

## **REQUEST FOR BOARD ACTION**

### **HENDERSON COUNTY BOARD OF COMMISSIONERS**

**MEETING DATE:** February 2, 2015

**SUBJECT:** Prequalification Policy for Subcontractors  
Health Sciences Center (JHEC)

**PRESENTER:** John Mitchell

**ATTACHMENTS:** Yes,  
1. Prequalification Policy

#### **SUMMARY OF REQUEST:**

On January 19, 2015, Chad Roberson, project architect with Clark Nexsen, submitted the attached policy for Board approval. The policy is specific to the Health Sciences Center project and provides direction from the Board to the project team regarding prequalifying subcontractors. This policy is required by state statute for projects.

The policy assigns Vannoy Construction (Construction Manager at Risk for the project) the duties of Prequalification Committee who review the subcontractor applications based on a detailed and objective point system. Upon review, the Prequalification Committee will decide whether the application is approved or denied. Should the applicant be denied, there is an appeal process administered by the Prequalification Official, assigned to Chad Roberson by the policy. The Prequalification Official's review and decision on the appeal are final.

With the detailed application and corresponding points system used to evaluate applications, staff has determined the policy to be objective and fair and recommends approval.

#### **BOARD ACTION REQUESTED:**

Board approval of the Prequalification Policy for the Health Sciences Center Project (JHEC) as submitted by Chad Roberson, project architect.

#### **Suggested Motion:**

*I move the Board approve the Prequalification Policy for the Health Sciences Center Project (JHEC) as submitted by Chad Roberson, project architect.*

## 6<sup>th</sup> Avenue Joint Health Education Center Prequalification Policy

### A. Governing Law

This prequalification policy is in effect for prequalification of all first-tier subcontractors for the Henderson County 6<sup>th</sup> Avenue Joint Health Education Center project. The policy is adapted from NC State Construction Office's prequalification form and scoring matrix for compliance with G.S. 143-135.8, as amended by S.L. 2014-42 (H1043).

### B. Definitions

1. Applicant – prospective first tier subcontractor seeking to prequalify for work on the subject project.
2. Prequalification Committee – Vannoy Construction.
3. Prequalification Official – Clark Nexsen, Mr. Chad Roberson.
4. Prequalification Form for First-Tier Subcontractors under CM at Risk – See Attachment “A”
5. Prequalification Evaluation Scoring Matrix – See Attachment “B”

### C. Prequalification Procedure

1. **Preparation of Application:** The Applicant may obtain the Prequalification Form for First-Tier Subcontractors under CM at Risk by visiting the website of the Construction Manager (<http://www.jrvannoy.com>) or by requesting the form via email to the Construction Manager ([chris.roberson@jrvannoy.com](mailto:chris.roberson@jrvannoy.com)). The Applicant shall accurately respond to all portions of the form, and shall submit the completed form, along with all requested supporting documentation, to the Prequalification Committee at the address indicated on the form and by the date/time deadline indicated on the form.
2. **Review of Application:** The Prequalification Committee will review the prequalification form submitted by the Applicant to determine the Applicant's prequalification eligibility for the project. The Prequalification Committee will evaluate the Applicant's submission using an objective Prequalification Evaluation Scoring Matrix adapted from those developed by the State Construction Office. The Prequalification Committee shall approve or deny the Applicant's submission based on the scoring results recorded on the evaluation matrix. Submissions scoring 74 points or higher shall be approved.
3. **Notice of Decision:** The Prequalification Committee shall notify the Applicant via e-mail of the results of the Prequalification Committee's evaluation of the submission, including the reason for denial (if applicable). Notice shall be provided prior to the opening of bids for the project and with sufficient time for the Applicant to appeal the denial of prequalification.
4. **Informal Meeting:** Upon denial, the Applicant may request an informal meeting with a representative of the Prequalification Committee to receive feedback and suggestions for improvement. For denied Applicants who do not appeal the decision of the Prequalification Committee, the informal meeting shall be conducted within two weeks of the Applicant's request for the meeting.
5. **Formal Appeals:** Applicants denied prequalification and wishing to appeal the decision shall follow the appeals process described below.

