



**Request for Qualifications of Subcontractor Services:**

**RWJBarnabas is involved in the projects described below.\*,\*\***

**If you are interested in being considered for subcontractor services in any of the following areas and assist on any of these construction projects, please complete and submit an application as described below:**

- **Mechanical**
- **Electrical**
- **Plumbing**
- **Interiors**
- **Carpentry**
- **Low Voltage Systems**

**\*As part of its ongoing commitment to social impact and community investment, RWJBarnabas Health encourages certified local and diverse owned businesses, small businesses, minority businesses, women's business enterprises, to work with RWJBarnabas Health and its facilities.**

**\*\* Actual Solicitations for these opportunities to follow separately.**

## PREQUALIFICATION PROGRAM

**5/26/23**

### **Vogel Medical Campus Cancer & Ambulatory Care Pavilion, Tinton Falls, NJ**

The Vogel Medical Campus Cancer & Ambulatory Care Pavilion is a 150,000+/- square feet outpatient facility located on a 32+/- acre land parcel at the intersection of Corregidor & Pearl Harbor roads in Tinton Falls, New Jersey. The building will be a 5-story structure with partial basement. It will have approximately 710 surface parking spaces, and the main site access will be from Pearl Harbor with a service road from Corregidor. The building will contain the main lobby and Radiation Oncology on the first floor. The second floor will have an Imaging Center. The third floor is an Ambulatory Surgery Center (ASC). The fourth floor will be a Cancer Clinic, and the fifth floor will be an Infusion Center with Pharmacy.

### **Cancer Center, Livingston, NJ**

Robert Wood Johnson Barnabas Health is initiating a project on their Livingston campus to construct a new comprehensive outpatient cancer center. This project consists of a new free-standing five (5) level Comprehensive outpatient Cancer Center (Building) of 137,225 gross building area, attached structured parking Garage for 437 vehicles, and site improvements on the Cooperman Barnabas Medical Center campus in Livingston, New Jersey. The site development for the project has been reviewed and approved by the local and state governing bodies and at this time and we are well into construction of the site/civil/foundation portions of the work.

The scope of Work to be completed includes -

- The ground floor consists of the Radiation Oncology program which includes Radiation Therapy and Outpatient Clinical services.
- The first floor consists of the Public Lobby, Wellness Services, Specialty Services, and Food Services. This floor also consists of the Outpatient Pharmacy as well as the Lab, Blood Draw, and Pre-Surgery services.
- The second floor consists of Specialty Clinics as well as supporting staff workspaces and offices.
- The third floor consists of the Infusion program which includes both a Short Stay and Extended Stay program. This floor also consists of the Infusion Production Pharmacy.
- The fourth floor consists of Diagnostic Imaging, Clinical Trials, as well as a shared, Central Conference room. Both the Central Conferencing space and Public Waiting area have access to the adjacent rooftop garden.

### **Facility Master Plan (Phase 1), Toms River, NJ**

Community Medical Center (CMC) is a multi-specialty acute care teaching hospital with 592 licensed beds in Toms River, New Jersey. CMC completed a three-year Facility Master Plan (FMP) in 2021 with a vision for the long-term future of the campus. The FMP includes four major components: a new Visitor Parking Garage (VPG), a new Central Utility Plant (CUP), a major Expansion (EXPN) and a series of Backfill Alterations (BKFL) in the existing Hospital. Each of these Components are in a different stage of implementation in conjunction with the long-term phased implementation plan.

The VPG is a replacement open-structured precast parking facility designed as 278,420 square feet with six levels of parking of Construction Type IIB, Use Group S-2. The facility will have 700 parking spaces to accommodate patients and visitors as well as dedicated physician parking. This Component of the FMP is currently under construction for enabling scope to create a Temporary Parking Lot and Demolition of the current VPG on campus. Reconfiguration of the mid-section of the campus site is required to construct the VPG including roadway and walkway adjustments, direct-buried utilities connecting to the future CUP, and creation of a surface parking lot

once the VPG is built. In the future, a bridge will be constructed to connect the VPG to the Hospital Expansion's new Main Entrance. This is in progress and will need MEP trades (possibly others).

