



UNC CHARLOTTE

**EMERGENCY POWER – TELECOM PBX PROJECT**

**CODE 40726 ITEM 320**

**SINGLE-PRIME GENERAL CONTRACTOR PRE-QUALIFICATION SUBMITTAL**

**COMPANY NAME:** \_\_\_\_\_

Pre-qualification submittals for the EMERGENCY POWER - TELECOM PBX project at The University of North Carolina at Charlotte will be received by Ms. Joyce Clay, Facilities Management / Capital Projects, UNC Charlotte, 9201 University City Blvd., Charlotte, NC 28223-0001 no later than 2:00 PM on Thursday, November 15, 2012. Prior to that time, pre-qualification submittals may be hand delivered to Ms. Clay at Facilities Management / Capital Projects, 9151 Cameron Blvd (Building #55), Charlotte, NC. Applicants are to provide three (3) complete copies along with one electronic copy on CD/DVD/USB (pdf format) of the pre-qualification submittal.

Please provide an electronic copy of your safety manual as well.

The University reserves the unqualified right to reject any and all pre-qualification submittal.



**UNC CHARLOTTE**  
**Contractor Qualification Statement**  
**EMERGENCY POWER - TELECOM PBX Project**  
**Code 40726 Item 320**

This submittal form is being provided to all interested contractors who possess a current North Carolina Contractor's license.

**Note: Failure to answer all of the following questions may result in disqualification. If you have any questions, contact the person listed below under "Submitted to." The State agency/institution reserves the unqualified right to reject any or all proposals and to waive informalities. The State agency/institution has developed a plan to meet or exceed goals set by GS 143-128 for the participation of minority businesses in public construction contracts. Contractors are expected to be familiar with these initiatives and to comply with program requirements.**

**Due Date:** November 15, 2012 at 2:00 PM

**Submitted To (mail):** University of North Carolina at Charlotte  
Facilities Management  
9201 University City Boulevard  
Charlotte, North Carolina 28223-0001  
Attn: Ms. Joyce Clay

or

(hand deliver): University of North Carolina at Charlotte  
Facilities Management / Police (2<sup>nd</sup> Floor - Capital Projects)  
9151 Cameron Boulevard (Building #55)  
Charlotte, North Carolina 28223-0001  
Attn: Ms. Joyce Clay

**Direct Inquiries About the Project To:**

Designer Name, Rich Manning  
Firm Name & United Engineering  
Telephone Number: 704.945.3377

**Project Title:** Emergency Power – Telecom PBX

**Project Description:** This project will serve to provide backup/emergency power to mission essential telecom and PBX systems.

**Designer's Construction Estimate:** \$291,500

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**Section 1. MINIMUM REQUIREMENTS**

**1. a. General Company information (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

**Organization**

**1. b. Business type** (check box)  Corporation  Partnership  Limited Liability Company  Sole Proprietor  Joint Venture

**1. c. Type of Work** (check box)  General Construction  Electrical  Mechanical  Plumbing  Other (please specify)

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

**NC License Type** (check box)  General Construction  Electrical  Mechanical  Plumbing  Other (please specify)

**NC License number**

**License Limit/Level**

**State/County/City Privilege License (provide copy)**

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

**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 or its agent licensed to do business in North Carolina, and verifying your company's capability and capacity based on your current value of work. 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

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**1. e. (2)** Have any funds been expended by a surety company on your firm's behalf?  Yes  No If yes, explain:

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**1. e. (3)** List all surety companies that have provided bonds for your company for the past five (5) years, provide explanation, required, if more than one company.

Date	Firm	Reason
Date	Firm	Reason
Date	Firm	Reason

**Litigation/Claims**

**1. f. (1)** Has your company been involved in any suits or arbitration proceedings within the last five years?  No  Yes If yes, please explain:

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**1. f. (2)** Are there currently any judgments, claims, arbitration proceedings or suits involving Owners pending or outstanding against your company, its officers, owners, or agents?  No  Yes If yes, please explain:

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**Insurance**

**1. g.**  
In order to prequalify, firms must indicate that they can provide evidence of insurance coverage as follows, should they subsequently be the successful bidder. Have you attached a copy of your insurance certificate?  Yes  No

- Worker's Compensation insurance as required by law and Employer's Liability Insurance coverage with minimum limits of \$100,000.
- General liability insurance with minimum limits of \$500,000 per occurrence for bodily injury and \$100,000 per occurrence/\$300,000 aggregate for property damage.
- Builder's risk at the full insurable value of the entire work site.

