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**INVITATION FOR BIDS**

**ALL PROSPECTIVE MEPT ENGINEERING FIRMS**

**INVITATION FOR BIDS FOR MEPT DESIGN ASSIST  
TRAUMA CENTER RENOVATION & EXPANSION  
GHS-FD Project #: Q2024001**

Grady Health System Department of Facilities Development is soliciting bids for MEP & Technology (MEPT) engineering design assist services for the Ground C Trauma Center Renovation and Expansion (Q2024001).

The project is located at Grady Hospital, Ground Floor, 'C' Wing, 80 Jesse Hill Jr. Drive SE, Atlanta, GA 30303.

This IFB (dated October 2, 2024) is being issued as a direct solicitation for at least three but not more than five pre-qualified firms. A mandatory pre-proposal meeting will be held on **Thursday, October 10, 2024**, at **1:00 pm**, in the offices of the Health System's Department of Facilities Development, Third Floor, Hurt Building.

The driving address is 50 Hurt Plaza, SE, Suite 301 Atlanta, GA 30303.

Proposals, in accordance with IFB #**Q2024001**, are due on **Thursday, 10/17/2024, at 11:00 AM**.

Additionally, registration with VendorMate (through the following website: <https://registersupplier.ghx.com>) must be completed prior to proposal submission.

Please notify **Eric Gresla** by email at [egresla@gmh.edu](mailto:egresla@gmh.edu) of your intention to submit a bid by **Friday, October 11, 2024, at 4:00 PM**.

Sincerely,

Grady Health System



Grady Health System

Grady Hospital Trauma Center Renovation &  
Expansion

GHS – FD Project number – Q2024001

Invitation for Bid

MEP & Technology Engineering Design Assist  
Services

Released: October 7, 2024

Due Date: October 17, 2024

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## 1.0 GENERAL INFORMATION

Grady Health System is soliciting Bids for MEP & Technology engineering design assist services for the following project:

**PROJECT:** Trauma Center Renovation & Expansion  
**PROJECT #:** Q2024001  
**LOCATION:** Grady Hospital, Ground Floor, 'C' Wing, 80 Jesse Hill Jr. Drive SE, Atlanta, GA 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 health care to residents of metropolitan Atlanta and citizens of the State of Georgia, Grady Health System intends to renovate and expand its Marcus Trauma Center to meet increasing demand for services and to improve the efficiency and quality of delivered patient care.

***The information contained in this IFB 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 John Barnes, Grady Health System's Interim VP of Facilities Development, the Facilities Development team manages all capital improvements, space planning, programming, architectural & engineering design, and construction for the Grady Health System. Eric Gresla, Grady FD Design Project Manager, will serve as the primary contact for this IFB. Any questions regarding this IFB shall be submitted via e-mail correspondence to Eric Gresla at [egresla@gmh.edu](mailto:egresla@gmh.edu) with a copy to George Smith, FD Sr. PM at [gcsmith@gmh.edu](mailto:gcsmith@gmh.edu).

Contact with Grady Health System's administration, staff, and board members regarding this IFB is strictly prohibited during the aforementioned consultant selection process.

### 1.2 Project Overview

#### Project Description

Grady Health System intends to renovate and expand the existing Marcus Trauma Center (MTC) located on the Ground floor in the 'C' wing. The expansion will capture portions of existing interior space in the

adjacent Emergency Detention Unit and the Behavioral Emergency Unit. All construction work at the Ground floor is interior renovation work. This Design Assist Effort includes scoping and schematic design of the following components:

| <u>Medical Unit</u>       | <u>Existing Floor Area</u> | <u>Proposed Floor Area</u> | <u>Summary Description</u> |
|---------------------------|----------------------------|----------------------------|----------------------------|
| Marcus Trauma Center      | 9,160 SF                   | 15,600 SF                  | (2) expansion alternatives |
| Emergency Detention Unit  | 8,230 SF                   | 2,250 SF                   | reduce from 10 to 4 beds   |
| Behavioral Emergency Unit | 6,780 SF                   | 5,840 SF                   | reduce from 12 to 10 beds  |
| Totals                    | 24,170 SF                  | 23,690 SF                  |                            |

Two design alternatives for the Trauma Expansion are to be developed. The first alternative is to include a single Trauma OR in the expansion area. The second alternative will not include a new Trauma OR. The existing MEP systems will need to be assessed, and replacement and/or new equipment and systems to meet the requirements of the expansion will need to be identified. This effort shall also include an assessment of technology needs as described below. The Grady IT team will develop the scope of work for the data/com closet hardware, WIFI, & RFID tracking system.

