



**Vannoy / McFarland, A Joint Venture, Minority Business Enterprise plan for the
Mecklenburg County Northeast Community Resource Center.**

Plan Objective

Increase the overall participation of Historically Underutilized Businesses on this project and achieve a minimum of 21% total MWSBE participation broken out as follows:

MBE- 10%, WBE- 6%, SBE- 5%, = Total Goal- 21%

To accomplish this, the following approach will be implemented during preconstruction

1. Frictionless prequalification and project management - support diverse firms by removing barriers to entry which may include waiving sub bonding, quick pay, and joint check provisions, and supporting firms in the prequalification/project administration process so small diverse firms can focus on their business rather than paperwork.
2. We propose the notion of creating targeted informal packages for diverse spend with general requirements and general conditions items where solely registered MWSBE firms may compete for scopes such as: printing and blueprints, safety requirements, dumpsters and hauling, cleaning supplies, and other general requirement items.
3. We will strategically host outreach sessions with the minority business advocacy associations to pitch the project and provide information and schedules so firms are able to prioritize the bidding process on their long-range pursuits: Metrolina Minority Contractors Association, Carolinas/Virginia Diversity Supplier Development Council, City Business Inclusion, and like kind organizations.
4. Targeted invitation to participate in sub-trade partner budgeting prior to bidding to engage MWSBE firms in the process. Moreover, we will proactively invite MWSBE firms in bid solicitation phase to invite registered firms to actively engage in the bidding process to demonstrate best efforts.
5. Partner with CPCC and Charlotte Works to provide internship and direct hire opportunities to employ local labor in support of the project goals.
6. Work closely with Mecklenburg County to identify local subcontractors who would want to become engaged in the project and exchange information regarding the project bidding process.



NOTICE TO CONTRACTORS
BIDDER PRE-QUALIFICATION REQUEST
 June 25, 2020
Mecklenburg County – Community
Resources Center Northeast

Construction Drawing Package	Construction Timeline
Demolition – Phase 1	September – November 2020
Early Sitework – Phase 2	December 2020 – March 2021
Building Construction – Phase 3	April 2020-June 2021

NOTICE TO CONTRACTORS: BIDDER PRE-QUALIFICATION REQUEST: Vannoy/McFarland, is the Construction Manager @ Risk for Mecklenburg County (“Owner”) on the Community Resource Center Northeast to be built at (Location), North Carolina. We are seeking to pre-qualify First Tier construction trade and specialty contractors who wish to submit bids for furnishing labor, materials, equipment and tools to perform the work as described in specific Bid Packages which together make up the work to be performed in its entirety.

PROJECT DESCRIPTION: The Bid Packages are as follows:

BP-001 General Inclusions	BP-1015 Marker boards
BP-100 General Trades	BP 1065 Operable Partitions
BP-105 Final Cleaning	BP-1110 Stage Equipment
BP-200 Demolition	BP-1140 Food Service Equipment
BP-390 Turnkey Concrete	BP-1145 Residential Appliances
BP-400 Turnkey Masonry	BP-1148 Athletic Equipment
BP-500 Structural & Misc. Steel	BP-1250 Window Treatments
BP-642 Millwork & Casework	BP-1400 Elevators
BP-740 Roofing & Sheet Metal	BP-2100 Fire Protection
BP-750 Metal Wall Panels	BP-2200 Plumbing
BP-790 Caulking & Waterproofing	BP-2300 HVAC
BP 791 Spray Foam Air Barrier	BP-2500 Mechanical Controls
BP-800 Doors Frames & Hardware	BP-2600 Turnkey Electrical
BP-833 Coiling Doors & Grills	BP-3100 Earthwork
BP-840 Curtainwall / Storefront / Glass & Glazing	BP-3200 Asphalt Paving, Curb & Gutter
BP-925 Metal Studs & Drywall	BP-3213 Concrete Paving & Sidewalks
BP-930 Ceramic Tile	BP-3231 Fences & Gates
BP-960 Carpet-Resilient-Base	BP-3290 Landscaping
BP-980 Acoustical Ceiling Systems	BP-3298 Athletic & Recreational Surfaces
BP-990 Painting & Wallcoverings	BP 3299 Playground Equipment
BP-1005 Toilet Specialties-Acc-Div. 10	BP-3300 Site Utilities
BP-1010 Identifying Devices & Signage	BP-3400 Turnkey Sitework

Additional Packages may be added and/or deleted at the discretion of the Construction Manager. Interested contractors should submit their completed prequalification submittals, by: Date TBD to Danny Staton at Vannoy / McFarland, A Joint Venture, at 4024 Barringer Dr. Charlotte, NC 28217
PROJECT SPECIFIC PREQUALIFICATION FORMS CAN BE OBTAINED from our online plan room

Meck County CRC NE
Prequalification Form for First –Tier Subcontractors under CM at Risk

In determining the contractor's qualifications, Vannoy/McFarland shall take into consideration the past performance of the contractor and construction contracts for this Owner with particular concern given to completion times, quality of work, similar work size and complexity, cooperation with other subcontractors and cooperation with the designer and owner.

