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**REQUEST FOR PROPOSALS**

**ALL PROSPECTIVE ARCHITECTURAL FIRMS**

**REQUEST FOR PROPOSALS  
OR PLATFORM RENOVATION AND EXPANSION  
GHS-FD Project #: F2023062**

Grady Health System Department of Facilities Development is soliciting proposals for planning and architecture services for the Grady Memorial Hospital Operating Rooms Renovation and Expansion (F2023062).

The project will be located at the Grady Memorial Hospital, 80 Jesse Hill Road in Atlanta, Georgia. The current extents of the project are the 6th floor G, F, J, K, L wings and possibly portions of other wings as needed.

A mandatory pre-bid meeting Monday, July 8, at 2:00 p.m., in the offices of the Grady Health System's Department of Facilities Development, Third Floor, Hurt Building, 50 Hurt Plaza, Atlanta, Georgia 30303.

Proposals are due on **Wednesday, July 31, 2024, at 4:00 PM.**

Please notify Alison Gordon with BDR Partners at 404-213-0156 or by email at [alison.gordon@bdrpartners.com](mailto:alison.gordon@bdrpartners.com) of your intention to submit a proposal by **Friday, June 28 at 4:00 PM.**

Sincerely,

Grady Health System



Grady Health System

OR Platform Renovation and Expansion

#F2023062

Request for Proposal

Architectural and Engineering Services

Released: June 25, 2024

Due Date: July 31, 2024

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## 1.0 GENERAL INFORMATION

Grady Health System is soliciting Proposals for Architecture and Engineering Services for the following project:

**PROJECT: OR Platform Modernization and Renovation**  
**PROJECT #: F2023062**  
**LOCATION: 80 Jesse Hill Road, Atlanta, Georgia 30303**

### 1.1 Introduction

Grady Health System (“GHS”) is one of the Southeast’s largest public hospital systems. With a delivery system that includes affiliations with public health organizations, medical education programs, and community advocates, GHS provides quality, cost-effective, and customer focused health care to residents of metropolitan Atlanta and citizens of the State of Georgia. Grady Health System is comprised of Grady Memorial Hospital (953 licensed beds), Crestview Health and Rehabilitation Center (388 licensed long-term care beds), the Infectious Disease Center (HIV/AIDS), the Loughlin Radiation Oncology Center, the Maloof Imaging Center, six (6) community health centers, the Regional Perinatal Center, the State of Georgia Poison Control Center, the Georgia Cancer Center for Excellence, The Marcus Stroke and Neuroscience Center, Grady EMS-Atlanta’s 911 ambulance service, the region’s premiere Level I trauma center and nationally renowned emergency medicine and burn centers.

In order to continue to deliver customer focused healthcare to residents of metropolitan Atlanta and citizens of the State of Georgia, Grady Health System intends to modernize and renovate its existing operating room platform to serve Atlanta and the surrounding areas.

***The information contained in this RFP about Grady Health System, its facilities, services and business practices are confidential, and should not be distributed or disseminated without the express written approval of Grady Health System.***

Working under the direction of Steven Ziffer, Grady Health System’s Facilities Development team manages all capital improvements, space planning, programming, architectural & engineering design, and construction for the Grady Health System. BDR will serve as the program manager and primary contact for this RFP. Any questions regarding this RFP shall be submitted via e-mail correspondence to Alison Gordon with BDR at [alison.gordon@bdrpartners.com](mailto:alison.gordon@bdrpartners.com).

Contact with Grady Health System’s administration, staff, and board members regarding this RFP is strictly prohibited during the aforementioned consultant selection process and may result in disqualification

## 1.2 Project Overview

### Project Description

Grady Health System is requesting A/E services to renovate and expand their surgical services platform located on the 6<sup>th</sup> floor in the G, F, J, K, L Wings and potential portions of other wings. Program elements include but not limited to:

- Addition of new 6 Operating Room Suite
- New Pre-Op Area
- Refresh of Existing 17 Operating Rooms (1990's construction)
  - 4 existing ORs to be expanded
- Expansion and refresh of PACU beds
- Renovating OR Admin area
- Consolidating lockers/showers/toilets
- Enabling projects to support the program

Additional Information can be found in Exhibit A.

### Project Guiding Principles

- Optimize operational efficiency and effectiveness by streamlining workflows and integrating innovative technology solutions into the new OR's.
- Design and implement a new design standard for the OR rooms to include scale, layout, and flexibility to accommodate specialty service lines.
- Enhance patient experience with interior refresh of for the existing OR Platform.
- Identify and expand facilities and programs to accommodate support for OR services.
- Ensure regulatory compliance and safety standards to provide a secure environment conducive to patient recovery and rehabilitation.
- Promote community engagement and partnership to enhance access to care and support population health initiatives in the surrounding area.
- Sustain financial viability and growth by developing a sustainable business model that balances quality of care with fiscal responsibility.
- Achieve Grady Health System's minority spend goal to Diverse Suppliers for the project.

### Scope of Services

The selected design firm will be responsible for the following scope of services:

- Architecture/Engineering Services
- Advising Grady of industry best practices and advances in the design of similar patient care environments.
- Identify and implement elements of Sustainability throughout the project delivery.
- Developing conceptual plans for the logical renovation and expansion of the active OR Platform and support spaces.

- Creating a comprehensive design team to include all required disciplines, including but not limited to structural engineering, mechanical, plumbing, electrical, engineering, medical equipment planning (Reference Attachment A)
- Coordination of design documents with Owner's consultants to include not limited to low voltage, A/V consultant, signage.
- Assessing regulatory requirements, accreditation standards, and safety guidelines to ensure compliance with healthcare regulations and industry best practices, especially including compliance with Department of Community Health regulations.
- Collaborating with project stakeholders to define clinical programs, services, and amenities that meet the needs of transitional care patients.
- Identifying potential risks and developing risk mitigation strategies to minimize disruptions and ensure project success.
- Providing ongoing support and consultation throughout the design and construction phases of the project to ensure the objectives are met and the highest standards of quality are maintained.

#### **Project Budget:**

Grady Health System's construction budget for this project is \$18 Million.

### **1.3 Qualifications and Expertise**

Grady Health System requires the successful Bidder to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence, and professionalism). The Bidder shall have experience in providing similar scope of work in similar institutions as described in this RFP. The firm must have gained this experience as a result of being regularly engaged in the business of providing services in an acute health care/patient and long-term care resident environment.

