

The Grady Memorial Hospital Corporation
d/b/a
GRADY HEALTH SYSTEM



Remarkable Service Exceptional Care

GRADY HEALTH SYSTEM

Procurement Department

**REQUEST FOR QUOTE
(RFQ)**

FOR

**2014 PRODUCTIVITY BENCHMARKING
RFQ#13020IM**

**Request for Quote: June 6, 2013
Quote Due: June 19, 2013 by 12:00 Noon EST**

SECTION 1: GRADY HEALTH SYSTEM BACKGROUND

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 Memorial Hospital opened in 1892 to provide medical care for the indigent and emergency health care for all residents of the Atlanta community. Grady is currently operated by the Grady Memorial Hospital Corporation d/b/a Grady Health System.

Medical care is provided under contract with Emory University and Morehouse Schools of Medicine. GHS also operates three (3) professional training programs in medical technology, radiation oncology, and radiation technology. GHS averages more than 25,000 inpatient visits and more than 600,000 outpatients annually, including over 95,000 emergency care visits (including psychiatric emergency).

SECTION 2: OVERVIEW, VENDOR REGISTRATION, QUALIFICATIONS & EXPERTISE

Project Overview

During the 2013 budget planning cycle, GHS undertook to implement a structured volume-based productivity target for each of its variable and fixed GHS-funded cost centers (400+ total). Employing the services of an outside vendor, this effort included:

1. Identified key characteristics and criteria on which to base benchmarks
2. To ensure benchmark comparability:
 - a. Conducted two separate, in-depth meetings with key leaders to understand the functionality and unique operational procedures and implications associated with each department
 - b. Evaluated available system and/or tracked data to standardize to work load unit selected for each department
 - c. Consolidated cost centers as appropriate to enhance comparability
3. Implement bi-weekly and monthly variance reporting mechanisms for accountability
4. Implemented structured staffing requisition and monthly review processes to monitor compliance with established targets

Significant progress has been made during the past twelve months both globally and on a department specific basis. In particular, the organization’s awareness of staffing effectiveness and efficiency is has been greatly enhanced and division and department leaders are making more informed staffing and operational decisions. However, during the year, the functional scope of many departments/divisions has been expanded or otherwise changed necessitating a review of the 2012 benchmarks. In addition, system implementation, code consolidations and reporting improvements have resulted in a need to revisit the primary work load units for certain cost centers.

As GHS begins its 2014 budget planning, the organization is soliciting responses from qualified vendors to review and, if appropriate, revise or develop appropriate benchmarks for some departments, which may also include a review of designated primary workload units. GHS estimates that the targets of a minimum of 75 cost centers must be reviewed and either validated or revised. The Primary Work Load Units (PWLUs) associated with an additional 50-100 departments will also need to be reviewed and the benchmarks recalibrated.

Vendor Registration

All vendors are required to complete a Vendor Registration Application through the GHS electronic vendor registration process prior to visiting any location or department of the health system. The registration allows GHS to have a complete profile of the vendors and all representatives that visit the health system to solicit products and services to GHS. The electronic Vendor Registration Application can be completed on the GHS website at www.gradyhealth.org/vendors.

Qualifications & Expertise

GHS requires the successful Quoter to exhibit the highest standards of integrity and work ethics (e.g. confidentiality, diligence and professionalism). The Quoter shall have experience providing commercial moving services.

Within all responses to this Request for Quote (RFQ), the Quoter shall provide the following details:

- Provide the following information about the Quoter:
 1. Provide a brief history of the organization with emphasis on any corporate reorganization that has occurred in the last three (3) years, office locations, and information documenting the company's financial position (i.e. financial statements, annual reports).
 2. Indicate name and the business address of the entity, or individual that will be the party to the proposed contract and the Quoters business telephone number, fax number, and e-mail address.
 3. Indicate the type of ownership (sole proprietorship, partnership, corporation, joint venture, or limited liability company—list state in which incorporated) and parent company, if any.
 4. Provide the name, address, and telephone number of the point of contact that will serve as the authorized negotiator(s) for the Quoter. The authorized negotiator shall have the authority to act on behalf of the Quoter and make binding commitments for the Quoter and any sub-consultants concerning this RFQ.
 5. Please disclose any ownership and/or relationships with Grady Health System and /or the Grady Memorial Hospital Corporation d/b/a Grady Health System.
 6. 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.
 7. Please provide three (3) references of similar size and scope of implementation.

