University of North Carolina at Pembroke
West Hall Comprehensive Renovation
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).
Pursuant to the NC Statute GS143-128.1, 143-135.8 Policy for Prequalification of Bidders for Construction Projects, this form gathers information about the Subcontractor 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 the statutes and policies.

Prequalification Due Date/Time: **November 26 , 2018 by 5:00 pm**

Submitted To: Ronda Deese
Metcon, Inc. – Construction Manager at Risk
763 Comtech Drive, Pembroke, North Carolina 28372
(910) 521-8013 Phone (910) 521-8014 Fax
estimating@metconus.com

Project: Name: UNC-Pembroke West Hall Comprehensive Renovation
Owner: University of North Carolina at Pembroke
Location: 1 University Dr., Pembroke, NC 28372
Architect: Jenkins · Peer Architects
Civil Designer: Moorman, Kizer & Reitzel, Inc
PME Engineer: OPTIMA

Bid dates for each bid package will be provided in bid documents
Performance & Payment Bond: Required for Bid Packages $100,000 or higher
Bid Bond: Required for Bid Packages $100,000 or higher

Project Description:

- Remodel of a 3-story building with a Base Bid that will include the Envelop, and lst floor. The 2nd and 3rd floor upfit will be priced as alternates. Project includes asbestos abatement, selective interior demolition, selective roof top demolition, concrete patching, helic piers, masonry, steel, paint, carpet, tile, cabinetry, drywall, rough carpentry, mechanical, plumbing, electrical, owner supplied furnishings, roof repairs, installation of new elevator, fire and life safety upgrade, site work, utilities and landscaping.

Instructions to Prequalify:

- For questions about this form contact Ronda Deese – estimating@metcon.us.com (910-521-8013).
- Form may be requested or can be downloaded from Metcon web site.
- Forms may be submitted electronically via email, mail, fax, or hand delivery to Metcon's Ronda Deese. Please make sure, if submitting hand written form, that all information is clearly printed. Metcon will request illegible information be resubmitted and this will delay the prequalification process.

Bid Packages:
If your firm is interested in prequalifying for this project, please check the box for your trade(s). If multiple bid packages are selected, please make sure that project experiences and references are provided to allow Prequalification Committee to evaluate your firm for EACH bid package selected.

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.

BP015000	General Trades	
BP024100	Demolition	$ 326,400.00
BP028213	Asbestos Abatement	$ 204,000.00
BP033000	Concrete	$ 86,000.00
BP040000	Masonry	$ 101,000.00
BP051000	Structural Steel	$ 538,000.00
BP051100	Structural Steel Demo	$ 250,000.00
BP062200	Millwork	$ 22,000.00
BP070000	Thermal and Moisture Protection	$ 50,000.00
BP074600	Metal Wall Panels	$ 41,160.00
BP075000	Roofing-Membrane	$ 196,000.00
BP078000	Fire Protection-Spray Foam	
BP079000	Caulking & Joint Sealants	$ 25,000.00
BP081000	Doors, Frames & Hardware	$ 87,500.00
BP081100	Doors, Frames, & Hardware-Install	$ 7,000.00
BP084000	Entrances, Storefronts, Curtain Walls, Aluminum Windows	$ 532,000.00
BP092000	Metal Framing and Drywall	$ 105,000.00
BP093000	Porcelain Tiling	$ 50,000.00
BP095000	Acoustical Ceiling Panels, Acoustical Spray, Wood Ceiling	$ 35,000.00
BP096500	Resilient Flooring, Carpet Tiles	$ 27,000.00
BP099000	Painting and Coating	$ 40,000.00
BP100000	Specialties-Corner Guards, Wire Storage, Fire Extinguishers	$ 105,000.00
BP101400	Signage	$ 15,000.00
BP102113	Toilet Compartments & Accessories	$ 22,000.00
BP107316	Canopies	$ 50,000.00
BP122000	Window Treatments	$ 15,000.00
BP142000	Elevator	$ 75,000.00
BP210000	Fire Suppression	$ 145,000.00
BP220000	Plumbing	$ 490,000.00
BP230000	Heating, Ventilating, and Air Conditioning (HVAC)	$ 980,000.00
BP260000	Electrical	$ 816,000.00
BP310000	Turnkey Site Work, Site Demolition	$ 305,000.00

SECTION 1. GENERAL COMPANY INFORMATION

1. a. 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

[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)
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

[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
_____
_____

[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.

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

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.]