Grady Health System (GHS) shall assess each Bidder's response and whether in the opinion of GHS, the Bidder is capable of undertaking and completing the scope of work delineated within this RFP in a satisfactory and timely manner. GHS will award a contract only to a responsible Bidder that has the ability to successfully perform under the terms of this RFP.

#### *Vendor Registration*

Prior to submitting any invoices, all vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process. All fees due are the responsibility of the awarded Vendor and their associates. The registration allows GHS to manage the vendors supplying critical services to the health system, profile of the vendors and all representatives that visit the health system. The electronic Vendor Registration Application can be completed on the GHS website at <https://registersupplier.ghx.com>

### **1.4 Evaluation Criteria and Process**

The selection of the awardee to be engaged by GHS to accomplish the scope of work will be based on the following criteria that are utilized by the Evaluation Team. The Evaluation Team is comprised of members of the GHS staff.

- Demonstrating and Understanding of the Services

- Previous Experience on Projects of Similar Nature/References
- Management Plan
- Cost Proposal
- Diverse Subcontractor Supplier Plan
- Incorporation of Environmental Sustainability Measures

## 2.0 SCOPE OF WORK / DESIGN RESPONSIBILITIES

The scope outlined in this proposal is to provide design services necessary for programming, design, and construction administration of the project components identified below. Please include the following services in the Appendix E: Bid Form priced per phase (Programming & Schematic, Design Development, and Construction Documents) and identify any additional requirements anticipated or requested.

At the conclusion of both the Schematic and Design Development phases, it is Grady Health System's intent to engage a contractor for preconstruction services to provide a cost estimate for these design packages. As the design team will participate in estimate review and any value engineering activities.

In order to eliminate conflicts and reduce change orders during construction it is imperative that structural, architectural, mechanical, plumbing, medical gas, and electrical drawings be coordinated and existing condition be field verified during the design and construction document phases. A/E firms are expected to conduct necessary field investigations as required to understand and reflect existing conditions at the jobsite. Selected A/E firm not to rely on existing drawing for site conditions.

### Basic Services

- Programming, Schematic Design, Design Development, Construction Documents, Permitting, Bidding and Construction Administration Services
- Construction Documents and Specifications
  - a. Provide detailed stamped A/E construction drawings and specifications.
- Drawing sheets will need to include, but are not limited to:
  - a. Cover with notes and legends(s)
  - b. Life Safety drawings for review by the State Fire Marshall as required
  - c. Infection Control Risk Mitigation (ICRM) plans and notes outlining scope of contractor's ICRM requirements
  - d. Interim Life Safety Measure (ISLM) plans and notes (may be consolidated with ICRM plan above)
  - e. General and specialty notes
- Interior Design (to include lighting)
- Life Safety Design
- Interim Life Safety Design
- FF&E (including medical equipment)
- Structural Engineering  
ADA Accessibility Consultant (Note: Accessibility for All above ADA Codes is Guiding Principle of this project)
- Participation in Cost Estimating with Owner's Selected Contractor
- Coordination of Low Voltage design work with Grady Health System's Preferred Low Voltage Engineer
- Coordination activities needed for new building services that are required to prepare a complete and fully coordinated set of construction documents for the described scope of work, which may include but are not limited to:
  - i. IT/Security
  - ii. Nurse Call
  - iii. Patient Monitoring Systems
  - iv. Medical Equipment



- v. A/V Equipment
- vi. Interior Wayfinding & Signage
- vii. Art Consultant
- Coordination activities with Owner's Commissioning Agent
- As-Built Electronic Record Drawings

Attendance at design review meetings with GHS-FD construction and architectural project managers, including meetings with the GHS Project Steering Committee Steering Committee meetings consist of:

- a. Project "kick-off" and program verification – as required
- b. Schematic design progress review(s) – as required
- c. 100% schematic design Steering Committee review and sign-off,
- d. Design development progress review(s) – as required
- e. 100% design development Steering Committee review and sign-off
- f. 95% construction document Steering Committee review and sign-off

Attendance at all design Technical Review meetings with the GHS-FD construction and architectural project managers, and including the Technical Review Team, consisting of members from supporting departments (Facilities Management for utilities, Epidemiology for patient care/infection control, Clinical Engineering, Security, Safety, Information Systems, Environmental Services, etc.). Technical review meetings occur at:

- a. Review & Verification of Existing Site Conditions
- b. Program verification
- c. 100% schematic design completion
- d. 100% design development completion (with the engineering team)
- e. 95% construction document completion (with the engineering team)

Schematic Design deliverables consist of:

- a. One PDF and one ACAD 2004 compatible drawing file of schematic design drawings which illustrate and verify the program(s) for GHS-FD Architectural Project Manager review.
- b. Identification of existing conditions/field conflicts on drawings.

Design Development deliverables consist of:

- a. One PDF and one ACAD 2004 compatible drawing file and one pdf file of 95% design development documents for GHS-FD Architectural Project Manager review.

Construction Document deliverables consist of:

- a. One PDF and one ACAD 2004 compatible drawing file, and one pdf file of 95% construction documents for GHS-FD Project Manager review.

Contract administration including review and approval of contractor submittals:

- i. Review of installation at 50% and 90% to ensure construction is per plans and specifications.
- ii. In person attendance at bi-weekly construction progress meetings with Owner and construction contractor
- iii. Bi-weekly site walks and field reports.
- iv. Review of testing and Third-Party Reports
- v. Preparation, revision as required, and distribution of notes to GHS-FD Architectural and Construction Project Managers reflecting design related issues discussed during bi-weekly construction meetings
- vi. Preparation of as-built Record Documents (including ACAD 2004 compatible electronic files)
- vii. Preparation of punch list items upon completion of installation

The Architect will serve as the Owner's Architect of Record to design all components of the Project as well as to obtain regulatory approvals, such as those required from the Georgia Department of Community Health, and all local and state regulatory authorities.

The Architect will further be responsible for construction administration services during the construction duration and for coordinating with the Owner's Project Manager throughout the process. Provide a Monthly Fee for Construction Administration Services, as a separate line item included in Appendix E: Bid Form.