The construction work will need to be phased in order to maintain continuing operations of all three medical units.

### **Goals of this Effort**

The goals of the Trauma renovation and expansion effort are to:

- Enhance patient care and experience by providing upgraded space and services for trauma patients.
- Expand facilities and programs to accommodate the growing demand for trauma care and services in the community.
- Optimize operational efficiency and effectiveness by streamlining workflows and integrating innovative technology solutions into the facility design.
- Ensure regulatory compliance and safety standards to provide a secure environment conducive to patient care.
- Sustain financial viability and growth by developing a sustainable business model that balances quality of care with fiscal responsibility.
- Achieve a **20%** minority spend to Diverse Suppliers for the project.

### **Tasks Included**

The selected engineering firm will be responsible for the following tasks:

- Assess the existing MEP & Technology (MEPT) systems including but not necessarily limited to fire suppression, plumbing, HVAC/mechanical, electrical, lighting, communication/data cabling, paging, nurse call, security, access control, and fire alarm systems – all necessary components for CSI divisions 21 through 28. Grady’s IT team will develop the scope of work for data comm equipment (phones, printers, computers, and data/comm closet equipment), WIFI, and RAID tracking system.
- Advise Grady of industry best practices and state-of-the-art advances in the design of similar patient care environments.
- Identify and implement elements of Sustainability that may be incorporated into the project scope.

- Develop schematic HVAC system plans and specifications for the renovation & expansion including equipment sizing and specification.
- Assess 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.
- Identify potential risks and develop risk mitigation strategies to minimize disruptions and ensure project success.
- Provide ongoing support and consultation throughout the design assist/project development phase of the project to ensure that objectives are met, and the highest standards of quality are maintained.

### **Project Budget**

The overall total project budget target has not been determined.

### **Project Milestones**

- See SCHEDULE OF EVENTS BELOW

### **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 a similar scope of work in similar institutions as described in this IFB. 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 IFB 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 IFB.

#### **Vendor Registration**

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process once awarded a contract and all representatives must register prior to visiting any location or department of the health system. 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 RESPONSIBILITIES

The scope outlined in this proposal is to provide MEPT engineering design assist services necessary for schematic design and scope definition of the project components identified below. Please include the following services in Appendix E: Bid Form and identify any additional requirements anticipated or requested.

Simultaneous to the MEPT design assist effort, Grady will engage a General Contractor for construction logistics and a construction cost estimate. At the conclusion of the scope definition and planning stage, and upon Board approval of the project, it is Grady Health System’s intent to solicit professional design service proposals from A/E teams to provide design phase services, construction documents, and construction administration during the construction phase.

### MEPT Design Assist Services

- Assess existing fire protection, plumbing, HVAC, electrical, communications, and electronic safety & security systems (CSI divisions 21 through 28) relative to the requirements of the project.
- Identify and document regulatory MEPT requirements for the project.
- Review initial findings with Grady FD, FM, and IT teams to cooperatively develop an integrated scope of work for the project.
- Develop a description of the scope of MEPT work in the forms of drawings, outline specifications, and/or an MEPT narrative.
- Participate in Cost Estimating with Owner’s selected GC design assist partner.

### Owner Provided Services

Grady Health System will engage internal Grady teams or contract separately for scope definition and cost estimates for IT equipment, EPIC, FF&E, medical equipment, signage, art, and relocation services as required to implement the project.

