NEW JERSEY ECONOMIC DEVELOPMENT AUTHORITY

REQUEST FOR QUALIFICATIONS FOR

Lead Roles: Lead Healthcare Clinical Services Provider, Lead Institution of Higher Education, and Lead Trenton-Based Multi-Service Organization

(Reference #2023-RFQ-169)

Date: April 21, 2023

ADDENDUM #2

The following constitutes an Addendum, which can be a Clarification and/or Modification to the above-referenced solicitation. This Addendum is divided as follows:

- Part 1: Answers to Questions Submitted
- Part 2: Additions, Deletions, Clarifications and Modifications to the RFQ

Part	Part 1: Answers to Questions Submitted		
No.	Question	Answer	
1.	Page 11, Section J. QUALIFICATIONS FOR LEAD ROLE A: LEAD HEALTHCARE CLINICAL SERVICES PROVIDER I am a sole provider of a mobile healthcare organization. We bring health care to you at home in the community. I read the eligibility of the healthcare professional and it states that they have to own a hospital. Correct me if I am wrong. I am interested in filling out the request for qualifications for the Lead Roles: Lead Healthcare Clinical Services Provider.	Pursuant to Section (J)2: To be eligible for the Lead Healthcare Clinical Service Provider role, the respondent must be a New Jersey-based birthing hospital or maternity hospital or healthcare system containing one or more of these hospitals. A birthing hospital or maternity hospital is defined as a hospital facility or related healthcare facility designed for the care of women before and during childbirth and for the care of newborn babies. The respondent must be licensed as a health care facility by the New Jersey Department of Health (DOH) and approved to accept Medicaid by the New Jersey Department of Human Services (DHS). The respondent must fall into NAICS code "622 Hospitals," including: • 6221 and 622110: General Medical and Surgical Hospitals • 6222 and 622210: Psychiatric and Substance Abuse Hospitals • 6223 and 622310: Specialty (except Psychiatric and Substance Abuse) Hospitals	

2.	Pages 20 - 21, Section M – Required Respondent Information For the questions to be answered by Lead Role A: Lead Healthcare Clinical Services Provider: • Question #12 references question 7. Should that instead read question 11? • Question #14 references question 9. Should that instead read question 13?	The correct reference in Question #12 should be to reference question 11. As the reference in Question #14 should reference question 13.
3.	Page 14 May a group of Higher Ed institutions work collaborative/collectively on a proposal to serve as Lead Institution of Higher Education?	A group of entities may choose to respond collectively with one (1) response to the RFQ. However, one institution must be designated in the lead role, even if other institutions are collaborating on the proposal, and the designated lead must meet all eligibility criteria the lead role they are responding to. The subsequent RFP will provide more detail about the envisioned interactions among coalitions/partnerships and between the three lead entities.
4.	Can a consortium of three Institutions of Higher Education go in together and submit one RFQ for the Lead Institution of Higher Education role, or do we have to specify one of the three institutions as the Lead Institution?	See response to question #3
5.	To be considered, must all 3 types of entities (higher ed / healthcare / community) be fully identified in terms of the work they will be doing for a proposal submitted?	Pursuant to section (C): It is <i>encouraged, though not required,</i> that respondents form a consortium or other partnership with other entities to comprehensively respond to this RFQ and/or a subsequent Request for Proposals (RFP). [Emphasis added]
6.	If each 'lead' may submit separately, will there be an opportunity to meet all qualified entities in order to attempt to find synergy, in turn developing the most comprehensive proposal possible?	Pursuant to section (C): In advance of the RFP process, the Authority will publicly make available contact information on all Lead respondents to the RFQ (for Healthcare, IHE and MSO) as well as all respondents to the Organization Interest Form (details