**Owner Provided Services**

Grady Health System will contract separately for low voltage, and audio visual planning support services as required to implement the project. Please note any additional design services your firm may offer which could be beneficial to the completion of this project.

### 3.0 RFP SCHEDULE OF EVENTS

The following Schedule of Events represents the Owner's best estimate of the schedule that will follow. The Owner reserves the right to adjust the schedule as the Owner deems necessary.

RFP Issuance	Tuesday, June 25, 2024
Prospective Firms Site Visit	Monday, July 8
RFI's Due	Friday, July 12, 2024
Response to RFI's	Wednesday, July 24, 2024
<b>RFP Proposal Due Date</b>	<b>Wednesday, July 31, 2024</b>
Potential Interview Date(s)	Week of August 5, 2024
Anticipated RFP Award Date	<b>Friday August 16, 2024</b>
Awarded Firm Start Date	Upon Contract execution firm shall be ready to begin work within (7) calendar days
Construction Documents Ready for Delivery to AHJ's	150 Calendar days from execution of contract
Target Construction Start Date	TBD

**Preconstruction Pricing of Design Packages scheduled to occur at the Schematic Design, Design Development, and Construction Document Phases.**

#### 4.0 PROPOSAL FORMAT

Provide one (1) electronic copy of proposal submitted to Alison Gordon; [alison.gordon@bdrpartners.com](mailto:alison.gordon@bdrpartners.com).

1. **Cover Letter:** Provide a statement of interest. Include name and number for the primary point of contact should your firm be selected.
2. **Company Information:** Provide basic company information: Company name, address, indicate type of ownership, name of primary contact, telephone number, fax number, e-mail address, and company website (if available). Identify the office from which project will be managed and this office's proximity to the project site.
  - a. Please disclose any ownership and/or relationships with Grady Health System.
  - b. Disclose whether the proposing entity or any shareholder, member, partner, 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 Grady Health System or the Fulton-DeKalb Hospital Authority.
  - c. Disclose the name and title of any of Grady Health System's and/or The Fulton-DeKalb Hospital Authority board members, officers, administration, employees, contracted employees or independent contractors that are employed by or affiliated with the Offeror's organization.
3. **Proposed Team Organization:** Provide your project team's organization chart to include all consulting firms and sub-consultants per the requirements of this RFP.
4. **Qualifications and Experience:** Provide professional qualifications and description of experience for principal project staff. Provide information to support the following criteria:
  - a. Accreditation types and levels of lead staff
  - b. Field led personnel's certification types and levels
  - c. Individual lead field personnel's experience (overall and with provider) of similar healthcare projects.
5. **Similar Project Experience:** Provide information on the firm's experience over the last five years with projects of similar type, size, function, and complexity. Describe no more than five (5) projects, in order of most relevant to least relevant, which demonstrate the firm's capabilities to perform the anticipated services listed in this RFP for this project. For each project, the following information should be provided:
  - a. Project name, location and dates during which services were performed.
  - b. Brief description of project and physical description (square footage, number of stories, site area).
  - c. Exact services performed by your firm and relevance to this project.
  - d. Owner's current contact information.
  - e. Identify how your company added value on each project example.
6. **Project Approach:** Provide a response to the following items, along with a description of any other concepts or qualities that differentiate your firm's approach to the project:
  - a. Provide information on Sustainability efforts to include previously incorporated measures and best practices for projects with similar size and scope.
  - b. Describe your approach to developing, assembling, and managing a design team with experience to be successful.

- c. What unique understanding of similar healthcare projects will enable you to provide cost-saving ideas for incorporating state-of-the-art design within an existing hospital environment?
  - d. Describe examples within the past two years of strategies that your firm has employed to help Owners lower the cost of similar capital projects?
7. **Proposed Fee:** Provide a fee for each design phase outlined in this RFP.
  - a. Provide additional services hourly rates for each of the proposed team members/roles.
  - b. Provide a comprehensive list of anticipated reimbursable expenses. Note that reimbursable expenses are to be billed at actual or direct cost without markup.
8. **RFP Project Documents**
  - a. APPENDIX A: AUTHORIZATION FORM
  - b. APPENDIX B: CONTRACTOR WORK REQUIREMENTS
  - c. APPENDIX C: SUPPLIER DIVERSITY
  - d. APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION
  - e. APPENDIX C-2: SUPPLIER DIVERSITY DEFINITIONS
  - f. APPENDIX C-3: SUPPLIER DIVERSITY PLAN
  - g. APPENDIX C-4: DIVERSE SUPPLIER SUBCONTRACTING PLAN (PROGRAM MANAGEMENT)
  - h. APPENDIX C-5: CERTIFICATION OF EFFORTS
  - i. APPENDIX C-6: STATEMENT OF INTENT
  - j. APPENDIX D: BID FORM
  - k. Exhibit A: Planning Documents
  - l. Exhibit B: Existing Floor Plans (to be verified by A/E Team)

**Submittal of Questions or Clarifications:** Questions about any aspect of the RFP, or the project, shall be submitted in-writing via e-mail by July 12, 2024 to: Alison Gordon; [alison.gordon@bdrpartners.com](mailto:alison.gordon@bdrpartners.com).

**RFP electronic response submittals are to be received no later than 4:00 PM EST, July 31, 2024.**

## 5.0 SUPPLIER DIVERSITY

### Diverse Business Enterprise Utilization

It is an overall objective of 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, Solicitors of a GHS contract must clearly as defined by GHS herein, demonstrate good faith effort to achieve the Supplier Diversity goal set forth. By the documentation of Direct Tier II goods and/or services to be 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, Contracted GHS Suppliers will be required to report Diverse Supplier Spend to GHS monthly in a manner in GHS's sole discretion. In addition, a copy of reported Diverse Supplier spend, must be attached with the submission of any invoices to GHS. Failure to demonstrate the defined Good Faith Effort to achieve GHS's Supplier Diversity goal, objectives, or to report in a 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, 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.

The Supplier Diversity Goal for this Solicitation is 30% of the total contract value

GHS<sup>®</sup> expects that the policies, programs and practices of its vendors/Contractors are carried out in an equitable fashion and that Certified Diverse Business Enterprises are afforded an equitable opportunity to share in contract/subcontract opportunities.

Vendors interested in doing business with GHS<sup>®</sup> are required to sign the Certification below and complete the Contract Compliance Section in its entirety and submit it with their bid response.