## 3.0 IFB 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.

|  |   |
|--|---|
| IFB Issuance                                   | Thursday, October 3, 2024                   |
| Prospective Firms Pre-Bid Meeting & Site Visit | Thursday, October 10, 2024, 1pm – 2:30 pm   |
| RFI’s Due                                      | Monday, October 14, 2024, 5 pm              |
| Response to RFI’s                              | Tuesday, October 15, 2024                   |
| <b>IFB Proposal Due Date</b>                   | <b>Thursday, October 17, 2024, 11:00 am</b> |
| IFB Notice of Award Date                       | Wednesday, October 23, 2024                 |
| Design Assist Services Kickoff (MEPT & GC)     | Thursday, October 24, 2024, 1:00 pm         |
| Submit 90% MEPT design assist documents to GC  | Friday, November 15, 2024                   |
| Submit final MEPT scope documents to Grady     | Friday, November 22, 2024                   |

#### 4.0 PROPOSAL FORMAT

Provide one (1) electronic copy of proposal submitted to **Eric Gresla**; egresla@gmh.edu, with copy to **George Smith**; gcsmith@gmh.edu.

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 IFB.
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 IFB 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. Describe your approach to collaboratively working with an integrated project scope development team with experience to be successful.



- b. 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?
  - c. 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 the full scope of work outlined in this IFB. **Appendix E - Bid Form** is included and should be filled out accordingly. Please provide an Excel version of a completed Proposal Form as part of your response.
- 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. **IFB 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
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  - i. APPENDIX C-6: STATEMENT OF INTENT
  - j. APPENDIX D: INTENT TO SUBMIT
  - k. APPENDIX E: BID FORM

**Submittal of Questions or Clarifications:** Questions about any aspect of the IFB, or the project, shall be submitted in-writing via e-mail by October 14, 2024 to: Eric Gresla; [egresla@gmh.edu](mailto:egresla@gmh.edu), and copy to George Smith; [gcsmith@gmh.edu](mailto:gcsmith@gmh.edu).

**IFB electronic response submittals are to be received no later than 11:00 AM EST, October 17, 2024. Hard copies are not required for this submission.**

Please limit your submittal to no more than 20 double-sided 8.5"x11" pages, with 11 pt. minimum font size. Appendices do not count towards the requested page limit count.

## 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 20% of the total contract value

GHS® 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® 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 IFB.

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 IFB 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® specifications. No changes or substitutions may be made to this **Supplier Diversity** 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.**

## **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 IFB. 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

- Bids will not be opened publicly. All parties submitting bids will be notified in writing of the results of their submission.
- GHS will not consider any exceptions, exclusions, and/or clarifications. The bid proposal will be considered for completing services per scope of work described in this IFB.
- 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: **2F HEART & VASCULAR CLINIC RENOVATION & EXPANSION**  
 LOCATION: **ATLANTA, GA**

PROJECT NO. **Q2022002**  
 PROJECT MANAGER: **ERIC GRESLA**

**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><br/>         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><br/>         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><br/>         Vendor must have proof of liability and workman's compensation insurance on site.</p>   | <p><b>SHUTDOWNS</b><br/>         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><br/>         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><br/>         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><br/>         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><br/>         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><br/> <b>No smoking on premises.</b> Use dedicated smoking areas outside of building.</p>   | <p><b>CUTTING &amp; CORING</b><br/>         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><br/>         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><br/>         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><br/>         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><br/>         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>   |

