



REQUEST FOR PROPOSALS

ALL PROSPECTIVE CONSTRUCTION MANAGEMENT FIRMS

REQUEST FOR PROPOSALS
2F HEART AND VASCULAR CLINIC EXPANSION
GHS-FD Project #: Q2022002

Grady Health System Department of Facilities Development is soliciting proposals for construction management services for the 2F Heart and Vascular Clinic Expansion (Q2022002).

The project will be located at 80 Jesse Hill Jr Drive SE, Atlanta, GA 30303.

The RFP (dated Wednesday October 2, 2024) will be posted on the Grady website prior to the mandatory pre-proposal meeting Monday, October 7, 2024, at 9:00pm., 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 300 Atlanta, GA 30303.

Proposals, in accordance with RFP #Q2022002, are due on **Friday, 10/18/2024, at 4:00 PM.**

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

Please notify **Sean Soares** by email at sean.soares@bdrpartners.com of your intention to submit a proposal by **Friday, October 4, 2024, at 4:00 PM.**

Sincerely,

Grady Health System



Grady Health System
2F Heart & Vascular Clinic Expansion

GHS – FD Project number – Q2022002

Request for Proposal
Construction Management Services

Released: October 3, 2024

Due Date: October 18, 2024

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1.0 GENERAL INFORMATION

Grady Health System is soliciting Proposals for Construction Management Services for the following project:

PROJECT: 2F Heart & Vascular Clinic Expansion
PROJECT #: Q2022002
LOCATION: 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.

Grady seeks to expand and upgrade the footprint of the Heart and Vascular clinic area to expand their facilities to accommodate more patients, integrating advanced medical technology, and improving patient outcomes through enhanced care environments.

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 an extension of the program and the primary contact for this RFP. Any questions regarding this RFP shall be submitted via e-mail correspondence to Sean Soares with BDR at sean.soares@bdrpartners.com, copy to: George Smith, Grady Health at gcsmith@gmh.edu.

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

1.2 Project Overview

Project Description

Grady seeks to expand and upgrade the footprint of the Heart and Vascular clinic area to expand their facilities to accommodate more patients, integrating advanced medical technologies, and improving patient outcomes through enhanced care environments. Roughly 14,000 SF will be renovated in 2F to include 43 total patient care spaces between 33 exam rooms, 1 detention/stretching exam room, 2 stretcher exam rooms, 2 device clinic rooms, 3 vascular lab bays, 1 stress lab, and admin and staff support spaces to create a supportive environment equipped with specialized diagnostic capabilities to enhance patient care.

Goals of this Effort:

The goals of the Heart & Vascular Clinic expansion effort are to:

- Enhance patient care and experience by providing specialized services and increasing patient care spaces.
- Expand facilities and programs to accommodate the growing demand for heart and vascular services in the community.
- Increase facilities for specialized services to provide more room for specialized testing and diagnostics.
- Optimize operational efficiency and effectiveness by streamlining workflows and integrating innovative technology solutions into the facility design.
- 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 a 20% minority spend to Diverse Suppliers for the project.

Project Budget

Program budget, to include design and construction fees along with construction costs, for the Heart and Vascular Expansion project, is anticipated to be \$10,000,000.

Project Schedule

Key milestone dates below indicate the best forecast at this time and are subject to change:

| | |
|-------------------------------------|---|
| Awarded CM Firm Start Date | Upon Contract execution firm shall be ready to begin work within (30) calendar days |
| CM Preconstruction | January 2025 – March 2025 |
| Submittals & Long Lead | March 2025 – June 2025 |
| Target Construction Start Date | June 2025 |
| Target Construction Completion Date | January 2026 |

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

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

GHS intends to bring the Construction Management team into the process during the design phase of the project. The Construction Manager at Risk shall operate as a member of the Project Team that will be responsible for the successful delivery of the project. It is the intent of GHS to engage the team of Owner, Architect and Construction Manager early in the process to realize the full value of teamwork during pre-construction as well as construction.

The Construction Manager must be an organization that has proven ability to provide sound technical consultation during the design stage of the project and to act as manager of construction in organizing and directing construction activities on a project of similar scope and complexity to this one. The Construction Manager shall be responsible for detailed construction cost estimates and construction budget control. The Construction Manager shall also be responsible for review of design during the entire process with a view towards early value engineering, lifecycle costing, subcontractor coordination and phasing/scheduling, and direction of all other construction activities.

The Construction Manager must comply with the requirements of all applicable federal, state, and local laws. The Owner shall approve the awards of all construction subcontracts after evaluation and consideration of the recommendation of the Construction Manager. Prior to the commencement of construction phase services, the selected Construction Manager will propose for acceptance by GHS a Guaranteed Maximum Price (GMP) for all construction services.

Preconstruction Services for this Program will commence immediately upon selection of the CM and will carry through the completion of Contract Documents and the procurement of all of Work for the entire program. The Owner reserves the right to make reasonable changes to this schedule as program objectives require.

Preconstruction Services

A. Schedule and Logistics Plan Development

The Construction Manager shall assist in the development of a Master Preconstruction Schedule beginning with the Schematic Design and continuing through Contract Documents for each phase of the work. The Preconstruction effort will place significant emphasis on phasing and logistics planning, giving careful consideration to areas of the facility that must remain open during construction. This effort will require full-time representation by the CM, including attendance at design phase meetings.

The Preconstruction Schedule will identify the responsibilities among the members of the Project Team. Key milestones, including design phases, budget delivery dates, state and county submission and review dates, release of documents for bidding, and tentative bid dates will be identified. The schedule should identify when architecturally significant Owner Furnished Equipment should be delivered to this project.

The Construction Manager will assist in developing the schedule so that realistic dates can be set and achieved. The Preconstruction Services Schedule will be distributed to all members of the Project Delivery Team and monitored on a regular basis during the Design review meetings. This schedule will be the central tool used to ensure efficient execution of the design phase of the project, followed by a timely construction start.

The Construction Manager will prepare a precedent annotated Gantt chart with submission of each Budget Estimate as outlined below. This schedule shall be updated with each submission package and shall reflect all previous revisions in the Budget Estimates that affect the construction duration. The detail provided on the schedules should directly correspond to the budget line items.

The Construction Manager shall develop a Master Construction Schedule beginning with the Construction Manager's mobilization and ending with Project Completion and Occupancy. The baseline schedule shall be developed in concert with the Budget Estimates and provide sufficient detail to clearly plot the critical path and allow a complete logistical analysis.

B. Document Review

Design/Preconstruction Services review meetings are to be held as required (2-4 times a month) during the design phase. Meetings shall be held on the 2F Heart and Vascular Expansion Center campus.

