

**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: AUGUST 22, 2016 5:00pm  
(date) (time)

Submitted to: BarnhillContractingCompany  
Contact Name receiving prequalifying packages

BarnhillContractingCompany  
CM @ R Firm

4325PleasantValleyRoad  
Address

POBox31765  
Address

Raleigh,NC27622  
City/State Zip Code + 4

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

hfaison@barnhillcontracting.com  
E-mail address

Project: UNCCCharlotteAcademicComplexRenovationProject  
Name of Project

TheStateofNorthCarolinathroughUniversityofNorthCarolinaatCharlotte  
Project Owner

UniversityofNorthCarolinaatCharlotte,Charlotte,NC  
Project Location/Address

Woolpert North Carolina, PLLC  
Project Architect

24Months December2016  
Project/Phase Duration Project Start Date (Approx.)

\$14,500,000million ----  
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, etc.)

The Academic Complex is comprised of five two-story buildings that were constructed from 1961 through 1969. The buildings are arranged around a quad with connectors on the second floor to allow for circulation between buildings. Scope of work will include the renovation of approximately 106,000 sf of existing space phased over two years. New and upgraded MEP systems are required, including a new fire protection system. New finishes throughout as well as new exterior windows of all buildings.

Project Milestone Dates

Phase 1 - Denny Building (34,000sf) – December 2016 thru July 2017

Phase 2 - Macy & Barnard Buildings (18,000sf each) – June 2017 thru April 2018

Phase 3 - Garinger & Winningham Buildings (18,000sf each) – June 2018 thru December 2018

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
___BP-01A___	___General Trades___	\$ 100,000	<b>D</b>
___BP-02A___	___Turnkey Site (Combo 02B + 02C + 02D)___	\$ 77,500	<b>D</b>
___BP-02B___	___Concrete Paving___	\$ 35,000	<b>D</b>
___BP-02C___	___Unit Pavers___	\$ 7,500	<b>D</b>
___BP-02D___	___Site Utilities___	\$ 35,000	<b>D</b>
___BP-02E___	___Landscaping___	\$ 25,000	<b>D</b>
___BP-02F___	___Soil Stabilization (Chemical Grout)___	\$ 40,000	<b>D</b>
___BP-02K___	___Abatement & Demolition___	\$ 600,000	<b>D</b>
___BP-03A___	___Turnkey Concrete (03B + 03C + 03D)___	\$ 110,000	<b>D</b>
___BP-03B___	___Concrete Flatwork – Place & Finish___	\$ 65,000	<b>D</b>
___BP-03C___	___Concrete Ready Mix Materials___	\$ 25,000	<b>D</b>
___BP-03D___	___Concrete Reinforcement Materials___	\$ 20,000	<b>D</b>
___BP-04A___	___Turnkey Masonry___	\$ 300,000	<b>D</b>
___BP-05B___	___Misc. Steel___	\$ 70,000	<b>D</b>
___BP-07A___	___Caulking and Waterproofing___	\$ 215,000	<b>D</b>
___BP-08A___	___Glazing & Windows___	\$ 875,000	<b>D</b>
___BP-08B___	___Turnkey Doors, Frames & Hardware___	\$ 185,000	<b>D</b>
___BP-09A___	___Metal Studs & Drywall___	\$ 45,000	<b>D</b>
___BP-09B___	___Acoustical Ceilings___	\$ 250,000	<b>D</b>

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___BP-09C_____	__Metal Studs & Drywall & ACT Ceilings (Combo 925+980)	\$ 295,000	<b>D</b>
___BP-09D_____	__Ceramic Tile _____	\$ 115,000	<b>D</b>
___BP-09E_____	__Resilient, Carpet, and Base _____	\$ 355,000	<b>D</b>
___BP-09F_____	__Painting_____	\$ 160,000	<b>D</b>
___BP-10A_____	__Specialties & Toilet Accessories_____	\$ 65,000	<b>D</b>
___BP-10S_____	__Identifying Devices_____	\$ 25,000	<b>D</b>
___BP-12B_____	__Window Treatment_____	\$ 100,000	<b>D</b>
___BP-12C_____	__Fixed Audience Seating_____	\$ 75,000	<b>D</b>
___BP-15A_____	__Fire Sprinkler _____	\$ 650,000	<b>D</b>
___BP-15C_____	__Plumbing Systems _____	\$ 450,000	<b>D</b>
___BP-15D_____	__HVAC Systems _____	\$ 2,750,000	<b>D</b>
___BP-15E_____	__HVAC Testing & Balancing _____	\$ 90,000	<b>D</b>
___BP-16A_____	__Electrical Systems _____	\$ 3,000,000	<b>D</b>

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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.)

<u>NCLicensenumber/nameoflicensee</u>	<u>LicenseLimit/Level</u>	<u>State/County/City PrivilegeLicense(providecopy)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

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

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[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**

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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	

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Current Anticipated Completion Date	
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<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.]

**OfficeLocations**

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.]

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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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SafetyRecord

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.]

HistoricallyUnderutilizedBusiness(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.]

SimilarProjects

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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#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	

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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.]