The CUP is a new, free-standing facility that will be created to house the long-term replacement of major infrastructure equipment that will serve the energy requirements for the entire campus with expanded redundancy, resiliency and state-of-the-art equipment for improved sustainability in energy resources. Utilities will be distributed from the CUP back to the current Hospital, the forthcoming EXPN and BKFL, the new VPG and any future free-standing medical facility via direct-buried infrastructure. The building will be a two-story structure with a partial basement connected vertically with a freight elevator and of total square feet area at approximately 42,000 situated on the southern portion of campus between the new VPG and the current Employee Parking Garage. The building will be a fully-sprinklered, mixed-use occupancy primarily of Factory Industrial Type F-1 for storage of the infrastructure equipment and a separate Business Occupancy zone of Type B; the entire structure will be of Type 1A Construction. The partial basement will house the fire pump room and elevator pit. The ground floor will house the boiler plant, the chiller plant, a pump room, a day-tank room, and the combined heat and power plant. The upper level will house mechanical equipment rooms, the emergency power plant, and the generator plant. A mezzanine level between the ground floor and upper level will house the business functions for support of plant operations. The rooftop will house the cooling tower plant, boiler plant exhaust stacks, generator plant air intakes, all contained within a structured screening area, and the elevator machine room with rooftop access vestibule. Equipment fit out will be phased over time to coincide with other FMP Components. This work is nearing design completion and ready soon for sub-contractor bids

Please email a completed questionnaire and attachments to Brittany Hatcher, RWJBH Facilities Department Office Manager at: [Brittany.Hatcher@rwjbh.org](mailto:Brittany.Hatcher@rwjbh.org)

***\*\*Please ensure that you have reduced file size as much as possible prior to sending. A submission larger than 5MB cannot be accepted.***

\*As part of its ongoing commitment to social impact and community investment, RWJBarnabas Health encourages certified local and diverse owned businesses, small businesses, minority businesses, women's business enterprises, to work with RWJBarnabas Health and its facilities.

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## 1.0 Prequalification Process

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### Introduction

RWJBarnabas Health, Inc. (“RWJBH”) is New Jersey’s largest healthcare provider with over 37,000 employees devoted to patient-centered care, innovative research and making significant contributions within the communities that it serves. In pursuit of its mission, RWJBH continues to strive to set the standard for healthcare environments by partnering with dedicated, innovative subject matter experts within the field of healthcare design and construction. The expansion, maintenance and modernization of RWJBH’s inpatient and outpatient facilities respond to advances in medicine and technology, the growing needs of its patients and communities, as well as its collaborative research affiliation(s) with neighboring educational institutions.

RWJBH is in the process of establishing a list of Prequalified Subcontractors so that projects are implemented to the appropriate standards by knowledgeable, licensed professionals with strong portfolios in healthcare projects. A Prequalified Subcontractor will be permitted to participate in the development of projects throughout the RWJBH organization as appropriate.

A Prequalified Subcontractor may be prequalified in the following primary disciplines:

- Mechanical
- Electrical
- Plumbing
- Interiors
- Carpentry
- Low Voltage Systems

RWJBH’s requirements for prequalification are in addition to any other legal or professional requirements for work under these disciplines.

RWJBH requires that a Prequalified Subcontractor exhibits the highest standards of integrity including confidentiality, due-diligence and professionalism and has experience in providing similar scope of work in similar healthcare organizations. The Prequalified Subcontractor must have gained this experience as a result of being regularly engaged in the business of providing services in a healthcare environment.

A prospective subcontractor may become prequalified. To be considered for prequalification, you need to start by completing and executing a Prequalification Questionnaire included here within. The questionnaire intends to collect critical information that will be used to assess the capability of the subcontractor.

## Criteria Explained

A prospective subcontractor's expertise will be assessed on multiple criteria. Some examples are as follows:

- The experience of the Subcontractor applying for prequalification.
- The number and type of healthcare project(s) designed and completed.
- The size and complexity of healthcare project(s) in the portfolio.
- The experience of key individuals within the Subcontractor's organization.
- Subcontractor resources such as sufficient staffing and technologies, especially for large scale projects.
- The Subcontractor's methodology including process, production and implementation strategies.

## Prequalification Duration

After approval, the prequalification will be valid for a period of **two (2) years**. During the period of validity, a Prequalified Subcontractor is required to inform RWJBH of any significant changes to the information supplied including changes to or the departure of key personnel. A Prequalified Subcontractor may apply for the renewal of the prequalification by submitting a new prequalification questionnaire for another **two-year** period. It shall be the responsibility of the Prequalified Subcontractor to monitor and initiate the renewal without a lapse.