The Construction Manager shall provide the Project Team continual input regarding constructability, availability of materials and qualified trades, cost/benefit analyses for building systems, and budget/schedule impact as the overall design is developed.

C. Budget/Estimates

The Budget Estimates are to be developed for each phase area of operation / permit package as outlined below with a high degree of collaboration with the entire Project Team:

- Budget Estimate No.1: The Construction Manager shall prepare a Budget Estimate based on the Schematic Design drawings and specifications. A detailed listing of qualifications and assumptions shall be included with the Budget Estimate Report.
- Budget Estimate No.2: Prior to the completion of the Construction Documents and at the owner's discretion, the Construction Manager will be required to submit a GMP. All inconsistencies, qualifications, line-item contingencies, and general assumptions shall be represented with specific cost detail.

It should be noted that Budget Estimates will become the basis for the GMP at GHS discretion. In addition to the Construction Manager's fee, the budget estimates shall include a detailed breakdown of general conditions, supervision, equipment, etc.

D. Value Engineering

The Construction Manager shall submit a detailed list of value engineering options and the associated estimated costs along with the submission of each Budget Estimate. The Construction Manager shall meet and work with the Project Team in the evaluation of the various options and incorporate selected options into the Budget Estimates. The Construction Manager shall participate as a Project Team member in maximizing the project value for GHS. A high level of collaboration will be required to incorporate this element in the design process. Cost value engineering is not to be an afterthought of this initiative.

Construction Phase

A. Site Safety Management / Infection Control

The Construction Manager shall collect and coordinate site-specific safety plans from each subcontractor. Set up procedures to hold all subcontractors accountable for meeting the safety requirements included within the Project Manual, and within their own Safety Plans. The Construction Manager shall also agree to abide by all Interim Life Safety Measures and Infection Control Policies currently in place by GHS.

B. Construction Quality Management

The Construction Manager shall monitor the work and report any non-conforming work to the Architect, make recommendations, submit plans of correction to the Owner and Architect for review and approval, and implement plans for correction accordingly.

C. Schedule

Construction Manager shall notify owner on the week that a schedule variation occurs and shall manage the process to correct and recover any lost time. A recovery schedule shall be developed and submitted to the Owner for review within two weeks. Construction Manager shall be responsible for the coordination of all schedules and work items.

Construction Manager shall provide no less than monthly schedule updates clearly stating the current projected end date, identifying all float, and showing all progress. In addition to the monthly schedule updates, during construction the Construction Manager will be required to provide six-week "look-ahead" schedules at each project team meeting. Construction Manager shall present updated labor analyses as appropriate, stating whether manpower levels are adequate, and any plans of correction required.

D. Construction Coordination and Supervision

The Construction Manager shall provide coordination and supervision as required to coordinate the work of the sub-contractors with each other and with the activities and responsibilities of the Construction Manager, the Design Team, the Owner, and other contractors. The Construction Manager shall provide organization, process, and on-site lines of authority to carry out the overall plan and achieve the cost, schedule, quality, and safety goals of the Owner.

The Construction Manager shall route and document all communication to both Owner and the Architect. The Construction Manager shall immediately provide documented analysis of all facts and communications relating to all potential claims to GHS. The Construction Manager shall create and implement written payment procedures for all contractors. The Construction Manager will be required to provide a Partial Release of Lien from each subcontractor that was paid the previous month included with the monthly

application for payment. The Construction Manager shall create and implement written change order procedures in concert with the Owner’s contingencies and allowances. The Construction Manager shall develop and monitor an effective system of cost control, reflecting current cost claims against the budget, and projecting costs to completion monthly. The Construction Manager shall receive all submittal items from contractors and vendors, review them for general conformance with contract documents and the work plan, and shall forward them to the Architect with recommendation. The Construction Manager shall maintain current as-built and record documents at the site. The Construction Manager shall coordinate receipt, delivery, and unpacking of all Owner supplied materials that are not being received by the vendor or GHS.

Owner Provided Services

Grady Health System will contract separately for low voltage, audio visual, materials testing, survey, commissioning, wayfinding, art consultant, and (potentially) medical equipment planning support services as required to implement the project. It is Grady’s intent to procure all design services necessary for the successful completion of this project. Please note any additional design services your firm may offer.

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 | Thursday, October 3, 2024 |
| Pre-proposal Meeting | Thursday, October 10, 2024 |
| RFI’s Due | Friday, October 11, 2024 |
| Response to RFI’s | Wednesday, October 16, 2024 |
| RFP Proposal Due Date | Friday, October 18, 2024 |
| Potential Interview Date(s) | Week of October 14, 2024 |
| RFP Award Date | Friday, October 18, 2024 |

4.0 PROPOSAL FORMAT

Provide one (1) electronic copy of proposal submitted to **Sean Soares**; sean.soares@bdrpartners.com, 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 RFP.
 - a. Outline of proposed team to include any and all supplemental members you are proposing as part of your comprehensive team
4. **Proposed Team Qualifications and Similar Project Experience:** Provide professional qualifications and description of experience for proposed project team. Provide information to support the following criteria:
 - a. Define team member's roles and responsibilities
 - b. Accreditation types and levels of lead staff
 - c. Field led personnel's certification types and levels
 - d. Clearly define and indicate specific team member experience with similar size and scope healthcare projects. Include:
 - i. Project name, location and dates during which services were performed.
 - ii. Brief description of project and physical description (square footage, number of stories, site area).
 - iii. Exact role team member performed on this project
 - iv. Owner's current contact information
 - e. Identify how team member added value on each project example
5. **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. Explain your approach to design and project management specific to Heart and Vascular Clinic Expansion. Timeline is critical, please touch on your approach to ensuring your firm can meet the timeline and offer any insight or ideas around ways to expedite.
 - b. Provide information on Sustainability efforts to include previously incorporated measures and best practices for projects with similar size and scope. Identify specific areas of opportunity related to the Heart and Vascular Expansion project.
 - c. Outline your approach to ensuring minority and diverse business enterprise participation.
 - i. Tier I and Tier II spend is counted towards the supplier diversity goal
 1. Tier I is defined as the supplier getting paid directly from Grady, often referred to as the Prime
 - d. Describe your approach to developing, assembling, and managing a design team with experience to be successful to include multiple stakeholders.
 - e. 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? Be specific to the size and scope of the Heart and Vascular Clinic Expansion project.
 - f. Describe examples within the past two years of strategies that your firm has employed to help Owners lower the cost of similar capital projects? Be specific as it relates to the scope of the Heart and Vascular Clinic Expansion project.

