

**State of North Carolina  
Prequalification Form for Prime Contractor**

Pursuant to the statute, this form gathers information about the contractors seeking to qualify for the work and provides a general format for the prequalification criteria. **Completing this questionnaire does not guarantee prequalification.** Evaluation of the submittal shall be performed by the prequalification committee in accordance with GS 143-128.1, 143-135.8 and the State of NC Prequalification Policy (attached).

**Contractors are not to use the blank template from the SCO website but to use the project specific form from the Prequalification Committee.**

**PREQUALIFICATION DUE DATE/TIME:** \_\_\_\_\_ **February 19, 2015** \_\_\_\_\_ **3:00 PM** \_\_\_\_\_  
(date) (time)

**Submitted to:** Damian Lallathin  
Contact Name receiving prequalifying packages

North Carolina State University  
Agency/Institution

Administrative Services Building III, 2701 Sullivan Dr., Suite 331  
Address

Campus Box 7520  
Address

Raleigh, NC 27695-7520  
City/State Zip Code + 4

919-513-0373 \_\_\_\_\_  
Phone number Fax Number

dllallat@ncsu.edu  
E-mail address

**Project:** Centennial Campus Substation Expansion  
Name of Project

North Carolina State University  
Project Owner

1765 Varsity Dr.  
Project Location/Address

Jacobs Engineering  
Project Engineer

CD Development \_\_\_\_\_ July 1, 2015 \_\_\_\_\_  
Project Phase Project Start Date (Approx.)

\_\_\_\_\_ May 27<sup>th</sup>, 2015 \_\_\_\_\_  
Project/Phase Duration Anticipated Bid Date

4,200,000 \_\_\_\_\_  
Total Project Budget Phase Budget

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**Project Description:**

At present, the University receives its power from a Duke Energy Progress (DEP) substation, which steps down 230kV transmission line voltage to 22.9/13.2kV. Metering occurs beyond the secondary side of (1) three-phase 15.0/20.0/25.0 MVA power transformer and prior to delivery to one 25kV outdoor metal clad switchgear owned by the University.

The University distributes power throughout the campus from the 25kV outdoor metal clad switchgear utilizing three underground 25kV power feeders distributed in concrete-encased duct bank and manholes. The overall circuit design criteria the University uses in providing underground electric power to the various buildings on campus, is to provide a looped circuit configuration whereby two (2) 25kV breakers in the metal clad switchgear at the substation are utilized to serve underground feeder cables in a looped situation, where a normally-open point is established midway in the loop of the underground feeder. In this manner, each half of the loop is protected by a 25kV breaker. Each breaker has the capability of providing the needs of the total circuit in the event of a cable failure, and having some (or all) of the other half of the loop transferred to this breaker while repairs are made. The typical configuration is to have one (1) feeder fed from one half of the metal clad switchgear, backed up to a corresponding feeder from the second half of the metal clad switchgear to provide for full redundancy. The metal clad switchgear is a split bus design (bus rated 1200 amps) with two 1200 amp source breakers, a 1200 amp tie breaker and 8 total 1200 amp distribution breakers.

This project scope will provide for the installation of a new 25 kV medium-voltage metal clad switchgear, add an additional circuit to the campus distribution system and rebalance the distribution system meeting the design criteria stated above.

**Minimum Qualifications:**

1. The prime contractor shall have experience as the lead contractor for two (2) major utility substation projects that included medium voltage (25 kV or higher) metal clad gear, and underground electrical distribution system construction within the last (5) years. List projects under Section 3.e.
2. The prime contractor shall have experience in the supervision of other trades and contractors for major utility projects. List projects under Section 3.e.
3. The prime contractor shall hold a General Contractor – Public Utility – Electrical – Ahead of the Point of Delivery – Unlimited License for the substation work, as issued by the State of North Carolina. A valid license is required at time of bid. List license information under Section 1.c.
4. The prime contractor shall hold current, valid and proper contracting license(s), as appropriate for all other self-performed work on this project, and as issued by the State of North Carolina for the appropriate trade(s). Valid licenses are required at time of bid. All sub-contractors shall also be properly licensed. If the contractor actually involved in the excavation and/or conduit installation is a sub-contractor, then that contractor shall have the required experience and the license as described. If the contractor actually involved in the installation of the metal clad switchgear is a sub-contractor, then that contractor shall have the required experience and the license as described. List license information under Section 1.c.
5. The prime contractor shall provide a project manager with a minimum of ten (10) years experience in the construction of electrical distribution systems, with a minimum of five (5) years experience at the project manager level. Submit project manager's resume as required under Section 3.c.
6. The prime contractor shall be qualified and experienced in pulling cable in accordance with industry standards, either using own in-business forces or via subcontract. Expand on this requirement for projects listed under Section 3.e.

