**Notice to all Subcontractors: This Part B may be used as a project specific “short form” supplement to the prequalification process, ONLY IF, said Subcontractor has submitted to the CMAR a “Complete” Master Prequalification Package Part A during the July 1 to June 30 fiscal year period of the project specific prequal advertisement.**

Subcontractor hereby agrees that the “complete” Master prequal Part A submitted to the CMAR dated \_\_ /\_\_ /2024 remains in good standing for the overall accuracy of the subcontractor for the fiscal period. Yes  No If no, explain the material changes to safety, leadership or ownership, company size, licenses, type of work performed, financials, bonding, insurances, litigation, etc.:

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

(if changes are substantial to complete evaluate prequal, the CMAR may require Subcontractor to submit an updated Master Prequal and reject this supplement)

**1. Information**

**1.a.** Name of Project Advertised: UNC Charlotte Popp Martin Dining Hall Renovation

**1.b.** Subcontractor Full Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.b.1 Primary Contact Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.b.2 Primary Contact Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.b.3 Primary Contact email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**1.c.** Check the Boxes on the Attached Exhibit 1 (Listing of Bid Packages) to indicate which Bid Packages this Subcontractor is requesting to Prequalify for on this Project and return with Prequalification Part B.

**1.d.** Does Subcontractor intend to Partner or Joint Venture with another Subcontractor for this Project:  Yes  No

If yes, list the Companies involved and their applicable participating percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2. Updated Company Information (from Part A; Master Prequalification Form)**

**2.a.** Update your Current Backlog $ \_\_\_\_\_\_\_\_ (unearned revenue as of date of this supplement)

**2.b.** Attach updated Bonding letter from your Surety if anticipated Bid Package will exceed $300,000. Letter shall be dated within the last 30 days. Have you attached a surety letter?  Yes  No

**2.c.** Attach a list to Part B of all the Projects working with the CM at Risk of the Project in the last 5 years

**3. Project Specifics**

**3.a.** The assigned project superintendent for this project shall be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Include a resume. Have you included a resume?  Yes  No

**3.b**. Experience of the superintendent on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

**3.c.** The assigned project manager for this project shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Include a resume. Have you included a resume?  Yes  No

**3.d**. Experience of the project manager on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

**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 5 years:

|  |  |
| --- | --- |
|  | **#1 –Similar Project Name Size/Scope/over 50% Competed)** |
| Description of Work Performed |  |
| Completion Date (or expected) |  |
| 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 |  |
| HUB Percentage Achieved |  |

|  |  |
| --- | --- |
|  | **#2 –Similar Project Name Size/Scope/over 50% Competed)** |
| Description of Work Performed |  |
| Completion Date (or expected) |  |
| 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 |  |
| HUB Percentage Achieved |  |

|  |  |
| --- | --- |
|  | **#3 –Similar Project Name Size/Scope/over 50% Competed)** |
| Description of Work Performed |  |
| Completion Date (or expected) |  |
| 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 |  |
| HUB Percentage Achieved |  |

**3.f.** Labor Resources for this project:

**3.f.1** What is total number of craft employees does Subcontractor employee for Bid Packages requesting:

3.f.1.a = supervisors and foreman = \_\_\_\_\_\_\_\_\_each

3.f.1.b = skilled tradesman = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_each

3.f.1.3 = unskilled tradesman = \_\_\_\_\_\_\_\_\_\_\_\_\_each

**3.f.2** What is percentage of anticipated self-perform work with own forces vs. subcontracting to lower tiers: \_\_\_\_% self-perform with inhouse labor; \_\_\_\_% to outsource ready labor; \_\_\_\_% lower tier subcontract;

**4. Signatures**

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.**

Dated this day of:

Submitted by:

Signature By Authorized Officer Print Title of Authorized Officer

**5. Scoring Matrix for Part A plus Part B**

See Exhibit 2; CM at Risk Subcontractor scoring Matrix.

