

**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 9, 2017 at 3:00 PM
(date) (time)

Submitted to: Lynn Swank
Contact Name receiving prequalifying packages

NC State University
Agency/Institution

Administrative Services Building 3, Suite 331, 2701 Sullivan Drive, Campus Box 7520
Address

Address

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

919-513-4637 919-515-4253
Phone number Fax Number

ldswank@ncsu.edu
E-mail address

Project: Weisiger-Brown Parking Lot
Name of Project

NC State University Athletics Department
Project Owner

2500 Warren Carroll Drive, Raleigh, NC 27695
Project Location/Address

CLH Design
Project Designer

Construction May 8, 2017
Project Phase Project Start Date (Approx.)

120 days April 6, 2017
Project/Phase Duration Anticipated Bid Date

\$700,000.00 \$530,000.00
Total Project Budget Phase Budget

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Project Description: (An in-depth narrative of the details of the project, site, trades, LEED, etc.)

This project adds a new parking lot on the west side of the Weisiger-Brown Building. The project includes a new storm water device, lighting, sidewalk, and landscaping. Trades for this project include but are not limited to grading, paving, and electrical.

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>

_____ 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)

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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.]

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

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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.]

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) |
|-------------|-------------|-------------|

[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.]

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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.

| | |
|-------------------------------------|--|
| #1 –Project Name | |
| 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 | |

| | |
|-------------------------------------|--|
| #2 –Project Name | |
| 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 | |

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

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| | |
|-------------------------------------|--|
| 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.]

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2. c. (4) Have you ever paid liquidated damages on any project? Yes No If yes, state the project name(s), year(s), and reason why. _____

[Matrix: 0-3 points. If "Yes" without sufficient explanation, give 0 points. If "No," give 3 points.]

2. c. (5) Has your present company, its officers, owners, or agents ever been convicted of charges relating to conflicts of interest, bribery, or bid-rigging? Yes No If yes, state the project name(s), year(s), and reason why. _____

[Matrix: 0 -3 points. If "Yes," give 0 points. If "No," 3 points.]

2. c. (6) Has your present company, its officers, owners, or agents ever been barred from bidding public work in North Carolina? Yes No If yes, state the project name(s), year(s), case number and reason why. _____

[Matrix: 0 - 3 points. If "Yes," give 0 points. If "No," 3 points.]

Safety Record

2. d. List your company's Experience Modification Rate (EMR) for past three years. (Attach OSHA 300 Log for the last 3 years.) Have you attached OSHA 300 log? Yes No

| | | |
|-----------------------|--------------------|---------------------------|
| _____ Present Rate | _____ Last Rate | _____ Year before rate |
|-----------------------|--------------------|---------------------------|

If these rates reflect corporate performance over a number of locations, please explain, to the extent possible, the performance experience of the location serving this project: _____

List any OSHA fines and Jobsite fatalities in the past 3 years with an explanation: _____

[Matrix: 0-5 points. If EMR rate is less than or equal to 1 then give 5 points. If not, give 0 points.]

Historically Underutilized Business (HUB) Plan

2. e. Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses? Yes No If yes, please attach your company's HUB plan.

[Matrix: 0-3 points. If company has a current documented plan give 3 points. If not, give 0 points.]

SECTION 3. PROJECT SPECIFICS

3.a. The assigned project superintendent 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.b. The experience this superintendent 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.]

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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.

| | |
|-------------------------------------|--|
| #1 –Similar - Project Name | |
| 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 | |
| #2 –Similar - Project Name | |
| 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 | |

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| | |
|-------------------------------------|--|
| Contract Dollar Value | |
| Percentage Complete | |
| Current Anticipated Completion Date | |
| #3 –Similar - Project Name | |
| 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.]

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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.]