

## EXHIBIT "B"

ט	avie Construction Company - Prequalit	ication	K	atings ivi	atrix for	First-lie	er Subcoi	ntractors	s under (	JIVI @ KIS	SK
Date:	DAVIE COUNTY PUBLIC SAFETY AND HEALTH	J <i>Q</i> .	_								
		1 CX									
CCO ID #	HUMAN SERVICES COMPLEX		-								
SCO ID #:			_		_	_		_	_	_	_
				1	2	3	4	5	6	7	8
				ame.	l me	me	m m	a me	l me	l me	me me
				Contractor Name							
				cto							
				tra							
				Con	Con	Con	Con	Con	l oo	l	Son
Form #	Description	Max Pts		Pts							
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									
2.c.(6)	Barred from public work in NC	3									

## Davie Construction Company - Prequalification Ratings Matrix for First-Tier Subcontractors under CM @ Risk

Date:	DAVIE COUNTY PUBLIC SAFETY AND HEALTH	-									
	HUMAN SERVICES COMPLEX	_									
SCO ID #:			_								
				1	2	3	4	5	6	7	8
				Contractor Name							
Form #	Description	Max Pts		Pts							
2.d.	EMR rate less than/equal 1	5	П								
2.e.	Documented HUB Plan	3	П								
	Subtotal	54		0	0	0	0	0	0	0	0
. PROJECT	SPECIFIC REQUIREMENTS	•				•			•	•	
B.a.	Project Superintendent included resume	2									
3.b.	Superintendent Experience	5									
B.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
I. SIGNATU	DF.										
		2	П			Π				ı	
<u> </u>	Fuly executed including notary  Subtotal	2	H	0	0	0	0	0	0	0	0
	TOTAL POINTS	100	H	0	0	0	0	0	0	0	0
	TOTAL POINTS	100		0	U	U	U	U	U	U	U