### SUPPLIER DIVERSITY PLAN

In addition to the BID submission requirements, each vendor must submit a Supplier Diversity Plan (Appendix C) with their BID. The respondent must outline a plan of action to encourage and achieve participation by **CERTIFIED DIVERSE BUSINESS ENTERPRISES** as it relates to this RFP.

Required Forms and Economic Opportunity Plan Statement:

In order for the bid package to be considered complete Bidders must submit the following completed documents included in this RFP package.

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 bid 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<sup>®</sup> specifications. No changes or substitutions may be made to this **Supplier Diversity** Section without the written consent from an authorized GHS<sup>®</sup> representative. Request for changes/substitutions by the Vendor must be made to GHS<sup>®</sup> 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<sup>®</sup> representative has been received.

## 6.0 PROCESS FOR SELECTION

### Admissibility

**Appendix D Must be completed (filled out) and submitted to GHS-FD at the Pre-bid Meeting.**

To be admissible, a bid must adhere to the requirements and content for submissions outlined in this RFP. Failure to adhere to this format may eliminate the bid from any further consideration, as determined at the sole discretion of GHS-FD.

Furthermore, bids from bidders who are currently debarred by Grady Health System, by any local jurisdiction or agency, and/or involved in any litigation with The Grady Memorial Hospital Corporation or Grady Health System will not be considered admissible.

### Analysis of Bids & Award

- In evaluating bids the selection will be based on determination of Responsibility and a determination of Responsiveness.
- GHS-FD reserves the unqualified right to request additional information or meetings with any architect to visit previous or current project sites, or to visit their premises, if deemed necessary to arrive at a fully informed decision.
- The award will be to the responsible and responsive bidder whose bid conforms to all material specifications, terms and conditions as set forth in the bid, with the lowest price, provided his/her bid is reasonable and is to the interest of GHS to accept it. No bid shall be considered for award if the bid is not responsive to the essential requirements of the solicitation or is submitted by a non-responsive bidder.
- Protest: A formal written protest form can be obtained by contacting the Office of the Contracting Officer at 404-616-0450.

## Appendix A: Authorization/Certification Form

Firm:

To whom it may concern:

This is to certify that:

NAME:

TITLE:

SIGNATURE:

\_\_\_\_\_

Is/are authorized to sign all bid documents and, if the firm is selected, the contract for this assignment.

Certifies that he/she has read, understands and agrees to be bound by the terms and conditions of the Request for Proposals.

By:

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

Note: this form may, at the firm's discretion, be replaced by another document to the same effect.



## Appendix B: Contractor Work and Permit Requirements

PROJECT NAME: **OR RENOVATION AND EXPANSION**  
 AREA: **ATLANTA, GA**

PROJECT NO. **F2023062**  
 PROJECT MANAGER: **ALISON GORDON**

**Hospitality Program:** Quality care for our patients is the key component in everything we do. Our Hospitality Program is centered around the values of safety, service, friendliness, helpfulness, courtesy, communications, response, privacy, dignity, respect, listening and professionalism. The purpose of this pledge is to let you know, for your acknowledgement, that everyone working in Grady Hospital has a stake in quality patient care, patient comfort and patient safety. By supporting these values, you will have a direct impact on our patients.

<p><b>BADGE AND PERMITS</b>          Obtain Vendor Badge (must present valid ID and Project No. from Plant Operations Customer Service). A TB Skin Test (PPD) is required if on site for three or more days. PPDs may be obtained through GHS Employee Health Services (15A) at the expense of the contracting company. <b>Area work/burn permits and utilities shutdown requests are secured prior to starting work.</b></p>	<p><b>INFECTION CONTROL</b>          All extra materials, debris, and trash are to be removed before moving to the next area or at the end of the day. No eating or drinking in hospital occupied work areas. All evidence of eating or breaks taken on a secured construction site must be removed before end of day. Maintain appropriate construction barriers.</p>
<p><b>INSURANCE</b>          Vendor must have proof of liability and workman's compensation insurance on site.</p>	<p><b>SHUTDOWNS</b>          No Mechanical or electrical systems may be shutdown or turned off for any reason without the GHS Project Manager and Facilities Management's assistance. Plan your work so that seven (7) calendar days notice can be given for all shutdowns. <b>Request for Utilities Shutdown Permit required.</b></p>
<p><b>FIRE SAFETY</b>          Communicate to the FCC, ext. 5-3956, the area where you will be working: 7 A, B, C. etc. Approved barriers must be in place <u>prior</u> to beginning work. Safety and/or the GHS Project Manager must approve temporary barriers.</p>	<p><b>CEILING TILES</b>          Replace all ceiling tiles by the end of the day, even if work is not completed. Ceiling or ceiling tile removal for access to work or inspection <b>will be tagged with the project permit number</b>, GHS Project Manager's name and contact number. Damaged or discolored tiles should be noted before the project begins, or the contractor will be held responsible. Ceilings that are out for long periods of time must have protection or approval from Epidemiology/Safety to protect patient's health and welfare.</p>
<p><b>FIRESTOP</b>          Cover all wall or slab holes with temporary covers to maintain compartment integrity. After task completed, penetrations must be permanently sealed with Fire Stop. Communicate to GHS Project Manager any penetrations and/or repairs. The GHS Project Manager and/or Safety must inspect all patched penetrations prior to covering.</p>	<p><b>SAFETY</b>          Contractors are to provide fully charged, with pull pin seal, approved (must have a current inspection/service tag) fire extinguishers in the construction areas. Be conscious of all signage and surroundings. Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces construction areas. All clothing must meet OSHA requirements.</p>
<p><b>SMOKING</b>  <b>No smoking on premises.</b> Use dedicated smoking areas outside of building.</p>	<p><b>CUTTING &amp; CORING</b>          Observer to be posted to watch "blind side" of cutting, if coring, or if demolition is to be done.</p>
<p><b>COMMUNICATION DEVICES</b>          Use of cell phones <u>prohibited</u> throughout the hospital. Cellular telephones and 2-way radios may cause electromagnetic interference affecting life support and other critical equipment. Vulnerable, sensitive areas have signage restricting radio-transmitting devices within that vicinity.</p>	<p><b>SECURITY AND STORAGE</b>          Immediate work area secured to keep all others out. Secure all equipment when not in use or attended. Work with GHS Facility Development if project storage space is needed for overnight, or any length of time. Stairwell travel should allow re-entry every 5<sup>th</sup> floor, if some stairwell doors are found to be locked. Assigned access cards and keys are for the contractor's use only. No "piggy-backing" is allowed. All assigned keys must be turned over to the foreman/project manager at the end of the day.</p>
<p><b>HOUSEKEEPING</b>          Do not obstruct hallways and corridors. Keep doors closed to mechanical spaces and construction area. The construction area shall be kept in a neat condition at all times. Combustible boxes and scrap materials shall be disposed of daily. Provisions shall be made to avoid the tracking of dust outside of the construction area. No refuge is to be left at any entry. Contractors will not use hospital equipment to clean up their projects.</p>	<p><b>UTILITIES</b>          All company owned equipment (power cords, etc.) must be inspected and approved by Safety/GHS Electrical Department prior to use. When using electrical equipment, a GFCI will be used.</p>

