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

5/29/2024
# Table of Contents

1.0 Prequalification Process 3

2.0 Prequalification Questionnaire 6

3.0 Evaluation Criteria 17
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 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
RWJ BH’s requirements for prequalification are in addition to any other legal or professional requirements for practice under these disciplines.

RWJ BH 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 RWJ BH 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. RWJ BH 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 RWJ BH 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

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: ______

Project Name: ____________________________ Location: ________________ Year: ______
### Professional Services

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

- Land Planning / Arch
- Civil Engineering
- Geotechnical
- Structural Engineering
- Master Planning
- Urban Planning
- Signage & Wayfinding
- Commissioning
- Sustainability & Resiliency
- LEED Certification Management
- Other (specify)

<table>
<thead>
<tr>
<th>Services</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programming</td>
<td>Programming</td>
</tr>
<tr>
<td>Architecture</td>
<td>Architecture</td>
</tr>
<tr>
<td>Interior Design</td>
<td>Interior Design</td>
</tr>
<tr>
<td>Health Facilities Planning</td>
<td>Health Facilities Planning</td>
</tr>
<tr>
<td>Medical Equip. Planning</td>
<td>Medical Equip. Planning</td>
</tr>
<tr>
<td>Supply Chain</td>
<td>Supply Chain</td>
</tr>
<tr>
<td>Kitchen Design</td>
<td>Kitchen Design</td>
</tr>
<tr>
<td>Owner’s Rep / Prj Mgmt.</td>
<td>Owner’s Rep / Prj Mgmt.</td>
</tr>
<tr>
<td>Healthcare Advisory Services</td>
<td>Healthcare Advisory Services</td>
</tr>
<tr>
<td>LEAN / Process Improvement</td>
<td>LEAN / Process Improvement</td>
</tr>
<tr>
<td>Mechanical Engineering</td>
<td>Mechanical Engineering</td>
</tr>
<tr>
<td>Plumbing Engineering</td>
<td>Plumbing Engineering</td>
</tr>
<tr>
<td>Electrical Engineering</td>
<td>Electrical Engineering</td>
</tr>
<tr>
<td>Technology Design</td>
<td>Technology Design</td>
</tr>
<tr>
<td>Audio/Visual Design</td>
<td>Audio/Visual Design</td>
</tr>
<tr>
<td>Security</td>
<td>Security</td>
</tr>
<tr>
<td>Nurse Call</td>
<td>Nurse Call</td>
</tr>
<tr>
<td>Cost Estimating</td>
<td>Cost Estimating</td>
</tr>
<tr>
<td>Construction Services</td>
<td>Construction Services</td>
</tr>
<tr>
<td>Design Build</td>
<td>Design Build</td>
</tr>
</tbody>
</table>

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

- Inpatient
- Outpatient
- Emergency Medicine
- Oncology
- Medical Office / Arts Freestanding Bldgs.
- Laboratory
- Blood Bank
- Morgue
- Pharmacy
- Operating Rooms/Hybrid
- Other (specify)

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health</td>
<td>Behavioral Health</td>
</tr>
<tr>
<td>Radiology &amp; Diagnostic Imaging</td>
<td>Radiology &amp; Diagnostic Imaging</td>
</tr>
<tr>
<td>Nuclear Medicine</td>
<td>Nuclear Medicine</td>
</tr>
<tr>
<td>Pediatrics</td>
<td>Pediatrics</td>
</tr>
<tr>
<td>Fitness, Rehabilitation and Sports Health</td>
<td>Fitness, Rehabilitation and Sports Health</td>
</tr>
<tr>
<td>Geriatric</td>
<td>Geriatric</td>
</tr>
<tr>
<td>Same Day Surgery</td>
<td>Same Day Surgery</td>
</tr>
<tr>
<td>Long Term Care (LTAC)</td>
<td>Long Term Care (LTAC)</td>
</tr>
<tr>
<td>Women’s Health Services</td>
<td>Women’s Health Services</td>
</tr>
<tr>
<td>Occupational / Physical Therapy</td>
<td>Occupational / Physical Therapy</td>
</tr>
<tr>
<td>Supply Chain</td>
<td>Supply Chain</td>
</tr>
<tr>
<td>Kitchen &amp; Dining</td>
<td>Kitchen &amp; Dining</td>
</tr>
<tr>
<td>Central Sterile Processing</td>
<td>Central Sterile Processing</td>
</tr>
<tr>
<td>Spiritual Services</td>
<td>Spiritual Services</td>
</tr>
<tr>
<td>Medical Library/ Resource Center</td>
<td>Medical Library/ Resource Center</td>
</tr>
<tr>
<td>Medical School</td>
<td>Medical School</td>
</tr>
<tr>
<td>Conf. Cntr / Auditorium</td>
<td>Conf. Cntr / Auditorium</td>
</tr>
<tr>
<td>Simulation Lab / Center</td>
<td>Simulation Lab / Center</td>
</tr>
<tr>
<td>Decontamination</td>
<td>Decontamination</td>
</tr>
<tr>
<td>Graduate Medical Education / Residency</td>
<td>Graduate Medical Education / Residency</td>
</tr>
</tbody>
</table>