		at https://www.njeda.com/maternal-and-infant-health-innovation-center/#interest-form).
7.	Page 16 For the Multi-Service Organization (MSO), is it helpful to identify what work they are doing in their communities?	Yes. Please review the Request for Qualifications and its requirements and make all best efforts in preparing your submission. MSOs have the option to submit a response to question 11: "Please describe the nature of the services your organization provides to Trenton residents and how long your organization has provided these services within Trenton."
8.	How does NJEDA see the 'leads' interacting with each other?	The subsequent RFP will provide more detail about the envisioned interactions between the three Lead entities. As noted in the RFQ, it is encouraged, though not required, that respondents form a consortium or other partnership with other entities to comprehensively respond to this RFQ and/or a subsequent Request for Proposals (RFP). For example, if a respondent will be submitting a response as a potential Lead A (Healthcare Clinical Services Provider), they are strongly encouraged to identify a potential Lead B (Institution of Higher Education) and potential Lead C (Trenton-Based Multi-Service Organization) that they envision working with, and detail any pertinent information about prior or potential future partnerships between their respective organizations in their response to the RFQ. This is not binding and will be fleshed out through a subsequent RFP process.
9.	How does NJEDA see the 'leads' working with other community partners?	Pursuant to section (C): Respondents for the Lead roles should be able to demonstrate that they have standing relationships with community-based groups that would make for sustained partnerships and should reference this in their response to the RFQ. However, the Authority recognizes

		that some organizations and Lead applicants may not be aware of or connected to one another during the RFQ stage. In advance of the RFP process, the Authority will publicly make available contact information on all Lead respondents to the RFQ (for Healthcare, IHE and MSO) as well as all interested respondents to the Organization Interest Form (https://www.njeda.com/maternal-and-infant-health-innovation-center/#interest-form). In the RFP process, respondents will be required to detail proposed partnerships with community-based stakeholders. Importantly, the Authority anticipates the RFP will evaluate respondents on the level and breadth of engagement and proposed service delivery partnerships.
10.	Page 16 The proposal outlines a broad list of training and research activities, is this list in rank order?	No. List is not specified in order of rank or importance.
11.	What type of research is envisioned being undertaken?	The subsequent RFP will provide more detail about the types of research being envisioned, but all research must relate in some way to maternal and infant health. Respondents are encouraged, though not required, to elaborate on the type of research they would envision as part of the RFQ process and its linkage to maternal and infant health.
12.	What type of training is envisioned being conducted?	Pursuant to section (K)3, training could include but is not limited to: Midwifery-led care Community doula care Community health worker Work-based learning programs (e.g., Internships, apprenticeships) Clinical training Implicit bias training Cultural competency training Certification classes Entrepreneurial support services Paternal care support training

13.	Can out of state entities be considered / included for supporting work (e.g. there is intense limitation around midwifery providers in the garden state) and if yes, should a proposal include this information?	Out of state entities may be considered for supporting work; and any proposal submissions should include same. Please review the RFQ and eligibility and related requirements.
14.	Is it beneficial to outline the entities that may be serving in supporting roles?	Yes. Would be beneficial in submission to Request for Proposal and to address any applicable subcontractor information.
15.	What is the full amount of funding potentially available and how is it structured?	Pursuant to section (E): Governor Murphy's fiscal year 2022 and 2023 budgets have dedicated nearly \$23 million for planning and construction of the Center. Governor Murphy's FY22 state budget dedicated \$2.9 million in state funds for planning activities for the Center (e.g., community engagement, site selection due diligence, feasibility studies). Governor Murphy's FY23 state budget dedicated \$20 million in federal American Rescue Plan (ARP) State and Local Fiscal Recovery Funds toward construction of the Center.
16.	What will this funding be used for - Construction? Outfitting? Both? Other?	Pursuant to section (E): The NJEDA anticipates that this funding will support the development of a ready-to-occupy facility that would enable long-term tenants to occupy the facility at no or low cost. Qualified respondents to this RFQ (and any subsequent RFP) are expected to be responsible for real estate operating expenses such as utilities, taxes/PILOT payments, and other customary expenses. Using available funding, NJEDA expects to deliver a core and shell for the building (and ancillary elements including sufficient parking) and both medical office, academic and traditional office space. Respondents to an RFP will be expected to identify needed costs and specifications for their respective spaces. NJEDA will work with qualified respondents to finalize the design of their respective spaces