PROJECT: Mecklenburg County CRC NE

INSTRUCTIONS: Please complete the attached forms and mail or email to the following address:
4024 Barringer Dr. Charlotte, NC 28217
Email to:
Danny.staton@jrvannoy.com

DUE DATE: TBD
Fill in all appropriate blank spaces provided on the form. FAILURE TO FURNISH REQUESTED INFORMATION MAY DISQUALIFY THE APPLICANT.

The owner/CM reserves the option to contact applicants to clarify information from those that submit the pre-qualification statement.

PREBID MEETING: Date/Time TBD

BID DATE: Date/Time TBD

NOTIFICATION OF ACCEPTANCE: The CM shall announce in writing the names of those contractors who meet pre-qualification requirements.
The Owner and CM reserve the right to add contractors to the bid list at any time throughout the bidding period.

CONSTRUCTION MANAGER:
Vannoy / McFarland, a Joint Venture
4024 Barringer Dr.
Charlotte, NC 28217

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.

First-Tier Subcontractors are to use the project -specific form provided by the Mecklenburg County CRC NE Prequalification Team

Meck County CRC NE
Prequalification Form for First –Tier Subcontractors under CM at Risk

Submitted to:

Vannoy / McFarland, a Joint Venture
4024 Barringer Dr.
Charlotte, NC 28217

Project:

Mecklenburg County CRC NE

Address

Address

Insurance Program: OCIP _____ CCIP _____ SubGuard _____ None _____

Principal trade and specialty contractors are solicited for the following bid packages:

If your firm is interested in prequalifying for this project, please check the box for your trade(s). If multiple bid packages are selected, please make sure that project experiences and references are provided to allow Prequalification Committee to evaluate your firm for EACH bid package selected. This is a preliminary list of Bid Packages and may change based on response and qualified bidders.

CHECK THE BOX OR BOXES IN FRONT OF THE BID PACKAGES THAT YOUR FIRM INTENDS TO SUBMIT A BID FOR. THE PREQUALIFICATION PACKAGE WILL BE EVALUATED BASED ON YOUR FIRMS EXPERIENCE PERFORMING THE WORK REQUIRED TO COMPLETE THE SCOPE OF WORK FOR THE PACKAGES THAT YOU MARK

- | | |
|--|---|
| <input type="checkbox"/> BP-001 General Inclusions | <input type="checkbox"/> BP-1015 Markerboards |
| <input type="checkbox"/> BP-100 General Trades | <input type="checkbox"/> BP 1065 Operable Partitions |
| <input type="checkbox"/> BP-105 Final Cleaning | <input type="checkbox"/> BP-1110 Stage Equipment |
| <input type="checkbox"/> BP-390 Turnkey Concrete | <input type="checkbox"/> BP-1140 Food Service Equipment |
| <input type="checkbox"/> BP-400 Turnkey Masonry | <input type="checkbox"/> BP-1145 Residential Appliances |
| <input type="checkbox"/> BP-500 Structural & Misc. Steel | <input type="checkbox"/> BP-1148 Athletic Equipment |
| <input type="checkbox"/> BP-642 Millwork & Casework | <input type="checkbox"/> BP-1250 Window Treatments |
| <input type="checkbox"/> BP-740 Roofing & Sheet Metal | <input type="checkbox"/> BP-1400 Elevators |
| <input type="checkbox"/> BP-750 Metal Wall Panels | <input type="checkbox"/> BP-2100 Fire Protection |
| <input type="checkbox"/> BP-790 Caulking & Waterproofing | <input type="checkbox"/> BP-2200 Plumbing |
| <input type="checkbox"/> BP 791 Spray Foam Air Barrier | <input type="checkbox"/> BP-2300 HVAC |
| <input type="checkbox"/> BP-800 Doors Frames & Hardware | <input type="checkbox"/> BP-2600 Turnkey Electrical |
| <input type="checkbox"/> BP-833 Coiling Doors & Grills | <input type="checkbox"/> BP-3100 Earthwork |
| <input type="checkbox"/> BP-840 Curtainwall/Storefront/Glass & Glazing | <input type="checkbox"/> BP-3200 Asphalt Paving, Curb & Gutter |
| <input type="checkbox"/> BP-925 Metal Studs & Drywall | <input type="checkbox"/> BP-3213 Concrete Paving & Sidewalks |
| <input type="checkbox"/> BP-930 Ceramic Tile | <input type="checkbox"/> BP-3231 Fences & Gates |
| <input type="checkbox"/> BP-960 Carpet-Resilient-Base | <input type="checkbox"/> BP-3290 Landscaping |
| <input type="checkbox"/> BP-965 Wood Athletic Flooring | <input type="checkbox"/> BP-3298 Athletic & Recreational Surfaces |
| <input type="checkbox"/> BP-980 Acoustical Ceiling Systems | <input type="checkbox"/> BP 3299 Playground Equipment |
| <input type="checkbox"/> BP-990 Painting & Wallcoverings | <input type="checkbox"/> BP-3300 Site Utilities |
| <input type="checkbox"/> BP-1005 Toilet Specialties-Acc-Div. 10 | <input type="checkbox"/> BP-3400 Turnkey Sitework |
| <input type="checkbox"/> BP-1010 Identifying Devices & Signage | |