<p><b>PARKING</b> The GHS-PM will designate available parking areas for contractor employees. Parking space at GHS is limited and workers may be required to park some distance from their work place. Violation of this requirement will result in towing of the vehicle at the owner's expense.</p> <hr/> <p><b>ELEVATORS</b> Contractors shall move material in an elevator specifically designated by GHS-PM. This elevator shall be designated the "Construction" elevator. The contractors are required to vertically migrate through the building using the stairs or construction elevators.</p>	<p><b>HAZARDOUS MATERIALS</b> Before starting any work within GHS, conformation must come from the Asbestos Coordinator, Tyrone Williams (x5-9650), that the area is free of Asbestos Containing Material (ACM). ACM or presumed ACM is regulated by the Environmental Protection Agency (EPA) and must not be disturbed by non-asbestos abatement contractors. Work through project managers to insure compliance. No flammable storage on site. The Fire Command Center (FCC) and the Safety Department must be aware of all flammable products brought into Grady needed for task. Material Safety Data Sheets must be made available upon request, for contractor supplied products and materials.</p>
<p><b>OPEN FLAMES/HOT WORK</b> Open flames of any kind require a burn permit obtained through the GHS Project Manager. This also applies to cutting and welding forms. A recent inspected and approved "ABC" fire extinguisher shall be kept at the work site at all times. Approved barriers are required for arc-welding.</p>	<p><b>SCHEDULING</b> Any work needing to be performed outside of regular hours (0700-1700) or on weekends, must be pre-scheduled (requested in writing) through the GHS Project Manger one week in advance. Any secured areas, (i.e. 4<sup>th</sup> and 13<sup>th</sup> floors or locked offices), will not allow access and will need to be scheduled 48 hours in advance for work to be done in these areas.</p>
<p><b>SMOKE DETECTORS</b> A network of smoke detectors protects Grady, which send a signal to the Fire Command Center (FCC). Dust, fumes, smoke, water and heat can set off the detectors. Plan your work so that seven- (7) days notice can be given to temporarily take the smoke detectors out of service in the construction area. Request for Utilities Shutdown Permit required. Plant Operations may temporarily disconnect smoke alarms.</p>	<p><b>OCCUPIED AREAS</b> It is expected that contractor employees working in occupied areas, including, corridors, be sensitive to patients, staff and the public. Yelling, foul language, dirt and debris without barricades, unattended ladders, toolboxes and materials are not permitted.</p>
<p><b>STANDARDS OF CONDUCT</b> Use dedicated elevators for the transportation of equipment. Always yield to Grady patients, staff and daily business. Follow GHS directives during emergency responses and drills. Use of profane and abusive language is prohibited. No profane or derogatory verbiage on apparel. Keeping volume down on radios is required.</p>	<p><b>TOILETS</b> Contractor personnel shall only utilize staff toilets as directed by your Supervisor. It is expected that use of toilets by contractor personnel will not result in any additional cleaning requirements.</p>
<p><b>GHS TELEPHONE NUMBERS</b> Frequently used numbers inside GHS: GHS Plant Operations/Facility Management: 5-3960 GHS Facilities Development: 5-4291 Compliance Coordinator: Jinx Rainwater: 5-5291 Safety Office: 5-5356 <b>Plant Operations: Duty Engineer: 404-837-0005</b> GHS Emergency: 911# Cardiac Arrest: 5-5555 Fire Commander Center: 5-3956 Housekeeping: 5-4065</p>	<p><b>INTERIM LIFE SAFETY MEASURES</b> These are a series of administrative actions that must be taken to compensate for construction deficiencies or activities. They include:</p> <ol style="list-style-type: none"> <li>1. Ensuring that exits provide free and unobstructed egress.</li> <li>2. Ensuring free and unobstructed access to emergency departments.</li> <li>3. Ensuring that fire alarm, detection, and suppression systems are not impaired.</li> <li>4. Ensuring that temporary construction partitions are smoke tight and non-combustible.</li> <li>5. Providing additional fire-fighting equipment and personnel training.</li> <li>6. Prohibiting smoking in or near construction areas.</li> <li>7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices.</li> <li>8. Conducting additional fire drill(s) each quarter.</li> <li>9. Increasing hazard surveillance of buildings, grounds and equipment.</li> <li>10. Training personnel when structural features are compromised.</li> <li>11. Conducting organization wide safety programs to ensure awareness of hazards.</li> </ol>

**FIRE SAFETY MEASURES: In the event of a fire, the following steps should be taken:**

Rescue anyone in immediate danger.

Alert/alarm by activating the nearest pull station (typically located at most stairwells or proximal to elevator lobbies).

Contain the fire by closing doors, windows and turning off fans

Extinguish (Pull the pin, Aim at the base of the fire, Squeeze the trigger and Spray in a sweeping motion) the fire as time allows, and continue to evacuate.

**CONCURRENCE:** I HAVE READ, UNDERSTAND AND PLEDGE TO SUPPORT PATIENT CARE AS OUTLINED ABOVE. I UNDERSTAND FAILURE TO COMPLY WITH THESE REQUIREMENTS CAN RESULT IN DISMISSAL FROM THE PREMISES.

**SIGNATURE / FIRM:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**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<sup>®</sup> 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<sup>®</sup>.

