

**Jersey City Redevelopment Agency
Centre Pompidou x Jersey City Museum
Cost Estimator Services RFP
Questions and Answers**

The questions and answers below were posed both during the walk throughs of the Pathside Building and submitted to the Agency in accordance with the RFPs. They apply to both the RFP for Cost Estimator Services and the RFP for Food Services Consultant, however, some questions and responses may be specifically applicable to one or the other.

All capitalized terms set forth herein shall have the meaning set forth in the RFP.

A. Project Scope

1. What is the building's existing square footage?

60,631 gsf

2. What is the proposed square footage after renovation?

Approximately 65,000-70,000 gsf

3. What is the design budget for the project? What is the construction budget?

The final design budget has not yet been determined.

4. How many stories above/below grade?

The building is 4 stories above grade and 1 story below grade.

5. Is expansion to the building anticipated? Are new vertical circulation and mechanical systems anticipated?

Yes, currently expansion to the east and on the roof is anticipated as well as new vertical circulation, and mechanical spaces.

6. Is a building brief / program available?

Not at this time. The anticipated building brief includes the following components:

- Public spaces (lobby, ticketing, museum shop, flexible event space, cloakroom)
- Exhibition spaces
- Community & Education spaces (multipurpose space, workshop, classroom)
- Food Service spaces (café, restaurant)
- Rooftop terrace
- Back-of-house spaces (art handling, storage, security, mechanical, etc.)

7. Will the completed Program Report and Concept Design, mentioned in the RFP, be shared as part of the proposal process?

No.

8. Is sub-grade work anticipated?

Yes. A portion of the existing basement floor may be lowered.

9. Are structural alterations to the building anticipated?

Yes.

10. Is the covered alleyway along the west side of the building part of the Pathside Building's property?

Yes.

11. Will the roof need replacement?

Yes, it is anticipated that the roof will be replaced.

12. Has a logistics plan been generated in past studies?

No.

B. Existing Building Information

13. What was the building's original use?

The building, located at 25 Journal Square, was constructed in 1912 originally as a PSE&G (Public Service Electric and Gas Company, provider of gas and electric service) office building. In 1995, the building underwent a major renovation to create new classrooms and a library for Hudson Community College and served as part of the college's campus until 2017.

14. Are the existing ceiling heights consistent from floor to floor?

Level 1: approximately 17 feet

Level 2 & 3: approximately 12 feet

Level 4: approximately 13.5 feet

15. Are there currently active utilities in the building? Where do the utilities enter the building? Are there plans to be relocate the utilities?

Yes, there is currently electricity in the building. Utilities enter from the south at Sip Ave. It is anticipated that utilities will remain at the existing location.

16. Are there historic preservation requirements for the Pathside Building?

No.

17. Does the basement connect to the Journal Square PATH Station?

No.

18. Has a building assessment report, hazardous material, or asbestos report been completed?

In process.

19. Is mold limited to the basement?

An assessment is in process.

20. Are existing foundation plans available?

No existing foundation plans are available.

21. Have geotechnical borings been completed?

No.

22. Are there existing structural drawings?

No.

23. Are there any condition assessments of the existing structure so we can understand the impact of inserting a state-of-the-art facility into 84 Sip Street?

No.

C. 1 Journal Square (neighboring construction project)

24. Are plans for 1 Journal Square available online?

Plans for 1 Journal Square can be provided to selected candidates once onboarded to the project team.

25. When is construction at 1 Journal Square (neighboring property) anticipated to be complete?

February 2026.

D. Information Specific to Cost Estimator Candidates

26. What is the first anticipated deliverable for the Cost Estimator?

100% Schematic Design cost estimate

27. Is this a publicly funded project?

Yes.

28. Does prevailing wage apply?

Yes.

29. Should abatement be included in the estimate?

No.

30. Is the design team developing their own cost estimate?

No.

31. Has the basement demolition been contracted?

No.

32. If a builder is selected as Cost Estimator, are they excluded from bidding on the project as Construction Manager in the future?

The selected Cost estimator candidates will not be able to bid on Construction Manager services for the project.