6. **Proposed Fee:** Provide a fee for each design phase outlined in this RFP. **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. **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: INTENT TO SUBMIT
- k. APPENDIX E: BID FORM
- l. APPENDIX E-1: BID FORM (LIVE FILE)

Submittal of Questions or Clarifications: Questions about any aspect of the RFP, or the project, shall be submitted in-writing via e-mail by June 21, 2024 to: Sean Soares; sean.soares@bdrpartners.com, and copy to George Smith; GCSmith@gmh.edu.

RFP electronic response submittals are to be received no later than 4:00 PM EST, October 4, 2024.
Hard copies are not required for this submission.

Please limit your submittal to no more than 20 single sided (10 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 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[®] 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.

Gray Health System contact information for Supplier Diversity and Equity can be found here:

Crystal King

Director, Supplier Diversity and Equity
404.616.4507
caking@gmh.edu

Clovice Vaughn

Manager, Supplier Diversity and Equity
404.616.2662
civaughn@gmh.edu

These individuals should be utilized as a resource to aid in your efforts when developing your supplier diversity plan and can be used as a resource to enhance the certified diverse business enterprise participation.

Resources and websites to utilize:

- Black Architects - [STATES - Directory of African American Architects \(blackarchitect.us\)](http://STATES - Directory of African American Architects (blackarchitect.us))
- City of Atlanta - [Supplier Diversity Management System \(gob2g.com\)](http://Supplier Diversity Management System (gob2g.com))
- Georgia GDOT - [Oracle BI Interactive Dashboards - Directory of Prequalified Contractors \(ga.gov\)](http://Oracle BI Interactive Dashboards - Directory of Prequalified Contractors (ga.gov))
- MARTA - [Supplier Diversity Management Program \(diversitysoftware.com\)](http://Supplier Diversity Management Program (diversitysoftware.com))
- Fulton County - [Compliance and Certification Online System - Fulton County, GA \(diversitycompliance.com\)](http://Compliance and Certification Online System - Fulton County, GA (diversitycompliance.com))

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

- 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 RFP.
- 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: Heart and Vascular
 AREA: ATLANTA, GA

PROJECT NO. Q2022002
 PROJECT MANAGER: SEAN SOARES

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>BADGE AND PERMITS 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. Area work/burn permits and utilities shutdown requests are secured prior to starting work.</p> | <p>INFECTION CONTROL 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>INSURANCE Vendor must have proof of liability and workman's compensation insurance on site.</p> | <p>SHUTDOWNS 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. Request for Utilities Shutdown Permit required.</p> |
| <p>FIRE SAFETY 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>CEILING TILES 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 will be tagged with the project permit number, 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>FIRESTOP 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>SAFETY 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>SMOKING No smoking on premises. Use dedicated smoking areas outside of building.</p> | <p>CUTTING & CORING Observer to be posted to watch "blind side" of cutting, if coring, or if demolition is to be done.</p> |
| <p>COMMUNICATION DEVICES 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>SECURITY AND STORAGE 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 5th 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>HOUSEKEEPING 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>UTILITIES 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>PARKING 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>ELEVATORS 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>HAZARDOUS MATERIALS 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>OPEN FLAMES/HOT WORK 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>SCHEDULING 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. 4th and 13th 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>SMOKE DETECTORS 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>OCCUPIED AREAS 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>STANDARDS OF CONDUCT 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>TOILETS 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>GHS TELEPHONE NUMBERS 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 Plant Operations: Duty Engineer: 404-837-0005 GHS Emergency: 911# Cardiac Arrest: 5-5555 Fire Commander Center: 5-3956 Housekeeping: 5-4065</p> | <p>INTERIM LIFE SAFETY MEASURES 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"> 1. Ensuring that exits provide free and unobstructed egress. 2. Ensuring free and unobstructed access to emergency departments. 3. Ensuring that fire alarm, detection, and suppression systems are not impaired. 4. Ensuring that temporary construction partitions are smoke tight and non-combustible. 5. Providing additional fire-fighting equipment and personnel training. 6. Prohibiting smoking in or near construction areas. 7. Reducing flammable loads through revision of storage, housekeeping, and debris removal practices. 8. Conducting additional fire drill(s) each quarter. 9. Increasing hazard surveillance of buildings, grounds and equipment. 10. Training personnel when structural features are compromised. 11. Conducting organization wide safety programs to ensure awareness of hazards. |

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[®] contracting opportunities, held liable for breach of contract and subject to the enforcement of any remedies available under the contract or as a matter of contract law. I agree that no changes shall be made to this section without the written consent of GHS[®].

Authorized Representative Signature

Title: _____

Authorized Representative Printed Name

Date: _____

APPENDIX C-1: BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH 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 | | | | | | | | | | | | |
|---|------------------|------------------|----------------|---|-----------------|---|------------------|---|-----------------|---|-------|---|--|--|
| Small Business If yes, please check the following reason(s) that apply: ___ Less than 100 Employees ___ Less than \$1,000,000.00 in gross annual receipts | | | | | | | | | | | | | | |
| Minority Business Enterprise If yes, please indicate the percentage of minorities who own, control or operate your company: | | | | | | | | | | | | | | |
| <table border="1"> <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 | % | | | | | | | | | | | |
| FEMALE BUSINESS ENTERPRISE If yes, please indicate the percentage of women who own, control or operate your company: ___% | | | | | | | | | | | | | | |
| LOCAL SMALL BUSINESS If yes, please indicate in which county your company is located? ___ DeKalb ___ Fulton ___ Business location in both counties ___ Other | | | | | | | | | | | | | | |
| ARE YOU RESPONDING AS A CONSULTANT? | | | | | | | | | | | | | | |
| IS YOUR COMPANY CERTIFIED AS ONE OF THE BUSINESS DESIGNATIONS ABOVE? If yes, please give the certifying agency and include a copy of your current certification with your proposal response. | | | | | | | | | | | | | | |

Total percent of participation by one of the above listed designations _____%

PART II - NONDISCRIMINATION POLICIES AND PROCEDURES

| | Yes | No |
|---|-----|----|
| Are you an individual and do not employ anyone? If yes, you do not need to complete the remainder of the questions. | | |
| Does your company have an Equal Employment Opportunity/Affirmative Action statement posted on company bulletin boards? | | |
| Do you notify all recruitment sources in writing of your company's Equal Employment Opportunity/Affirmative Action employment policy? | | |
| Do your company advertisements contain a written statement that you are an Equal Employment Opportunity/Affirmative Action employer? | | |
| Do you belong to any unions? If yes, have you notified each union in writing of your commitments to non-discrimination? | | |
| Does your company have a collective bargaining agreement with workers? If yes, do the collective bargaining agreements contain non-discrimination clauses and/or your Equal Employment Opportunity policy covering all workers? | | |
| Does your company, at least annually, maintain a written record of and review the Equal Employment Opportunity policy and Affirmation Action obligations with all employees including those having any responsibility for employment decisions? | | |
| Do you conduct, at least annually, an inventory and evaluation of minority and female personnel for promotional opportunities and encourage these employees to seek, train and prepare for such opportunities? | | |
| Do you conduct, at least annually, a review, of all supervisors' adherence to and performance under the vendors, and contractor's Equal Employment Opportunity policies and Affirmative Action obligations? | | |
| Is there a person in your company who is responsible for Equal Employment Opportunity? If yes, please give name, phone and email address. | | |

Please explain any no answers, use additional paper as necessary:

Authorized Representative Signature: _____

Date: _____

APPENDIX C-2: 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 3rd 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 3rd 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.