## Prequalification Process Details

1. Issuance of this invitation to qualify in no way constitutes a commitment by RWJBH to award contracts to any subcontractor or to pay any costs incurred by anyone you engage, including any consultant in preparing a response.
2. RWJBH reserves the right to add additional requirements to prequalify for specific projects, especially those deemed large scale and/or complex.
3. RWJBH reserves the right to contact Owners, Owner's Representatives and/or consultants on projects that have been identified as well as the references provided in this prequalification.
4. The responses and accompanying documentation submitted by a Subcontractor become the property of RWJBH and will not be returned.
5. The Subcontractor is obligated to inform RWJBH, in a timely manner, of any significant changes to key personnel, ownership, financial position or any other information that may affect Prequalification status.
6. Incomplete submissions will be considered non-responsive and be subject to rejection.
7. Responses will be retained for a period of **two years** after which time a renewal or new prequalification can be sought. Prior to the expiration date, the Prequalified Subcontractor may apply to renew its designation.

8. A selected Prequalified Subcontractor will be expected to sign an Agreement with RWJBH (if applicable) within sixty (60) days of the designation as a Prequalified Subcontractor. A fully executed Agreement is a prerequisite to be eligible for award of future work. Once awarded a project, the subcontractor will be contracted through a contract with the CM already engaged for the project in question.
9. RWJBH, in its sole discretion and for any reason, may suspend or debar any organization as a Prequalified Subcontractor. Upon such action, such organization will be precluded from working for RWJBH and, in the event the organization is currently working for RWJBH, may be subject to immediate termination for cause.

## 2.0 Prequalification Questionnaire

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Date Submitted

### General Information

Name of Organization: \_\_\_\_\_  
(legal name)

Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Year Established: \_\_\_\_\_ Federal ID No.: \_\_\_\_\_

Email Address: \_\_\_\_\_

Organization Type: (check all that apply)

Corporation  Partnership  LLC  Sole Proprietor  Joint Venture

MBE  WBE  SBE

Other

Has this organization operated under any other name? Yes  No

If yes, explain: \_\_\_\_\_

Name(s) of state(s) in which the organization is licensed: \_\_\_\_\_

No. of Offices: \_\_\_\_\_ No. of FTEs: \_\_\_\_\_ No. of PTEs: \_\_\_\_\_

Labor Force Characteristics: Union  Merit  Prevailing Wage

Township Name(s) of NJ Office(s): \_\_\_\_\_  
(If more than one (1) office in NJ)

Website address: \_\_\_\_\_

Has the organization worked with RWJBH in the past? Yes  No

If yes, please specify project name(s) within the last ten years, location(s) and completion year(s).

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_ Year: \_\_\_\_\_

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_ Year: \_\_\_\_\_

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_ Year: \_\_\_\_\_



Project Name:	_____	Location:	_____	Year:	_____
Project Name:	_____	Location:	_____	Year:	_____
Project Name:	_____	Location:	_____	Year:	_____

## Professional Services

### In-house Professional Services *(check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> General Construction                        | <input type="checkbox"/> Design + Build          | <input type="checkbox"/> Owner's Rep / Prj. Mgmt. |
| <input type="checkbox"/> Facility Management                         | <input type="checkbox"/> Logistics & Procurement | <input type="checkbox"/> Environmental Services   |
| <input type="checkbox"/> Transition Mgmt.                            | <input type="checkbox"/> Disaster Recovery       | <input type="checkbox"/> Subcontractor Trade      |
| <br>   |  |   |
| <input type="checkbox"/> Other (Type of Subcontractor, i.e., M.E.P.) |  |   |
- 

