# QUALIFICATION PROPOSAL FORM

As a Move Services Contractor in the State of North Carolina, I hereby submit this qualifications proposal in order to be considered for:

Move Services Specialty: Circle as appropriate

1. Office Move Services
2. Office Systems Furniture Reconfiguration/ Relocation
3. Lab Move Services
4. Library Move Services

Company Legal Name:

Street Address

City, State, ZIP

Office telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Intrastate Moving License Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax Identification Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company President \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company Vice-President (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company Secretary (if applicable) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Permanent, Full-Time Employees \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Attached to this Form are the following documents, in order:**

### Copy of current certificate of insurance.

### Copy of current company Intrastate Moving License with the State of North Carolina or Certificate of Exemption authorizing goods transportation within North Carolina.

### Move Services Contractor Additional Information.

### List of References, Provide current references, with contact names and telephone numbers.

### A list of company vehicles and construction equipment, by type. (Ex: five box trucks, two 26 ft trucks, 20 platform dollies, etc.)

### Resource Plan Hourly Rates.

### Unit Pricing for Move Materials.

Signature: Date:

 Authorized Company Officer

#  MOVE SERVICES CONTRACTOR ADDITIONAL INFORMATION

Note: Failure to answer all of the following questions may result in disqualification. If you have any questions, contact the project manager listed on page one of this solicitation. The State agency/institution reserves the unqualified right to reject any or all proposals and to waive informalities. The State agency/institution has developed a plan to meet or exceed goals set by GS 143-128 for the participation of minority businesses in public construction contracts. Contractors are expected to be familiar with these initiatives and to comply with program requirements.

Interested firms shall address the following critical selection factors in a written response.

## Experience and Expertise with Similar Projects

### Number of years in business as a Move Services Contractor under the company name listed on the Qualification Proposal Form. List any other name(s) your firm operated under previously.

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### List date, state, and type of incorporation, partnership, or proprietorship of establishment.

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### List names of the firm principals appropriate to the type of the firm.

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| Corporation: |  |
| President |  |
| Vice-President |  |
| Secretary |  |
| Treasurer |  |
| Partnership: Partners |  |
| Proprietorship: Owner |  |

## Adequate Staff – Qualifications and Examples of Previous Work

### How many full-time permanent employees work for the company?

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### If the company has more than one office location, list the primary place of business and how many full-time permanent employees work for the company at that location.

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### List the annual dollar value of move services work the company has performed for each year, over the last 5 calendar years.

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| --- | --- |
| 2017 |  |
| 2016 |  |
| 2015 |  |
| 2014 |  |
| 2013 |  |

### Provide a minimum of three (3) examples of experience and expertise with similar projects for each of the move services specialty groups. (Attach additional sheet if needed).

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## Quality Control / Administration

### Describe quality control procedures, including inspection and damage/loss control processes to be applied to move projects. List the most recent project where these procedures were used, and provide owner contact names and telephone numbers. (Attach additional sheet if needed).

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### Describe HOW you can ensure that a supervisory representative will be on-site at NC State within one (1) hour of notice from NC State, for emergency or safety issues occurring during the implementation of move services.

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### List your company’s Lost Day Case Rate (LDCR)

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## Record of Successfully Completed Projects without Major Legal Problems

### Does your company have current litigation and/or claims? If yes, attach a separate sheet listing the project(s), dollar value, owner contact information, and date of completion with an explanation of the nature of the claim/delay and attach relevant documentation.

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### Has your company ever failed to complete work awarded to it?

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### Has your company ever failed to substantially complete a project in a timely manner (i.e. more than 20% beyond the originally contracted/ scheduled completion date)?

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### Has your company been involved in any suits or arbitration proceedings within the last five years?

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### Are there any current judgments, claims, arbitration proceedings or suits pending or outstanding against your company, its officers, owners, or agents?

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### Has your company, its officers, owners, or agents ever been barred from bidding public work in North Carolina?

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### 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. (attach additional sheets if needed).

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