APPENDIX D: INTENT TO SUBMIT

This letter serves as notification of intent to submit or not to submit a proposal for the **Heart and Vascular Clinic Expansion**.

RFP Numbers: **Q2022002**

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 RFP.
_____ Decline to submit a response to the request for services in this RFP.

Reason: _____

(Print Name)

(Signature)

(Title)

(Date)

(Telephone/Fax number)

(Email address)

APPENDIX E: BID FORM

To: Grady Health System

Project: **Heart and Vascular Clinic Expansion**

GHS-FD Project # **Q2022002**

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:

Heart and Vascular Clinic Expansion 2F (Q2022002) 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

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 |
|------------------------------------|--|----------|-------|--------------|
| PLANNING | | | | |
| | Develop the Program | | X | |
| | Assist Owner in developing the Program | X | | |
| | Preliminary evaluations (identified in Project Engagement Letter) | | X | |
| | Develop project budget | | X | |
| SCHEMATIC DESIGN (SD) | | | | |
| | Prepare Schematic Design documents | X | | |
| | SD based Construction Cost Estimate - Detailed | | X | |
| | SD based Equipment Cost Estimate - Summary | | X | |
| DESIGN DEVELOPMENT (DD) | | | | |
| | Prepare Design Development Documents | X | | |
| | DD based Construction Cost Estimate - Detailed | | X | |
| | DD based Equipment Cost Estimate - Detailed | | X | |
| CONSTRUCTION DOCUMENTS (CD) | | | | |
| | Prepare Construction Documents – Drawings and Specifications | X | | |
| | CD based Construction Cost Estimate - Detailed | | X | |
| | CD based Equipment Cost Estimate - Detailed | | X | |
| CONSTRUCTION | | | | |
| | Identify and assist Owner required governmental permits and approvals | X | X | |
| BID | | | | |
| | 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 | X | |
| CONSTRUCTION: | | | | |
| | Give Contractor assistance in obtaining permits | X | X | |
| | Attend pre-construction meeting | X | X | |
| | Provide additional inspection or test reports | | X | |
| | Prepare change orders and construction change directives for Owner's execution | X | X | |
| OTHER: | | | | |
| | Provide Presentation Graphics for owners use | X | | |
| | Provide Medical Equipment Planning (Alternate) | X | 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 |
|---------------------|---|----------|-------|--------------|
| CONSTRUCTION | | | | |
| | Review reports of errors from Contractor | X | | |
| | Review proposed subcontractors and suppliers; Object to subcontractors and suppliers | X | X | |
| | Review requests for substitutions; Make recommendations to Owner; Request additional data and information | X | X | |
| | Review Contractor objections regarding products or procedures affecting Contractors warranty | X | 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 | X | |
| | Evaluate Contractor's Application for Payments; review and certify amounts due to Contractor | X | X | |
| | Reject non-conforming work | X | X | |
| | Review Contractor's Submittals | X | | |
| | Interpret Requirements of the Contract Documents | X | 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 | 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 | 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.

