

PREQUALIFICATION PROGRAM

Request for Qualifications

of Professional Services for

Contractors and Construction Management Services

5/29/2024



Table of Contents

1.0	Prequalification Process	3
2.0	Prequalification Questionnaire	6
3.0	Evaluation Criteria	20



1.0 Prequalification Process

Introduction

RWJBarnabas Health (RWJBH) is New Jersey's largest healthcare provider with over 30,000 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. 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 Contractors and Construction Managers (GC/CM) so that projects are designed to the appropriate standards by knowledgeable, professionals with strong portfolios in healthcare design. A Prequalified GC/CM will be permitted to participate in the development of projects throughout the RWJBH organization, as appropriate.

A Prequalified GC/CM may be prequalified in the following primary disciplines:

- General Construction
- Construction Management
- Design + Build

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

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

It is the goal of RWJBH to create an equitable environment in which to work and receive care, to champion a diverse workforce and to foster an inclusive setting to improve the health of the diverse patient communities we serve throughout the state. RWJBH welcomes competition in the design and construction process and encourages minority and disadvantaged business enterprises to participate in the process.

A prospective GC/CM can become prequalified by executing a Prequalification Questionnaire included here within. The questionnaire intends to collect critical information that will be used to assess the capability of the GC/CM.

Criteria Explained

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



- The experience of the GC/CM applying for pregualification
- The number and type of healthcare project(s) completed
- The size and complexity of healthcare project(s) in the portfolio
- The experience of key individuals within the GC/CM's organization
- GC/CM resources such as sufficient staffing and technologies, especially for large scale projects
- The GC/CM'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, the Prequalified GC/CM is required to inform RWJBH of any significant changes to the information supplied including changes to or the departure of key personnel. A Prequalified GC/CM 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 GC/CM 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 GC/CM or to pay any costs incurred by the GC/CM in preparing a pre-qualification or RFP response.
- 2. RWJBH reserves the right to conduct a second prequalification for specific projects, especially those deemed large scale and/or complex or for those projects that in whole or in part are funded from grants through the State of New Jersey or the Federal Government and therefore have certain compliance requirements.
- 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 pregualification.
- 4. The responses and accompanying documentation submitted by a GC/CM becomes the property of RWJBH and will not be returned.
- 5. The GC/CM is obligated to inform RWJBH, in a timely manner, of any significant changes to key personnel, ownership, financial position or any other information which may affect Pregualification 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 GC/CM may apply to renew its designation.
- 8. A selected Prequalified GC/CM will be expected to sign a RWJBH's Master Agreement within sixty (60) days of the designation as a Prequalified GC/CM. A fully executed Master Agreement is a prerequisite to be eligible for award of future work. Once awarded a project, the Consultant will be contracted through work orders to the Master Agreement.
- 9. RWJBH, in its sole discretion and for any reason, may suspend or debar any organization as a Prequalified GC/CM. 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

		Date Submitted	
General Informatio	n		
Name of Organization:			
	(as it would appear on a	contractual agreemer	nt)
Address:			
City:		County:	-
State:		Zip Code:	-
Phone Number:		Fax Number:	
Year Established:		Federal ID No.:	,
Organization Type: Corporation MBE Other	Check all that apply Partnership	☐ Sole Proprietor	☐ Joint Venture ☐
Has this organization op	erated under any other na		Yes 🗆 No 🗆
Name(s) of state(s) in w	hich the organization is lice	ensed:	
No. of Offices:	No. of FTEs:	No. of PT	Es:
Labor Force Characteris	tics: Union 🗆	Merit 🗌 Pro	evailing Wage 🛚
Township Name(s) of NJ (If more than (1) office in			
Website address:			
~	orked with RWJBH in the particular in the last particular in the particular in the last par		Yes \square No \square) and completion
Project Name:	Loc	cation:	Year:
Project Name:	Loc	cation:	Year:
Project Name:	Loc	cation:	Year:
Project Name:	Loc	cation:	Year:
Project Name:	Loc	cation:	Year:
Project Name:	Loc	cation:	Year:



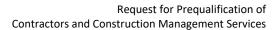
Professional Services

n-hous	se Professional Services	(che	ck all that apply)	
	General Construction		Design + Build	Owner's Rep / Prj. Mgmt.
	Disaster Recovery		Logistics & Procurement	Environmental Services
	Other (specify)			
Health	care Experience (check	all th	at apply)	
	Inpatient		Behavioral Health	Women's Health Services
	Outpatient		Radiology & Diagnostic Imaging	Kitchen & Dining
	Emergency Medicine		Nuclear Medicine	Central Sterile Processing
	Oncology		Pediatrics	Spiritual Services
	Medical Office / Arts Freestanding Bldgs.		Fitness, Rehabilitation and Sports Health	Occupational / Physical Therapy
	Laboratory		Geriatric	Operating Rooms/Hybrid
	Blood Bank		Same Day Surgery	Conf. Cntr / Auditorium
	Morgue		Long Term Care (LTAC)	Simulation Lab / Center
	Pharmacy			
	Other (specify)			



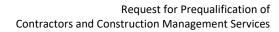
Financial & Legal Overview

Bank Name:							
Contact Person:							
Address:							
City:	(County:					
State:	 Zi _l	code:					
Phone Number:	Email A	ddress:					
*Provide a most recent financial statement	ent with this applice	ation. Label it as att	achment "A"				
Financial Statement.							
Annual revenue current calendar year:	\$						
Annual revenue 1 year previous:	\$ \$ \$ \$ \$						
Annual revenue 2 years previous:	<u> </u>						
• •	ب خ	Project Type:					
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 bankruptcy, failed in business or defaulte you? If yes, please explain.			No □				
Has the organization or any of its principals ever been debarred by Yes \square No \square any Federal, State or Local government agency? If yes, please explain.							
Has the organization filed any lawsuits o regard to an Owner contract within the please explain.	•		No 🗆				
Has the organization been involved in an over the past 5 years related to construct If yes, please explain.		•	No □				
Does the organization have any outs against it related to construction and/or explain.	-	~	No 🗆				





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 🗆
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 🗆
In the past 5 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 🗆
In the past 5 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 🗆
In the past 5 years, has any insurance carrier refused to renew or issue an insurance policy to the organization? If yes, please explain.	Yes 🗆	No 🗆
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 🗆
In the past 10 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 □
In the past 10 years, has the organization been cited for OSHA violations? If yes, please explain including imposed penalties.	Yes 🗆	No 🗆





In the past 10 years, has the EPA or DEP cited the organization for violations? If yes, please explain including imposed penalties	Yes □	No □
Does the organization require documented safety meetings for field supervisors and field employees? If no, please explain.	Yes 🗆	No 🗆
In the past 10 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 🗆
In the past 10 years, has the organization been cited by a state or local government agency? If yes, please explain.	Yes 🗆	No 🗆
Does the organization apply any sustainable ("green") building practices to minimize environmental impacts? If yes, please explain.	Yes 🗆	No 🗆
In the last 10 years, has the organization completed a LEED certified project? If yes, confirm contract amount, project type and certification level achieved.	Yes 🗆	No 🗆
List any safety or environmental awards the organization has received	in the last	10 years.



Work Place Policies

List any additional policies or programs within the organization pertinen	t to this ap	plication.
Do the organization have an apprenticeship program?	Yes \square	No \square
Do the organization have a community outreach program policy?	Yes □	No \square
Does the organization have sexual harassment training for all employees?	Yes \square	No 🗆
Does the organization have conflict of interest training for all employees?	Yes \square	No 🗆
violations? Does the organization have a substance abuse policy?	Yes \square	No \square
Does the organization have a disciplinary program for safety	Yes \square	No 🗆
Does the organization conduct accident / incident investigations?	Yes \square	No □
documented? Does the organization provide safety training for all employees?	Yes \square	No 🗆
Are regular safety and housekeeping inspections conducted and	Yes \square	No \square
Does the organization set safety goals? If yes, are they documented?	Yes \square	No \square
Do the organization have a full time Safety Supervisor on staff?	Yes \square	No 🗆
Does the organization have a written safety policy and program?	Yes \square	No \square



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 🗆
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 🗆
Does the organization have the ability to integrate clash detection? If yes, please list software(s) used.	Yes 🗆	No 🗆
What software does the organization use to record meetings?		
Describe how meeting data is shared with the team.		
List any additional software use / platform(s) relevant to the developme project content not noted above.	nt and pro	duction of
		·



