



State of North Carolina
Prequalification for First -Tier Subcontractors under CM at Risk

NC General Statute 143.128.1.c states, "The construction manager at risk shall contract directly with the public entity for all construction; shall publicly advertise as prescribed in G.S. 143-129; and shall prequalify and accept bids from first-tier subcontractors for all construction work under this section. The prequalification criteria shall be determined by the public entity and the construction manager at risk to address quality, performance, the time specified in the bids for performance of the contract, the cost of construction oversight, time for completion, capacity to perform, and other factors deemed appropriate by the public entity. The public entity shall require the construction manager at risk to submit its plan for compliance with G.S. 143-128.2 for approval by the public entity prior to soliciting bids for the project's first-tier subcontractors. A construction manager at risk and first-tier subcontractors shall make a good faith effort to recruit and select minority businesses for participation in contracts pursuant to G.S. 143-128.2."

Pursuant to the statute, this form gathers information about the subcontractors 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 construction manager at risk in accordance with project criteria, prequalification plan and G.S. 143-128.2

Explanation of Pre-Qualification Selections:

Should a subcontractor want an explanation of their submittal's non-prequalified status on an individual project, they should contact the CM at Risk in writing (email is sufficient) for an explanation within 3 business days of notification of the prequalified subcontractor's list.

First-Tier Subcontractors are not to use the blank template from the SCO website but to use the project -specific form from the CM at Risk.

Pages 1-3 will be updated for each specific project. Sections 1 and 2, pages 4 and following, gather general company information and criteria, to be updated at least semi-annually, and more often if changes warrant.

PREQUALIFICATION DUE DATE/TIME: March 15, 2013 5:00 pm
(date) (time)

Submitted to: Sam Isham, Vice President of Construction

Contact Name receiving prequalifying packages

Metcon, Inc.

CM @ R Firm

763 Comtech Drive

Address

PO Box 1149

Address

Pembroke, NC 28372

City/State Zip Code + 4

910-521-8013 910-521-8014

Phone number

Fax Number

estimating@metconncc.com

E-mail address

Project: FSU Rudolph Jones Student Center

Name of Project

Fayetteville State University

Project Owner



BP7.2	Waterproofing, Caulking, Firestopping & Air Barrier	\$116,000.00
BP7.3	Metal Wall Panels	\$20,000.00
BP7.4	Aluminum Composite Wall Panels	\$500,000.00
BP8.1	Doors, Frames, & Hardware	\$95,000.00
BP8.2	Glazing, Storefront & Curtain Wall	\$650,000.00
BP8.3	Overhead Coiling Doors	\$14,000.00
BP9.1	Metal Framing, Insulation, Drywall	\$170,000.00
BP9.2	Acoustical Ceiling	\$235,000.00
BP9.3	Acoustical Wall Panels	\$78,000.00
BP9.4	Hard Tile	\$315,000.00
BP9.5	Resilint Flooring, Base & Carpet	\$230,000.00
BP9.6	Poured Resinous Floor	\$55,000.00
BP9.7	Painting	\$72,000.00
BP10.1	Division 10 Specialities	\$83,000.00
BP10.2	Signage	\$93,000.00
BP10.3	Walkway Canopy	\$9,000.00
BP10.4	Operable Panel Partitions	\$76,000.00
BP10.5	Gas Fire Place	\$10,000.00
BP11.1	Food Server Equipment	\$3,100,000.00
BP11.2	Projection Screen	\$24,000.00
BP12.1	Case Work	\$30,000.00
BP12.2	Fixed Seating	\$20,000.00
BP15.1	Fire Protection System	\$115,000.00
BP15.2	Plumbing	\$750,000.00
BP15.3	Mechanical	\$2,200,000.00
BP16.1	Electrical	\$2,030,000.00

If your specific speciality is not listed above, please state what you would like to be pre-qualified for and the maximum dollar amount.

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List three (3) current or completed projects of **similar** type, size, and duration of proposed project.