**Size/Capacity**

**1. h. (1)** How many full-time permanent employees work for the company? \_\_\_\_\_

**1. h. (2)** If the company has more than one office location, how many full-time permanent employees work for the company at the location which will serve this project? \_\_\_\_\_

**1. h. (3)** List the annual dollar value of construction work the company has performed for each year over the last 5 calendar years (if applicable).

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1 _____(yr)	2 _____(yr)	3 _____(yr)	4 _____(yr)	5 _____(yr)
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### Section 2. GENERAL REQUIREMENTS

#### Experience

**2. a. (1)** Number of years in business as a contractor under the company name listed in 1.a., above: \_\_\_\_\_ years.  
List any other names your firm operated under previously.

1	2	3	4	5
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**2. a. (2)** List date, State and type of incorporation, partnership, or proprietorship establishment:

Date	State/Type (incorporation, partnership/proprietorship)
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**2. a. (3)** List names of the firm principals appropriate to the type of the firm:

*Corporation: President, Vice-president, Secretary, Treasurer*

*Partnership: Partners*

*Proprietorship: Owner*

*Other: List and explain*

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

**2. a. (4)** Has your company ever performed construction work for the State of North Carolina and/or related public agencies and/or this specific agency/institution?  Yes  No

If yes, list the name of the agency, project, dollar value, owner and architect names and contact phone numbers, scheduled completion and actual completion dates for all projects completed within the last five to ten (5-10) years.

State/Public Agency	Project Name	Dollar Value	Owner Agency Contact Info	Architect Contact Info	Scheduled-Actual Completion Date

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State/Public Agency	Project Name	Dollar Value	Owner Agency Contact Info	Architect Contact Info	Scheduled-Actual Completion Date

**2. a. (5)** Has your organization been pre-qualified to bid on a State agency/institution project and failed to submit a bid without notice of good cause a minimum of one day before bid date?  Yes  No If yes, on a separate sheet list name of project and reason you did not submit a bid.

### 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

### Workload

**2. c. (1)** 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)

**2. c. (2)** List the three biggest contracts currently under contract or in progress, including for each, the name of the project, owner and architect names and phone numbers, contract dollar values, percentage complete and currently anticipated completion dates.

<b>#1 –Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	

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Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#2 –Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

<b>#3 –Project Name</b>	
Description of Work Performed	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

**Quality Control/Administration**

**2. d. (1)** Describe quality control procedures, including contractor inspection and approval processes. List the most recent project where these procedures were used, and provide owner and architect contact names and telephone numbers.

<b>Quality Control Procedures</b>	
Project Name	
Owner Name/ Representative	

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Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contractor Inspection Process	
Approval Process	

**2. d. (2)** Describe management plans for processing Requests for Information (RFI's), shop drawings, submittals, value engineering, change orders, proposals, and requests for deviations. Identify key personnel assigned to these or other special issues. Describe your approach to dispute and claims resolution.

<b>Management Plan Process</b>	
Name of Key Personnel	
Requests for Information (RFI's)	
Shop Drawings	
Submittals	
Value Engineering	
Change Orders	
Proposals	
Requests for Deviations	
Dispute and Claim Resolution Approach	
Other Special Issues	

### Financials

**2. e.** 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 becoming part of a public record.) Have you attached a balance sheet?     Yes     No

List any lines of credit, including the identification of the financial institution holding the credit line, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balances (must be within the last 30 days). Have you attached a line of credit statement?     Yes     No

*Note: As provided by statute, the agency/institution will consider keeping trade secrets which the bidder does not wish disclosed confidential. Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL" by the bidder. Cost information shall not be deemed confidential. In spite of what is labeled as a trade secret, the determination whether it is or not will be determined by North Carolina law.*