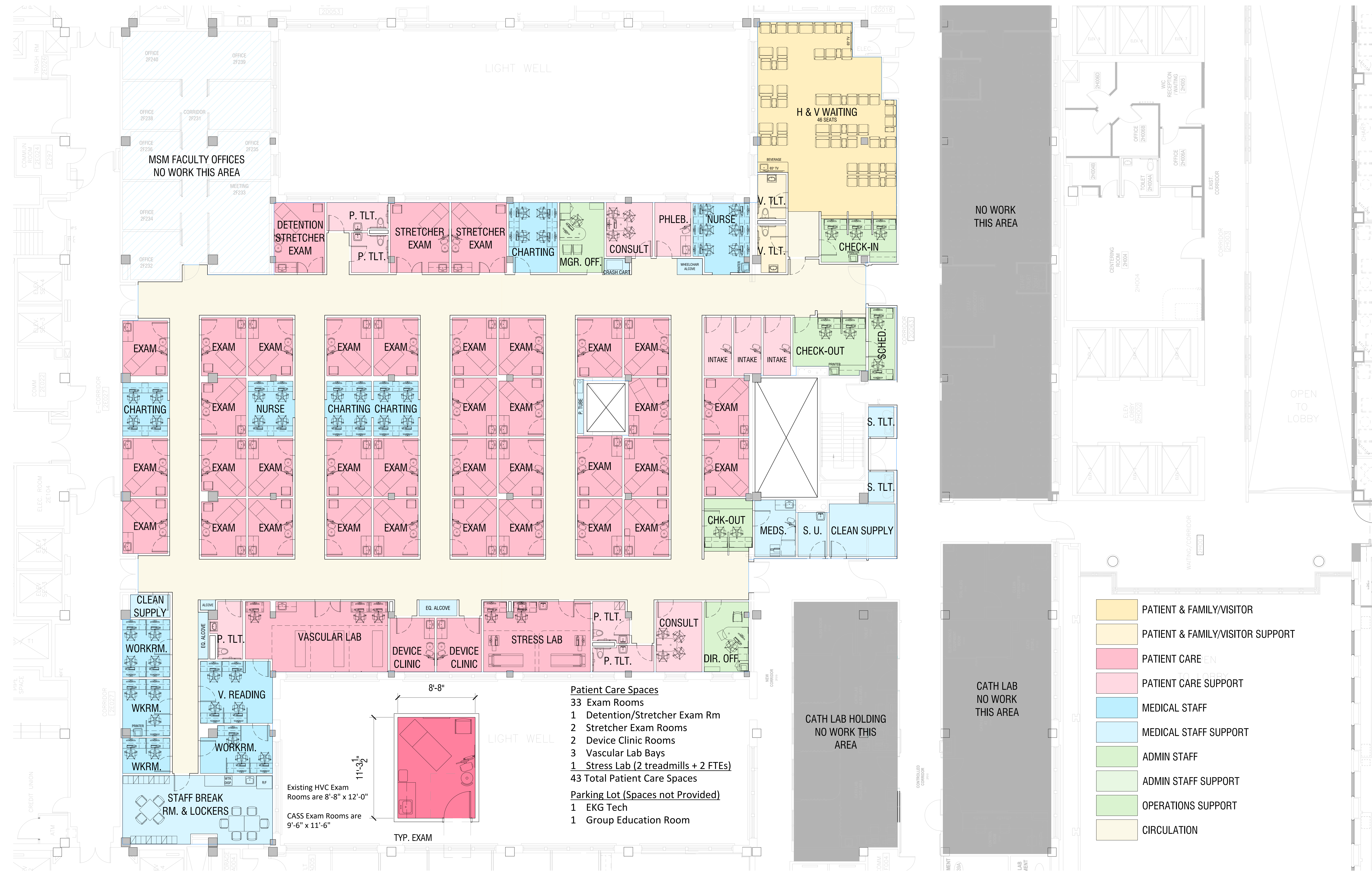
END OF ATTACHMENT

Attachment B

Supplemental Documents



2F Heart & Vascular Clinic - Demolition Plan



2F Heart & Vascular Clinic Expansion - SD-4 Plan (Revised)

8/26/2024

Heart & Vascular Clinic Space Program - SD-4 Plan (Revised)

8/26/2024

| Room/Area | EXISTING | | | | | BENCHMARK | | | PROPOSED | | | | | Status | Comments |
|---|--------------------------|------|-----|-------|-----------|-----------|-----|-----------|---------------------|------|-----|-----|-----------|--------|--|
| | Patient Care Spaces/Bays | FTEs | Qty | NSF | Total NSF | Qty | NSF | Total NSF | Patient Care Spaces | FTEs | Qty | NSF | Total NSF | | |
| PATIENT & FAMILY/VISITOR | | | | | | | | | | | | | | | |
| Patient & Family/Visitor Waiting Area | | | 1 | 1,250 | 1,250 | 1 | 788 | 788 | | | 1 | 885 | 873 | UNDER | 46 seats provided; 60+ recommended (1.5 seats/patient care space x 15-20 SF/seat = 900 - 1,200 SF) |
| Child Play Area | | | | | - | 1 | 150 | 150 | | | | | | | |
| Total Patient & Family/Visitor | | | | | 1,250 | | | 938 | | | | | 873 | | |
| PATIENT & FAMILY/VISITOR SUPPORT | | | | | | | | | | | | | | | |
| Visitor Toilet Room | | | 2 | 47 | 93 | 2 | 55 | 110 | | | 2 | 47 | 94 | | |
| Refreshment Center | | | | | | 1 | 20 | 20 | | | 1 | 12 | 12 | | |
| Wheelchair Alcove | | | | | | 1 | 20 | 20 | | | | | | | |
| Total Patient & Family/Visitor Support | | | | | 93 | | | 150 | | | | | 106 | | |
| PATIENT CARE | | | | | | | | | | | | | | | |
| Exam Rooms | 17 | | 17 | 105 | 1,785 | 33 | 100 | 3,300 | 33 | | 33 | 97 | 3,201 | | |
| Exam/Treatment Tooms | | | | | | 1 | 120 | 120 | | | | | - | | |
| Exam/Stretcher Rooms | 3 | | 3 | 146 | 438 | 2 | 130 | 260 | 2 | | 2 | 152 | 304 | | |
| Detention/Stretcher Exam Room | 1 | | 1 | 201 | 201 | 1 | 140 | 140 | 1 | | 1 | 133 | 133 | | |
| Device Clinic | 2 | 2 | 1 | 129 | 129 | 2 | 90 | 180 | 2 | 2 | 2 | 91 | 182 | | |
| Vascular Lab (Bays) | 3 | 3 | 2 | 120 | 361 | 3 | 85 | 255 | 3 | | 3 | 120 | 360 | | |
| H & V Gym | | | | | | 1 | 400 | 400 | | | | | - | | |
| Group Education Room | | | | | - | 1 | 180 | 180 | | | - | - | - | | determine an alternate location off-unit |
| Total Patient Care | 26 | 5 | | | 2,914 | | | 4,835 | 41 | 2 | | | 4,180 | | |
| PATIENT CARE SUPPORT | | | | | | | | | | | | | | | |
| Intake/Assessment Rooms | | | 2 | 89 | 178 | 2 | 60 | 120 | | | 3 | 61 | 183 | | |
| Consult Room | | | | | - | 1 | 90 | 90 | | | 2 | 108 | 215 | | |
| Phlebotomy | | 1 | 1 | 123 | 123 | 1 | 100 | 100 | 1 | 1 | 1 | 73 | 73 | | |
| Patient Toilet Rooms | | | 3 | 44 | 132 | 6 | 55 | 330 | | | 5 | 57 | 287 | | |
| Total Patient Care Support | | | | | 433 | | | 640 | | | | | 758 | | |