Project References

Provide information about healthcare projects completed in the last 5 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 If no, please explain			or the project?	Yes □	No 🗆
Delivered on Schedule?	Yes □	No □	On Budget?	Yes □	No □
If no, please explain					
Key Team Member:			Title:		
Key Team Member:					
Key Team Member:					
Key Team Member:			Title:		
Healthcare Organization:					
Contact:					
Title:					
Phone No.:					
Email:					



Request for Prequalification of Contractors and Construction Management Services

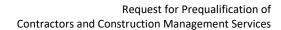
Project Name:				
General Scope & Phases:	 			
Project Address:	 			
City:		State:	Zip	Code:
Project Cost:	 	Square Footage:		
Project Duration:		Contract Type:		
Year Completed	 	Contract \$:		
Is/Was the organization the If no, please explain		r the project?	Yes 🗆	No 🗆
	 	0.5.1.12		
Delivered on Schedule? If no, please explain	 No 🗆	On Budget?		No ∐
Key Team Member:	 			
Key Team Member:				
Key Team Member:				
Key Team Member:	 	Title:		
Healthcare Organization:				
Contact:				
Title:			-	
Phone No.:	 		·	
Email:				



Insurance

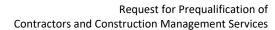
The following insurance requirements are for information purposes only. Do not include insurance certificates with the application. All designated Prequalified GC/CM's at the time of project award, shall provide a current certificate of insurance.

Commercial General Liab	ility Insurar	ice			
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	Yes 🗆	No □
			Based:		
Workers Compensation II	nsurance				
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 Liab	oility Insura	nce			
Insurance Company:					
Insurance Policy No.:					
Policy Period:	From:		To:		
Contact Person:		-			
Address:					
City:			State:	Zip Code:	
Phone Number:			Fax Number:	· · -	
Claims Made:	Yes \square	No □	Aggregate Limit:		





Umbrella Excess Liability	nsurance			
Insurance Company:				
Insurance Policy No.:				
Policy Period:	From:		To:	
Contact Person:				
Address:				
City:			State:	Zip Code:
Phone Number:			Fax Number:	
Claims Made:	Yes \square	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 \square	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 \square	No 🗆	Aggregate:	
Date of Last Bond:			Surety Rate:	
Performance Bond				
Insurance Company:				
Insurance Policy No.:				
Policy Period:	From:		To:	
Contact Person:				
Address:			Ctata	7in Codo.
City: Phone Number:			State: Fax Number:	Zip Code:
Claims Made:	Vec 🗆	No 🗆	_	
Date of Last Bond:	Yes \square	No 🗆	Aggregate: Rate:	
Date of Last Bolla.			nate.	





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 \square	No 🗆	- Aggregate:	
Date of Last Bond:			Rate:	
			_	



Key Personnel & References

Summary for up to (3) key individuals within the organization Title: Years with the org.: Years of Experience: Licensed in NJ? Yes □ No □ N/A □ Street Address: City: State: Zip Code: Email Address: Phone Number: Describe Role: Name: Title: Years with the org.: Years of Experience: Licensed in NJ? Yes □ No □ N/A □ Street Address: State: Zip Code: City: Email Address: Phone Number: Describe Role: Title: Years of Experience: Years with the org.: Licensed in NJ? Yes □ No □ N/A □ Street Address: State: Zip Code: City: 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: Prj Name: Reference Name: _____ Organization Name: Title: Address: City: State: Zip Code: Prj 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 GC/CM.

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

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

Submission

Please email completed questionnaire and attachments to: RWJBHPlanConstruct@rwjbh.org

^{*}Include the following in the subject line: "Prequalified GC/CM Application Submission"

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



3.0 Evaluation Criteria

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 GC/CM 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 GC/CM 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.

Prequalification Questionnaire Scorecard

	Max	Points	Comments
	Points		
Healthcare experience	20		
Experience in New Jersey	15		
Key Personnel experience	10		
Experience with RWJBH	15		
Disadvantaged Business Enterprise	10		
Absence of claims / disputes	10		
Ability to meet insurance req.	10		
Financial health	10		

Total 100