submittal deadline if included in our procurement process.**
 10. Does GHS need hard copies of proposals or will an electronic copy suffice? **Either is fine.**
 11. Is the PM expected to carry professional liability insurance, and if so, what coverage limits are required? **Insurance coverage expectations are included in the Terms and Conditions section #4 of the Exhibit A “Agreement Between Owner and Consultant” which was included in the RFP and is the anticipated form of engagement contract with the selected firm.**
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1. Section 1.3 Project Overview: Can you provide the current approval status for both CON and DCH? **The CON Application has been filed with Georgia DCH and has been deemed complete and is currently under review. The anticipated date of decision is 8/11/26. No one filed opposition to the Application.**
 2. Section 6.0 Format and Content of Proposals: There appears to be a few different areas for instruction on how the proposals should be submitted. Can you clarify? For example, reference section 5.0 specifically 5.1, 5.1.1, 5.1.4 and section 6.0. **If submitting hardcopies, please follow instruction in 5.1, 5.1.1 and 5.1.4. If submitting electronically, you can send an attachment or FTP link via email per 5.1. Section 6 suggests a preferred ordering of content within your submittal.**

3. Can you provide status on when we should expect to receive “design overview information” from the architect as referenced on the cover page of the RFP? **An FTP link of the CON documentation will be provided to the respondents who filed an intent to submit letter (see link above).**

END OF DOCUMENT