GHS shall make an assessment of each Quoter's response and whether in the opinion of GHS, the Quoter is capable of undertaking and completing the scope of work delineated within this RFQ in a satisfactory and timely manner. GHS will award a contract only to a responsible Quoter that has the ability to successfully perform under the terms of this RFQ.

SECTION 3: SCHEDULE, QUOTE EVALUATION AND SELECTION PROCESS

SCHEDULE

Quote Submittal Information	
Questions Due	June 11, 2013 @ 12:00 noon
Responses posted to GHS Website	June 13, 2013 @ 4:00PM
Quote Due Date and Time	June 19, 2013 @ 4:00 PM
Award Decision	June 22, 2013*
Contact Person	Ivan Mann Senior Resource Specialist imann@gmh.edu (404) 616-8246

* Date(s) are subjected to change.

1. The Quoter shall be responsible for ensuring that the quote is received before the deadline for submission of quotes. Any quotes received after the deadline time established will be rejected. Please confirm receipt of all quotes.
2. Quotes shall be submitted as follows:

Request for Quote: **2014 Productivity Benchmarking**

RFQ Number: 13020IM

From: Name of Firm

Address of Firm

Telephone Number of Firm

Email Address of Firm

FORMAT AND CONTENT OF QUOTES

1. Quoters are encouraged to prepare quotes simply and economically. Providing a concise statement of capabilities in regard to this mandate. Quoters should refrain from sending any promotional material. Such promotional material if sent will be discarded before quotes are evaluated.
2. **Optional Item:** Additional pertinent information may be included if the company feels it will enhance GHS's understanding of the quote. Nothing in this RFQ should be interpreted, as limiting the company's ability to demonstrate its capacity to provide the services needed.

PROCESS FOR SELECTION

1. Admissibility

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

2. Analysis of Quotes & Award

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The evaluation of quote selection will be based on the determination of responsibility and the determination of responsiveness.

3. The award will be to the responsible and responsive Quoter whose quote conforms to all material specifications, terms and conditions as set forth in the quote, with the lowest price, provided his/her quote is reasonable and is in the best interest of GHS to accept it.
4. No quote shall be considered for award if the quote is not responsive to the essential requirements of the solicitation or is submitted by a non-responsive Quoter.
5. No quote shall be considered for award if a Quoter is currently debarred by GHS.
6. No quote shall be considered for award if a Quoter is currently debarred by any local jurisdiction or agency.
7. No quote shall be considered for award if a Quoter is currently involved in any litigation with The Grady Memorial Hospital Corporation or Grady Health System.

SECTION 4: SPECIFICATIONS / DESCRIPTION

§ 4-A Scope of Services

As GHS begins its 2014 budget planning, the organization is soliciting responses from qualified vendors to review and, if appropriate, revise or develop appropriate benchmarks for some departments, which may also include a review of designated primary workload units. GHS estimates that minimum target of 75 cost centers must be reviewed and either validated or revised. The Primary Work Load Units (PWLUs) associated with an additional 50-100 departments will also need to be reviewed and the benchmarks recalibrated. The selected vendor will:

1. Conduct a series of conferences/meetings with GHS leadership to:
 - a. Understand current state as related to project overview/objectives.
 - b. Identify comparable hospital groups.
 - c. Work with GHS to address PWLU concerns; recommend changes aligned to GHS' data extraction capabilities.
 - d. Agree on scope, approach and timeline
 - i. Departments requiring new benchmarks
 - ii. Departments requiring validated/recalibrated benchmarks
2. Provide data requirements for and evaluate responses of each department on which benchmarks will be developed or validated.
3. Conduct leadership interviews with each such department/division.
4. Evaluate all information received and deliver new benchmarks or confirm validity of established benchmarks (50th, 60th, 75th, 90th percentiles).
5. Work with GHS to socialize benchmarks; address leadership questions and educate leaders regarding functionality included in the benchmarks to optimize acceptance and usability.

Estimate:

- New benchmarks or validation of current benchmark for 75-100 cost centers.
- WLU changes for an additional 50 cost centers that may or may not require new/re-validated benchmarks.
(Please state all associated costs on Appendix B)

§ 4-BTerm

This is a project-based agreement with the term of the agreement equal to the expected time to complete the scope of services (e.g., two to four months), as agreed by GHS and selected vendor.

SECTION 5: REPRESENTATIONS AND INSTRUCTIONS

§ 5-A Instructions, Conditions, and Notices to Quoters

§ 5-A-1 Response Guidelines

The information required by this RFQ is comprehensive and necessary for accurate Quoter selection. Please be concise with answers. Each applicable question must be answered. For questions deemed not applicable, please state "not applicable".