### Healthcare Experience *(check all that apply)*

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Inpatient                                 | <input type="checkbox"/> Behavioral Health                         | <input type="checkbox"/> Supply Chain                     |
| <input type="checkbox"/> Outpatient                                | <input type="checkbox"/> Radiology & Diagnostic Imaging            | <input type="checkbox"/> Kitchen & Dining                 |
| <input type="checkbox"/> Emergency Medicine                        | <input type="checkbox"/> Nuclear Medicine                          | <input type="checkbox"/> Central Sterile Processing       |
| <input type="checkbox"/> Oncology                                  | <input type="checkbox"/> Pediatrics                                | <input type="checkbox"/> Spiritual Services               |
| <input type="checkbox"/> Medical Office / Arts Freestanding Bldgs. | <input type="checkbox"/> Fitness, Rehabilitation and Sports Health | <input type="checkbox"/> Medical Library/ Resource Center |
| <input type="checkbox"/> Laboratory                                | <input type="checkbox"/> Geriatric                                 | <input type="checkbox"/> Medical School                   |
| <input type="checkbox"/> Blood Bank                                | <input type="checkbox"/> Same Day Surgery                          | <input type="checkbox"/> Conf. Cntr / Auditorium          |
| <input type="checkbox"/> Morgue                                    | <input type="checkbox"/> Long Term Care (LTAC)                     | <input type="checkbox"/> Simulation Lab / Center          |
| <input type="checkbox"/> Pharmacy                                  | <input type="checkbox"/> Women's Health Services                   | <input type="checkbox"/> Decontamination                  |
| <input type="checkbox"/> Operating Rooms/Hybrid                    | <input type="checkbox"/> Occupational / Physical Therapy           |   |
| <input type="checkbox"/> Other (specify)                           |  |   |
- 

### Specialty Experience *(check all that apply)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Cogeneration Plant   | <input type="checkbox"/> Facility Optimization   | <input type="checkbox"/> Building Enclosures             |
| <input type="checkbox"/> Commissioning        | <input type="checkbox"/> Building Mgmt. Controls | <input type="checkbox"/> Forensics                       |
| <input type="checkbox"/> Energy & Performance | <input type="checkbox"/> Life Safety Engineering | <input type="checkbox"/> Emergency Management            |
| <input type="checkbox"/> Lighting Design      | <input type="checkbox"/> Façade Engineering      | <input type="checkbox"/> Helipad/Helistop                |
| <input type="checkbox"/> Biomedical           | <input type="checkbox"/> Wind Effects            | <input type="checkbox"/> Vertical Transportation Systems |
| <input type="checkbox"/> Data Center Design   | <input type="checkbox"/> Acoustics & Vibration   | <input type="checkbox"/> Pneumatic Tube System           |
| <input type="checkbox"/> RTLS                 | <input type="checkbox"/> Lead/RF Shielding       | <input type="checkbox"/> Traffic & Transportation        |
| <input type="checkbox"/> Other (MEP, etc.)    |  |  |
-

## Financial & Legal Overview

Bank Name: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ County: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

*\*Provide a most recent financial statement with this application. Label it as "Attachment A Financial Statement".*

Annual revenue current calendar year: \$ \_\_\_\_\_  
 Annual revenue 1 year previous: \$ \_\_\_\_\_  
 Annual revenue 2 years previous: \$ \_\_\_\_\_  
 Largest contract value in current year: \$ \_\_\_\_\_ Project Type: \_\_\_\_\_  
 Largest contract value 1 year previous: \$ \_\_\_\_\_ Project Type: \_\_\_\_\_  
 Largest contract value 2 years previous: \$ \_\_\_\_\_ Project Type: \_\_\_\_\_

Has the organization or any of its principals petitioned for bankruptcy, failed in business or defaulted on a contract awarded to you? If yes, please explain. Yes  No

\_\_\_\_\_

Has the organization or any of its principals ever been debarred by any Federal, State or Local government agency? If yes, please explain. Yes  No

\_\_\_\_\_

Has the organization filed any lawsuits or requested arbitration with regard to an Owner contract within the last five (5) years? If yes, please explain. Yes  No

\_\_\_\_\_

Has the organization been involved in any legal disputes or litigation over the past five years related to construction and/or Design Build? If yes, please explain. Yes  No

\_\_\_\_\_

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Does the organization have any outstanding claims or litigation against it related to construction and/or Design Build? If yes, please explain. Yes  No

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Has the organization ever failed to complete any work awarded to it or had a contract terminated for cause? If yes, please explain. Yes  No

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In the past five years, has the organization made any claim against a project owner concerning work on a project or payment for a contract, and filed that claim in court or arbitration? If yes, please explain. Yes  No

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In the past five years, has any surety company made any payments on the organizations' behalf as a result of a default, to satisfy any claims against a performance or payment bond issued on the organizations' behalf related to a construction project? If yes, please explain. Yes  No

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In the past five years, has any insurance carrier refused to renew or issue an insurance policy to the organization? If yes, please explain. Yes  No

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Has the organization, its owners, officers or partners ever been convicted of a federal or state crime of fraud or theft? If yes, please explain. Yes  No

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In the past ten years, has the organization been denied bond credit by a surety company, or has there ever been a period when the organization did not have a surety bond in place during a construction project when one was required? If yes, please explain.