### D. Appeals Procedure

The Applicant may appeal the denial of prequalification as noted below.

1. **Initial Protest:** An Applicant denied prequalification may protest the Prequalification Committee's decision by filing a written appeal via hand-delivery or e-mail to the applicable Prequalification Committee

within three (3) business days of emailed notice that the Applicant has been denied prequalification. The written appeal shall clearly articulate the reasons why the Applicant is contesting the denial (i.e., explains how the Applicant satisfied all required criteria for prequalification in the government's solicitation in their initial response) and attach all documents supporting the Applicant's position. The Prequalification Committee may contact the Applicant regarding the information provided prior to ruling on the protest. The Prequalification Committee should review the written protest within five (5) business days. If the Prequalification Committee is satisfied that the Applicant should be prequalified, the Applicant shall be notified that it is prequalified to bid on the project and allowed to participate in the bid process. If the Prequalification Committee upholds its denial, the Applicant shall be notified in writing via e-mail.

2. **Appeal:** Within three (3) business days of the emailed notice of the Prequalification Committee's written protest decision, the denied Applicant may appeal the Prequalification Committee's decision, in writing, via hand-delivery or e-mail, to the Prequalification Official (see B.3 above). The Prequalification Official should review the appeal within five (5) business days. In the event the Prequalification Official is unable to review in a timely manner, he/she may designate a representative that is not a member of the Prequalification Committee to handle the appeal.
3. **Decision on Appeal:** The decision of the Prequalification Official or Representative on the appeal shall be final, and the Applicant shall be promptly notified of the decision.
4. **General Rules for Protests and Appeals:** Applicant shall be provided an e-mail address for the communication with the owner and/or construction manager during the protest and appeal process. The Applicant shall provide at least two e-mail addresses for use by the owner and/or construction manager in communicating with the firm. In the event the Prequalification Official or Representative is unable to render a decision on either the initial protest or the appeal prior to the bid date, the Applicant shall be allowed to submit a bid on the project subject to a final decision on the protest or appeal. If the Applicant's bid is opened prior to a final decision on the protest or appeal and the bid is not the lowest monetary bid for the project, the appeal shall be terminated and rendered moot. Bids received from firms who have been ruled disqualified to bid shall not be opened. A firm's failure to comply with any requirements of the protest and appeals procedures of this section shall result in the firm's protest or appeal being terminated and rendered moot.

6<sup>th</sup> Avenue Joint Health Education Center
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 to use this project -specific prequalification form. Completed forms and supporting documents must be submitted in hard copy via mail to the address stated below.

PREQUALIFICATION DUE DATE/TIME: \_\_\_\_\_ (date) \_\_\_\_\_ (time)

Submitted to: Chris Roberson
Contact Name receiving prequalifying packages

Vannoy Construction
CM @ R Firm

1255 Creekshire Way, Suite 220
Address

Winston-Salem, NC 27103
City/State Zip Code + 4

(336) 448-1950
Phone number Fax Number

E-mail address

Project: 6th Avenue Joint Health Education Center (JHEC)
Name of Project

Henderson County
Project Owner

747 6th Avenue West, Hendersonville, North Carolina
Project Location/Address

Clark Nexson
Project Architect

Table with 4 columns: Phase, Packages, Bid Date (Approx.), Award Date (Approx.). Rows include Sitework, Concrete Foundations; Structural Steel, Block Masonry; All Other Packages.

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

**6<sup>th</sup> Avenue Joint Health Education Center**  
**Prequalification Form for First –Tier Subcontractors under CM at Risk**

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

The 6<sup>th</sup> Avenue Joint Health Education Center consists of a three story facility of approximately 97,000 square feet. The First Floor is planned for Business Class – Ambulatory Health Care, while the Second Floor and Third Floor are planned for higher education use. The building is a steel framed structure. Foundations will be conventional shallow spread, reinforced concrete footings. Slabs on grade will be reinforced regular weight concrete. Elevated slabs are composite systems consisting of reinforced lightweight concrete on metal decking. The building envelope consists of TPO membrane roofing, brick masonry, glazed aluminum curtain wall and ribbon windows, and metal wall panels. Interior floor finishes include stone, porcelain tile, ceramic tile, terrazzo, carpeting, VCT, and rubber. Interior wall finishes include painted gypsum board and CMU, vinyl wall covering, stone tile units, plywood veneer, and ceramic tile. Interior ceiling finishes include acoustical tile and painted gypsum board. The facility includes two (2) single-cab, three stop, electric traction elevators.

