



NORTH CAROLINA COMMUNITY COLLEGE SYSTEM

R. Scott Ralls, Ph.D.

President

January 16, 2015

IMPORTANT INFORMATION
Effective Immediately

MEMORANDUM

TO: Business Officials and Capital Project Coordinators

From: Matt Williams, Associate Vice President, Chief College Accounting Officer
Division of Finance and Operations

Subject: Construction Manager@Risk – Prequalification Policy

At the January 16, 2015 meeting of the State Board, the State Board approved the adoption of the State Construction Office objective prequalification policy, assessment ratings matrix, and prequalification forms. Effective immediately all community colleges shall use the State Construction Office (SCO) prequalification policy, assessment ratings matrix, and prequalification forms when prequalifying bidders for construction projects as allowed under G.S. 143-135.8. This requirement is for colleges choosing to prequalify bidders. Colleges are not required to prequalify bidders.

Session Law 2014-42, House Bill 1043 clarified G.S. 143-135.8 which requires a governmental entity to “adopt an objective prequalification policy applicable to all construction or repair work prior to the advertisement of the contract for which the governmental entity intends to prequalify bidders.” In order to meet the requirements of the statute, the State Construction Office developed an objective prequalification policy, a ratings matrix, and prequalification forms that complies with the statute’s requirement for State agencies, universities, and community colleges.

The adoption of the SCO prequalification policy and forms puts in place a standard objective for all community colleges prequalifying contractors for all state and non-state projects.

Pursuant to the statute, the prequalification 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 college's prequalification committee in accordance with GS 143-128.1, 143-135.8 and the State of NC Prequalification Policy (attached).

Attached you will find the prequalification forms and matrices that were developed by the State Construction Office. This requirement is effective for all Construction Manager@Risk projects awarded on or after January 16, 2015.

Please share this memo and attachments with staff involved with the capital improvement process. If you have questions or concerns, please contact Sharon Rosado (919) 807-7087 or Dorrine Fokes (919) 807-7088.

Attachments:

State of North Carolina Prequalification Policy

NC Contractor Prequalification Matrix

Prequalification Form for First-Tier Subcontractors under CM at Risk

Prequalification Form for Prime Contractor

CC15-002
E-mail Copy

State of North Carolina Prequalification Policy

A. **Governing Law (Session Law 2014-42)**

This policy is in effect for all prequalifications on State of NC work, including single prime project delivery and construction manager at risk first-tier subcontractors. G.S. 143-135.8(b)(2) requires the governmental entity to “adopt an objective prequalification policy applicable to all construction or repair work prior to the advertisement of the contract for which the governmental entity intends to prequalify bidders.” This policy satisfies this requirement for State agencies and universities and the community colleges.

B. **Requirements for Prequalification Criteria Form and Assessment**

1. Uniform, consistent, and transparent in its application to all bidders.
2. All bidders who meet the prequalification criteria to be prequalified are allowed to bid on the construction or repair work project.
3. Criteria must be rationally related to construction or repair work.
4. The bidder is not required to have been previously awarded a construction or repair project by the governmental entity.
5. Bidders are permitted to submit history or experience with projects of similar size, scope, or complexity
6. Assessment process of prequalification is stated in this policy.
7. A process for a denied bidder to protest is stated below in this policy.
8. A process for notifying a denied prequalified bidder is stated below in this policy.

C. **Review of Application**

1. **Prequalification Committee** – The owner and/or construction manager shall agree upon the members of the prequalification committee. The Prequalification Official (For State Agencies, the Director of State Construction; for Universities, the Chief Financial Officer (CFO) of the University Campus for projects under \$500,000, between \$500,000 and \$2,000,000 the Associate Vice President for Finance and Capital Planning with University of North Carolina – General Administration, for projects over \$2,000,000 the Director of State Construction; and for Community Colleges, under \$500,000 the Director of Administrative and Facility Services with Community Colleges System Office and over \$500,000 the Director of State Construction) shall not be on the prequalification committee. The prequalification committee will review prequalification applications submitted by the firms and will determine each firm’s prequalification eligibility for the project.
2. **Review of Application** – The prequalification committee shall use the objective assessment process form developed by the State Construction Office. The prequalification committee shall approve or deny the applications in accordance with the prequalification criteria and scoring system based upon the applicants’ initial response to the Owning Agency’s solicitation for qualified bidders. With the possible protests and appeals on prequalification and the times associated with responses, the owner should have the advertisement for prequalification out to potential applicants at least two (2) months prior to actual bid date.
3. **Notice of Decision** – All firms that submitted applications for prequalification shall be promptly notified of the prequalification committee’s decision, including the reason for denial, via e-mail. Notice shall be provided prior to the opening of bids for the project and with sufficient time for the firm to appeal the denial of prequalification.
4. **Informal Meeting** - Upon denial, the applicant may request an informal meeting with the owner’s representative and/or construction manager to receive feedback and suggestions for

State of North Carolina Prequalification Policy

- improvement. The Owner's representative and/or construction manager shall hold a feedback session for the applicants who do not appeal the decision within 2 weeks of the request.
5. Firms wishing to appeal the decision shall follow the appeals process described below.

