



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

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

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

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2.0 Prequalification Questionnaire

Date Submitted

General Information

Professional Services

In-house Professional Services (check all that apply)

Land Planning / Arch
Civil Engineering

Programming

Mechanical Engineering

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

Work Place Policies

Does the organization have a written safety policy and program?	Yes	No
Does the organization have a substance abuse policy?	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 conflict of interest traTJES		

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 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.

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

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: _____

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

**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

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 RWJBH377.801 ref337.			