

**State of North Carolina**  
**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:** March 28, 2019 5:00 PM  
(date) (time)

**Submitted to:** Carie Lamson  
Contact Name receiving prequalifying packages

Barnhill Contracting Company  
CM @ R Firm

4325 Pleasant Valley Road, Raleigh, NC 27622 – If delivered in person.  
Address

PO Box 31765, Raleigh, NC 27612 – If mailed.  
Address

See Above.  
City/State Zip Code + 4

919-781-7210 919-781-5348  
Phone number Fax Number

clamson@barnhillcontracting.com  
E-mail address

**Project:** Phase XVI Residence Hall  
Name of Project

University of North Carolina at Charlotte  
Project Owner

9201 University City Blvd., Charlotte, NC 28223  
Project Location/Address

Jenkins-Peer Architects  
Project Architect

Project Phase July 2019  
Project Start Date (Approx.)

21 Months April 2019  
Project/Phase Duration Anticipated Bid Date

\$55.4M  
Total Project Budget Phase Budget

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

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

**Project Description:** Phase XVI will be approximately 157,100 GSF new residence hall consisting of 6 floors. The building will house approximately 700 students adjacent to South Village Crossing dining hall, Housing & Residence Life building (HRL), and Sanford Hall. Site development, structure, finishes and full MEP trade packages are included.

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
07C	Spray Fireproofing	\$255,000.00	<input type="checkbox"/>

Please note that the package above 7C Spray Fireproofing was initially part of bid package 7B Caulking, Sealant and Waterproofing.

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**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)**

<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: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]

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**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.]**

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**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.

<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	

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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>	
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.]**

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**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.]

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**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.



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<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	
GC or CM Name/Representative	
GC or CM 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	
GC or CM Name/Representative	
GC or CM 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	

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

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**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.]**