D. Appeals Procedure

1. The firm may appeal the denial of Prequalification as noted below.
 - a. **Initial Protest** – A firm 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 firm has been denied prequalification. The written appeal shall clearly articulate the reasons why the firm is contesting the denial (i.e., explains how the firm satisfied all required criteria for prequalification in the government's solicitation in their initial response) and attach all documents supporting the firm's position. The prequalification committee may contact the firm 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 firm should be prequalified, the firm 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 firm shall be notified in writing via e-mail.
 - b. **Appeal** – Within three (3) business days of the owner's emailed notice of the Prequalification Committee's written protest decision, the denied prequalified firm may appeal the prequalification committee's decision, in writing, via hand-delivery or e-mail, to the Prequalification Official (see C.1 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.
 - c. **Decision on Appeal** – The decision of the Prequalification Official or Representative on the appeal shall be final, and the firm shall be promptly notified of the decision.
 - d. **General Rules for Protests and Appeals** – Firms submitting prequalification applications shall be provided an e-mail address for the communication with the owner and/or construction manager during the protest and appeal process. The firm 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 firm shall be allowed to submit a bid on the project subject to a final decision on the protest or appeal. If the firm'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.

State of North Carolina - Contractor Prequalification Ratings Matrix

Date: _____
Project _____
Name: _____
SCO ID #: _____

1	2	3	4	5	6	7	8
Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name

Form #	Description	Max Pts	1	2	3	4	5	6	7	8
1. GENERAL COMPANY INFORMATION										
1.a.	Primary/Main Office Location	2								
1.b.	Business Type	1								
1.c.	Licensing Information	1								
1.d.	Type of Work Performed	1								
1.e.(1)	Bonding - Surety letter attached	2								
1.e.(2)	Bonding - Funds expended by Surety Co. on firm's behalf	2								
1.f.	Insurance certificate attached	3								
1.g.	Financials - Listed/attached (0 or 3)	3								
	Subtotal	15	0	0	0	0	0	0	0	0
2. GENERAL REQUIREMENTS										
2.a.(1)	Experience - Annual dollar value last 3 years	3								
2.a.(2)	Experience - Number of current projects under contract	3								
2.a.(3)	Experience - Largest job completed	5								
2.a.(4)	Experience - Current Backlog Amount	5								
2.a.(5)	Experience - Selected Contract 1	3								
2.a.(5)	Experience - Selected Contract 2	3								
2.a.(5)	Experience - Selected Contract 3	3								
2.b.	Office - Project managed and directed from NC office	3								
2.c.(1)	Litigation/Claims - last 5 years	2								
2.c.(2)	Litigation/Claims - Currently outstanding against company	2								
2.c.(3)	Failed to complete construction contract	5								
2.c.(4)	Paid Liquidated Damages on a project	3								
2.c.(5)	Convicted of conflicts of interest/bribery/bid-rigging	3								

State of North Carolina - Contractor Prequalification Ratings Matrix

Date: _____
Project _____
Name: _____
SCO ID #: _____

1	2	3	4	5	6	7	8
Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name	Contractor Name

Form #	Description	Max Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
2.c.(6)	Barred from public work in NC	3								
2.d.	EMR rate less than/equal 1	5								
2.e.	Documented HUB Plan	3								
	Subtotal	54	0	0	0	0	0	0	0	0

3. PROJECT SPECIFIC REQUIREMENTS

3.a.	Project Superintendent included resume	2								
3.b.	Superintendent Experience	5								
3.c.	Project Manager included resume	2								
3.d.	Project Manager Experience	5								
3.e.(1)	Similar Project Information 1	5								
3.e.(2)	Similar Project Information 2	5								
3.e.(3)	Similar Project Information 3	5								
	Subtotal	29	0	0	0	0	0	0	0	0

4. SIGNATURE

4	Fuly executed including notary	2								
	Subtotal	2	0	0	0	0	0	0	0	0

TOTAL POINTS		100	0	0	0	0	0	0	0	0
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All scores 80 and above will be prequalified.

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: _____
(date) (time)

Submitted to: _____

Contact Name receiving prequalifying packages

CM @ R Firm

Address

Address

City/State Zip Code + 4

Phone number

Fax Number

E-mail address

Project:

Name of Project

Project Owner

Project Location/Address

Project Architect

Project Phase

Project Start Date (Approx.)

Project/Phase Duration

Anticipated Bid Date

Total Project Budget

Phase Budget

Insurance Program: OCIP _____ CCIP _____ SubGuard _____ None _____

State of North Carolina
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.)

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
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
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_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>
_____	_____	\$ _____	<input type="checkbox"/>

State of North Carolina
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 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.]

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Prequalification Form for First –Tier Subcontractors under CM at Risk

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.

#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	

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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	
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.]

State of North Carolina
Prequalification Form for First –Tier Subcontractors under CM at Risk

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

[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. 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.]

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.

[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.]

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.

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Prequalification Form for First –Tier Subcontractors under CM at Risk

#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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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.]