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:** \_\_\_\_5/10/18\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_5:00 PM\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **(date) (time)**

**Submitted to:** \_\_Damian Lallathin\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Contact Name receiving prequalifying packages

 \_\_\_\_North Carolina State University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Agency/Institution

 \_\_\_\_Administrative Services III Campus Box 7920\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

 \_\_\_\_2701 Sullivan Dr.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address

 \_\_\_\_Raleigh, NC 27695\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City/State Zip Code + 4

 \_\_919-513-0373\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone number Fax Number

 \_\_\_dllallat@ncsu.edu\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail address

**Project:** \_\_Centennial Campus Utility Infrastructure Thermal Energy Storage Package A \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name of Project

 \_\_\_North Carolina State University\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Owner

 \_\_\_Centennial Campus, Raleigh, NC \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Location/Address

 \_\_\_RMF Engineering\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Architect

 \_\_\_Construction\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_September 2018\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project Phase Project Start Date (Approx.)

 \_\_\_Approximately 18 Months\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_Winter 2019 Spring 2020\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Project/Phase Duration Anticipated Bid Date

 \_\_\_\_Approximately 9.6 Million\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_Approximately 5.2 Million\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Total Project Budget Phase Budget

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

This project design expands chilled water capacity with the addition of a stratified chilled water thermal energy storage tank (TES) located adjacent to CCUP. Project delivery for this package is currently anticipated to be by a single-prime general contractor. Pre-construction services included support from a construction manager (DPR) and a third-party commissioning agent (Burns & McDonald). Commissioning involvement is anticipated to continue throughout the construction process.

## CIVIL

The TES site will be graded in preparation for deep foundation work and to provide a service vehicular entrance road on the north side of the tank with two 8ft wide entry gates. Additionally, a concrete perimeter service access drive/walkway will be established. A modular concrete retaining wall will be utilized from tank one-o-clock to tank six-o-clock. Storm water will sheet flow from the tank area to the west and south. A sanitary connection for TES overflow will also be provided. A short run of 20”underground ductile-iron chilled water piping will be routed from tank connections to just outside of the plant.

## ARCHITECTURAL

The TES is a significant structure on campus, however its placement is ideal in that views are obscured from most vantage points with exception of the Partners II surface parking lot and associated access road. The tank will be clad with vertical standing seamed, insulated, metal panels. The panel pattern utilizes a stack of two to three vertical segments of varying heights and three custom colors including white and various grey tones. The tank color scheme concentrates darker on the lower portion of the tank and trends to lighter gray and white on the upper vertical segments. Tank siting and aesthetics have been approved by the campus design review panel (CDRP).

TES security is important to the project as it provides a large “canvas” for potential vandalism. Fence plus retaining wall height will be a minimum of 8 feet tall around the perimeter of the tank. Fencing will be basic chain-link type matching existing campus security fencing.

Adjacent to the site are three greenhouses which will be minimally impacted by the shade of the tank. A shading study was performed indicating that on the worst day of the year, the tank will shade on the eastern-most greenhouse less than an hour more than the existing trees. Further, shading by the tank will be solid, while the trees will provide some amount of diffuse light during the shaded periods of the day.

## STRUCTURAL

A geotechnical investigation performed by Stewart Inc. on the site soils under the TES found that the tank would settle 10” – 12” from the anticipated ~6,000 psf bearing pressure. Stewart recommended the use of aggregate piers for the support of the tank and estimated a total settlement not to exceed 2”. Upon request by the University Stewart also investigated the use of a steel pile foundation and determined that estimated total settlements would be less than an inch. The University then directed RMF Engineering to move forward with the steel pile foundation option. 250 kip capacity steel H-piles were selected to be driven to refusal in the weathered rock 45’ to 50’ below grade. The piles have been laid out evenly under the footprint of the tank at a 6’ spacing. The tops of the piles will be embedded 6” into the bottom of a three foot thick reinforced concrete pile cap on which the TES will bear. Installation and testing of all steel piles will be performed per NCDOT specifications.

## MECHANICAL SYSTEMS

Stratified Chilled Water Thermal Energy Storage Tank

TES increases the chilled water capacity on Centennial Campus without a costly plant expansion. Charging the TES during off peak periods improves utilization of existing chillers, reduces demand on the power grid, and reduces energy cost. Chilled water is then discharged during periods of highest cooling demand. The charge and discharge concept is very similar that of a rechargeable battery.

The TES will store 25,000 ton-hrs of cooling when operated at a 12 degree temperature differential (42F-54F) and hold roughly 3.5 million gallons of water. The field erected steel tank per API-650 or AWWA D-100 will charge and discharge through an octagonal piped or radial plate steel diffuser system. A stairway aligned with the tank radius will provide operator access to side-mounted temperature transmitters and roof mounted level transmitters. The tank manufacturer’s package will also include an insulated metal panel system.

From a hydraulic perspective the TES will replace the current plant primary to secondary bridge / de-coupler. If the primary loop generates more flow than the secondary is consuming, the excess flow will charge the tank. If the secondary loop is consuming more than the primary is generating then the tank will discharge. Maximum design charge and discharge rate is 12,000 GPM or 6,000 tons at 12 degree temperature differential.

Controls

After the cogeneration project is completed, primary plant controls will universally reside on Honeywell PLC controllers and share a common Iconics graphics platform. This project will incorporate TES field devices and sequencing along with guidance provisions for the condensing steam turbine generator (STG) as it pertains to campus power demand reduction. Programming and graphics to monitor and track campus power demand, predict campus chilled water loads, monitor chiller efficiency trends, stage chillers, and stage the STG has been included.

## ELECTRICAL SYSTEMS

Pole mounted lighting will be provided in the TES tank area and be controlled by luminaire mounted photocells. Convenience receptacles will also be installed. The TES tank area will also receive raceway in preparation for security camera monitoring. Lightning protection is also included.

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**SECTION 1. GENERAL COMPANY INFORMATION**

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

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

Company Name

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

Physical Address

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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, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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**[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

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

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**[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.]**

**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.]**

**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  |  |
| 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.]**

**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.]**

**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 |  |
| 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 addtion, for each project above, give 1 point for each positive reference from the owner, architect and GC/CMR.]**

**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

1. 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

1. 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.]**