

WCS- Washington County School PK-12
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.

Prequalification Due Date/Time: **October 21, 2022, COB**

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: Washington County School PK-12
Name: Owner: Washington County Schools
Location: 3177 US-64, Plymouth, NC 27962
Architect: Sfl+a
Pre-Bid: TBD-November
Bid: TBD-November

Bid Bond: Required for Bid Packages \$100,000 or Higher

Performance & Payment Bond: May Be Required for Bid Packages \$100,000 or More and Will Be Required for Bid Packages \$300,000 and Higher

Project Description: The new Washington PK-12 school is approximately 165,000 sqft that will be Energy Positive and prototype of Jones County School, previously build by Metcon and SFLA and Awarded by ENR. Project will consist of the following scopes; Demo, Concrete, Hollow Core Plank, Masonry, Structural Steel, Glulam, Architectural Millwork, Damp proofing and Water Proofing, Air Barrier, Fire Stopping, Joint sealant and caulking, EIFS, Metal Wall and Soffit Panels (insulation behind wall panels), Turnkey Roofing, Doors, Frames and Hardware, Overhead Coiling Doors, Storefront and Curtainwall, Louvers, Metal Framing and Drywall, Acoustical Ceiling and Wall Panels, Flooring, Hard Tile, Resilient Flooring, Carpet, Terrazzo, Painting and Wall Covering, Visual Display Units, Signage, Toilet Accessories and Compartments, Fire Protection, Metal Lockers, Metal Storage Shelving, Fabricated Wood Storage Shelving, Canopies and Walkway Covering, Flagpoles, Residential Appliances, Audio Video, Athletic Equipment's, Kitchen Equipment, Kilns and Pottery Studio Equipment, Window Treatment, Bleachers, Fixed Seating, Fire Suppression, Plumbing , HVAC, Electrical, Low Voltage, Safety and Security, Sitework, Aggregates, Concrete and Asphalt Paving, Sidewalk, Landscaping, Fencing, Utilities.

Instructions to Prequalify:

- If your firm has submitted Part A then you are only required to submit Part B of this document. For questions about this form contact Tina Harris estimating@metconus.com (910-521-8013).
- Forms may be submitted electronically via email, mail, fax, or hand delivery to Metcon, attention Tina Harris. 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.



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) _____

NC License number/name of licensee	License Limit/Level
_____	_____
_____	_____
_____	_____

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 (\$): _____



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

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	



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

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 (Annual Submittal)

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 (Annual Submittal)

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 (Annual Submittal)

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.



**Part B: CM at Risk 1st Tier Subcontractor Prequalification
Washington County School
Project Specific Supplement**



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 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
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% Competed)	
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 employ 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 lowertiers: _____% 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

Check Box/s
PQing For

Washington County K12 Proposed Bid Package List

<input type="checkbox"/>	BP 015000	BP01A	General Trades	\$609,049.00
<input type="checkbox"/>	BP 017000	BP01B	Final Cleaning	\$74,274.00
<input type="checkbox"/>	BP 033000	BP03A	Cast in Place Concrete	\$2,136,695.00
<input type="checkbox"/>	BP 034000	BP03B	Hollow Core Planks	\$1,111,590.00
<input type="checkbox"/>	BP 042000	BP04A	Unit Masonry, Precast Architectural Concrete & Foamed in Place Insulation	\$5,811,514.00
<input type="checkbox"/>	BP 051000	BP05A	Structural Steel and Erection, Miscellaneous Steel	\$3,033,712.00
<input type="checkbox"/>	BP 061000	BP06A	Glulam Beams Material, Design, Delivery	\$1,748,305.00
<input type="checkbox"/>	BP 061000.1	BP06B	Glulam Beams Erection	Included Above
<input type="checkbox"/>	BP 075000	BP07B	Roofing	\$5,049,000.00
<input type="checkbox"/>	BP 078000	BP07C	Firestopping, Joint Sealants & Expansion Joints	\$403,020.00
<input type="checkbox"/>	BP 072400	BP07D	EFIS & Stucco	\$558,900.00
<input type="checkbox"/>	BP 084000	BP08A	Storefront, Curtainwall, FRP Doors, Misc. Glass Kits & Fixed Sun Screen	\$5,947,726.00
<input type="checkbox"/>	BP 081000	BP08B	Hollow Metal Doors and Frames, Wood Doors, Hardware and Installation	\$439,965.00
<input type="checkbox"/>	BP 083000	BP08C	Overhead Doors and Security Grilles	\$54,000.00
<input type="checkbox"/>	BP 092000	BP09A	Metal Studs, Drywall and Insulation	\$1,014,390.00
<input type="checkbox"/>	BP 095000	BP09B	Acoustical Panel Ceiling and Acoustical Room Components	\$686,270.00
<input type="checkbox"/>	BP 096000	BP09C	LVT, VCT, Rubber Base and Carpet	\$886,945.00
<input type="checkbox"/>	BP 093000	BP09D	Tiling	\$194,488.00
<input type="checkbox"/>	BP 096600	BP09E	Terrazzo	\$204,885.00
<input type="checkbox"/>	BP 096400	BP09F	Wood Strip and Polymer Panel Flooring.	\$322,875.00
<input type="checkbox"/>	BP 099000	BP09G	Painting and Coating	\$573,607.00
<input type="checkbox"/>	BP 101100	BP010A	Visual Displays, Tack Boards	\$177,300.00
<input type="checkbox"/>	BP 101000	BP010B	Exterior and Interior Signage	\$57,369.00
<input type="checkbox"/>	BP 102000	BP010C	Specialties. Toilet Partitions and Accessories	\$152,042.00
<input type="checkbox"/>	BP 107300	BP010D	Aluminum Canopies and Walkway Coverings	\$299,511.00
<input type="checkbox"/>	BP 102200	BP010F	Operable Partitions	\$0.00
<input type="checkbox"/>	BP 105000	BP010G	Metal Lockers, Shelving and Benches	\$73,800.00
<input type="checkbox"/>	BP 116600	BP011A	Gymnasium Equipment	\$125,866.00
<input type="checkbox"/>	BP 114000	BP011B	Food Service Equipment	\$541,655.00
<input type="checkbox"/>	BP 113000		Residential Equipment	\$41,850.00
<input type="checkbox"/>	BP 126600	BP012A	Bleachers	\$218,385.00
<input type="checkbox"/>	BP 123000	BP012C	Manufactured Casework	\$662,175.00
<input type="checkbox"/>	BP 122000	BP012C.1	Window Treatment	\$22,500.00
<input type="checkbox"/>	BP 210000	BP021A	Fire Suppression	\$564,485.00
<input type="checkbox"/>	BP 220000	BP022A	Plumbing	\$1,901,422.00
<input type="checkbox"/>	BP 230000	BP023A	HVAC	\$5,649,498.00
<input type="checkbox"/>	BP 231000	BP023B	Controls and Penthouse	\$0.00
<input type="checkbox"/>	BP 260000	BP026A	Electrical	\$6,244,182.00
<input type="checkbox"/>	BP 481400	BP026C	Solar PV Package	\$0.00
<input type="checkbox"/>	BP 280000	BP028A	Security	Included Above
<input type="checkbox"/>	BP 310000	BP031A	Sitework, Utilities, Paving, Sidewalk	\$4,030,428.00
<input type="checkbox"/>	BP 323100		Fencing	\$188,640.00
<input type="checkbox"/>	BP 316200		Geo Piers	\$0.00
<input type="checkbox"/>	BP 329000	BP031C	Landscaping	\$90,000.00