| Room/Area | EXISTING | | | | BENCHMARK | | | PROPOSED | | | | Status | Comments | |
|---------------------------------------|--------------------------|-----------|-----|-----|--------------|-----------|-----|--------------|---------------------|------|-----|------------|----------|--|
| | Patient Care Spaces/Bays | FTEs | Qty | NSF | Total NSF | Qty | NSF | Total NSF | Patient Care Spaces | FTEs | Qty | | | NSF |
| MEDICAL STAFF | | | | | | | | | | | | | | |
| Intake Nurse Workstations | | 2 | 2 | 27 | 54 | 2 | 30 | 60 | | | | | - | included in nurse workstations |
| Nurse Workstations | | 3 | 2 | 84 | 168 | 6 | 30 | 180 | 10 | 2 | 24 | 47 | | includes intake nurse workstations |
| Charting Station(s) | | | | | - | 6 | 30 | 180 | 16 | 4 | 25 | 101 | | physician & fellows workstations |
| Provider Workrooms | | | | | | 12 | 40 | 480 | 12 | 4 | 32 | 129 | UNDER | for physicians, fellows, APPs, CMAs |
| Certified Medical Assistants (CMAs) | | 1 | 1 | 41 | 41 | | | | | | | | | included in Provider Workrooms |
| EKG Tech | | | 1 | 121 | 121 | | | | | | | | | move to location off unit nearer inpatient units |
| Vascular Tech Reading Room | | 3 | 2 | 77 | 153 | 3 | 40 | 120 | 4 | 1 | 42 | 168 | | |
| Advanced Practice Providers (APPs) | | 1 | 1 | 81 | 81 | | | | | | | | | included in Provider Workrooms |
| Attending Physician Workroom | | 3 | 1 | 157 | 157 | | | | | | | | | included in Provider Workrooms |
| Emory Fellows Workroom | | 5 | 1 | 296 | 296 | | | | | | | | | included in Provider Workrooms |
| MSM Fellows Workroom | | 5 | 1 | 207 | 207 | | | | | | | | | included in Provider Workrooms |
| Vascular Faculty & Fellows Workroom | | 3 | 1 | 97 | 97 | | | | | | | | | included in Provider Workrooms |
| Total Medical Staff | | 26 | | | 1,375 | 29 | | 1,020 | 42 | | | 445 | | |
| MEDICAL STAFF SUPPORT | | | | | | | | | | | | | | |
| Handwashing Stations | | | | | | 6 | 10 | 60 | | | | | | |
| Personal Protective Equipment Storage | | | 1 | 19 | 19 | 3 | 20 | 60 | | 1 | 18 | 18 | | |
| Conference Room | | | | | | 1 | 120 | 120 | | | | | | |
| Lockers | | 1 | | 145 | 145 | 12 | 5 | 60 | | 1 | 132 | 132 | | |
| Staff Break Room | | 1 | | 163 | 163 | 1 | 180 | 180 | | 1 | 243 | 243 | | |
| Staff Toilet Room | | 1 | | 62 | 62 | 2 | 55 | 110 | | 2 | 47 | 94 | | |
| Clean Supply | | 1 | | 39 | 39 | 2 | 60 | 120 | | 1 | 131 | 131 | | |
| Clean Linen | | 1 | | 43 | 43 | | | | | 1 | 34 | 34 | | |
| Soiled Utility | | | | | - | 1 | 80 | 80 | | 1 | 49 | 49 | | |
| Nourishment Area | | | | | - | 1 | 40 | 40 | | | | | | |
| Equipment Storage Room | | | 1 | 127 | 127 | 2 | 60 | 120 | | | | | - | distribute to corridor alcoves |
| Medication Preparation Room | | | | | - | 1 | 80 | 80 | | 1 | 89 | 89 | | |
| Pneumatic Tube Station | | | | | - | 1 | 20 | 20 | | 1 | 20 | 20 | | |
| Crash Cart Alcove | | 1 | | 43 | 43 | 2 | 15 | 30 | | 1 | 15 | 15 | | |
| Mobile Equipment Alcove | | 1 | | 34 | 34 | 2 | 30 | 60 | | 2 | 23 | 46 | | |
| Wheelchair Alcove | | | | | - | 2 | 20 | 40 | | 1 | 15 | 15 | | |
| Clinical Supply Storage | | | 1 | 19 | 19 | 1 | 80 | 80 | | | | | | distribute to nursing & tech staff work areas |
| Total Medical Staff Support | | | | | 694 | | | 1,260 | | | | 868 | | |

| Room/Area | EXISTING | | | | BENCHMARK | | | PROPOSED | | | | Status | Comments | | |
|-----------------------------|--------------------------|------|-----|-----|----------------------------|---------------|-----|------------------------------|---------------------|------|-----|--------|----------------------------|---------------|--|
| | Patient Care Spaces/Bays | FTEs | Qty | NSF | Total NSF | Qty | NSF | Total NSF | Patient Care Spaces | FTEs | Qty | | | NSF | Total NSF |
| ADMIN | | | | | | | | | | | | | | | |
| Reception/Registration Desk | | 2 | 1 | 90 | 90 | 1 | 80 | 80 | | 3 | 1 | 120 | 120 | | |
| Check-Out Clerks | | 4 | 4 | 35 | 140 | 2 | 80 | 160 | | 4 | 2 | 60 | 241 | | |
| Schedulers | | 2 | 1 | 109 | 109 | 1 | 80 | 80 | | 2 | 1 | 73 | 73 | | |
| Social Workers & Pharmacist | | 3 | 1 | 345 | 345 | 1 | 80 | 80 | | | | | | | included in Provider Workrooms |
| Manager Office | | 1 | 1 | 120 | 120 | 1 | 80 | 80 | | 1 | 1 | 118 | 118 | | |
| Director Office | | 1 | 1 | 120 | 120 | 1 | 100 | 100 | | 1 | 1 | 118 | 118 | | determine an alternate location off-unit |
| Total Admin | | 13 | | | 924 | | | 580 | | 11 | | | 670 | | |
| ADMIN SUPPORT | | | | | | | | | | | | | | | |
| Reception Workroom | | | | | - | 1 | 80 | 80 | | | | | | | back counter of Check-in |
| Office Supply Storage | | | 1 | 12 | 12 | | | - | | | | | | | provide shallow depth casework at P-tube |
| Total Admin Support | | | | | 12 | | | - | | | | | | | |
| OPERATIONS SUPPORT | | | | | | | | | | | | | | | |
| Environmental Services Room | | | | | | 1 | 40 | 40 | | | | | | | |
| Mechanical | | | 3 | | 480 | | | | | | | | | | |
| Total Operations Support | | | | | 480 | | | 40 | | | | | | | |
| CIRCULATION | | | | | | | | | | | | | | | |
| | | | | | 3,507 | | | | | | | | 3,821 | | |
| | | | | | Existing Total NSF | 8,175 | | Benchmark Total NSF | 9,463 | | | | Proposed Total NSF | 7,900 | |
| | | | | | | | | B'mark Min DGSF Mult. | 1.35 | | | | Proposed DGSF Mult. | 1.75 | |
| | | | | | Exist. DGSF Mult. | 1.50 | | B'mark Max DGSF Mult. | 1.45 | | | | | | |
| | | | | | | | | Benchmark Min DGSF | 12,774 | | | | Proposed Total DGSF | 13,848 | |
| | | | | | Existing Total DGSF | 12,229 | | Benchmark Max DGSF | 13,721 | | | | | | |



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GRADY HEALTH SYSTEMS

ATLANTA, GEORGIA

2F HEART & VASCULAR
CLINIC INFRASTRUCTURE
SCOPE NARRATIVE **DRAFT**

AUGUST 8, 2024



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APPENDICES:

- Appendix A: Mechanical Schematic Drawings
- Appendix B: Electrical Schematic Drawings
- Appendix C: Technology Schematic Drawings

1.0 Project Background and Existing Conditions

Background:

Grady Health System (Grady) intends to renovate and expand the existing outpatient Heart & Vascular Clinic (HVC) located on the 2nd floor in the 'F' wing. The HVC renovation and expansion comprises approximately 17,000 SF of existing outpatient clinic space. The new HVC will include a total of approximately 36 to 40 exam/treatment rooms, waiting/check-in space, patient care support, medical staff support, and administrative spaces. The designated exam/treatment rooms will be flexible spaces to include non-invasive treatment.

