

Prequalification Form for First-Tier Subcontractors under Design-Builder Carillon Design-Build Package

Pursuant to the NC Statute GS143-128.1, 143-135.8, this form gathers information about the Subcontractor seeking to qualify for the work and provides a general format for the prequalification criteria. <u>Completing this questionnaire does not guarantee prequalification.</u> Evaluation of the submittal shall be performed in accordance with the statutes and policies.

Prequalification Due Date/Time: December 12, 2018 by 5:00 PM (EST)			
Date Received by New Atlantic (to be completed by Design-Builder):			
Submitted By (Company Name):		
Subilificacu by (company Name).		
Submitted To:	Glenn Wise – Preconstruction Director		
	New Atlantic Contracting, Inc. – Design Builder		
	2635 Reynolda Road Winston-Salem, NC 27106		
	Phone: 336-759-7440 Fax: 336-759-7445		
	Email: gwise@new-atlantic.net		
Project:	Name: Restoration of Memorial Belltower		
	Owner: North Carolina State University		
	Location: Raleigh, NC		
	Architect: Walter Robbs		
	Civil Designer: CLH Design		
	Structural Engineer: SKA, Inc.		

Performance & Payment Bond: Required for Bid Packages \$300,000 or higher

Bid Bond: Required for Bid Packages \$300,000 or higher

PM&E Engineer: SKA, Inc.

Project Description:

This prequalification submittal is for Carillon Design-Builders who desire to bid on the complete fabrication and installation of a 55 bell carillon into the existing Memorial Belltower located on the campus of North Carolina State University. The University owns five (5) bells previously purchased, but not installed. The project goal is to include these 5 existing bells into the complete 55 bell carillon. The carillon scope of work will include, but is not limited to, tuning analysis of the existing bells, new bells, bell accessories, bell structural frame, playing console, transmission system, electro-mechanical automation playing carillon, design services, and restoration/replacement of the existing clock/clock works in the tower.

This overall project in separate to the carillon scope above involves the repair, restoration and preservation of NC States iconic Memorial Belltower. Improvements will address tower accessibility and use restrictions to permit installation of the clavier in the tower and occupancy of the clockworks level to accommodate playing the carillon on site. The addition of interior vertical circulation will be provided for relative ease of navigation to the top of the tower. New mechanical and electrical systems will provide for conditioned space and lighting. Site improvements will address accessibility and deterioration of the concourse and plinth areas.



Instructions to Prequalify:

- For questions about the Prequalification Form contact Glenn Wise gwise@new-atlantic.net or 336-759-7440 ext. 19.
- Forms may be submitted via email, mail, fax, or hand delivery to Glenn Wise. Please make sure, if submitting a hand written form, that all information is clearly printed. New Atlantic will request illegible information be resubmitted and this will delay the prequalification process.
- Please fill out the Prequalification Form <u>completely</u> and <u>include all requested attachments</u>. Any form that appears not to contain enough information for prequalification will be sent back for completion and resubmission.

SECTION 1. GENERAL COMPANY INFORMATION

See website link for more information: http://www.doa.nc.gov/hub/

1.1. Office Location			<u>-</u>		
City/State/Zip:					
Phone:			Fax:		
Prequalification (Contact (for preq	ualification qu	estions and follow up)		
Name:					
Email address:					
Name:	Matrix: If section		denda, clarifications, and		points <u>.)</u>
Corporation	Partnershi	p LLC	Sole Proprietor	Joint Venture	Other
How many years	has your organiza	ation been in b	usiness as a Contractor	?	
How many years	has your organiza	ation been in b	usiness under its preser	nt business name? _	
Historically Unde	rutilized Business	Certification -	- Indicate your NC State	wide Uniform Certifi	cation: (check box)
Black	Hispanic	Asian-America	n American Ind	ian Female	None
Socially and E	conomically Disa	dvantage	Disabled-Owned	Disabled Business	Enterprise



Have you attached a copy of your insurance certificate?

North Carolina State University Restoration of Memorial Belltower

s your firm registered with the State of North Carolina to do business? Yes No
s your firm owned or controlled by a parent or any other organization? Yes No
f yes, describe Ownership:
ist all other names your firm has operated as for the past five years:
Prequalification Matrix: If section above is completely filled in give 1 point. If not, give 0 points.)
L.3. 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?
Number of employees?
las your company participated in a Design-Build project before? Yes No
Prequalification Matrix: If section above is completely filled in give 1 point. If not, give 0 points.)
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. Rating system or the Federal Treasury List. Have you attached a surety letter? Yes No
Prequalification Matrix: If surety letter attached give 3 points. If not, give 0 points.)
L.5. Bonding – Funds Expended by Surety Company Have any funds been expended by a Surety Company on your firm's behalf? Yes No f yes, explain:
Prequalification Matrix: If no funds expended by Surety Company, give 3 points. If yes, give 0 points.)
L.6. Insurance The minimum requirement of insurance coverage is listed below. Firms must indicate that they can provide evidence of insurance coverage, should they be the successful bidder by attaching a copy of their current insurance certificate.