Part B - Exhibit 2

Prequalification Ratings Matrix for First-Tier Subcontractors under CMAR

Name of Subcontractor :

Project Name:

Bid Package No. & Description:

Part A Section #	Description	Yes or No	Contractor Name							
Part A - 1. GENERAL COMPANY INFORMATION		Yes or No	Pts							
Part A - 2. BUSINESS TYPE		Yes or No	1							
Part A - 3. LICENSING INFORMATION		Yes or No	1							
Part A - 4. TYPE OF SCOPE OF WORK / AVERAGE SIZE / LARGEST PROJECT		Yes or No	1							
Part A - 5. SIZE OF COMPANY		Yes or No	1							
Part A - 6. CURRENT WORKLOAD		Yes or No	1							
Part A - 7. CURRENT WORKLOAD		Yes or No	1							
Part A - 8. LITIGATIONS AND CLAIMS		Yes or No	1							
Part A - 9. HUB OR DIVERSITY PLAN		Yes or No	1							
Part A - SUPPLEMENTAL INFORMATION		Yes or No	1							
	Audited Financials	Yes or No								
	Bonding Company Letter	Yes or No								
	Current Insurance Certificate meeting OC-15 Article 34	Yes or No	1							
	Letter from Insurance Company stating EWR	Yes or No	1							
	OSHA 300 Reports	Yes or No	1							
	Copy of HUB Certification, if claimed in Section 2	Yes or No	1							
	Copy of Licenses for Specific work, if required in Section 3	Yes or No	1							
	Part A Acceptance = Subtotal 15 out of 15 points		15							
Part B Section #	Description	Yes or No	Pts							
Part B - 1. INFORMATION										
Part B - 2. UPDATED COMPANY INFORMATION										
	2a Current Backlog and Bonding Capacity Available	Yes or No	1							
	2b Attach bonding letter from Surety, if over \$300k	Yes or No	1							
	2c List of Projects working with CMAR in last 5 years	Yes or No	1							
Part B - 3. PROJECT SPECIFICS										
	3a Assigned Superintendent resume and experience	Yes or No	1							
	3b Relevant project experience of assigned Superintendent	Yes or No	1							
	3c Assigned Project Manager resume and experience	Yes or No	1							
	3d Relevant project experience of assigned Project Manager	Yes or No	1							
	3e Related Project Experience	Yes or No	1							
	3f.1 Available Craftsman for Trade Prequalifying for	Yes or No	1							
	3f.1 Self Performance for Trade Prequalifying for	Yes or No	1							
	Part B Acceptance = Subtotal 10 out of 10 points		10							
	TOTAL POINTS = 25 points out of 25 points		25							

note: if an item is not applicable ("n/a"), then the CMAR shall make the line "n/a" for all subcontractors seeking prequalification for that bid package

All scores of 25 points will be prequalified.