		within the facility, and depending on availability of funds and needs of the respondent, contribute to tenant improvements. All construction activities at the facility will comply with NJEDA's Affirmative Action and Prevailing Wage policies. The selected party will enter into a lease that will include: design of their respective leasehold and landlord and tenant contributions for the construction of the leasehold improvements.
17.	Is NJEDA acquiring space in the zone or is it expected that a lead will provide space?	See response to question 16.
18.	Will EDA be outfitting the space and will this be done collaboratively with the coleads?	See response to question 16.
19.	Does all activity have to occur in the colocated space?	The majority of services must take place within the co-located space in Trenton. However, lead entities may also provide referrals for services not located on site.
20.	Can a MSO's ancillary or supplemental location, in the City of Trenton, satisfy the headquarter requirement?	Organizational headquarters and mailing address for the MSO <u>must</u> be located within Trenton city boundaries. Please note:
		o Organizations that provide services within Trenton but are headquartered in other municipalities (e.g. Ewing Township, Hamilton Township, Robbinsville Township) are not eligible to apply as the Lead Trenton-Based Multi-Service Organization.
		o Organizations that are headquartered in Trenton but do not provide direct services within Trenton are <u>not</u> eligible to apply as the Lead Trenton-Based Multi-Service Organization.
		o Organizations that are headquartered in Trenton <u>and</u> provide services in Trenton as well as other municipalities (e.g. Ewing Township, or throughout Mercer County) are eligible to apply as the Lead Trenton-Based Multi-Service Organization.

21.	While the MSO service provision details out a minimum number of services that must be provided, the sections on higher education & clinical service provider do not. Is there any expectation as to the number or types of services that should be provided?	There is no requirement for the RFQ phase for the lead healthcare clinical services provider or IHE on the number of services to be provided.
22.	Is subcontracting permissible under this agreement?	Yes. It is anticipated that the agreement that will be awarded via the Request for Proposals will allow for subcontracting. Please review Section N(2)(m) pertaining to subcontractor utilization plan.
23.	May the Lead Institution of Higher Education (IHE) work with a partner that provides a specific service, such as data procurement or research in a particular topic area?	Lead IHEs may choose to partner and/or subcontract for specific services. Please review Section N(2)(m) pertaining to subcontractor utilization plan. More details on subcontracting structures will be provided in the subsequent RFP.
24.	May the Lead Institution of Higher Education (IHE) incorporate graduate students into the Center's work and if so, can those graduate students be provided scholarships while conducting that work?	Lead IHEs can propose their model of service delivery as part of the RFQ/RFP process, including the use of graduate students and the model for paying those staff, including any graduate scholarships.
25.	For the Lead Role C: Lead Trenton-Based Multi-Service Organization (MSO), eligibility requirements on page 18, the RFQ states that the MSO must have one of these eight (8) NAICS codes as the organization's primary NAICS code: • 621: Outpatient Health Care Practitioners and Facilities • 624110: Child and Youth Services • 624190: Individual and Family Services • 62422: Community Housing Services • 624410: Child Day Care Services • 713940: Fitness and Recreational Sports Centers • 813319: Social Advocacy Organizations	Pursuant to Part 2 of this addendum, the following NAICS code has been added as an eligible primary NAICS code: • 923120: Administration of Public Health Programs Respondents to Lead Role C must have one of the 9 NAICS code (8 listed in the RFQ plus the NAICS added by this addendum) in order to be an eligible respondent to this RFQ.

26.	If we have a NAICS Code different from these, but our services and expertise are completely aligned with the requested qualifications, can we submit qualifications for Lead Role C? Can more than one (1) organization apply as co-lead applicants for any "Lead Role"? Do they have to be identified at the time of submitting the RFQ responses on 5/8?	See response to question 3.
Part	2: Additions, Deletions, Clarifications & M	Modifications to the RFQ
No.	Description	Clarification/Modification
1.	Page 18, section (L)2: Have one of these eight (8) NAICS codes as the organization's primary NAICS code: o 621: Outpatient Health Care Practitioners and Facilities o 624110: Child and Youth Services o 624190: Individual and Family Services o 62422: Community Housing Services o 624410: Child Day Care Services o 713940: Fitness and Recreational Sports Centers o 813319: Social Advocacy Organizations o 813410: Civic and Social Organizations	Page 18, section (L)2, to be updated as follows: Have one of these eight nine (8 9) NAICS codes as the organization's primary NAICS code: 621: Outpatient Health Care Practitioners and Facilities 624110: Child and Youth Services 624190: Individual and Family Services 62422: Community Housing Services 624410: Child Day Care Services 713940: Fitness and Recreational Sports Centers 813319: Social Advocacy Organizations 813410: Civic and Social Organizations 923120: Administration of Public Health Programs