Yes

No



- <u>General Liability</u> with a required limit of no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate
- <u>Worker's Compensation</u> with the required limit of no less than \$500,000 each accident, \$500,000 Disease policy limit, \$500,000 Disease each employee
- Additional Insured New Atlantic Contracting Inc. and Owner
- Excess Liability (Umbrella) policy with the required limit of no less than \$5,000,000 each occurrence, \$5,000,000 aggregate
- <u>Automobile Liability</u> Insurance combined single limit of \$1,000,000 for bodily injury and property damage per each occurrence.
- <u>Professional Liability</u> Insurance with a required limit of no less than \$1,000,000 each occurrence.

(Prequalification Matrix: If insurance certificate is attached give 3 points. If not, give 0 points.)

1.7. Financials

Attach latest balance sheet and income statement, if available, based on company type. Audited statements preferred. Information will be kept confidential. If desired, financial information may be sent directly to NAC Controller, Devon Eudy via email at deudy@new-atlantic.net Failure to submit or inadequate financials throughout this submittal could be reason for rejection of pregualification.

Have you attached a balance sheet? Yes No

(Prequalification Matrix: If financials are attached give 6 points. If not, 0 points.)

SECTION 2. GENERAL REQUIREMENTS

2.1. Annual Dollar Value Last Three Years

(Prequalification Matrix: If section above is completed give 3 points. If not, give 0 points.)

B: Current Projects Contract Amount: \$ ______

C: Current Amount Remaining to Bill: \$ ______

2.3. Largest Job Completed

What was your largest job COMPLETED within the last three years?



C: Year Completed: (Prequalification Matrix: If section above is completely filled in give 2 points. If not, give 0 points.) 2.4. Current Project Experience List the three largest Carillon/Bell contracts currently under contract or in progress. For each project list the name of the project, owner, designer and general contractor/construction manager (GC) and contact information below. If there are no Designers or GCs involved, list "Not Applicable". Failure to provide current contact information will impact points given by Prequalification Committee. 1. Current Project Name Owner Name/Representative Owner Phone Number/Email Designer Name/Representative GC Name/Representative GC Phone Number/Email Contract Dollar Amount Scope of Work Percentage Complete Material Lead Time From Approval Anticipated Completion Date 2. Current Project Name Owner Name/Representative Owner Phone Number/Email Designer Name/Representative Owner Phone Number/Email Designer Name/Representative Owner Phone Number/Email GC Name/Representative GC Phone Number/Email Contract Dollar Amount Contract Dollar Amount	B: Location:	
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Designer Name/Representative Designer Phone Number/Email GC Name/Representative GC Phone Number/Email		
Designer Phone Number/Email GC Name/Representative GC Phone Number/Email	Owner Phone Number/Email	
GC Name/Representative GC Phone Number/Email	Designer Name/Representative	
GC Phone Number/Email	Designer Phone Number/Email	
	GC Name/Representative	
Contract Dollar Amount	GC Phone Number/Email	
	Contract Dollar Amount	

A: Dollar Amount: \$_____



	T
Scope of Work	
Percentage Complete	
Material Lead Time From Approval	
Anticipated Completion Date	
3. Current Project Name	
Owner Name/Representative	
Owner Phone Number/Email	
Designer Name/Representative	
Designer Phone Number/Email	
CM/GC Name/Representative	
CM/GC Phone Number/Email	
Contract Dollar Amount	
Scope of Work	
Percentage Complete	
Material Lead Time From Approval	
Anticipated Completion Date	
written) from the references listed2.5. Office LocationWill this project be managed and of	projects above give 4 points per project for a positive referral (verbal or d. Up to 12 points may be awarded for this section.) directed from an office in NC? An office in NC is defined as "The principal place of the bidder is directed or managed," per GS143-59(c).
(Prequalification Matrix: If office points.)	location is managed and directed from NC office give 1 point. If not, give 0
the last five years, whether resolve	n any judgments, claims, arbitrations, mediation proceedings, or suits within



2.11. Barred From Public Work in NC

No

Yes

Carolina?

North Carolina State University Restoration of Memorial Belltower

(Prequalification Matrix: If company has been involved in any litigation indicated above without adequate explanation give 0 points. If no, or if adequate explanation provided, give 3 points.)

r mediation	proceedings o	r suits pendir	ng 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(s) why:			
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	·		No
out sufficie	nt explanation,	give 0 point	s. If no, <u>or if</u>
	-		
wily			
out sufficie	nt explanation,	give 0 point	s. If no, <u>or if</u>
ts ever bee	n convicted of (ng to conflicts of
	Yes and reason(ation indica ate expland it within th why: out sufficient why: out sufficient out sufficient	Yes No and reason(s) why:	it within the last 15 years? Yes why: out sufficient explanation, give 0 point. out sufficient explanation, give 0 point. out sufficient explanation, give 0 point.