33. Under the scope of work in paragraph 2.1, one of the bulleted services includes "Solicit local trade pricing at the appropriate phase". Please clarify the intent of this requirement. Soliciting trade pricing is typically the responsibility of a general contractor or construction manager.

The Cost Estimator is expected to solicit preliminary local trade pricing on a case-by-case basis if such information is deemed critical by the project team to provide a complete cost estimate.

34. Under the scope of work in paragraph 2.1, one of the bulleted services includes "Meet with the design team and sub-contractors to better understand the design, the engineering and the market". The cost consultant typically does not hold subcontracts. Please clarify the intent for subcontractor involvement during the design phase.

The Cost Consultant is expected to identify critical cost-driving trades and meet with relevant trade subcontractors if such information is deemed critical by the project team to provide a complete cost estimate.

35. Please clarify if the JCRA intends to procure construction phase services through a construction management at risk approach or a lump sum general construction approach. In the scope of services, it is noted that cost consultant shall assist in reviewing subcontractor bids obtained by the construction manager and reconciling them against previous estimates. This level of service varies greatly if the cost consultant is reconciling every subcontracted bid package in an open book CM at risk approach versus reconciling the overall project cost in a lump sum general contractor approach.

The form of contract for construction phase services is yet to be determined.

36. What is the intended frequency of coordination meetings with the design team and construction manager? Will these meetings be held in person or virtually?

This is yet to be determined.

37. Section 2.2 of the RFP notes that the initial contract has a 1-year term and the agency has the sole option to extend the agreement up to four (4) additional 1-year periods. How does the agency intend to account for cost escalation should the services be extended beyond the initial 1-year term. Are we to propose a yearly escalation factor for the extension of services?

Respondent's proposal should include the anticipated fee for all services set forth in the RFP for the duration of the project (which is anticipated to last longer than one year).

E. Information Specific to Food Service Consultant Candidates

38. Does the foodservice program consist of hospitality/catered events only or will there be other foodservice outlets (e.g., café, coffee shop, etc.)?

The food service program is anticipated to include:

- Café (grab & go)
- Restaurant (table service)
- Hospitality/catered events & rentals

39. The scope of work includes a feasibility study for food services. In our experience the feasibility study will inform the size requirement and type of dining/catering spaces needed.

The scope also includes design and specification services for these dining /catering spaces. Since we price design and specification services based on square footage of the space, can you provide a square footage estimate to utilize?

The current design anticipates the following building components to support food service activities totaling 6,300-9,000 nsf: Café (grab & go), Restaurant (table service), Multipurpose Room, and Forum/Lobby.

40. If you are unable to provide a square footage, should we just state the square footage it is based on and note that the actual price will be recalculated once space allocations are finalized?

See above.

41. Please provide a preliminary floor plan with space program locations for foodservice areas. This information cannot be provided at this time.

42. **Section 2 Scope of Services, 2.1 (a) Feasibility Study, 5** | “For each level of service, fully detail the risks along with operational and or financial considerations including operating hours, staffing challenges associated with a part time operation, liquor license implications, other issues that will impact sales.” Please elaborate further on what you are requesting for advising on “liquor license implications”?

Provide preliminary recommendations on whether application for a liquor license should be pursued, relative to the food service strategies being recommended.

43. RFP Section 2 Scope of Services, 2.1 (b) “1. Recommend and implement a strategy to find a foodservice operator.” Please confirm or outline in further detail that the requested assistance encompasses any or all the below action items?

- Program Overview
- Preparation of Bid Document/Bidder Prequalification/Pre-Bid Conference
- Evaluation of Bid Submittals
- Review of Finalists/Site Visits
- Finalist Interviews
- Contract Negotiation Assistance
- Transition Planning & Start-up execution support

Yes, all the above.

44. RFP Section 2 Scope of Services, 2.1 (b) “2. Develop a contract template and negotiate with the selected foodservice provider.” Please confirm or outline in further detail that the requested assistance encompasses any or all the below action items?

