

**Prequalification Form for First –Tier Subcontractors under CM at Risk**

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 prequalification committee in accordance with GS 143-128.1, 143-135.8 and the State of NC Prequalification Policy (attached).

**First-Tier Subcontractors 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:** August 3, 2015 5:00pm  
(date) (time)

**Company Name:** \_\_\_\_\_

**Submitted to:** William Satterfield  
Contact Name receiving prequalifying packages

Rodgers Leeper  
CM @ R Firm

5701 N. Sharon Amity Road  
Address

\_\_\_\_\_  
Address

Charlotte, NC 28215  
City/State Zip Code + 4

704.537.6044 704.535.0055  
Phone number Fax Number

WSatterfield@rodgersbuilders.com  
E-mail address

**Project:** LUESA Renovation  
Name of Project

Mecklenburg County  
Project Owner

2145 Suttle Ave Charlotte, NC 28208  
Project Location/Address

Gensler  
Project Architect

Preconstruction TBD  
Project Phase Project Start Date (Approx.)

TBD 8/27/15  
Project/Phase Duration Anticipated Bid Date

TBD TBD  
Total Project Budget Phase Budget

Insurance Program: OCIP \_\_\_\_\_ CCIP \_\_\_\_\_ SubGuard \_\_\_\_\_ None X

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

This project is a 93,000 SF renovation to all 4 floors of the 2145 Suttle Avenue building located in Charlotte. The building is the old Charlotte School of Law Building. Scopes of work affected include but are not limited to the following: Demolition, Steel, Cabinetry and Casework, Passage Door Assemblies, Glass and Glazing, Drywall, Acoustical Assemblies, Hard Tile, Flooring, Painting and Wall Coverings, Building Specialties, Signage and Graphics, Fire Protection, Plumbing Systems, HVAC Systems, Electrical Systems, General Works, & Final Cleaning.

**If your firm is interested in prequalifying for this project/phase, please check the box for your trade(s). This is a preliminary list of Bid Packages and may change based on response and qualified bidders.**

Bid Pkg	Scope of Work	Preliminary Budget	Check Box if Prequalifying
	Demolition	TBD	<input type="checkbox"/>
	Cabinetry and Casework	TBD	<input type="checkbox"/>
	Passage Door Assemblies	TBD	<input type="checkbox"/>
	Glass and Glazing	TBD	<input type="checkbox"/>
	Drywall	TBD	<input type="checkbox"/>
	Acoustical Assemblies	TBD	<input type="checkbox"/>
	Hard Tile	TBD	<input type="checkbox"/>
	Flooring	TBD	<input type="checkbox"/>
	Painting and Wall Coverings	TBD	<input type="checkbox"/>
	Building Specialties	TBD	<input type="checkbox"/>
	Signage and Graphics	TBD	<input type="checkbox"/>
	Fire Protection	TBD	<input type="checkbox"/>
	Plumbing Systems	TBD	<input type="checkbox"/>
	HVAC Systems	TBD	<input type="checkbox"/>
	Electrical Systems	TBD	<input type="checkbox"/>
	General Works	TBD	<input type="checkbox"/>
	Final Cleaning	TBD	<input type="checkbox"/>
			<input type="checkbox"/>
			<input type="checkbox"/>

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**SECTION 1 - GENERAL COMPANY INFORMATION**

**1. a. Company Name/Main Office Location**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State Zip Code + 4

**[Matrix: 0-1 points. If completely filled in give 1 point. If not, give 0 points.]**

**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

\_\_\_\_\_ Other (specify) \_\_\_\_\_ Certifying Agency/State (specify)

Is your firm registered with the State of North Carolina to do business?  Yes  No

Is your firm registered with the Charlotte Business Inclusion program as an SBE?  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 point. If not, give 0 points.]**

**1.c. Primary Contact Information**

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Secondary Contact Name

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

(\_\_\_\_\_) \_\_\_\_\_  
Fax number

\_\_\_\_\_  
Primary Contact Email Address

\_\_\_\_\_  
Secondary Contact Email Address

**[Matrix: 0-1 points. If completely filled in give 1 point. If not, give 0 points.]**

**1. d. Years in Business** - How many years has your company been in business.

**[Matrix: 0-1 points. If information is provided in give 1 point. If not, give 0 points.]**

**1. e. Complaint with State Licensing Board** - Has your present company, its officers, owners, or agents ever been part of a complaint filed with NC State Licensing Board?