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



If yes, state the project name(s), year(s), and reason(s) why:			
(Prequalification Matrix: If yes in section above, give 0 points. If no, give 3 points.)			
2.12a Safety - Experience Modification Rate List your company's Experience Modification Rate (EMR) for the past three years.			
Present Rate: Previous Rate: Year Before Rate:			
Attach OSHA 300 Log and 300A Summaries for the three years listed above. Have you attached? Yes No			
(Prequalification Matrix: Give 2 points if present EMR is equal to or less than 1.0 and OSHA logs are attached.)			
2.12b Safety Record If these rates reflect corporate performances over a number of locations, please explain, to the extent possible,			
the performance experience of the location serving this project:			
Has your company been issued any OSHA fines or had any jobsite fatalities in the past 3 years? Yes No			
If yes, please provide specific explanation:			
(Prequalification Matrix: If yes in section above without sufficient explanation, give 0 points. If no or sufficient explanation provided, give 2 points.)			
2.12c Safety Program - Does your company have a written Safety/Health Program? Yes No 2.12d Safety Training - Does your company provide weekly safety and health training to your on-site employees? Yes No			
2.12e Safety Inspections - Does your company perform weekly safety and health inspections of the workplace? Yes No			
(Prequalification Matrix: Give 2 points for each yes response above.)			
SECTION 3. Project Specifics			
3.1. Superintendent Resume The assigned project superintendent for this project shall be: Include a resume identifying project experience (i.e. dollar value, schedule, scope).			
Have you included a resume? Yes No			

(Prequalification Matrix: If resume included, give 1 point. If no, give 0 points.)



3.2. Superintendent Experience

The years of experience this superintendent has on this specific project type is <1 1-2 3-4 5+

(Prequalification Matrix: If $<$ 1 give 0 points, if 1-2 give 1 point, if 3-4 give 2 point	ts, if 5	or more	give 3 p	oints.)
3.3. Project Manager Resume The assigned project manager for this project shall be: Include a resume identifying project experience (i.e. dollar value, schedule, scope).				
Have you included a resume? Yes No (Prequalification Matrix: If resume included, give 1 point. If no, give 0 points.)				
3.4. Project Manager Experience The years of experience the project manager has on this specific project type is	<1	1-2	3-4	5+
(Prequalification Matrix: If <1 give 0 points, if 1-2 give 1 point, if 3-4 give 2 point	ts, if 5	or more	give 3 p	oints.)

3.5. Similar Project Experience

List three current or completed projects of similar type (Carillon & Clocks) within the last 10 years that most closely reflect the size and complexity of the type of work being requested for the proposed project. For each project list the name of the project, owner, designer and general contractor/construction manager (GC) and contact information below. If there are no Designers or GCs involved, list "Not Applicable". Failure to provide current contact information will impact points given by Prequalification Committee.

1. Similar Project Name	
Owner Name/Representative	
Owner Name/Representative	
Owner Phone Number/Email	
Designer Name/Representative	
Designer Phone Number/Email	
CM/GC Name/Representative	
CM/GC Phone Number/Email	
Contract Dollar Amount	
Scope of Work	
Percentage Complete	
Material Lead Time From Approval	
Anticipated Completion Date	



2. Similar Project Name	
Owner Name/Representative	
Owner Phone Number/Email	
Designer Name/Representative	
Designer Phone Number/Email	
CM/GC Name/Representative	
CM/GC Phone Number/Email	
Contract Dollar Amount	
Scope of Work	
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Material Lead Time From Approval	
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3. Similar Project Name:	
Owner Name/Representative	
Owner Phone Number/Email	
Designer Name/Representative	
Designer Phone Number/Email	
CM/GC Name/Representative	
CM/GC Phone Number/Email	
Contract Dollar Amount	
Scope of Work	
Percentage Complete	
Material Lead Time From Approval	
Anticipated Completion Date	

(Prequalification Matrix: For the projects above, give 2 points for each Similar Project provided with complete information. Give an additional 4 points per project for a positive referral (verbal or written) from the references listed. Up to 18 points may be awarded for this section.)



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:	
Dated this day of:	
Submitted by:	(signature)
	(print)
	(title)
	(phone)
	(email)
Notary Certification: State:	County:
I, a Notary Public of the County and State at	foresaid, certify thatd acknowledged the execution of the foregoing instrument.
	day of, 20 .
	Signature of Notary Public
(Official Notary Seal or Stamp)	
	My commission expires, 20_

(Prequalification Matrix: If signature page fully executed give 2 points.)