**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	Check Box if Prequalifying
BP101 –	General Trades	<input type="checkbox"/>
BP220 –	Site Development	<input type="checkbox"/>
BP290 –	Landscaping	<input type="checkbox"/>
BP295 –	Water Features	<input type="checkbox"/>
BP300 –	Turnkey Concrete	<input type="checkbox"/>
BP400 –	Turnkey Masonry	<input type="checkbox"/>
BP500 –	Turnkey Structural Steel	<input type="checkbox"/>
BP550 –	Turnkey Miscellaneous Steel and Accessories	<input type="checkbox"/>
BP640 –	Finish Carpentry and Casework	<input type="checkbox"/>
BP740 –	Roofing and Sheet Metal	<input type="checkbox"/>
BP742 –	Metal Soffit and Composite Wall Panels	<input type="checkbox"/>
BP780 –	Sprayed on Fireproofing	<input type="checkbox"/>
BP790 –	Caulking & Waterproofing	<input type="checkbox"/>
BP800 –	Doors, Frames and Hardware	<input type="checkbox"/>
BP810 –	Installation of Doors and Hardware	<input type="checkbox"/>
BP840 –	Storefront, Windows, Glass & Glazing	<input type="checkbox"/>
BP920 –	Gypsum, Metal Studs, Insulation	<input type="checkbox"/>
BP925 –	Acoustical and Decorative Ceilings	<input type="checkbox"/>
BP930 –	Hard Flooring	<input type="checkbox"/>
BP940 –	Terrazzo Flooring	<input type="checkbox"/>
BP960 –	Soft Flooring	<input type="checkbox"/>
BP990 –	Painting and Coatings	<input type="checkbox"/>
BP1005 –	Division 10 Specialties	<input type="checkbox"/>
BP1400 –	Passenger Elevators	<input type="checkbox"/>
BP1500 –	Fire Sprinkler Systems	<input type="checkbox"/>
BP1540 –	Plumbing Systems	<input type="checkbox"/>
BP1550 –	Mechanical Systems	<input type="checkbox"/>
BP1600 –	Electrical Systems	<input type="checkbox"/>

**6<sup>th</sup> Avenue Joint Health Education Center**  
**Prequalification Form for First –Tier Subcontractors under CM at Risk**

**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](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)**

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

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 and percentage 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

Largest Bonded Project Completed to Date \$ \_\_\_\_\_ (Dollar Amount)

Largest Un-Bonded Project Completed to Date \$ \_\_\_\_\_ (Dollar Amount)

**[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.

**[Matrix: 0-3 points. If insurance certificate attached give 3 points. If not, give 0 points.]**

**Financials**

**1. g.** Attach your most recent available interim financial statements along with the prior two year's fiscal year end financial statements (Balance sheet & Income Statement). 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

Total available Bank Line of Credit \$ \_\_\_\_\_ (Dollar Amount)

Total borrowings against Bank Line of Credit \$ \_\_\_\_\_ (Dollar Amount)

Total balance of Accounts Receivable \$ \_\_\_\_\_ (Dollar Amount)

**[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)
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**[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	
Percentage Complete	
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.]**

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**Prequalification Form for First –Tier Subcontractors under CM at Risk**

**Office Locations**

**2. b.1** 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

**2. b.2** Is this office located within 200 miles of Hendersonville, NC?  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.1** List your company’s Experience Modification Rate (EMR) for past three years. Attach OSHA 300 Log for the last 3 years. If EMR average for the last three (3) years is over 1.0, attach an OSHA 200 log for each year. Have you attached OSHA 300 log, and if applicable, OSHA 200 log?  Yes  No

\_\_\_\_\_  
2014 EMR

\_\_\_\_\_  
2013 EMR

\_\_\_\_\_  
2012 EMR

\_\_\_\_\_  
3-YR Ave. EMR

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: \_\_\_\_\_  
\_\_\_\_\_

**2. d.2** Does your company have a written safety program?  Yes  No

**2. d.3** 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.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. e.2** If awarded, does the company commit to providing MWBE/ HUB participation of at least (10%) of your bid amount, which are the established goals for this project?  Yes  No

[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.]