- Program Overview
- Preparation of Bid Document/Bidder Prequalification/Pre-Bid Conference
- Evaluation of Bid Submittals
- Review of Finalists/Site Visits
- Finalist Interviews
- Contract Negotiation Assistance
- Transition Planning & Start-up execution support

Yes, all the above.

F. Project Schedule & Team

45. What stage is the design in now?

The latter half of Schematic Design.

46. What is the schedule for conclusion of Schematic Design?

Anticipated in January 2023

47. What design team consultants are currently on board?

Architecture, Structural, MEP/FP, AV/IT/Acoustics, Vertical Circulation, Façade/Envelope, Civil/Geotechnical, Survey

48. Is there Construction Manager on board for Schematic Design?

No.

G. RFP Proposal Contents & Process

49. What is the process/timeline after proposal due date?

The process is set forth in the RFP.

50. Do you prefer references for projects the proposed individuals worked on or for projects where our firm performed similar services?

Both. References for proposed individuals should be prioritized.

51. Does each project we list need a reference?

No.

52. Can you provide higher resolution versions of the following forms for ease of completion? Form A-11 and Form A-13.

See attached.

53. Page 2 of the RFP states that the proposal should be clearly marked on the outside "PROPOSAL: PATHSIDE/84 SIP Services" can you clarify if this was intended to say "PROPOSAL: PATHSIDE/COST ESTIMATOR SERVICES"

Yes, indicate Cost Consultant Services or Food Service Consultant Services, as applicable.

54. Section 3.3.1 of the RFP states that the fee proposal should be by phases for complete services. Does it mean fee by each milestone estimates such as 100% SD, 100%DD, 50% CD and 100% CD (as an alternate)? Please confirm.

Yes.

55. The scope of work states we should include reconciliation of estimates with CM's estimate during DD stage and CD stage. Is this part of part A or part B in form A-1?

The Cost Estimator will meet with the CM, compare estimates, reconcile any differences, and present with the Design Team to the Owner. Please complete the revised Form A-1 attached.

56. Review of bids received from the contractors and compare with the estimates: Should we include this as an alternate or to be included in part A or part B?

As part of the estimating process, the Cost Estimator may be asked by the design team to contact a trade subcontractor for vendor pricing. During Pre-con the CM will obtain trade subcontractor pricing and the Cost Estimator will be asked to review and compare the trade subcontractor pricing. The Cost Estimator should include this as part of the basic services. Please complete the revised Form A-1 attached.

57. On the proposal form, the proposed fee is shown to be broken down as "Part A" and "Part B". Please clarify.

Please complete the revised Form A-1 attached.

58. Exhibit B states that the "Contracting Agency" entering into a contract with JCRA is required to have a valid Business Registration Certificate. We are currently in a process of obtaining the foreign entity business corporation status in New Jersey. Will you accept the proof of foreign business corporation certificate in lieu of a business registration certificate?

JCRA requires a valid Business Registration Certificate in order to enter into a contract for services.

59. What is the Bid Solicitation # for form A-6?

Please indicate Cost Estimator Services or Food Services Consultant Services.

60. Should we include the insurance certificates in the proposal?

Insurance certificates are required prior to execution of the contract for services.

61. Would you like the proposal hand delivered and also emailed? or just either way is acceptable? If so how many copies should we deliver?

The process is set forth in the RFP. Either way is acceptable.

FORM A-1

PROPOSAL FORM

TO: Jersey City Redevelopment Agency
Robert Napiorski
4 Jackson Square
Jersey City, NJ 07305

1. Pursuant to and in compliance with the Request for Proposals (“RFP”), including all addenda issued during the proposal period whether or not received or examined by the undersigned, the undersigned offers to provide all of the Cost Estimator Services (the “Services”) required by the proposed Agreement.

In consideration for providing the Services set forth in the Agreement, Respondent proposes fees as follows:

	PROPOSED FEE
Fee	
All Other Costs (reimbursable expenses, etc.)	
Total Fee	

2. In submitting this Proposal, it is understood by the undersigned that all addenda issued during the Proposal period, whether or not received or examined by the undersigned, are part of the RFP, and will be part of the contract documents.