Yes  No

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In the past ten years, has the organization been cited for OSHA violations? If yes, please explain including imposed penalties.

Yes  No

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In the past 10 years, has the EPA or DEP cited the organization for violations? If yes, please explain including imposed penalties

Yes  No

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Does the organization require documented safety meetings for field supervisors and field employees? If no, please explain.

Yes  No

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In the past ten years, have any employees been involved in an incident resulting in death related to construction of the project site? If yes, please explain, including the number of fatalities.

Yes  No

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In the past ten years, has the organization been cited by a state or local government agency? If yes, please explain.

Yes  No

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Does the organization apply any sustainable (“green”) building practices to minimize environmental impacts? If yes, please explain.

Yes  No

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In the last ten years, has the organization completed a LEED certified project? If yes, confirm contract amount, project type and certification level achieved.

Yes  No

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List any safety or environmental awards the organization has received in the last ten years.

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### Work Place Policies

- Does the organization have a written safety policy and program? Yes  No
- Does the organization have a full time Safety Supervisor on staff? Yes  No
- Does the organization set safety goals? If yes, are they documented? Yes  No
- Are regular safety and housekeeping inspections conducted and documented? Yes  No
- Does the organization provide safety training for all employees? Yes  No
- Does the organization conduct accident / incident investigations? Yes  No
- Does the organization have a disciplinary program for safety violations? Yes  No
- Does the organization have a substance abuse policy? Yes  No
- Does the organization have conflict of interest training for all employees? Yes  No
- Does the organization have sexual harassment training for all employees? Yes  No
- Do the organization have a community outreach program policy? Yes  No
- Do the organization have an apprenticeship program? Yes  No

List any additional policies or programs within the organization pertinent to this application.

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## Technology Capabilities

Does the organization have the ability to facilitate conference calls and web based meetings? If yes, please list software(s) used. Yes  No

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Does the organization have the ability to manage, transfer and facilitate a cloud based document repository? If yes, please list software(s) used. Yes  No

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Does the organization have the ability to integrate clash detection? If yes, please list software(s) used. Yes  No

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What software does the organization use to record meetings?

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Describe how meeting data is shared with the team.

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List any additional software use / platform(s) relevant to the development and production of project content not noted above.

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## Project References

Provide information about healthcare projects completed in the last five years. Attach additional pages as needed.

Project Name: \_\_\_\_\_  
General Scope & Phases: \_\_\_\_\_  
\_\_\_\_\_

Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Project Cost: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Project Duration: \_\_\_\_\_ Contract Type: \_\_\_\_\_  
Year Completed \_\_\_\_\_ Contract \$: \_\_\_\_\_

Is/Was the organization the Prime Subcontractor for the project? Yes  No   
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Delivered on Schedule? Yes  No  On Budget? Yes  No   
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_

Healthcare Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

Project Name: \_\_\_\_\_  
General Scope & Phases: \_\_\_\_\_  
\_\_\_\_\_

Project Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Project Cost: \_\_\_\_\_ Square Footage: \_\_\_\_\_

Project Duration: \_\_\_\_\_ Contract Type: \_\_\_\_\_  
Year Completed \_\_\_\_\_ Contract \$: \_\_\_\_\_

Is/Was the organization the Prime Subcontractor for the project? Yes  No   
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Delivered on Schedule? Yes  No  On Budget? Yes  No   
If no, please explain \_\_\_\_\_  
\_\_\_\_\_

Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_  
Key Team Member: \_\_\_\_\_ Title: \_\_\_\_\_

Healthcare Organization: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone No.: \_\_\_\_\_  
Email: \_\_\_\_\_

## Insurance

The following insurance requirements are for information purposes only. Do not include insurance certificates with the application. All designated Prequalified Subcontractors at the time of project award, shall provide a current certificate of insurance.