Any cost incurred in the preparation and presentation of this response is to be absorbed by the Quoter. All documents submitted will become the property of GHS unless otherwise requested in writing by Quoter at the time of submission. Further, any materials submitted by Quoter that should be considered "**CONFIDENTIAL**" must be clearly marked as such. Submission of any materials, confidential or otherwise, will implicitly grant the right of use by the Authority. All portions of the Quote that are not designated as confidential will become part of the public record immediately following an award. Documents designated as confidential will be treated as such to the extent permitted by law, including but not limited to the Georgia Open Records Act.

§ 5-A-2 Submission Guidelines

Quoters are forbidden to contact, directly or indirectly anyone other than the Grady Procurement Department. **Ivan Mann, Senior Resource Specialist** is the sole point of contact for this RFQ during the quote process. Contact with any person other than Ivan Mann is grounds for disqualification from this process. Quoters are also strictly forbidden to attempt to influence, through internal or external third party sources the outcome of this quote. Your submission of this RFQ serves as your confirmation that you, your firm and anyone acting as an agent, representative or influencer on behalf of your firm has not engaged in any action that may be construed as an attempt to influence the outcome of this quote.

Failure to comply with any of the above stated guidelines may result in immediate disqualification. If you have any questions regarding this RFQ, email or contact **Ivan Mann, Senior Resource Specialist** at imann@qmh.edu, (404) 616-8246.

§5-A-3 RFQ Terms and Conditions Posted on the Grady Website at the following address: www.gradyhealth.org/vendors

Compliance with GHS terms and conditions are required for any Quoter selected to provide goods, equipment, or services by the awarding of any RFQ.

§ 5-A-4 RFQ Completion Instructions

Acceptance of Quoter's Quotes: GHS reserves the right to accept or reject any quote, change these specifications or waive any formalities. Should it be necessary to modify an application to fulfill the needs of GHS, GHS will retain exclusive rights of ownership and use of all design documents, programs, and documentation developed.

Full Right of Selection and Rejection: The right to reject in its entirety or to select a Quoter providing other than the lowest cost product is reserved. GHS reserves the right to select and award, at its option, the runner-up's Quote in the event the selected offer for award or Quoter receiving the award, upon further review and solely in the opinion of GHS, fails to meet all qualifications or specifications or proves to be a selection not in the best interest of GHS.

Quote Open Record: If a request to inspect the quote, or any portion thereof, is made by a third party, GHS will endeavor to treat all materials requested to be kept confidential and non-disclosable to the extent provided by the Georgia Open Records Act. The Quoter understands that GHS may be subject to the provisions of such Act together

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with the Uniform Trade Secrets Act. GHS will endeavor to inform the Quoter of any third party request for disclosure of such information pursuant to the Georgia Open Records Act or as may be otherwise made to GHS.

If the Quoter requests that such information be held confidential and not disclosed by GHS, the Quoter will assume the defense of such position, up to and including litigation, and will indemnify, save and hold harmless GHS, its officers and employees, from any expense, fees, costs or liability associated with such third party request or such litigation. If the Quoter does consider the quote or any portion thereof to contain confidential information, it shall submit a letter on the Quoter's letterhead signed by the owner or Chief Executive Officer, requesting that GHS treat the quote confidential and private information to the extent possible under Georgia law. Otherwise, the Quoter agrees that its' submission may be deemed as public information.

Regulatory and Ethical Compliance: No quote shall be accepted from, and no contract will be awarded to, any person, firm or corporation that, within the past five years, has been found in non-compliance with Georgia statutes or the standards and rules set by the Ethics Commission of the State of Georgia. (<http://www.ethics.state.ga.us>).

Prior to any contract award, GHS will verify that the prospective Quoter's company, officers and/or principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transactions by any Federal department or agency. This will be verified through the Office of Inspector General (OIG). If the Quoter and/or its principles appear on the OIG list, GHS reserves the right to reject the Quoter's quote and refuse award of a contract.

Notice of Award: The notice of award is issued by the Procurement Department. Unsuccessful Quoters shall be notified in writing, after award has been made.

SECTION 6: SUPPLIER DIVERSITY

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 and/or Indirect 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.

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 based on the Direct and Indirect Allocation of Spend with Certified Diverse Suppliers.

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 Supplier Diversity Section in its entirety and submit it with their bid response.

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Past Performance: Offeror shall (1) summarize in writing its past performance for client healthcare institutions in actively fostering the participation of Diverse Business Enterprises utilized by the institution, (2) provide three (3) or more client references for this purpose for whom it has provided applicable service to within the past two (2) years, with the name, phone number and e-mail of a specific knowledgeable contact person for each such client reference.