Meck County CRC NE
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)**

Has any license ever been denied or revoked? ☐ Yes ☐ No If yes, please describe, _____

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[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 certificate? Yes ☐ No ☐

- Workers Compensation Insurance as required by Law and Employer’s Liability Insurance Coverage with minimum limits of \$1,000,000.
- Comprehensive general liability with minimum limits of \$1,000,000 per occurrence for bodily injury and \$1,000,000 per occurrence/\$2,000,000 aggregate for property damage.
- Umbrella and excess liability with minimum limits of 5,000,000 per occurrence and 5,000,000 aggregate.

Is your firm willing to participate in an OCIP/CCIP insurance program if requested by the 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.) Attachment included? ☐Yes ☐No

[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

1. 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) Total number of employees _____ Office Administrative _____ Field Supervisors _____ Field Labor _____

2. a. (3) Has your organization ever failed to complete an awarded scope of work? ☐ Yes ☐ No
If so, provide a written statement of explanation.

2. a. (4) What work do you perform with your own forces?

2. a. (5) What percentage of the work do you perform with your own forces?

2. a. (6) 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. (6) 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. (7) 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. (8) 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.

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#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	
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	

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#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.]

Meck County CRC NE
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 GS143-59 (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. _____

[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.) Have you attached OSHA 300 log? ☐ Yes ☐ No

Present Rate: _____ Last Rate: _____ Year before rate: _____

If these rates reflect corporate performance over several 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.]

2. d. (2) Does your organization have a written Environmental Health and Safety Program? ☐ Yes ☐ No

If so please provide.

2. d. (3) Identify the person within your organization directly responsible for Safety Program Management.

Name _____ Phone _____ Email _____

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 ☐ 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.

#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	

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Prequalification Form for First –Tier Subcontractors under CM at Risk

#3 –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	

[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.]

Meck County CRC NE
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.]

***Additional information outside of this prequalification package may be requested by the selection committee prior to subcontractor award.**



Prequalification Ratings Matrix for First-Tier Subcontractors under CM @ Risk

Name of Subcontractor:

Project Name:

Bid Package No. / Description:

		1	2	3	4	5	6	7	8
		Subcontractor	Subcontractor	Subcontractor	Subcontractor	Subcontractor	Subcontractor	Subcontractor	Subcontractor
FORM # & DESCRIPTION	Max Points	Pts	Pts	Pts	Pts	Pts	Pts	Pts	Pts
SECTION 1									
Part 1. a. GENERAL COMPANY INFORMATION	2								
Part 1. b. BUSINESS TYPE	1								
Part 1. c. LICENSING INFORMATION	1								
Part 1. d. TYPE OF WORK PERFORMED ON A REGULAR BASIS	1								
Part 1. e. BONDING	4								
Part 1. f. INSURANCE	3								
Part 1. g. FINANCIALS	3								
SECTION 2									
Part 2. a. (1) EXPERIENCE - SIZE/CAPACITY/WORKLOAD	3								
Part 2. a. (6) PROJECTS UNDER CONTRACT	3								
Part 2. a. (6) LARGEST JOB COMPLETED	5								
Part 2. a. (7) CURRENT BACKLOG	5								
Part 2. a. (8) LARGE CONTRACTS & REFERENCES	18								
Part 2. b. OFFICE LOCATIONS	3								
Part 2. c. LITIGATION / CLAIMS	18								
Part 2. d. SAFETY	5								
Part 2. E. HUB OR DIVERSITY PLAN	3								
SECTION 3									
Part 3. a. PROJECT SPECIFICS - SUPERINTENDENT	7								
Part 3. b. PROJECT SPECIFICS - PROJECT MANAGER	7								
Part 3. e. SIMILAR PROJECTS	30								
SECTION 4									
Part 4 SIGNATURE	2								
TOTAL POINTS = 124 points	124								

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