RWJBarnabas HEALTH

PREQUALIFICATION PROGRAM
Request for Qualifications
of Professional Services for
Contractors and Construction Management Services

5/29/2024

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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 prequalification
- 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 prequalification.
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 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 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 Information

Name of Organization: _____
(as it would appear on a contractual agreement)

Address: _____

City: _____ County: _____

State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Year Established: _____ Federal ID No.: _____

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 (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 10 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)

☐ General Construction	☐ Design + Build	☐ Owner's Rep / Prj. Mgmt.
☐ Disaster Recovery	☐ Logistics & Procurement	☐ Environmental Services

☐ Other (specify) _____

Healthcare Experience (check all that 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: _____ 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 5 years related to construction and/or Design Build? If yes, please explain. Yes ☐ No ☐

_____

_____

Does the organization have any outstanding claims or litigation against it related to construction and/or Design Build? 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 ☐
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

Does the organization have a written safety policy and program?	Yes ☐	No ☐
Do 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.

_____

_____

_____

_____

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 development and production of project content not noted above.

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 Prime Consultant 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 Consultant 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 GC/CM's at the time of project award, shall provide a current certificate of insurance.

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: _____

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 (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: __________ Prj Name: __________

Reference Name: ______________________
Organization Name: ______________________
Title: ______________________
Address: ______________________
City: __________ State: __________ Zip Code: __________
Phone Number: __________ 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	Points	Comments
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		