Authorized Representative Signature

\_\_\_\_\_

Title: \_\_\_\_\_

Authorized Representative Printed Name

\_\_\_\_\_

Date: \_\_\_\_\_

**APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION**

(TO BE SUBMITTED WITH QUALIFICATIONS)

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

	Yes	No												
<b>Small Business</b> If yes, please check the following reason(s) that apply: ___ Less than 100 Employees ___ Less than \$1,000,000.00 in gross annual receipts														
<b>Minority Business Enterprise</b> If yes, please indicate the percentage of minorities who own, control or operate your company:														
<table border="1"> <tr> <td>African American</td> <td>%</td> <td>Asian American</td> <td>%</td> </tr> <tr> <td>Hispanic/Latino</td> <td>%</td> <td>Pacific Islander</td> <td>%</td> </tr> <tr> <td>Native American</td> <td>%</td> <td>Other</td> <td>%</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	%											
<b>FEMALE BUSINESS ENTERPRISE</b> If yes, please indicate the percentage of women who own, control or operate your company: ___%														
<b>LOCAL SMALL BUSINESS</b> If yes, please indicate in which county your company is located? ___ DeKalb ___ Fulton ___ Business location in both counties ___ Other														
<b>ARE YOU RESPONDING AS A CONSULTANT?</b>														
<b>IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE?</b> 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: SUPPLIER DIVERSITY DEFINITIONS

**(M/WBE) 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.

**(LGBTBE) National Gay and Lesbian Chamber of Commerce:** Includes businesses physically located in the United States or its trust territories that are at least 51 percent unconditionally owned and operated by at least one lesbian, gay, bisexual and/or transgender (LGBT ) person or persons who are either U.S. citizens or lawful permanent residents. In addition, they must exercise independence from any non-LGBT business enterprise.

**(VBE) Veteran-Owned Business** - A small business that is at least 51% owned, operated and controlled by one or more veterans.

**(DVBE) 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.

### **U.S. Small Business Administration:**

**(DBE) 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.

**HUBZone Business** - A small business operating in a "Historically Underutilized Business Zone." HUB zones are defined at <http://map.sba.gov/hubzone/init.asp>

**APPENDIX C-3: SUPPLIER DIVERSITY PLAN**

*(TO BE SUBMITTED WITH BID)*

**Present Commitment:** Offeror shall submit its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by the completion of Appendix C-4 in its entirety. Diverse Business Enterprises utilized as Tier II contractors and suppliers must be certified by one or more of the 3<sup>rd</sup> 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 in GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.

**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 C-4: 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:

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 Proposals, 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**

*(PROPOSED DSSP PLAN TO BE SUBMITTED WITH BID, FINAL PLAN TO BE PRESENTED AT SCHEDULE OF VALUES MEETING)*

**In adherence to GHS's commitment to Supplier Diversity, GHS suppliers must clearly as defined herein, demonstrate good faith effort to achieve the 30% Supplier Diversity goal set forth by documenting the 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.**

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 GHS Accepted 3<sup>rd</sup> 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	Email	Certification Type	Business Classification (Product/Service)	Direct Projected Sped in Dollars	Direct Projected Spend by Percentage

Submitted by:  
 \_\_\_\_\_  
 Authorized Representative Signature Title  
 \_\_\_\_\_  
 Date



**APPENDIX C-5: CERTIFICATION OF EFFORTS  
(TO BE SUBMITTED WITH BID)**

**Vendor:** \_\_\_\_\_

**RFP Name:** \_\_\_\_\_ **RFP 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, blue prints and all other RFP 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 RFP 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-6\***  
**STATEMENT OF INTENT**

TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS  
*(TO BE SUBMITTED AT SCHEDULE OF VALUES MEETING)*

**Vendor:** \_\_\_\_\_

**RFP Name:** \_\_\_\_\_

**RFP 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 RFP as a certified diverse business enterprises:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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 bid, 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:

**This form may be duplicated as needed.**

**Attachment A**  
to the Project Engagement Letter  
for architect contracts using the  
**GENERAL TERMS AND CONDITIONS**  
**OF CONTRACT BETWEEN OWNER AND ARCHITECT**

For purposes of the following sections of the General Terms and Conditions of Contract between Owner and Architect, the duties, obligations and responsibilities of Owner shall be performed by:

PROJECT PHASE	ITEM	A/E TEAM	OWNER	NOT REQUIRED
<b>PLANNING</b>				
	Assist Owner in developing the Program	X		
	Preliminary evaluations	X		
	Develop project budget	X		
	<b>Review &amp; Document Existing Conditions</b>	X		
<b>SCHEMATIC DESIGN (SD)</b>				
	Prepare Schematic Design documents	X		
	SD based Construction Cost Estimate - Detailed	X		
	SD based Equipment Cost Estimate - Summary	X		
<b>DESIGN DEVELOPMENT (DD)</b>				
	Prepare Design Development Documents	X		
	DD based Construction Cost Estimate - Detailed	X		
	DD based Equipment Cost Estimate - Detailed	X		
<b>CONSTRUCTION DOCUMENTS (CD)</b>				
	Prepare Construction Documents – Drawings and Specifications	X		
	CD based Construction Cost Estimate - Detailed	X		
	CD based Equipment Cost Estimate - Detailed	X		
<b>CONSTRUCTION</b>				
	Identify and assist Owner required governmental permits and approvals	X		
<b>BID</b>				
	Assistance in obtaining bids	X		
	Assistance in preparing contracts			X
	Attendance at pre-bid meeting	X		
	Provide direct clarifications to contractors during bid process	X		
<b>CONSTRUCTION:</b>				
	Provide assistance in obtaining permits	X		
	Attend Preconstruction Meetings	X		
	In person Attendance at OAC Meetings	X		
	Conduct bi-weekly site visits & prepare corresponding field reports	X		
	Review Third Party Inspection Reports			
	Provide additional inspection or test reports	X		
	Prepare change orders and construction change directives for Owner's execution			X
<b>OTHER:</b>				
	Provide Presentation Graphics for owners use	X		
	Provide Medical Equipment Planning	X		

For purposes of the following sections of the General Terms and Conditions of Contract Between Owner and Architect - the duties, obligations and responsibilities following shall be performed by:

PROJECT PHASE	ITEM	A/E TEAM	OWNER	NOT REQUIRED
<b>CONSTRUCTION</b>				
	Review reports of errors from Contractor	X		
	Review proposed subcontractors and suppliers; Object to subcontractors and suppliers	X		
	Review requests for substitutions; Make recommendations to Owner; Request additional data and information	X		
	Review Contractor objections regarding products or procedures affecting Contractors warranty	X		
	Review Contractor notices re: compliance with laws; inconsistencies between Contract Document and laws	X		
	Administer the Contract	X		
	Visit Site (Minimum Frequency is: Bi-Weekly)	X		
	Evaluate Contractor's Application for Payments; review and certify amounts due to Contractor	X		
	Reject non-conforming work	X		
	Review Contractor's Submittals	X		
	Interpret Requirements of the Contract Documents	X		
	Determine extensions of Contract Time	X		
	Certify Contractor's Application for Payment	X		
	Review data substantiating Contractor's right to payment	X		
	Issue Certificate for Payment; determine proper amount due; reasons for withholding certification	X		
	Inspect work; Notify Contractor of additional items to be completed or corrected; Prepare Certificate of Substantial Completion	X		
	Final Inspection of work;	X		
	Issue final Certificate for Payment	X		
	Determine if additional testing is required	X		
	Review Contractor's notice of termination	X		
	Certify amount to be paid to Contractor after termination by Owner	X		
	Prepare per-item estimate of the cost of completing each item on punch-list	X		

In the event that any duties, obligations or responsibilities of Owner in the Agreement Between Owner and Architect have not been allocated above, the Architect shall be responsible therefore.

END OF ATTACHMENT

**EXHIBIT A**  
**PLANNING DOCUMENTS**

**EXHIBIT B**  
**EXISTING BUILDING PLANS (TO BE VISUALLY CONFIRMED BY A/E FIRM)**

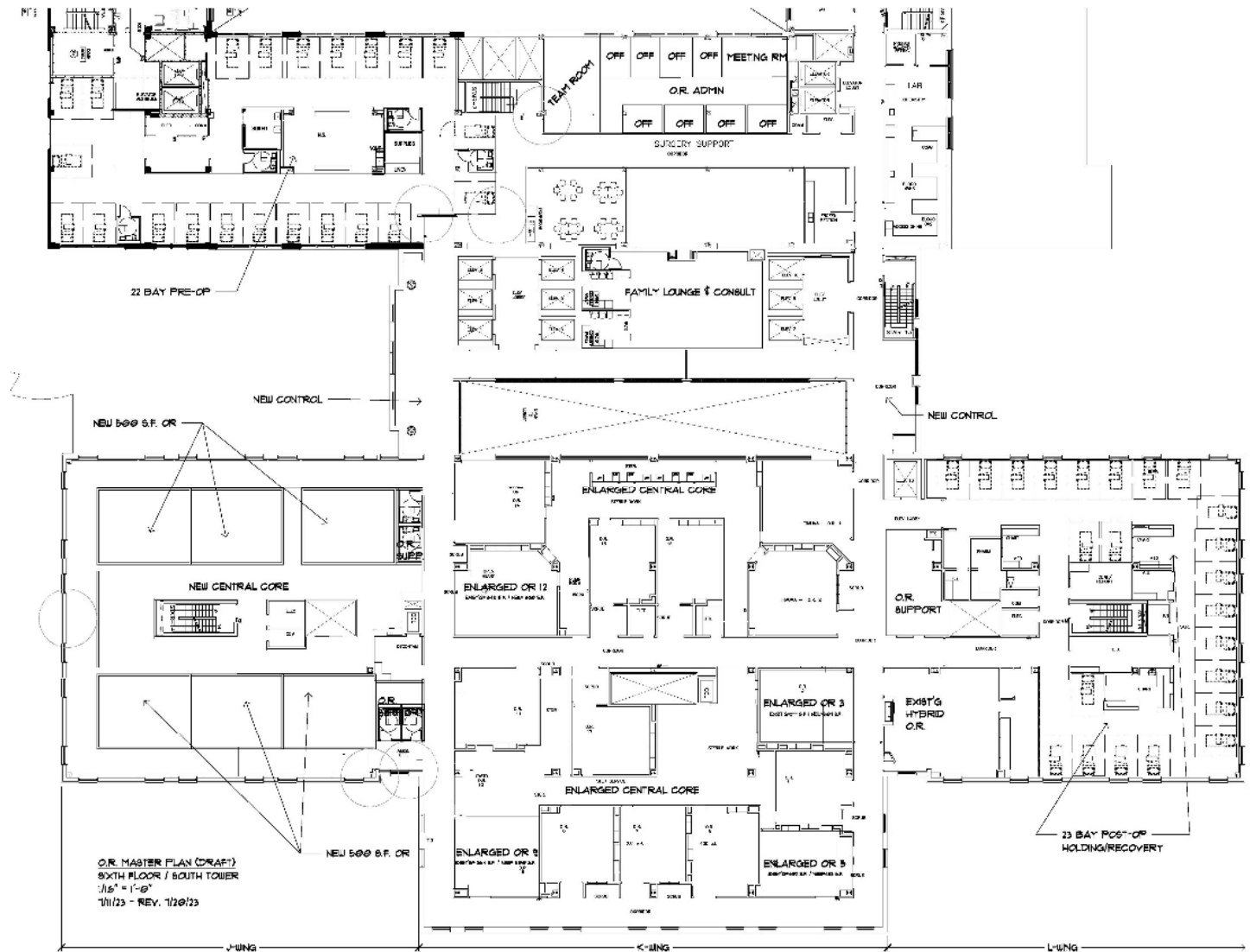






**GRADY O.R. UPGRADES  
& MASTER PLAN  
CONCEPT A**

- 4 Enlarged O.R.'s
- 6 New O.R.'s
- 22 Bay Pre-Op Holding
- 22-23 Bay PACU
- Expanded Central Core
- New Central Core
- Consolidated OR Admin
- Relocated/Enlarged Family Lounge & Consult