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

- Cogeneration Plant
- Commissioning
- Energy & Performance
- Lighting Design
- Traffic & Transportation
- Data Center Design
- RTLS
- Other (specify)

<table>
<thead>
<tr>
<th>Specialties</th>
<th>Other (specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Facility Optimization</td>
<td>Facility Optimization</td>
</tr>
<tr>
<td>Building Mgmt. Controls</td>
<td>Building Mgmt. Controls</td>
</tr>
<tr>
<td>Life Safety Engineering</td>
<td>Life Safety Engineering</td>
</tr>
<tr>
<td>Façade Engineering</td>
<td>Façade Engineering</td>
</tr>
<tr>
<td>Wind Effects</td>
<td>Wind Effects</td>
</tr>
<tr>
<td>Acoustics &amp; Vibration</td>
<td>Acoustics &amp; Vibration</td>
</tr>
<tr>
<td>Lead/RF Shielding</td>
<td>Lead/RF Shielding</td>
</tr>
<tr>
<td>Building Enclosures</td>
<td>Building Enclosures</td>
</tr>
<tr>
<td>Forensics Arch / Eng.</td>
<td>Forensics Arch / Eng.</td>
</tr>
<tr>
<td>Emergency Management</td>
<td>Emergency Management</td>
</tr>
<tr>
<td>Helipad/Helistop</td>
<td>Helipad/Helistop</td>
</tr>
<tr>
<td>Vertical Transportation Systems</td>
<td>Vertical Transportation Systems</td>
</tr>
<tr>
<td>Pneumatic Tube System</td>
<td>Pneumatic Tube System</td>
</tr>
</tbody>
</table>
**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: $_________________________
Largest contract value 1 year previous: $_________________________
Largest contract value 2 years previous: $_________________________

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 ☐
  - 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 training for all employees?**
  - Yes ☐
  - No ☐

- **Does the organization have sexual harassment training for all employees?**
  - Yes ☐
  - No ☐

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

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 ☐

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 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

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Policy No.:</td>
<td></td>
</tr>
<tr>
<td>Policy Period:</td>
<td>From: ________________ To: ________________</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Claims Made:</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Workers Compensation Insurance

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Policy No.:</td>
<td></td>
</tr>
<tr>
<td>Policy Period:</td>
<td>From: ________________ To: ________________</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Claims Made:</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Business Automobile Liability Insurance

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Policy No.:</td>
<td></td>
</tr>
<tr>
<td>Policy Period:</td>
<td>From: ________________ To: ________________</td>
</tr>
<tr>
<td>Contact Person:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td></td>
</tr>
<tr>
<td>Phone Number:</td>
<td></td>
</tr>
<tr>
<td>Claims Made:</td>
<td>Yes ☐ No ☐</td>
</tr>
</tbody>
</table>

### Professional Liability Insurance
<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Policy No.:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

**Policy Period:**

- **From:** ____________
- **To:** ____________

**Contact Person:**

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
</tr>
</tbody>
</table>

- **City:** ____________
- **State:** ____________
- **Zip Code:** ____________

- **Phone Number:** ____________

- **Fax Number:**

**Claims Made:**

- **Yes ☐**
- **No ☐**

**Aggregate Limit:** ____________

---

**Umbrella Excess Liability Insurance**

<table>
<thead>
<tr>
<th>Insurance Company:</th>
<th>________________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Insurance Policy No.:</td>
<td>________________________________</td>
</tr>
</tbody>
</table>

**Policy Period:**

- **From:** ____________
- **To:** ____________

**Contact Person:**

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>____________</td>
</tr>
</tbody>
</table>

- **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

*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

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

Total 100