Mechanical:

The space is primarily served by three (3) air-conditioning units that were installed in the 1960's. There is also ductwork entering the space from floors above – these ducts serve a small portion of the space. The two exterior AC units have steam and chilled water coils. The central unit has a steam coil and capped chilled water piping in the room.

The H&V Waiting area, Check-In/Out, and other support spaces are served by AHU-31. The adjacent MSM office space has a VAV system and is currently connected to AHU-31.

The Mechanical penthouse on the 4th floor contains an abandoned elevator machine room, with a large exhaust fan and ductwork.

Electrical:

The area to be renovated is currently served by existing 208Y/120V panels ranging from 100A to 225A MLO panels. These panels are currently fed from existing feeders that are also feeding panels in other floors above and below the 2nd floor area 2F. The existing panels are at the end of their life and obtaining breakers for them might be difficult to impossible. All the panels serving the area are house in electrical room 2E014.

The existing lighting is a combination of new LED and old fluorescent lights 2x4 and 2x2.

Most of the rooms have existing fire alarm devices.

Technology:

The existing low voltage systems, including access control, nurse call, and security systems, are in poor condition and should be replaced.

Plumbing:

The existing circulation system is connected to the "new" hot water system.

A zone valve box on the 3rd floor needs to be relocated for the new HVAC shaft.

2.0 New Scope Narrative

Mechanical:

The three existing AHUs shall be demolished. All chilled-water and steam piping shall be demolished to the edge of the scope area, capped, and insulated. All ductwork serving the scope area shall be demolished to the edge of the scope area, capped, sealed, and insulated. The 4th floor elevator exhaust fan and ductwork shall be demolished. Modify the exterior wall to install the AHU and fill the wall in with louver panels for the outside air intake.

A new 10,000 CFM AHU will be installed in the 4th floor penthouse. The AHU shall be 25 tons with steam and chilled water coils. Provide a 10,000 CFM return fan. The system shall be capable of variable relief, up to 100% economizer mode. Duct shall pass down through the 3rd floor to 2F and distribute to a VAV system with hot water reheat. Provide fire/smoke dampers as required by code. Provide at least nine VAV zones. The system shall have a fully ducted return with no duct liner.

Furnish a new 1.5-ton split system for the new IT room on the 2E corridor. Locate the condensing unit on the roof outside the 4th floor mechanical room.

Electrical:

AHU and accessories power:

The three existing AHU disconnects shall be demolished. All the conduits and wiring associated with existing equipment shall be removed back to source. Existing circuits made available by demolitions shall be marked as spares. The new AUH that will be serving the space shall be powered from the existing normal power motor control center “4NEM1” located on 4th floor mechanical room 4E016. A new step-down transformer from 575V to 480V shall be provided. The transformer shall be capable of providing power to the new AUH and a small 15KVA 208Y/120V transformer to power 120V circuits serving the new AHU. Refer to mechanical write up for location of AHU. There is available space inside the 4th floor mechanical room (4Exxx) to accommodate two transformers, one panel, and disconnect to serve the new AHU.

Normal Power:

The area of renovation will be powered from a new 300A main circuit breaker, 208Y/120V, 3ph, 4W, 84 positions panel. A new 75KVA step down transformer from 575V to 208Y/120V 3ph, 4w wire will need to be provided to power the 300A panel. A new room to house the electrical equipment will need to be provided; the room size shall be 8'x10'. The room will house the normal and critical power panels, disconnects, lighting control panels, as well as the transformers. Normal power to the TDR room will be provided from the new panel. The transformer will be powered from the existing normal power motor control center “4NEM1” located on 4th floor mechanical room 4E016.

Relocate the two duplex outlets on the 3rd floor to accommodate the new HVAC shaft.

Emergency power:

Critical power shall be derived from an existing 800A, 208Y/120V bus duct located in electrical room 2E014. A new 150A disconnect shall be provided in the electrical room that will power a new 225A MLO panel. The 225A MLO panel will be utilized to power receptacles for Telecom room, refrigerators to store medicines (Pyxis), and other ancillary equipment.

Life safety branch shall be provided from existing panels located in electrical room 2E014.

Miscellaneous Branch Power Requirements

Receptacles - Layouts shall be provided which will comply with NFPA-70, NFPA-99, and FGI requirements. Normal and critical emergency power shall supply branch circuits throughout the facility where required. Receptacle devices shall be white, for normal, red for critical, 20-amp, hospital grade, tamper resistant for all patient care areas. Each wiring device (light switches and receptacles) will have engraved cover plates indicating the circuit and panel from which it is served. Receptacles shall be provided with stainless steel covers. Surge suppression devices will be provided for sensitive electronic equipment cabinets, i.e. nurse call, fire alarm, as well as distribution and branch panels serving the essential system (critical and life safety branches).

All receptacles shall be tamper resistant.

Lighting and Lighting controls:

All new 2x4 or 2x2 direct/indirect LED lights shall be provided for exam rooms and back of the house areas rooms. All corridors shall be provided with linear fixtures. Nurse station shall be provided with hex LED light fixtures. All fixtures shall have a temperature rating of 4000K. Lumens packages shall be adjusted to provide the required foot candles per IES depending on the usage of the space.

Life Safety lighting in corridors shall be provided with dimmer controls and relays to turn the lights to full brightness in the event of a power loss or fire alarm activation. Provide relay devices that are UL 1008 and 924 listed.

The detention exam room shall be provided with tamper resistant 2x2 LED light fixture. Light switch shall be provided outside the room.

Electrical, mechanical, and technology rooms shall be provided with new LED strip lights, 4000K temperature and minimum of 5,000 lumens. Two fixtures per electrical/mechanical/technology room minimum. Increase quantities of fixtures as necessary.

All spaces shall be provided with either wall mounted or ceiling mounted occupancy sensors except for exam rooms. Dimmer switches shall be provided for exam rooms. Regular toggle switches shall be provided for electrical and telecom rooms.

All light fixtures mounted on the ceiling grid will be provided with earthquake clips and be independently supported. Light fixtures supported by ceiling grid shall be supported as follows: Fixtures weighing less than 10 pounds shall have 12-gauge hanger wire connected from the light

fixture to the structure above. Light fixtures weighing 10 pounds or more shall have (2) 12-gauge wires attached at opposite corners of the light fixtures to the structure above.
All lighting manufacturers will be considered and evaluated for quality and performance while considering the project budget.

