

Fayetteville State University Lyons Science Renovation Prequalification Form for First-Tier Subcontractors under CM at Risk

Pursuant to the NC Statute GS143-128.1, 143-135.8 Policy for Prequalification of Bidders for Construction Projects, this form gathers information about the Subcontractor 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 the statutes and policies.

Contractors will submit Part A and Part B of the new prequalification form. Once Metcon has a new Part A on file you will only need to submit Part B (Project Specific) of prequalification.

Prequalification Due Date/Time: ~~December 16, 2019 by 5pm~~ **January 21, 2020**

Submitted To: Ronda Deese

Metcon, Inc. – Construction Manager at Risk
763 Comtech Drive, Pembroke, North Carolina 28372
(910) 521-8013 Phone (910) 521-8014 Fax
estimating@metconus.com

Project: Name: Lyons Science Building Comprehensive Renovation
Owner: Fayetteville State University
Location: 1200 Murchison Road Fayetteville NC 28301
Architect: Szostak Design, Inc.

Advertise to Bid: ~~December 8, 2019~~ **December 30, 2019**

Pre-Bid: ~~December 16, 2019~~ **January 9, 2020 at 2:00pm**

Bid: ~~January 16, 2019~~ **January 30, 2020 at 2:00pm**

~~Re-Bid: January 23, 2019~~

Project Description:

- Remodel of a 3 story Science building. Project includes asbestos abatement, selective interior demolition, selective roof top demolition, concrete patching, paint, carpet, tile, cabinetry, drywall, rough carpentry, mechanical, plumbing, electrical, owner supplied furnishings, roof top greenhouse supply and install, roof repairs, entry modifications at stairs, fire and life safety upgrades.

Instructions to Prequalify:

- For questions about this form contact Ronda Deese – estimating@metconus.com (910-521-8013).
- Forms may be submitted electronically via email, mail, fax, or hand delivery to Metcon Attn: Ronda Deese. Please make sure, if submitting handwritten form, that all information is clearly printed. Metcon will request illegible information be resubmitted and this will delay the prequalification process.
- NOTE: Prequalification forms will be accepted until 7 days prior to bid day. -
" Please Reference State Construction Prequalification Policy" dated November, 2017

Bid Packages:

If your firm is interested in prequalifying for this project, please check the box for your trade(s) in Part B. If multiple bid packages are selected, please make sure that project experiences and references are provided to allow Prequalification Committee to evaluate your firm for EACH bid package selected.

**Part A: CM at Risk 1st Tier Subcontractor Master Prequalification Form
(Annual Submittal)**



NOTICE TO ALL SUBCONTRACTORS: All sections of this Part A: Master Prequalification Form (Annual Submittal) must be provided ONCE A YEAR and filled out in its entirety. This form will expire on June 30th of each year and requires an update after July 1st. If any sections are not complete, then the prequal may be rejected. A separate Part B: Project Specific Supplement is required for each specific project. Part A and Part B will be evaluated together for the specific project.

Part A: Master Prequalification (Annual Submittal)

Submittal Date: _____

Expiration Date: June 30th of each Year

Submitted to: _____ *(Name of CM at Risk firm)*

1. Main Office Location & Company Contacts

Company Name

Physical Address

Mailing Address

City/State Zip Code + 4

(_____) (_____)

Phone number Fax number

President/CEO CFO

Primary Prequalification Contact Name Primary Prequalification Contact Phone Number

Primary Prequalification Contact Email Address Company Website

Secondary Prequalification Contact Name Secondary Prequalification Contact Phone Number

Secondary Prequalification Contact Email Address

2. Business Type

(check box) Corporation Partnership Limited Liability Company Sole Proprietor

Indicate your NC Statewide Uniform Certification: (check box):

MBE HBE AABE AIBE WBE SDB DBE NONE _____ (other)

See website link for more information: <http://www.doa.nc.gov/hub/swuc.htm>

Is your firm registered with the Department of the Secretary of State to conduct business in the State of North Carolina?