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**SECTION 1. GENERAL COMPANY INFORMATION**

**1. a. Primary/Main office location**

Company Name \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

City/State Zip Code + 4

( \_\_\_\_\_ ) \_\_\_\_\_ ( \_\_\_\_\_ ) \_\_\_\_\_  
Phone number Fax number

Primary Contact Name \_\_\_\_\_

Secondary Contact Name \_\_\_\_\_

Primary Contact Email Address \_\_\_\_\_

Secondary Contact Email Address \_\_\_\_\_

**[Matrix: 0-2 points. If completely filled in give 2 points. If not, give 0 points.]**

**Organization**

**1. b. Business type** (check box)  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Joint Venture

Indicate your NC Statewide Uniform Certification: (check box):  MBE  HBE  AABE  AIBE  WBE  SDB  DBE

[See website link for more information: http://www.doa.nc.gov/hub/swuc.htm](http://www.doa.nc.gov/hub/swuc.htm)

\_\_\_\_\_ Other (specify) \_\_\_\_\_ Certifying Agency/State (specify)

Is your firm registered with the State of North Carolina to do business?  Yes  No

Is your firm owned or controlled by a parent or any other organization?  Yes  No

Describe Ownership if Yes: \_\_\_\_\_

List all other names your firm has operated as for the past five (5) years: \_\_\_\_\_

**[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]**

**1. c. Licensing Information** (Please provide all North Carolina professional licenses required for you to perform your services.)

**NC License number/name of licensee    License Limit/Level    State/County/City Privilege License (provide copy)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has any license ever been denied or revoked?  Yes  No If yes, please describe, \_\_\_\_\_

**[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]**

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**1. d. Type of Work Performed on a regular basis**

Primary Scope of Work: \_\_\_\_\_

Secondary Scope of Work: \_\_\_\_\_

Other Scope of Work: \_\_\_\_\_

What type of work do you self perform? \_\_\_\_\_

**[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]**

**Bonding**

**1. e. (1)** Attach letter, dated within the last 30 days, from your surety company, signed by their Attorney in Fact, verifying their willingness to issue sufficient payment and performance bonds for this project, on behalf of your firm and the dollar limits of that bond commitment, both single and aggregate. Surety company bond rating shall be rated "A" or better under the A.M. Best Rating system or The Federal Treasury List.

Have you attached a surety letter?     Yes     No

**[Matrix: 0-2 points. If surety letter attached give 2 points. If not, give 0 points.]**

**1. e. (2)** Have any Funds been expended by a Surety Company on your firm's behalf?     Yes     No    If yes, explain

\_\_\_\_\_

\_\_\_\_\_

**[Matrix: 0-2 points. If no funds expended by surety company give 2 points. If not, give 0 points.]**

**Insurance**

**1. f.** The minimum requirements of coverage are listed in Article 34 of the State Construction General Conditions. Firms must indicate that they can provide evidence of insurance coverage, should they be the successful bidder by attaching a copy of their insurance certificate. Have you attached a copy of your insurance certificate?     Yes     No

- Workers Compensation Insurance as required by law and Employer's Liability Insurance Coverage with minimum limits of \$100,000.
- Comprehensive general liability with minimum limits of \$500,000 per occurrence for bodily injury and \$ 100,000 per occurrence/\$300,000 aggregate for property damage.

**[Matrix: 0-3 points. If insurance certificate attached give 3 points. If not, give 0 points.]**

**Financials**

**1. g.** Attach latest balance sheet and income statement, if available, based on company type. Audited statements preferred. If not available, attach a copy of the latest annual renewal submission to the relevant licensing board. (Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item from becoming part of a public record.) Have you attached a balance sheet?     Yes     No

**[Matrix: 0-3 points. If financials attached give 3 points. If not, give 0 points.]**

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**SECTION 2. GENERAL REQUIREMENTS**

**Experience - Size/Capacity/Workload**

**2. a. (1)** List the annual dollar value of construction work the company has performed for each year over the last (3) three calendar years (if applicable).

1 _____(yr)	2 _____(yr)	3 _____(yr)
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**[Matrix: 0-3 points. For each year completed give 1 point each.]**

**2. a. (2)** How many projects do you currently have under contract or in progress and what is their total dollar value?