Present Commitment: Offeror shall submit in writing its present commitment and business plan to facilitate and promote the participation of Diverse Suppliers by completion of the attached Diverse Supplier Subcontracting Plan (DSSP). Specific, measurable performance criteria for this purpose shall be included in the Offeror's submission which, subject to negotiation and mutual consent, shall be included in the awarded contract as measurable requirements of vendor performance for the duration of the contract. 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 quarterly, in a manner in GHS's sole discretion, all direct and/or indirect certified spend with Diverse Business Enterprises.

Definition: Diverse Business Enterprise's

(MBE) 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.

(LFD) Local Business Enterprise: A business that is owned, operated, and located within DeKalb and Fulton County, Georgia.

(LSFD) Local Small Business Enterprise: A small business that is owned, operated, and located within DeKalb and Fulton County, Georgia.

U.S. Small Business Administration: As defined by the Small Business Act, a small business concern is "one that is independently owned and operated and which is not dominant in its field of operation." *Small Business* -- Depending on the industry, 'small' is defined by either the number of employees or average annual receipts of a business concern. Website reference for size standards by NAICS code is www.sba.gov/services/contractingopportunities/sizestandardstopics/index.html.

(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.

(SBE) Small Business Enterprise - Includes businesses physically located in the United States or its trust territories that are independently owned and operated, not dominant in its field of operation, with 500 or fewer employees (maximum allowable employees to qualify as a Small Business Enterprise may be greater than 500, depending on your industry).

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

Veteran 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.

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BUSINESS IDENTIFICATION AND NONDISCRIMINATION

(TO BE SUBMITTED WITH BID)

	Yes	No												
Small Business as defined by the US. Small Business Administration (DBE, SBE, Hub Zone)														
Minority Business Enterprise (MBE)														
If yes, please indicate the percentage of minorities who own, control or operate your company:														
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African American	%	Asian American	%											
Hispanic/Latino	%	Pacific Islander	%											
Native American	%	Other	%											
WOMAN-OWNED BUSINESS ENTERPRISE (WBE)														
DISABLED VETERAN BUSINESS ENTERPRISE OR VETERAN BUSINESS ENTERPRISE (DVBE, VBE)														
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 bid response. The 3 rd party certifying agencies recognized and accepted by GHS are included.														
LOCAL SMALL BUSINESS														
If yes, please indicate in which county your company is located?														
DeKalb Fulton Business location in both counties Other														

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: _____

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
(DIRECT SUPPLIER DIVERSITY REPORTING)

In adherence to GHS's commitment to Supplier Diversity, GHS suppliers must clearly as defined herein, demonstrate good faith effort for 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 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	E-Mail	Certification Type	Business Classification (Product/Service)	Direct Projected Spend in Dollars	Direct Projected Spend by Percentage

Submitted by:

Authorized Representative Signature

Date

Title

Diverse Supplier Subcontracting Plan - Indirect (DSSP)

(INDIRECT SUPPLIER DIVERSITY REPORTING TEMPLATE)

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 Indirect 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.

Company Name: _____ Agreement Term: _____

GHS Business Unit: _____ GHS Business Unit Contact Name: _____

Phone Number: _____ Vendor Contact e-mail: _____

Description of goods/services provided under this primary agreement (include name of project if applicable): _____

Who will be responsible for coordinating your company's Diverse Supplier activities during the period of this contract?

Name/Title: _____ Company: _____

Address: _____ Phone: _____

Fax: _____ E-Mail Address: _____

Based upon the percentage of total Annual U.S. Sales GHS represents for your firm please state the **Indirect Tier 2** Spend allocations to GHS by certification type, percentage allocated, and spend dollar amount below.

Certification Type	Indirect Spend Percentage	Indirect Spend Dollars
MBE		
WBE		
VBE		

Second Tier Subcontracting Plan to be submitted by: _____

Title: _____

Phone: _____

Fax: _____

E-mail Address: _____

Date: _____

**CERTIFICATION OF EFFORTS
(TO BE SUBMITTED WITH BID) – SUPPLIER DIVERSITY**

Vendor: _____

Solicitation Name: _____ **Solicitation 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 and all other solicitation 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 Solicitation 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

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STATEMENT OF INTENT

TO BE COMPLETED BY ALL KNOWN JOINT VENTURE PARTNERS/ SUBCONTRACTORS/CONSULTANTS
(TO BE SUBMITTED WITH BID)- SUPPLIER DIVERSITY