Yes No

Is your firm owned or controlled by a parent or any other organization? Yes No

Describe Ownership if Yes: _____

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Confirm that your company can demonstrate compliance with insurance coverages which meet or exceed the minimum requirements of State Construction Manual OC-15 Article 34. Yes No

See website link for more information: <https://ncadmin.nc.gov/businesses/construction/forms-documents>

List all other names and years of operation that your firm has operated under for the past five (5) years:

3. 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
 Fire Protection Other (Trade Specific License) _____

<u>NC License number/name of licensee</u>	<u>License Limit/Level</u>
_____	_____
_____	_____
_____	_____

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

4. Type of Scope Performed, Average project size (in terms of revenue), Largest project size (in terms of revenue)

List all Scopes of Work for which you would request prequalification review in the upcoming year (Bid Packages):

For Each Scope of Work list the following with values from the last 5 years. (Provide references upon request of the CM)

Scope #1: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #2: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #3: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #4: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #5: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #6: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

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*Indicate your two **largest** completed projects in the last 5 Years per scope. If submitting for multiple scopes, submit multiple sheets.*

#1 –Completed - Project Name	
Description of Work Performed	
Contract Delivery Method (CMAR or GC?)	
Owner Name/ Representative	
Architect Name/Representative	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Lost Man-hours due to Accident	
Final Contract Dollar Value	
HUB % Achieved (on Contract Value)	
Date Complete	

#2 –Completed - Project Name	
Description of Work Performed	
Contract Delivery Method (CMAR or GC?)	
Owner Name/ Representative	
Architect Name/Representative	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Lost Man-hours due to Accident	
Final Contract Dollar Value	
HUB % Achieved (on Contract Value)	
Date Complete	

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5. Size of Company

List the annual dollar value of billings the company has performed for each year over the last (5) five fiscal years (most recent Y/E listed first).

Year #1 (20____) - \$ _____

Year #2 (20____) - \$ _____

Year #3 (20____) - \$ _____

Year #4 (20____) - \$ _____

Year #5 (20____) - \$ _____

6. Current Workload

Number of active projects that your company is presently working on - _____

Remaining revenue to earn (backlog) on active projects - _____

7. Safety

List your company's Experience Modification Rate (EMR) for past five years. Refer to Supplemental information, Item 4 for Insurance Carrier letter supporting Present Rate EMR.

_____	_____	_____	_____	_____
Present Rate	Last Rate	Year before rate	Year before rate	Year before rate

If any year your rate is over 1.00 please explain why:

List your company's Recordable Incident Rate (RIR) for past five years:

_____	_____	_____	_____	_____
Present Rate	Last Rate	Year before rate	Year before rate	Year before rate

List your company's Days Away Restricted or Transferred Rate (DART) for past five years:

_____	_____	_____	_____	_____
Present Rate	Last Rate	Year before rate	Year before rate	Year before rate

List any OSHA fines and Jobsite fatalities in the past five (5) years. Please attach OSHA report describing the incident:

Does your company have a dedicated safety individual who inspects job sites on a regular base? If yes, please provide name and contact information for this individual:

**Part A: CM at Risk 1st Tier Subcontractor Master Prequalification Form
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Does your company have a Written Safety Program and Plan in compliance with current OSHA requirements for your scopes of work (Y/N): _____

Does your company provide weekly training to your on-site employees (Y/N): _____

Does your company perform weekly safety inspections on the jobsite? (Y/N): _____

8. Litigation, Claims, Criminal Convictions & Administrative Actions

Has your company filed any claims against a CM at Risk or General Contractor within the last five years, whether resolved or still pending resolution? Yes No If yes, state the project name(s), year(s), and reason why: _____

Has your company been involved in any judgments, 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: _____

Has your company ever failed to complete work awarded to it or has your company's work been supplemented by a CMAR or GC? Yes No If yes, please provide project name(s), year(s), and reason why: _____

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

Has your bonding company had to take any of the following actions in the last 10 years: Project technical support, Payments to vendors, Supplement work on a contract, or complete a contract for your company? Yes No If yes, state the project name(s), year(s), and reason why.