Fire Alarm:

The clinic shall be provided with new fire alarm devices throughout per Georgia building code and NFPA 72.

Nurse Call:

A nurse call system shall be provided in patient restrooms only. Provide Nurse Call master station at Nurse Station.

Telecommunications:

Electronic Systems:

Telephony Equipment - The telephone switch, telephony servers, telephone handsets and other associated electronic equipment will be provided by the Owner.

Network Equipment - Local Area Network (LAN) electronic equipment, including but not limited to, firewalls, routers, switches, and wireless access points will be provided by the Owner.

Audio-Visual Equipment – A/V equipment, including but not limited to, displays, televisions, projectors, projector screens, and A/V control systems will be provided by the Owner or Owner's selected A/V integrator under separate contract.

Physical spaces:

Relocate the data outlet on the 3rd floor to accommodate the new HVAC shaft.

Technology Distribution Room (TDR) – The existing TDR (2E022) serving the area is at capacity as well as in an unconditioned space with large steam lines passing through the room, causing excessive heat within the room. Therefore, a new TDR will be created from an existing unoccupied space (2E024) just down the main hallway from this TDR. This new TDR will contain voice/data horizontal cabling, copper and fiber optic riser cable, associated termination hardware and other low voltage system equipment and enclosures.

Physical requirements provided for all TDRs include:

- Grounding bus bar with 2/0 bonding cable to telecom grounding system.
- 3/4" plywood, 8' high, on all walls.
- One set of (2) 4-inch STI EZ-Path horizontal wall penetrations.

The following structured cabling equipment will be provided in the TDR by the structured cabling contractor:

- (1) floor mounted, 2-post equipment rack with complete vertical and horizontal wire management.

- Rack mounted fiber optic distribution cabinet.
- Rack mounted CAT-6 & 6A patch panels for horizontal workstation cabling.
- Cable runway above racks.

Grounding System - An ANSI/TIA 607-D compliant telecommunications bonding and grounding system will be designed and installed to provide a consistent reference and bond path for the new telecommunications rooms.

Pathways:

The infrastructure to support the cabling installation and the required power connections will be provided by Division 26 based on the requirements of Division 27 and 28 plans and specifications.

Horizontal Pathways - The horizontal cabling will be distributed via cable tray systems and J-hooks to the workstation locations. 1" conduit will be installed from above the ceiling down to each workstation outlet. Furniture clusters isolated from walls will be fed using floor boxes or poke-thrus from the floor below. In hard or open ceiling areas, only conduits will be allowed, no J-hooks or cable trays permitted.

Structured Cabling System:

The structured cabling to support voice and data connectivity will be provided by an owner approved structured cabling contractor.

Workstations - For enclosed offices and other staff areas, outlets will be terminated in a standard 4" square box, wall mounted flush @ 18" AFF, single gang plaster ring and one inch conduit to above the ceiling. Countertop outlets will be located 4" above the counter or back splash. Where open furniture systems are installed, cables will run in furniture provided raceways, connected via floor boxes or wall mounted outlets. Furniture systems shall have a divider for separation of voice/data cables and power cables. Network outlet faceplates in furniture systems shall be manufacturer provided plates to fit the furniture raceways.

Horizontal Cabling - (2) 4-pair CAT-6 cables will be provided to all workstation outlets. At high use locations, such as a nurse station, additional cables will be provided to workstation outlets as needed. Other locations will receive a quantity of cables as required.

Building Backbone Cabling - Fiber optic and multipair copper cable feeds will run to the new TDR from an area designated by the Grady IT Department. The fiber optic cable requirement is anticipated to be 12 strands multimode and 12 strands single mode fiber, terminated at the TDR on rack mounted fiber termination cabinets with duplex LC connectors.

Wireless Network System - Wireless Access Points (WAPs) shall be cabled horizontally from the TDR out to WAP locations within the project area. It is expected that the Owner's IT department or owner's hardware vendor will supply wireless network heat mapping to determine the exact location of WAPS. For pricing, TLC will preliminarily locate WAP locations utilizing industry standard spacing and density coverage for 100% building coverage. WAP devices shall be provided by the Owner and installed by the Technology Contractor.

Cable System Administration – Administration and labelling of the structured cabling system will follow ANSI/TIA-606-A standards and any Owner established labeling practices. All cables shall be labeled at each end with machine generated, self-laminating labels.

Warranty - Five years of warranty on materials and labor and a twenty year performance warranty for the specified structured cabling system.

Other Systems:

Broadband Distribution - A broadband video distribution system (also known as CATV) is required to distribute commercial television signal areas where TVs are required by Owner.

The following elements will be design for this system:

- One (1) coaxial cable (RG-6) to each TV outlet
- One (1) data drop with each TV outlet
- CATV distribution hardware in all telecom rooms to feed TV outlets in the vicinity of the telecom room.

Audio-Visual Systems - Infrastructure (wiring and power) will be provided in all public spaces and meeting spaces for A/V equipment. This equipment includes but is not limited to:

- Televisions

Overhead Paging System - The overhead paging system will be an expansion of the existing paging system. Additional speakers and amplifiers will be provided as required. Speakers will consist of ceiling mounted speakers located in lobbies, corridors and other areas designated by the Owner.

Access Control System - The access control system will be an expansion of the existing access control system. Electrically locked doors in the means of egress will have a fire alarm interface for automatic release as required by NFPA 101. Access control work will consist mainly of replacing all existing access control devices (card readers, request to exit sensors, request to exit buttons, etc.) Additional access control may be added to new doors within the project area as directed by Grady Health.

Video Surveillance System –Surveillance video cameras will have IP capability and will be provided and programmed by the Technology Contractor. If there are existing network video recording (NVR) and viewing management software (VMS) systems, new cameras, hardware and licenses will be provided. If existing capacity is insufficient additional storage space will be provided. Each camera location will require a network connection which will provide POE to the camera; no electrical receptacles are required at interior camera locations. Video surveillance will be provided for major public areas, such as lobbies, waiting rooms, and corridors.

Panic and Duress Alarms - Panic and duress alarms will be provided at the administration areas dealing with the public and other areas designated by the Owner. These alarm points will interface with the access control system and will be monitored by the Owner's security personnel and via video surveillance if desired.

DAS Systems – Any existing cellular or public safety DAS systems shall remain in place and in service during project demolition and construction.

Plumbing:

Provide new branch piping, isolation valves, and fixtures as indicated on the architectural schematic plan. Fixtures shall have automatic flush valves or faucets.

Relocate the two-pipe Zone Valve Box on the 3rd floor.

END OF ATTACHMENT