**GRADY O.R. UPGRADES  
& MASTER PLAN  
O.R. AREAS**

O.R. SQUARE FOOTAGE COMPARISON					11/2/2016
DESCRIPTION		CLEAR SQUARE FOOTAGE:			REMARKS
LINE	K-WING - OR SUIT	EXISTING	PROPOSED	CHANGE	
1	OR 1 - TRAUMA	566	566	-	
2	OR 2 - TRAUMA	535	535	-	
3	OR 3	377	507	130	
4	OR 4	390	390	-	
5	OR 5	385	453	68	
6	OR 6	420	420	-	
7	OR 7	369	369	-	
8	OR 8	400	400	-	
9	OR 9	350	500	150	
10	OR 10	284	-	284	REMOVED FOR EXPANDED CENTRAL CORE
11	OR 11	482	482	-	
12	OR 12	545	620	75	
13	OR 14	571	571	-	
14	OR 15	379	379	-	
15	OR 16	384	384	-	
16	OR 17	400	400	-	
17	HYBRID	890	890	-	
18	NEW 18	-	500	500	
19	NEW 19	-	500	500	
20	NEW 20	-	500	500	
21	NEW 21	-	500	500	
22	NEW 22	-	500	500	
23	NEW 23	-	500	500	
24	<b>O.R. TOTALS:</b>	<b>7,727</b>	<b>10,866</b>	<b>3,139</b>	



**PROJECT NAME:**  
GRADY MEMORIAL HOSPITAL - BASE FLOOR PLANS

**PROJECT LOCATION:**  
GRADY MEMORIAL HOSPITAL  
80 JESSE HILL, JR., DRIVE SE  
ATLANTA, GEORGIA 30303

**PN:** 11118  
**SCALE:** NOT TO SCALE  
**DRAWN BY:** gcs3  
**DATE:** 7/21/11

No.	REVISION/SUBMISSION:	DATE:
1	GENERAL UPDATED - HYBRID OR / 6-A & 6-B FLOOD REMEDIATION	1/21/22

**DRAWING TITLE:**  
SIXTH FLOOR

**APPROVALS:**

**SHEET NUMBER:**  
**GMH-06**

NOT FOR CONSTRUCTION

A/E - RFP APPENDIX D BID FORM  
 Project Name: **FIRM NAME**  
 GHS-FD Project #: OR Platform Renovation and Expansion  
 Date: F2023062  
 MM/DD/YYYY

SERVICE DESCRIPTION:	PROJECT NAME	%-AGE OF TOTAL	E.O.P. QUALIFYING (FIRM NAME)	REMARKS: NOTE 1
<b>BASE FEE PROPOSAL</b>				
<b>BASIC SERVICES (PER AIA)</b>				<b>NOTE 2</b>
ARCHITECTURAL	\$	-	#DIV/0!	
M/E/P/FP ENGINEERING	\$	-	#DIV/0!	
SITE AND CIVIL ENGINEERING	\$	-	#DIV/0!	
STRUCTURAL ENGINEERING	\$	-	#DIV/0!	
<b>SUB-TOTAL - BASIC SERVICES</b>	<b>\$</b>	<b>-</b>	<b>#DIV/0!</b>	
<b>REQUESTED ADDITIONAL SERVICES (PER AIA)</b>				<b>NOTE 3</b>
INTERIOR DESIGN PER GHS STD'S	\$	-	#DIV/0!	
FF&E COORDINATION w/GHS VENDOR	\$	-	#DIV/0!	
LOW VOLTAGE COORDINATION w/GHS VENDOR	\$	-	#DIV/0!	
SIGNAGE COORDINATION w/GHS VENDOR	\$	-	#DIV/0!	
MEDICAL EQUIPMENT PLANNING	\$	-	#DIV/0!	
DETAILED COST ESTIMATING (@ SD/DD/CD)	\$	-	#DIV/0!	
ENGINEERING SYSTEMS COMMISSIONING	\$	-	#DIV/0!	
<b>SUB-TOTAL - REQUESTED ADDITIONAL SERVICES</b>	<b>\$</b>	<b>-</b>	<b>#DIV/0!</b>	
<b>TOTAL FEE PROPOSAL</b>	<b>\$</b>	<b>-</b>		
<b>ESTIMATED REIMBURSABLE EXPENSES:</b>	<b>\$</b>	<b>-</b>		
<b>GRAND TOTAL:</b>	<b>\$</b>	<b>-</b>		

**ADDITIONAL PROPOSED SERVICES:**

- NOTES:**
- Supplier Diversity:** \$ - #DIV/0! PARTICIPATION 30% GOAL
  - Basic Services:** The fee guides for "basic" architectural and standard engineering services include full service phases for design, bidding and construction.
  - Requested Additional Services:** Additional services are not included within the "basic" fee. Additional services may include any special consultants required by the project and are typically those furnished beyond what is shown in the Form of Agreement Between Owner and Architect-Engineer used by GHD Facilities Development. Additional services may include, but are not limited to:

- Feasibility Studies/ Analysis
- Facility Programming
- Master Planning
- Soils Investigations/Reports
- Measured Drawings of Existing Facilities
- Existing Facilities Analysis
- Toxic Substance Mitigation Surveys and Consultation
- Site Environmental Assessments
- Site DRI, PUD, Site Plan Review and/or Zoning
- Traffic Analysis and Traffic Signal Warrant Studies
- Civil Engineering Design including Paving/Grading/Utilities/Drainage/Stormwater Management/Environmental & All Site Permitting
- Existing Site Utility Infrastructure Improvements
- Site Lighting Design
- Landscape Architectural & Irrigation Design
- Specialty Consultants Voice/Data Communications; Electronic/Audio Visual; Medical/Laboratory/Food Service Equipment; Hazardous Material; Hospital/Laboratory; Interior Design; Indoor Air Quality; Quality Control; Theater/Acoustical; Security
- Life Cycle Cost (ROI) and/or Federal DOE Energy Analysis
- Surveys -Topographic/Boundary/Vegetation/Improvements/Utilities
- Reimbursable Expenses including, but not limited to, reproduction/ printing costs, travel expenses and special mail service expenses
- LEED Consultation
- Graphic and Signage Design
- Special Code Reviews including ACHA
- Detailed Cost Estimates
- Documents Prepared For:
  - Alternate Bids Exceeding
  - Excessive Change Orders
  - Multiple Construction
  - Record Documents/As Builts
- Prolonged Construction
- Structural Threshold
- Project Representation During Construction Beyond Bi-Monthly Administration
- Renderings or Models
- Additional Construction
- Building Commissioning and Training Services
- Post Occupancy
- Substantive Changes to Scope, Size or Complexity
- Owner Requested Changes to Approved Documents