<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	
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	
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	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	



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Section 1. MINIMUM REQUIREMENTS

1. a. General Company Information (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

Organization

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

Are you listed in Dun & Bradstreet? Yes No If yes, what is your number rating?

Date founded: State of Incorporation: Federal ID #:

Please indicate the following information about key officers, managers and principals:

Title: Full Name: Yrs Service:

Title: Full Name: Yrs Service:

Title: Full Name: Yrs Service:

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 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:



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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)

Three rows of horizontal lines for license information.

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

Two horizontal lines for describing license denial or revocation.

Has a complaint ever been filed with a Contractor’s State License Board against your firm? Yes No

If yes, please explain briefly the circumstances.

Two horizontal lines for explaining circumstances.

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

Primary Scope of Work:

Secondary Scope of Work:

Other Scope of Work:

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

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

Two horizontal lines for explaining fund expenditure.

1. e. (3) List all surety companies that have provided bonds for your company for the past five (5) years, provide explanation required if more than one company.

Table with 3 columns: Date, Firm, Reason. Three rows for listing surety companies.

**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.

Is your firm willing to participate in an OCIP/CCIP insurance program if requested by the Owner/CM?  Yes  No

**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

List, on a separate sheet, any lines of credit, including the identification of the financial institution holding the line of credit, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balance (must be within the past 30 days).

Have you attached a line of credit statement?  Yes  No

**Section 2. GENERAL REQUIREMENTS**

**Experience**

**2. a.** Has your company ever performed construction work for the State of North Carolina and/or through related public agencies?  Yes  No If yes, list the names of the agency, project, dollar value, owner and architect names and contact phone numbers, scheduled completion and actual completion dates for all projects under contract with the last 3 years.

State Agency	Project Name	Dollar Value	Owner Agency Contact Info	Architect Contact Info	Scheduled-Actual Completion Date

**Size/Capacity/Workload**

**2. b. (1)** How many full-time permanent employees work for the company? \_\_\_\_\_

**2. b. (2)** If the company has more than one office location, how many full-time permanent employees work for the company at the location which will serve this project? \_\_\_\_\_

**2. b. (3)** 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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**2. b. (4)** Expected Annual Volume this Year \$ \_\_\_\_\_

**2. b. (5)** 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)

**2. b. (6)** What is your average job size? \_\_\_\_\_ Sq. Ft. \$ \_\_\_\_\_ ( Dollar Amount)

**2. b. (7)** What was your largest job completed? \_\_\_\_\_ Sq. Ft. \$ \_\_\_\_\_ ( Dollar Amount)  
 \_\_\_\_\_ Location \_\_\_\_\_ Year Completed

**2. b. (8)** Current Back Log \$ \_\_\_\_\_ (Dollar Amount)

**2. b. (9)** List the three **biggest** contracts currently under contract or in progress, including for each, the name of the project, description of work performed, owner and architect names and phone numbers, contract dollar values, contract delivery method, percentage complete and currently anticipated completion dates.

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

**Office Locations**

**2. d.** 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 of managed,” per GS 143-59 (c).  Yes  No

**Litigation/Claims**

**2. e. (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: \_\_\_\_\_

**2. e. (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: \_\_\_\_\_

**2. e. (3)** Has your company filed any claims with the North Carolina State Construction Office within the last five years, whether directly or indirectly through a General Contractor?  Yes  No If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

**2. e. (4)** 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: \_\_\_\_\_

**2. e. (5)** 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)?  Yes  No If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

**Safety Record**

**2. f.** 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: \_\_\_\_\_

**Historically Underutilized Business (HUB) Plan**

**2. g. (1)** 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.

**2. g. (2)** What has been your company’s average percentage level of Historically Underutilized Business participation for projects in North Carolina for the past 5 years: \_\_\_\_\_%

List the HUB participation you provided in the three projects cited in Section 2.b.(9) – “Biggest” Projects

Project Name	HUB %	Owner’s Rep	Contact Phone #

**2. g. (3)** How can you provide HUB participation your projects? Explain \_\_\_\_\_

### 3. Signature

By signing this document, you are acknowledging that all answers are true to the best of your knowledge.

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