EXHIBIT 1

LIST OF PROPOSED BID PACKAGES

Name of Project: UNC Charlotte Upper Prospector Dining Hall Renovation

Estimated Total Project Value: \_$7M\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Project Start Date: December 2024

Anticipated Project Completion Date: July 2025

|  |  |  |  |
| --- | --- | --- | --- |
| **Check Next to Seeking Prequal** | **Bid Package Number** | **Bid Package Description** | **Bid Package Estimated Value** |
|  | 01A | Final Cleaning | $15,000 |
|  | 02A | Demolition | $100,000 |
|  | 06B | Millwork | $150,000 |
|  | 07A | Roofing | $10,000 |
|  | 08A | Doors, Frames, and Hardware | $25,000 |
|  | 08B | Storefront and Windows | $80,000 |
|  | 09A | Drywall & Framing | $500,000 |
|  | 09B | Tile & Flooring | $150,000 |
|  | 09D | Painting & Coverings | $50,000 |
|  | 10A | Signage & Graphics | $5,000 |
|  | 10B | Specialties | $10,000 |
|  | 11A | Food Service Equipment | $800,000 |
|  | 14A | Elevators | $50,000 |
|  | 21A | Fire Protection | $75,000 |
|  | 22A | Plumbing | $400,000 |
|  | 23A | HVAC | $800,000 |
|  | 26A | Electrical | $800,000 |

EXHIBIT 1.A

WHITING-TURNER SUBCONTRACT, INSURANCE, AND PROJECT MANUAL COMPLIANCE

1. **TradeTapp, Subcontract, and Project Manual**

**1.a.**  Has your firm prequalified within TradeTapp? Yes  No

If no, please reach out to Whiting-Turner for an invitation to do so. TradeTapp is a prequalification and risk management software that allows vendors to submit qualification applications and is no cost to subcontractors who are utilizing to prequalify.

**1.b.** Under separate cover, the Whiting-Turner standard subcontract is available for review. Is your firm willing to sign the Whiting-Turner standard subcontract without modifications? Yes  No

If no, and your firm requires modifications, please provide list of all required modifications for consideration. Did you include the required modifications to the Whiting-Turner standard subcontract? Yes  No

**1.c.** Under separate cover, the Whiting-Turner Project Manual is available for review. Is your firm willing to agree to the terms outlined in the Whiting-Turner Project Manual without modifications? Yes  No

If no, and your firm requires modifications, please provide list of all required modifications for consideration. Did you

include the required modifications to the Whiting-Turner Project Manual? Yes  No

1. **Insurance**

**2.a.** Does your insurance meet the minimum Whiting-Turner standard requirements below (including requirements outlined in the Whiting-Turner subcontract)? Yes  No

**Necessary Limits –**

General Liability Limits (Occurrence based & General Aggregate Limit: Project):

o $1,000,000 each occurrence

o $10,000 medical expense

o $1,000,000 personal and advertising injury

o $2,000,000 general aggregate ($1,000,000 short form)

o $2,000,000 products/ completed operations ($1,000,000 short form)

o $100,000 fire damage

Automobile Liability (Any Auto):

o $1,000,000 combine single limit

Excess/ Umbrella Liability (Occurrence based):

o $5,000,000 each occurrence ($1,000,000 short form)

o $5,000,000 aggregate ($1,000,000 short form)

Workers Compensation & Employers’ Liability (WC Statutory):

o $500,000 each accident ($100,000 short form)

o $500,000 each employee ($100,000 short form)

o $500,000 disease policy limit ($100,000 short form)

**Necessary Policy Forms –**

* CG 20 10 Additional Insured-Owners, Lessees or Contractors- Scheduled Person or Organization:
  + Contractually obligated to provide the (10/01) or (07/04) forms or equivalent forms.
  + The endorsement date for the form can be found in the upper right corner of the form or the lower left corner of the form. (Date has been highlighted on example packet)
* CG 20 37 Additional Insured Owners, Lessees or Contractors- Completed Operations:
  + Contractually obligated to provide the (10/01) or (07/04) forms or equivalent forms.
  + The endorsement date for the form can be found in the upper right corner of the form or the lower left corner of the form. (Date has been highlighted on example packet)
* Primary and Noncontributory Endorsement
* Waiver of Transfer of Rights of Recovery Against Others to Us/ Waiver of Subrogation Endorsement:
  + Waiver of Transfer of Rights of Recovery Against Others to Us and Wavier of Subrogation are the same endorsement forms
* Designated Construction Project(s) General Aggregate Limit Endorsement
* General Liability Form Schedule:
  + Form that lists the policy endorsements for the subcontractor’s General Liability policy

Note – This summary above is not a complete list of all Whiting-Turner insurance requirements. Insurance requirements are listed in all subcontracts and compliance should be confirmed prior to bidding and accepting contract award.

1. **Bonding**

**3.a** If bid package is projected to be above $500K - 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 must be a Whiting- Turner certified company.

Have you attached a surety letter?  Yes  No

Is your Surety company WT Certified? Yes  No

Have any Funds been expended by a Surety Company on your firm’s behalf?  Yes  No

Please explain, if yes) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_