

**DAVIE CONSTRUCTION COMPANY**  
**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 – 143-135-8.**

**First-Tier Subcontractors are not to use the blank template from the SCO website but to use the project.**

**PREQUALIFICATION DUE DATE/TIME:** Noon, Tuesday, September 18, 2018

**Submitted to: Vickie Huckaby**

Contact Name receiving prequalifying packages

**Davie Construction Company**

CM @ R Firm

152 East Kinderton Way

Address

Suite 200

Address

Advance, NC 27006

City/State Zip Code + 4

336-940-6600

Phone number

336-940-6699

Fax Number

**prequalifications@davieconstruction.com**

E-mail address

**Project:**

**Davie County Park**

Name of Project

**Davie County**

Project Owner

**1201 Salisbury Street**

**Mocksville, NC 27028**

Project Location/Address

**The John R. McAdams Company, Inc.**

**3836 Toringdon Way, Suite 110**

**Charlotte, NC 28277**

Project Architect

**November 1, 2018**

Project Start Date (Approx.)

**October 4, 2018**

Anticipated Bid Date

**Total Project Budget**

Insurance Program: OCIP \_\_\_\_\_ CCIP \_\_\_\_\_ SubGuard \_\_\_\_\_ None   **X**

**DAVIE CONSTRUCTION COMPANY**  
**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.)

**PROJECT DESCRIPTION:** The project consists of the Repurposing of the old Davie High School Gymnasium and site. Current site plans consist of a large and small Dog Park, Amphitheater, Green Space, Inclusive Playground, Spray Ground, Parking lot, Baseball Field, Horse Shoe Pits and Bocce Courts. The renovation of the Gymnasium consists of new Entrance features, interior space renovation and repurposing, new bathroom spaces, plumbing, mechanical, and electrical upgrades to the spaces.

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
BP100	Final Cleaning	<input type="checkbox"/>
BP101	Progress Construction Cleaning	<input type="checkbox"/>
BP200	Demolition Package	<input type="checkbox"/>
BP201	Sitework (Erosion Control, Grading, Storm Drainage, Utilities)	<input type="checkbox"/>
BP202	Landscaping (Planting, Seeding, Turfgrass, Irrigation)	<input type="checkbox"/>
BP203	Paving (Asphalt Paving, Curb and Gutter)	<input type="checkbox"/>
BP204	Chain-link Fencing, Ornamental Fencing, Backstop and Gates	<input type="checkbox"/>
BP205	Site Furnishings (Benches, Bike Racks, Horse Shoe and Bocce Equipment)	<input type="checkbox"/>
BP206	Shelters	<input type="checkbox"/>
BP300	Turnkey Concrete	<input type="checkbox"/>
BP400	Turnkey Masonry	<input type="checkbox"/>
BP500	Turnkey Steel	<input type="checkbox"/>
BP600	Wood Framing, Blocking, Decking	<input type="checkbox"/>
BP601	Millwork and Trim Carpentry	<input type="checkbox"/>
BP700	Roofing and Flashing	<input type="checkbox"/>
BP701	Joint Sealants and Waterproofing	<input type="checkbox"/>
BP800	Doors/Frames/Hardware Material	<input type="checkbox"/>
BP801	Doors/Frames/Hardware Installation	<input type="checkbox"/>
BP803	Storefront Framing & Glazing	<input type="checkbox"/>
BP804	Sunshade/Trellis	<input type="checkbox"/>
BP900	Metal Stud Framing, Drywall, Acoustical Ceiling	<input type="checkbox"/>
BP901	Hardwood Flooring	<input type="checkbox"/>
BP902	Turnkey Flooring (VCT, LVT, Hard Tile, Carpet, Base)	<input type="checkbox"/>
BP903	Interior and Exterior Painting	<input type="checkbox"/>

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

BP1000	Signage	<input type="checkbox"/>
BP1001	Division 10 Specialties Material	<input type="checkbox"/>
BP1002	Division 10 Specialties Installation	<input type="checkbox"/>
BP1100	Turnkey Grandstands	<input type="checkbox"/>
BP1101	Playground Equipment and Construction	<input type="checkbox"/>
BP1102	Spray ground (0 depth pool) Equipment and Construction	<input type="checkbox"/>
BP1500	Plumbing Systems	<input type="checkbox"/>
BP1501	Mechanical Systems	<input type="checkbox"/>
BP1600	Site Electrical Utilities and Utility Systems	<input type="checkbox"/>

**DAVIE CONSTRUCTION COMPANY**  
**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>

\_\_\_\_\_  
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)**

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

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

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.]**

**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

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

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.]

**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)
-------------	-------------	-------------

[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	

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

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

<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.]

**DAVIE CONSTRUCTION COMPANY**  
**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.]



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

**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.]**

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

**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.

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

<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	
<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	

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

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.]**

**DAVIE CONSTRUCTION COMPANY**  
**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.]**