|  |  |
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| <p><b>PARKING</b><br/>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><br/>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><br/>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><br/>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><br/>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><br/>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><br/>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><br/>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><br/>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><br/>Frequently used numbers inside GHS:<br/>GHS Plant Operations/Facility Management: 5-3960<br/>GHS Facilities Development: 5-4291<br/>Compliance Coordinator: Jinx Rainwater: 5-5291<br/>Safety Office: 5-5356<br/><b>Plant Operations: Duty Engineer: 404-837-0005</b><br/>GHS Emergency: 911#<br/>Cardiac Arrest: 5-5555<br/>Fire Commander Center: 5-3956<br/>Housekeeping: 5-4065</p>  | <p><b>INTERIM LIFE SAFETY MEASURES</b><br/>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><br>If yes, please check the following reason(s) that apply:<br>___ Less than 100 Employees ___ Less than \$1,000,000.00 in gross annual receipts  |                  |                  |                |   |                 |   |                  |   |                 |   |       |   |  |  |
| <b>Minority Business Enterprise</b><br>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><br>If yes, please indicate the percentage of women who own, control or operate your company:<br>___%  |                  |                  |                |   |                 |   |                  |   |                 |   |       |   |  |  |
| <b>LOCAL SMALL BUSINESS</b><br>If yes, please indicate in which county your company is located?<br>___ 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><br>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?<br>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?<br>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?<br>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: \_\_\_\_\_  
 GHS Business Unit: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

Agreement Term: \_\_\_\_\_  
 GHS Business Unit Contact Name: \_\_\_\_\_  
 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: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Fax: \_\_\_\_\_

Company: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 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:** \_\_\_\_\_

**IFB Name:** \_\_\_\_\_ **IFB 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 IFB 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 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-6\***  
**STATEMENT OF INTENT**

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

**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 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.**

**APPENDIX D: INTENT TO SUBMIT**

This letter serves as notification of intent to submit or not to submit a proposal for **TRAUMA CENTER RENOVATION & EXPANSION**

IFB Numbers: **Q2024001**

Complete and submit this form during the Mandatory Pre-Bid Meeting. This will determine your responsibility to submit a bid.

\_\_\_\_\_, Acting as a representative of \_\_\_\_\_  
(Name of Representative) (Company Name)

Hereby offer our intent to:

\_\_\_\_\_ Submit a response to the request for services in this IFB.  
\_\_\_\_\_ Decline to submit a response to the request for services in this IFB.

Reason: \_\_\_\_\_

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone/Fax number)

\_\_\_\_\_  
(Email address)

**APPENDIX E: BID FORM**

To: Grady Health System

Project: **TRAUMA RENOVATION & EXPANSION**

GHS-FD Project # **Q2024001**

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

Submitted by: \_\_\_\_\_

(full name) \_\_\_\_\_

(full address) \_\_\_\_\_

\_\_\_\_\_

1. OFFER

Having examined the Place of the Work, all matters referred to in the Request for Proposal, and the sample General Conditions of Contract Between Owner and Architect including the Engagement Letter in Exhibit A prepared by Grady Health System Facilities Development for the above mentioned project, we, the undersigned, hereby offer to enter into a Contract to perform the professional services requested for:

**TRAUMA RENOVATION & EXPANSION (Q2024001)** for the Lump Sum Price of:

.....dollars, and 00/100  
in lawful money of the United States of America, \$\_\_\_\_\_.

2. ACCEPTANCE

This offer shall be open to acceptance [and is irrevocable] for sixty [60] days from the bid closing date. If this bid is accepted by Grady Health System- Facilities Development within the time period stated above, we will:

- Execute the Agreement within two [2] days of receipt of Notice of Award.
- Furnish the required Insurance within two (2) days of receipt of Notice of Award.
- Commence work within five [5] calendar days after written Notice to Proceed of this bid.

3. CONTRACT TIME

All professional services will be completed in accordance to "Section 4.0 Schedule" of the IFP including construction administration due dates that will be set forth in the Engagement Letter upon project award.

4. ADDENDA

The following Addenda have been received, and the associated modifications considered, and all costs are included in the Bid Lump Sum Price.

Addendum # ..... Dated .....

Addendum # ..... Dated .....

Addendum # ..... Dated .....

Addendum # ..... Dated .....



6. BID FORM SIGNATURES

The Corporate Seal of

\_\_\_\_\_  
(Bidder - print the full name of your firm)  
was hereunto affixed in the presence of:

\_\_\_\_\_  
(Authorized signing officer Title)  
(Seal)

\_\_\_\_\_  
(Authorized signing officer Title)  
(Seal)

If the Bid is a joint venture or partnership, add additional forms of execution for each member of the joint venture in the appropriate form or forms as above.

END OF DOCUMENT