

State of North Carolina
Prequalification Form for Prime Contractor

Pursuant to the statute, this form gathers information about the contractors 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). Submit (1) copy and (1) on flash drive. The estimated budget is \$21M.

Contractors are not to use the blank template from the SCO website but to use the project specific form from the Prequalification Committee. Catawba County will use the General Contractor Prequalification Matrix for scoring which can be found at <http://ncadim.nc.gov/businesses/construction/forms-documents>

PREQUALIFICATION DUE DATE/TIME: December 11, 2017 2:00 p.m.
(date) (time)

Submitted to: Debbie Anderson, Purchasing Manager
Contact Name receiving prequalifying packages

Catawba County
Agency/Institution

PO Box 389
Address

25 Government Drive (Physical)
Address

Newton, NC 28658
City/State Zip Code + 4

828-465-8224 828-465-8477
Phone number Fax Number

danderson@catawbacountync.gov
E-mail address

Project: Catawba County Jail Expansion
Name of Project

Catawba County
Project Owner

100 Government Drive
Project Location/Address

O'Brien/Atkins Associates, PA
Project Architect

Project Phase March 2018
Project Start Date (Approx.)

20 months February 15, 2018
Project/Phase Duration Anticipated Bid Date

Total Project Budget Phase Budget

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

The Catawba County Jail project is a 320-bed expansion of the existing jail that will also include shell space. The expansion of approximately 85,500 square feet will consist of two additional two-story housing buildings with a connection to the existing jail. Male general housing will have 4 – 32 bed units, medical/mental health housing will have 1 – 32 bed unit, male and female youthful offender housing will have 1 – 16 bed unit each, and there are 2 – 32 bed general housing units. The primary structure is masonry bearing walls and precast concrete columns and beams with solid and hollow core precast concrete planks. Interior walls are predominately CMU. Exterior walls are insulated masonry cavity walls with 4" CMU veneer. The roofing is single-ply fully adhered PVC. All exterior windows are security hollow metal with security glass. Cells are provided with SS combination penal fixtures, security mirror, wall mounted bunks, wall shelves, and desks with fixed stools. All cell doors are sliding doors with full remote operation. Remote release locks are pneumatically operated. The electronic security system is PLC based for access control, intercoms, and CCTV. Each housing unit HVAC system has dedicated roof top units, smoke fans, exhaust fans, and make-up air fan. There is primary and emergency electrical distribution and an emergency generator. Fire alarm is a horn-strobe based system and the building is fully sprinklered. There is moderate fall across the site from East to West of approximately 46 feet. This requires areaway retaining walls averaging 10 to 12 feet in height on three sides of the buildings.

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

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: _____

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1. c. Licensing Information (Please provide all North Carolina professional licenses required for you to perform your services.)

<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, _____

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? _____

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

1. e. (2) Have any Funds been expended by a Surety Company on your firm's behalf? Yes No If yes, explain

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 \$100,000,000.
- Comprehensive general liability with minimum limits of \$1,000,000 per occurrence for bodily injury and \$ 100,00,0000 per occurrence/\$100,000,000 aggregate for property damage.

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

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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

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)
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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)

2. a. (3) What was your largest job completed? _____ Sq. Ft. \$ _____ (Dollar Amount)
_____ Location _____ Year Completed

2. a. (4) Current Backlog \$ _____ (Dollar Amount)

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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	

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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	

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

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: _____

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: _____

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: _____

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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. _____

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. _____

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. _____

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: _____

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.

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

3.b. The experience this superintendent has 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. The experience this project manager has on this specific type of project is: ___ 0-2 ___ 3-4 ___ 5-10 ___ >10 years.

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	
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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	

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GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

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____