3. The undersigned hereby represents that it:

- (a) has carefully studied the RFP and understands the RFP fully; and
- (b) has made this Proposal in accordance with the RFP and N.J.S.A. 40A:11-4.1 et seq.; and
- (c) has discovered no error, inconsistency or ambiguity in the RFP that the Respondent has not reported to the Project Representative in writing; and
- (d) has no question about the proposed contract documents and how they are to be interpreted and construed that has not been submitted to the Project Representative in writing; and
- (e) is familiar with the requirements of applicable law, statute, ordinances, building codes, rules and regulations affecting the Services to be performed.

DATE: _____

BY: _____

(Signature)

(Title)

(Firm Name)

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: https://www.state.nj.us/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FTD. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT		CITY COUNTY STATE ZIP CODE
Official Use Only	DATE RECEIVED	NAUG. DATE ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1	COL. 2	COL. 3	***** MALE *****					***** FEMALE *****				
	TOTAL (Cols. 2 & 3)	MALE	FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (if any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From: _____ To: _____		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO. DAY YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE ZIP CODE PHONE (AREA CODE, NO., EXTENSION)



DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING THE VENDOR FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

BID SOLICITATION # AND TITLE: _____

VENDOR NAME: _____

PART 1

PLEASE LIST ALL OFFICERS/DIRECTORS OF THE VENDOR BELOW.

NAME	_____
TITLE	_____
ADDRESS	_____
ADDRESS	_____
CITY	STATE ZIP

NAME	_____
TITLE	_____
ADDRESS	_____
ADDRESS	_____
CITY	STATE ZIP

NAME	_____
TITLE	_____
ADDRESS	_____
ADDRESS	_____
CITY	STATE ZIP

NAME	_____
TITLE	_____
ADDRESS	_____
ADDRESS	_____
CITY	STATE ZIP

**Attach Additional Sheets If Necessary.*

PART 2

PLEASE REFER TO THE PERSONS LISTED ABOVE AND/OR THE PERSONS AND/OR ENTITIES LISTED ON THE OWNERSHIP DISCLOSURE FORM WHEN ANSWERING THESE QUESTIONS.

- Has any person or entity listed on this form or its attachments ever been arrested, charged, indicted, or convicted in a criminal or disorderly persons matter by the State of New Jersey (or political subdivision thereof), or by any other state or the U.S. Government?
- Has any person or entity listed on this form or its attachments ever been suspended, debarred or otherwise declared ineligible by any government agency from bidding or contracting to provide services, labor, materials or supplies?
- Are there currently any pending criminal matters or debarment proceedings in which the firm and/or its officers and/or managers are involved?
- Has any person or entity listed on this form or its attachments been denied any license, permit or similar authorization required to engage in the work applied for herein, or has any such license, permit or similar authorization been revoked by any agency of federal, state or local government?
- Has any person or entity listed on this form or its attachments been involved as an adverse party to a public sector client in any civil litigation or administrative proceeding in the past five (5) years?

IF ANY OF THE ANSWERS TO QUESTIONS 1-5 ARE "YES", PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 3.
IF ALL OF THE ANSWERS TO QUESTIONS 1-5 ARE "NO", NO FURTHER ACTION IS NEEDED; PLEASE SIGN AND DATE THE FORM.

PART 3

DESCRIPTION OF THE INVESTIGATION OR LITIGATION, ETC.

If you answered "YES" to any of questions 1 - 5 above, you must provide a detailed description of any investigation or litigation, including, but not limited to, administrative complaints or other administrative proceedings involving public sector clients during the past five (5) years. The description must include the nature and status of the investigation, and for any litigation, the caption and a brief description of the action, the date of inception, current status, and if applicable, the disposition.

PERSON OR ENTITY NAME	_____
CONTACT NAME	PHONE NUMBER
CASE CAPTION	_____
INCEPTION OF THE INVESTIGATION	CURRENT STATUS
SUMMARY OF INVESTIGATION	_____

**Attach Additional Sheets If Necessary.*

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Signature _____

Date _____

Print Name and Title _____