- \_\_\_\_\_(# of projects) ;
- \$ \_\_\_\_\_ (Current projects contract amount);
- \$ \_\_\_\_\_ (Projects current amount remaining to bill)

**[Matrix: 0-3 points. If section completed give 3 points. If not, give 0 points.]**

**2. a. (3)** What was your largest job completed? \_\_\_\_\_ Sq. Ft. \$ \_\_\_\_\_ ( Dollar Amount)  
\_\_\_\_\_ Location \_\_\_\_\_ Year Completed

**[Matrix: 0-5 points. Take the “dollar amount of largest job completed” and multiply by 1.5. If the result is larger than the estimated package cost then give 5 points. If the result is smaller then give 0 points.]**

**2. a. (4)** Current Backlog \$ \_\_\_\_\_ (Dollar Amount)

**[Matrix: 0-5 points. Take “current backlog” dollar amount and add “largest job completed (2.a.(3)) multiplied by 1.5”. If the result is smaller than the average of the “annual dollar amounts” listed in (2.a.(1)) multiplied by 1.5, then give 5 points. If the result is larger then give 0 points.]**

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**2. a. (5)** List the three largest contracts currently under contract or in progress, including for each, the name of the project, owner, architect and/or GC/CMR and contact information below.

<b>#1 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#2 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#3 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	

**State of North Carolina  
Prequalification Form for Prime Contractor**

Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

[Matrix: 0-3 points for each project listed. For each project above, give 1 point for each positive reference from the owner, architect and GC/CMR.]

**Office Locations**

**2. b.** Will this project be managed and directed from an office in NC? An office in NC is defined as “The principal place from which the trade or business of the bidder is directed or managed,” per GS 143-59 (c).  Yes  No

[Matrix: 0-3 points. If office location is managed and directed from NC office give 3 points. If not, give 0 points.]

**Litigation/Claims**

**2. c. (1)** Has your company been involved in any judgments, claims, arbitration or mediation proceedings, or suits within the last five years, whether resolved or still pending resolution?  Yes  No If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

[Matrix: 0-2 points. If company has not been involved in any of the above give 2 points. If they have, give 0 points.]

**2. c. (2)** Are there currently any judgments, claims, arbitration or mediation proceedings or suits pending or outstanding against your company, its officers, owners, or agents?  Yes  No If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

[Matrix: 0-2 points. If there are no current judgments, claims, arbitration, suits or mediation pending give 2 points. If there is, give 0 points.]

**2. c. (3)** Has your company ever failed to complete work awarded to it?  Yes  No If yes, please provide project name(s), year(s), and reason why: \_\_\_\_\_

[Matrix: 0-5 points. If company has never failed to complete work it has been awarded then given 5 points. If they have failed to complete work then, give 0 points.]





**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**3.c.** The assigned project manager for this project shall be \_\_\_\_\_.  
Include a resume. Have you included a resume?       Yes    No

[Matrix: 0-2 points. If resume included, give 2 points. If not, give 0 points.]

**3.d.** The experience this project manager has on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

**Similar Projects**

**3.e. List three (3) current or completed projects of similar type which most closely reflects the size and complexity of the type of work being requested for the currently proposed project within the last 10 years.**

<b>#1 –Similar - Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
<b>#2 –Similar - Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	

**State of North Carolina  
Prequalification Form for Prime Contractor**

Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
<b>#3 –Similar - Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

**[Matrix: 0-5 points for each project listed. For each similar project listed above give 2 points. In addition, for each project above, give 1 point for each positive reference from the owner, architect and GC/CMR.]**

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

**SECTION 4. SIGNATURE**

By signing this document, you are acknowledging that all answers are true to the best of your knowledge. **Any answers found to be falsified will bar you from being prequalified on this project.**

\_\_\_\_\_  
Company Name (as licensed in NC)

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

a. Dated this day of: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature By Authorized Officer

\_\_\_\_\_  
Print Title of Authorized Officer

Phone: \_\_\_\_\_

Contact person's phone number

E-mail: \_\_\_\_\_

Contact person's E-mail address

b. Notary Certification:

North Carolina

\_\_\_\_\_ County

I, a Notary Public of the County and State aforesaid, certify that \_\_\_\_\_, personally appeared before me this day and acknowledged the execution of the foregoing instrument. Witness my hand and official seal, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Official Notary Seal or Stamp)

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_, 20 \_\_\_\_

**[Matrix: 0-2 points. If signature section fully executed with notary give 2 points. If not, 0 points.]**