Errors and Omissions insurance is a standard requirement of RWJBH.

*\*Provide a W9 when submitting this application. Label it as "Attachment B W9".*

### Commercial General Liability Insurance

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Occurrence Based: Yes  No

### Workers Compensation Insurance

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate Limit: \_\_\_\_\_

### Business Automobile Liability Insurance

Insurance Company: \_\_\_\_\_

Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate Limit: \_\_\_\_\_

Professional Liability Insurance

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate Limit: \_\_\_\_\_

Umbrella Excess Liability Insurance

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate Limit: \_\_\_\_\_

Surety Liability Insurance

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Claims Made: Yes  No  Aggregate Limit: \_\_\_\_\_

**Surety Bond**

Name of Surety: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate: \_\_\_\_\_  
Date of Last Bond: \_\_\_\_\_ Surety Rate: \_\_\_\_\_

**Performance Bond**

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate: \_\_\_\_\_  
Date of Last Bond: \_\_\_\_\_ Rate: \_\_\_\_\_

**Bid Bond**

Insurance Company: \_\_\_\_\_  
Insurance Policy No.: \_\_\_\_\_  
Policy Period: From: \_\_\_\_\_ To: \_\_\_\_\_  
Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
Claims Made: Yes  No  Aggregate: \_\_\_\_\_  
Date of Last Bond: \_\_\_\_\_ Rate: \_\_\_\_\_

### Key Personnel & References

Summary for up to three (3) key individuals within the organization.

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Years with the org.: \_\_\_\_\_  
Licensed in NJ? Yes  No  N/A   
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Describe Role: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Years with the org.: \_\_\_\_\_  
Licensed in NJ? Yes  No  N/A   
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Describe Role: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Years with the org.: \_\_\_\_\_  
Licensed in NJ? Yes  No  N/A   
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Describe Role: \_\_\_\_\_

Provide two (2) references whom RWJBH may contact to discuss the organization's experience.  
One must be a current client and the other an architect or engineer.

Reference Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

Reference Name: \_\_\_\_\_  
Organization Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Project Name: \_\_\_\_\_

## Certification

Representatives of the Organization have answered all of the above questions in a truthful, accurate and complete manner to assure that our answers are not in any respect false or misleading either by expressing ourselves in a misleading or ambiguous manner or omitting information. We also certify that all attachments submitted in connection with this prequalification are true, accurate and are full copies of the original documents that are in our possession. We have also reviewed the attached exhibits.

RWJBH will be relying on the truthfulness and accuracy of the responses to this questionnaire and of the contents of the attachments hereto in deciding whether to prequalify a Consultant.

This prequalification has been reviewed by the following Officer of the organization prior to submittal:

Officer Name:	_____
Title:	_____
Email Address:	_____
Phone Number:	_____
Signature:	_____ Date: _____



### 3.0 Evaluation Criteria

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RWJBH takes pride in its physical facilities across the entire system and the strong relationships it builds within the organization and throughout the communities we serve. Therefore, each potential Prequalified Subcontractor must demonstrate its ability in the healthcare market sector as well as have an established track record of successful completed healthcare projects. A numeric system has been established to rank perspective Prequalified Subcontractors to assist with evaluating criteria most highly valued. The higher the points, the higher likelihood of obtaining prequalified status. Some of the evaluation criteria are noted below for reference.

#### Prequalification Questionnaire Scorecard

	Max Points	Points	Comments
Healthcare experience	10		
Experience in New Jersey	10		
Experience with RWJBH	10		
Subject matter experts	10		
Absence of claims / disputes	10		
\$ Volume of business per year	10		
Ability to meet insurance requirements	10		
Financial health	10		
Anticipated level of risk	10		
Partnership mutually beneficial	10		
Total	100		

Prequalified Subcontractor Interview (if applicable) Scorecard

	Max Points	Points	Comments
Experience with project type	10		
Experience in New Jersey	10		
Experience with RWJBH	10		
Demonstrated technical expertise	10		
Staff availability	10		
Understanding of scope, including critical issues	10		
Process and methodology, including project management	10		
Offered solutions for problems	10		
Appropriateness of proposed timeline	10		
Demonstrated ability to work collaboratively with RWJBH, our partners and AHJs	10		
Total	100		