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**Litigation/Claims**

**2. f. (1)** Has your company ever failed to complete work awarded to it?  Yes  No

If yes, please provide project name(s), contact information for owner and architect, year(s), and reason why. Attach relevant documentation. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. f. (2)** Have you ever paid liquidated damages on any project?  Yes  No If yes, state the project name(s), year(s), and reason why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. f. (3)** Has your company filed any claims with the North Carolina State Construction Office within the last five years?  Yes  No If yes, state the project name(s), year(s), case number, and reason why. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. f. (4)** 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**2. f. (5)** 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Safety Record**

**2. g.** 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 job site fatalities in the past 3 years with an explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Historically Underutilized Business (HUB) Plan**

**2. h. (1)** 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.

**2. h. (2)** What has been your company's typical percentage level of Historically Underutilized Business participation for similar projects in North Carolina for the past 5 years? \_\_\_\_\_%

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List the HUB participation you provided in the three “similar” projects cited in Section 3.a., below, including name, percentage achieved and owner representative’s name and telephone number.

Project Name	HUB %	Owner’s Rep	Contact Phone #

### Section 3. PROJECT SPECIFIC REQUIREMENTS

#### Project-Specific References

**3. a.** Please identify three projects most closely reflecting the size and complexity of the type of work being requested for the currently proposed project. The similar projects should have been completed within the last ten (10) years, at least one of which within the last five (5) years. Include:

<b>#1 –Similar - Project Name</b>	
Project description and its similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations – References from similar relevant projects</b>	
#1 – Sub-Contractor Reference	

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#2 – Sub-Contractor Reference	
#3 – Sub-Contractor Reference	

<b>#2 –Similar - Project Name</b>	
Project description and its' Similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	
Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations – References from similar relevant projects</b>	
#1 – Sub-Contractor Reference	
#2 – Sub-Contractor Reference	
#3 – Sub-Contractor Reference	

<b>#3 –Similar - Project Name</b>	
Project description and its' Similarity to proposed project	
Role and Responsibility	
Delivery Method	
Owner Name/ Representative	
Owner Address/Phone #	
Architect Name/Representative	
Architect Address/Phone #/Email	

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Contract Dollar Value	
Final Contract Dollar Value	
Scheduled Completion Date	
Actual Completion Date	
Performance Rating or Letter of Commendation	
<b>Sub-Contractor Relations – References from similar relevant projects</b>	
#1 – Sub-Contractor Reference	
#2 – Sub-Contractor Reference	
#3 – Sub-Contractor Reference	

*[General project references were requested in section 2. a. (4), based on a “Yes” response, and 2. c. (2). If this comparable project information is already reflected in those responses, please simply identify the relevant projects and detailed information.]*

**Staffing and Organizational Structure**

**3. b. (1) Staff Qualifications** - Provide organizational structure reflecting authority, responsibility and proportion of time dedicated to this project and job descriptions for all key positions. Provide evidence that the key personnel have worked together successfully as a team.

**3. b. (2) Project-specific Staff Experience** - Project-specific employment history is requested for key personnel for similar projects performed within the last five years. As attachments, include qualifications (resumes) of the project team key personnel to be assigned to this project. For each resume, include name, length of time employed with your company, proposed position, education and training, professional registrations/ licenses, and affiliations, company and project-specific employment history.

Information should include project size and description, time and budget performance, position held, authority and responsibilities, contributions made to project success, and include owner/architect contacts with phone numbers.

**3. b. (3) Staff Availability** - Are key personnel also proposed on any other projects for which bidding and contracting is pending?  Yes  No If yes, describe general availability and qualifications of potential substitutes.

**Other Unique Information**

**3. c.** [This section reflects any further project-specific or unique project requirements, such as clean room, hospital/medical, prison, LEED certification, construction recycling, schedule constraints, etc. DO NOT REPEAT ABOVE QUESTIONS. Expand line items and distribute points consistent with any additions.]

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**4. Signature**

By signing this document, you are acknowledging that all answers are true to the best of your knowledge.  
Submitted by:

\_\_\_\_\_  
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

Email: \_\_\_\_\_  
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 \_\_\_\_