



PREQUALIFICATION PROGRAM  
Request for Qualifications  
of Professional Services for  
Architecture, Design and Engineering

5/29/2024

## Table of Contents

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1.0	Prequalification Process	3
2.0	Prequalification Questionnaire	6
3.0	Evaluation Criteria	17

## 1.0 Prequalification Process

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### 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 Consultants so that projects are designed to the appropriate standards by knowledgeable, licensed professionals with strong portfolios in healthcare design. A Prequalified Consultant will be permitted to participate in the development of projects throughout the RWJBH organization, as appropriate.

A Prequalified Consultant may be qualified in the following primary disciplines:

- Master / Urban Planning
- Civil Engineering & Site Design
- Landscape Architecture and Planning
- Healthcare Architecture
- Healthcare Planning
- Healthcare Interior Design
- Medical Equipment Planning
- Structural Engineering
- Healthcare Building Systems Engineering for:
  - Heating, Ventilation and Air Conditioning Systems
  - Plumbing Systems, including Medical Gases and Fire Protection
  - Electrical Systems, including Power, Lighting, Fire Alarm, and Lightning Protection
- Healthcare Technology Design for Low Voltage Systems, including cabled information technology systems, telecommunications, security, audio/visual systems, wayfinding/locating systems, and nurse call systems

A Prequalified Consultant may be qualified in the following specialty discipline(s) or be a sub-consultant to the primary consultant:

- Acoustics and Vibration
- Building Enclosures
- Life Safety Analysis Consulting
- Forensic Architecture and Engineering
- Geotechnical Engineering
- LEAN Design / Process Improvement
- Commercial Kitchen Design
- Shielding (lead and RF)
- Supply Chain and Materials Management Procurement Services
- Sustainability & Resiliency
- LEED Certification Management

- Wind and Pedestrian Comfort Analysis
- Vertical Transportation
- Signage, Wayfinding and Graphic Design
- Lighting Design
- Commissioning Services

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 Consultant 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 consultant 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 Consultant.

## Criteria Explained

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

- The experience of the Consultant 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 Consultant's organization
- Consultant resources such as sufficient staffing and technologies, especially for large scale projects
- The Consultant'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 Consultant is required to inform RWJBH of any significant changes to the information supplied including changes to or the departure of key personnel. A Prequalified Consultant 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 Consultant 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 Consultant or to pay any costs incurred by the Consultant 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 Consultant becomes the property of RWJBH and will not be returned.
5. The Consultant 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 Consultant may apply to renew its designation.
8. A selected Prequalified Consultant will be expected to sign RWJBH's Master Agreement within sixty (60) days of the designation as a Prequalified Consultant. 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 Consultant. 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: \_\_\_\_\_  
*(as it would appear on a contractual agreement)*

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

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

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

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

Year Established: \_\_\_\_\_

Organization Type:

Corporation  Partnership  LLC  Sole Proprietor  Joint Venture

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: \_\_\_\_ No. of Licensed Professionals: \_\_\_\_  
No. of LEED Accredited Professionals: \_\_\_\_\_

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)  
(attach a separate page if applicable):

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"/> Land Planning / Arch          | <input type="checkbox"/> Programming                  | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Civil Engineering             | <input type="checkbox"/> Architecture                 | <input type="checkbox"/> Plumbing Engineering   |
| <input type="checkbox"/> Geotechnical                  | <input type="checkbox"/> Interior Design              | <input type="checkbox"/> Electrical Engineering |
| <input type="checkbox"/> Structural Engineering        | <input type="checkbox"/> Health Facilities Planning   | <input type="checkbox"/> Technology Design      |
| <input type="checkbox"/> Master Planning               | <input type="checkbox"/> Medical Equip. Planning      | <input type="checkbox"/> Audio/Visual Design    |
| <input type="checkbox"/> Urban Planning                | <input type="checkbox"/> Supply Chain                 | <input type="checkbox"/> Security               |
| <input type="checkbox"/> Signage & Wayfinding          | <input type="checkbox"/> Kitchen Design               | <input type="checkbox"/> Nurse Call             |
| <input type="checkbox"/> Commissioning                 | <input type="checkbox"/> Owner's Rep / Prj Mgmt.      | <input type="checkbox"/> Cost Estimating        |
| <input type="checkbox"/> Sustainability & Resiliency   | <input type="checkbox"/> Healthcare Advisory Services | <input type="checkbox"/> Construction Services  |
| <input type="checkbox"/> LEED Certification Management | <input type="checkbox"/> LEAN / Process Improvement   | <input type="checkbox"/> Design Build `         |
| <input type="checkbox"/> Other (specify)               |   |   |
- 

### 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"/> Graduate Medical Education / Residency |
| <input type="checkbox"/> Other (specify)                           |  |   |
- 

### Specialty Engineering 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 Arch / Eng.           |
| <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"/> Traffic & Transportation | <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"/> 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 one year previous: \$ \_\_\_\_\_  
Annual revenue two 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? If yes, please explain. Yes  No

\_\_\_\_\_

\_\_\_\_\_

Does the organization have any outstanding claims or litigation against it? 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

\_\_\_\_\_

\_\_\_\_\_



## Work Place Policies

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Does the organization have a written safety policy and program?             | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization have a substance abuse policy?                        | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization provide safety training for all employees?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization conduct accident / incident investigations?           | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization have a disciplinary program for safety violations?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization have conflict of interest training for all employees? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Does the organization have sexual harassment training for all employees?    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

List any additional professional development 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 use three-dimensional Building Information Modeling software such as Revit? If no, what software is used? Yes  No

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Does the organization have the ability to work remotely in real-time to create digital content including sketches, mark ups, revisions, etc.? 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 (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 \_\_\_\_\_

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 \_\_\_\_\_

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 Consultants 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: \_\_\_\_\_

## Key Personnel & References

Summary for up to three (3) key individuals within the firm:

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Years with the Firm: \_\_\_\_\_  
Licensed in NJ? Yes  No  License Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Describe Role: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Years with the Firm: \_\_\_\_\_  
Licensed in NJ? Yes  No  License Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Describe Role: \_\_\_\_\_

Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Years of Experience: \_\_\_\_\_ Years with the Firm: \_\_\_\_\_  
Licensed in NJ? Yes  No  License Number: \_\_\_\_\_  
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 former or current client and the other a contractor.

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 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: _____

## Submission

Please email completed questionnaire and attachments to:

[RWJBHPlanConstruct@rwjbh.org](mailto:RWJBHPlanConstruct@rwjbh.org)

*\*Include the following in the subject line: "Prequalified Consultant 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

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RWJBH takes pride in our physical facilities across the entire system and the strong relationships we build within the organization and throughout the communities we serve. Therefore, each prospective Prequalified Consultant 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 prospective Prequalified Consultants to assist with evaluation 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		