Vendor: _____

Solicitation Name: _____

Solicitation Number: _____

_____ agrees to enter into a contractual agreement with
Prime Supplier

_____, who will provide the following goods/services
Joint Venture Partner/Subcontractor/Consultant

in connection with the above referenced Solicitation as a certified diverse business enterprises:

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

_____ Prime Supplier

_____ 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 Supplier.

I hereby certify that this statement is true and correct:

Prime Supplier Signature:

Print Name:

Title:

Date:

Joint Venture/Subcontractor/Consultant Signature:

Print Name, Title and Date:

Address:

Phone

Fax:

The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Quote

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

The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Quote

**APPENDIX A: REPRESENTATIONS, CERTIFICATIONS, AND OTHER STATEMENTS OF
QUOTERS**

****REQUIRED INPUT WITH SUBMISSION****

CERTIFICATION

The undersigned certifies that he/she has read, understands, and agrees to be bound by the terms and conditions of the Request for Quote (**RFQ #13020IM**). The undersigned further certifies that he/she is legally authorized by the Quoter to make the statements and representations on this form, and that said statements and representations are true and accurate to the best of his/her knowledge and belief. The undersigned understands and agrees that if the Quoter makes any knowingly false statements, or if there is a failure of the successful Quoter (i.e., contractor) to implement any of the stated agreements, intentions, objectives, goals, and commitments set forth herein without the prior approval of GHS, then the Quoter's act or omission shall constitute a material breach of the contract. The right to terminate shall be in addition to and not in lieu of any other rights and remedies GHS may have for defaults under the contract. Additionally, the Quoter may be prohibited from obtaining future contracts awarded by GHS. GHS reserves the right to terminate any contract where a material breach has occurred.

NAME: _____

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FACSIMILE: _____

E-MAIL: _____

(SIGNATURE)

(DATE)

The Grady Memorial Hospital Corporation d/b/a Grady Health System
Request for Quote

APPENDIX B: QUOTE FORM

Quoter's Name: _____

Total contract value for **ALL** requirements, including G & A*: _____ **

***G&A: All general and administrative costs, profits, travel, per diem, and ALL costs associated with this contract.**

****This figure is the figure that will be used in the evaluation.** _____.

Where there is reference in the RFQ to deliverables, submission requirements, or other response and contract performance discussions, said reference may not include all requirements in the RFQ. It is incumbent upon the Quoter to read this entire RFQ carefully and respond to and price all requirements and ensure **"Total contract value for ALL Requirements" above includes all requirements.**

(Print Name of Authorized Company Officer)

(Signature)

(Date Signed)

COST MUST BE SUBMITTED UNDER SEPARATE COVER AS INSTRUCTED

APPENDIX C: SOLICITATION/CONTRACT FORM

REQUEST FOR QUOTE NUMBER: RFQ#13020IM

RFQ DESCRIPTION: 2014 PRODUCTIVITY BENCHMARKING

QUOTES RESPONSES MUST ARRIVE NO LATER THAN June 19, 2013 at 12:00 NOON.

NOTE: Mark the outside lower-left corner of your submission with the RFQ number shown above.

This document contains 19 pages. Questions regarding RFQ#13020IM should be directed to **Ivan Mann, Senior Resource Specialist, by June 11, 2013 @ 12:00 Noon.**

You are invited to submit your Quote for the services listed within this RFQ. Quotes must arrive at:

<u>DELIVERY ADDRESS</u>	<u>MAILING ADDRESS</u>
Grady Health System Procurement Department *Armstrong Hall, 4 th Floor Room 404 48 Armstrong Street Atlanta, GA 30303	Grady Health System Procurement Department 80 Jesse Hill Jr. Drive, SE Atlanta, Georgia 30303

***NOTE:** The Armstrong Hall Building is located on the corner of Armstrong Street and Piedmont Avenue.
FAXED RESPONSES WILL NOT BE ACCEPTED.

Interim Vice President

MM/CPO: 

DATE: 6/4/2013

PLEASE BE ADVISED:

Quoters must complete and return all pages required with Quote submission. Failure to return these completed pages with responses may result in non-consideration of Quote submission.

Please acknowledge receipt of the following Addenda to the solicitation documents below by entering the number and the date of each:

Addendum No. _____ Date _____

NAME OF RESPONDING FIRM: _____

NAME OF COMPANY OFFICER: _____
(Company officer must have authority to legally bind the company)

TITLE: _____

DATE: _____

(MANDATORY) SIGNATURE OF COMPANY OFFICER ABOVE (Certifying agreement with specifications, terms and conditions unless otherwise noted).

Signature