Has a Bid Bond ever been collected upon on a project your company bid in the last 5 years? Yes No If yes, state the project name(s), year(s), and reason why.

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.

**Part A: CM at Risk 1st Tier Subcontractor Master Prequalification Form
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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.

9. Historically Underutilized Business (HUB) Plan

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.

10. 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 ban you from being prequalified for projects.**

Signature

Date

Printed Name and Title

Required Supplementary Information that needs to be included at the same time the prequalification form (Part A) is submitted.

- 1) Your most recent CPA audited or reviewed financial statements.
- 2) Bonding Letter from your Surety Company listing single and aggregate bonding limits and what bonding capacity that is available.
- 3) A current Certificate of Insurance listing all insurance policies.
- 4) Letter from Insurance carrier stating last five years of EMR ratings.
- 5) The last five years of your OSHA 300A report
- 6) Copy of HUB Certification (if Applicable)
- 7) Copy of Professional Licenses (If Applicable)

Note:

**Part A: CM at Risk 1st Tier Subcontractor Master Prequalification Form
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All pieces of supplementary information shall be provided. If they are not, then the prequal is deemed incomplete and may be rejected. If for some reason you are unable to provide one of the items listed above please explain below.

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 __/__/20__ 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: _____

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% Completed)	
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% Completed)	
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% Completed)	
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: _____
 Total Project Value: _____
 Anticipated Project Start Date: _____
 Anticipated Project Completion Date: _____

Check Box Seeking Prequal	Bid Package Number	Bid Package Description	Bid Package Estimated Value
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CHECK	BP#	BP NAME	BASE BID BUDGET
<input type="checkbox"/>	BP015000	GENERAL TRADES	\$ 22,000
<input type="checkbox"/>	BP017423	FINAL CLEANING	\$ 25,000
<input type="checkbox"/>	BP024100	DEMOLITION AND ABATEMENT	\$ 500,000
<input type="checkbox"/>	BP064000	ARCHITECTURAL WOODWORK	\$ 300,000
<input type="checkbox"/>	BP084000	ENTRANCES, STOREFRONTS, AND CURTAIN WALLS	\$ 100,000
<input type="checkbox"/>	BP092000	METAL FRAMING, PLASTER AND GYPSUM BOARD ASSEMBLIES	\$ 250,000
<input type="checkbox"/>	BP093000	TILING	\$ 50,000
<input type="checkbox"/>	BP095113	ACOUSTICAL CEILINGS	\$ 110,000
<input type="checkbox"/>	BP096000	FLOORING	\$ 130,000
<input type="checkbox"/>	BP099100	PAINTING	\$ 60,000
<input type="checkbox"/>	BP101400	SIGNAGE	\$ 10,000
<input type="checkbox"/>	BP102000	INTERIOR SPECIALTIES	\$ 50,000
<input type="checkbox"/>	BP133000	GREENHOUSE	\$ -
<input type="checkbox"/>	BP142100	ELEVATORS	\$ 65,000
<input type="checkbox"/>	BP210000	FIRE SUPPRESSION	\$ 410,000
<input type="checkbox"/>	BP220000	PLUMBING	\$ 1,100,000
<input type="checkbox"/>	BP230000	HEATING, VENTILATING, AND AIR CONDITIONING (HVAC)	\$ 2,000,000
<input type="checkbox"/>	BP235000	PLUMBING & HVAC COMBINED	\$ 3,100,000
<input type="checkbox"/>	BP260000	ELECTRICAL	\$ 1,200,000
<input type="checkbox"/>	BP312000	SITWORK	\$ 75,000
<input type="checkbox"/>	BP991000	GENERAL CONTRACTING	\$ 400,000