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**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.**

<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	

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<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	
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.]**

**6<sup>th</sup> Avenue Joint Health Education Center**  
**Prequalification Form for First –Tier Subcontractors under CM at Risk**

**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.]**

**Prequalification Evaluation Matrix**

Henderson Co. 6th Ave. Joint Health Education Center

\*\*Enter Company Name Here\*\*

Section#	Section Description	Points Available	Points Earned	Scoring Criteria
1.a	Primary/Main Office Location	2		If completely filled in, give 2 points. If not, give 0 points.
1.b	Business Type	1		If completely filled in, give 1 point. If not, give 0 points.
1.c	Licensing Information	1		If completely filled in, give 1 point. If not, give 0 points.
1.d	Type of Work	1		If completely filled in, give 1 point. If not, give 0 points.
1.e.(1)	Surety Letter	2		If surety letter is attached, give 2 points. If not, give 0 points.
1.e.(2)	Surety Claims	2		If no funds expended by surety company, give 2 points. If yes, give 0 points.
1.f	Insurance	3		If insurance certificate is attached, give 3 points. If not, give 0 points.
1.g	Financials	3		If Balance Sheet and Income Statement are attached, give 3 points. If not, give 0 points.
2.a.(1)	3-Year Work History	3		Give 1 point for each year for which data was provided.
2.a.(2)	Current Projects	3		If completely filled in, give 3 points. If not, give 0 points.
2.a.(3)	Largest Completed Project	5		Take the "dollar amount" and multiply by 1.5. If the result is larger than the estimated scope package cost, give 5 points. If not, give 0 points.
2.a.(4)	Current Backlog	5		Take the "current backlog" and add "largest job completed multiplied by 1.5". If the result is smaller than the average of the "annual dollar amounts multiplied by 1.5", give 5 points. If the result is larger, give 0 points.
2.a.(5)	Contracts In Progress	3		Give 1 point for each project for which data was provided.
2.b	Office Locations	3		If 2.b.1 is "yes", give 3 points. If not, give 0 points.
2.c.(1)	Five Year Legal History	2		If 2.c.1 is "no", give 2 points. If not, give 0 points.
2.c.(2)	Active Legal Matters	2		If 2.c.2 is "no", give 2 points. If not, give 0 points.
2.c.(3)	Default History	5		If 2.c.3 is "no", give 5 points. If not, give 0 points.
2.c.(4)	Liquidated Damages	3		If 2.c.4 is "no" or if "yes" and sufficient explanation provided, give 3 points. If not, give 0 points.
2.c.(5)	Procurement Fraud	3		If 2.c.5 is "no", give 3 points. If not, give 0 points.
2.c.(6)	Public Work	3		If 2.c.6 is "no", give 3 points. If not, give 0 points.
2.d	Safety Record	5		If 3-Year average EMR is less than or equal to 1.0, give 5 points. If not, give 0 points.
2.e	Diversity Engagement	3		If 2.e.1 is "yes", give 3 points. If not, give 0 points.
3.a	Superintendent	2		If superintendent resume attached, give 2 points. If not, give 0 points.
3.b	Superintendent Experience	5		If 0-2 years, give 1 point. If 3-4 years, give 2 points. If 5-10 years, give 4 points. If >10 years, give 5 points.
3.c	Project Manager	2		If project manager resume attached, give 2 points. If not, give 0 points.
3.d	Project Manager Experience	5		If 0-2 years, give 1 point. If 3-4 years, give 2 points. If 5-10 years, give 4 points. If >10 years, give 5 points.
3.e	Similar Projects	15		Give 2 points for each project for which data was provided. Give 3 additional points for positive reference from the Owner, Architect, and GC/CMR.
4	Signatures	2		If signature section is fully executed, give 2 points. If not, give 0 points.
	Total Points:	94	0	
	Minimum Threshold:		74	
	Prequalification Status:		DENIED	