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[Matrix: 0 - 5 points. If “Yes,” give 0 points. If “No,” give 5 points.]

1. f. **Licensing Information** (Please provide all North Carolina professional licenses required for you to perform your services.)

<u>NC License number/name of licensee</u>	<u>License Limit/Level</u>	<u>State/County/City Privilege License (provide copy)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

[Matrix: 0-2 points. If correct information is provided give 2 points. If not, give 0 points.]

**SECTION 2 - GENERAL REQUIREMENTS**

2. a. **Completion of Construction Contract** - Has your company ever failed to complete a construction contract 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. b. **Litigation/Claims** - 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. **Litigation/Claims** - Has there been any claims filed in last 5 years against your company, its officers, principals, 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 claims filed, give 2 points. If there is, give 0 points.]

2. d. **Officer or Principal failed to Complete Contract** - Has an Officer or Principal of your company ever failed to complete a construction contract?

Yes  No If yes, state the project name(s), year(s), case number and reason why. \_\_\_\_\_

[Matrix: 0 - 5 points. If “Yes,” give 0 points. If “No,” give 5 points.]

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**2. e. Project Experience** - Provide list of three (3) recently completed or in progress projects, including for each, the name of the project, owner, architect and/or GC/CMR and contact information below.

<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	
GC or CM Name/Representative	
GC or CM 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	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
<b>#3 –Project Name</b>	

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

**2. f. Provide two (2) professional reference letters**

[Matrix: 0-6 points for each reference listed. If reference is favorable give 6 points. If not, give 0 points]

**2. g. Provide a list of credit reference(s) :**

[Matrix: 0-6 points. If credit reference(s) are favorable give 6 points. If not, give 0 points.]

**SECTION 3 - SAFETY & LOSS PREVENTION**

**3. a. Attach a copy of your company’s written safety plan**

[Matrix: 0-2 points. If written safety plan is provided give 2 points. If not, give 0 points.]

**3. b. Attach a copy of your company’s OSHA logs for last three (3) years.**

[Matrix: 0-2 points. If written safety plan is provided give 2 points. If not, give 0 points.]

**3. c. List any serious, willful, or repeat OSHA violations with an explanation: \_\_\_\_\_**

[Matrix: 0-5 points. If any violations are listed above give 0 points. If not, give 5 points.]

**3. d. List your company’s Experience Modification Rate (EMR) for past three years.**

\_\_\_\_\_ Present Rate                      \_\_\_\_\_ Last Rate                      \_\_\_\_\_ Year before rate

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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: \_\_\_\_\_

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

**3. e. Attach a copy of company’s written Substance Abuse Policy.**

[Matrix: 0-2 points. If substance abuse policy is provided give 2 points. If not, give 0 points.]

**3. f. Attach a copy of your company’s Certificate of Insurance (COI) –** 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.

[Matrix: 0-2 points. If insurance certificate attached give 2 points. If not, give 0 points.]

**SECTION 4 - FINANCIAL & BONDING**

**4. a. Bank References -** Attach a copy of recent bank or financial institution reference letter(s).

[Matrix: 0-4 points. If reference letter from bank or financial institution provided give 4 points. If not, give 0 points.]

**4. b. Current Bonding Letter -** Attach current surety letter, 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.

[Matrix: 0-10 points. If surety letter attached give 10 points. If not, give 0 points.]

**4. c. Financial Statements -** 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.)

[Matrix: 0-10 points. If financials attached give 10 points. If not, give 0 points.]

**4. d. Annual Sales Volume -** List the annual volume 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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[Matrix: 0-2 points. If information provided give 2 points. If not, give 0 points.]

**4. e. Project Backlog -** Current Backlog \$ \_\_\_\_\_ (Dollar Amount)

[Matrix: If backlog dollar amount(s) provided give 2 points. If not, give 0 points.]

**4. f. W9 -** Attach a copy of most recent W9.

[Matrix: 0-2 points. If W9 provided give 2 points. If not, give 0 points.]



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**SECTION 5 - 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.]**