



<u>The Latta Place Project</u> Project Specific Prequalification for First-Tier Subcontractors

Pursuant to the NC Statute GS143-128.1, 143-135-8 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. Further information **may be** required in addition to this pre-qualification statement based on your response. These items may include additional financial statements, proof of applicable licenses, certification status, safety program/policy, drug and alcohol program/policy, additional project experience, and/or certificates of insurance, and resubmitting information into BuildingConnected. Completing this statement does not guarantee prequalification.

Prequalificat	ion Due Date:
Submit to:	
	Ben Stickney, Senior Director of Preconstruction
	Elford, Inc.
	10130 Perimeter Parkway, Suite 425
	Charlotte, NC 28216
	bstickney@elford.com

Project: Name: Latta Place Historic Site

Owner: Mecklenburg County Park & Recreation

Architect: Perkins & Will

Civil & Structural Engineer: Kimley Horn Associates

Landscape: Agency Landscape + Planning Interpretive Design: The Design Minds Lighting Design: HLB Lighting Design

Advertisement to Bid (anticipated): XX/XX/XXXX

Bid Date (anticipated): XX/XX/XXXX Construction Duration (anticipated): TBD

Construction Completion (anticipated): XX/XX/XXXX Bid Bond: Required for all packages \$100,000

Project Description:

The project is a new, single story visitors center building with a new Nature Trail along the historical site. The building will have +/- 6,600 GSF under roof (including +/- 5,900 GSF conditioned and an outdoor gallery of +/- 700 GSF) with an additional +/- 2,150 GSF under three attached exterior trellis/sunshade structures. The building will be constructed on a relatively flat site in the vicinity of the existing visitors center to be demolished. The Trail will run throughout the site with several interpretive stops and signs showing the significance of the location while highlighting the lake around it.

Instructions to Prequalify:

- In filling out this pre-qualification statement, please carefully read and follow all instructions. If you have any questions, please contact Ben Stickney at bstickney@elford.com for further instruction. Forms may be submitted electronically via email, mail, or hand delivered. If submitting a handwritten form, please make sure that all information is clearly printed.
- You will be required to commit to a minimum goal for minority participation as part of the requirements for this project: 15% MBE and 8% WBE.
- A passing score is 80 points or more out of a maximum score of 100. Available points are shown at the questions that contribute to your score.

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Appeals Process

<u>Appeals:</u> A firm may appeal the denial of prequalification based on G.S. 143-135.8 (b) (2). After written appeal is received, the Prequalification Committee will rule on the appeal and notify the company of their ruling within three business days.

<u>Prequalification Committee:</u> This committee shall be comprised of representatives from the Construction Manager at Risk, Mecklenburg County Asset and Facility Management and Business Diversity and Inclusion. The Team will review all denials based on points or if there is a specific reason someone should not be prequalified.

Prequalification Checklist		
These attachments are required to be	submitted with your completed prequ	alification form:
☐ Resumes of personnel (Section 4)		
☐ Financial statements (Section 5)		
☐ Contractor License, if applicable (Section 8)	
☐ Letter from bonding company (Se	ction 9)	
☐ Certificate of Insurance (Section 1	.0)	
☐ Safety policy or program (Section	11)	
☐ Substance abuse policy or program	n (Section 11)	
Formal Bid Packages (prequalification Please check a box if prequalifying. No project experiences and references are firm on EACH bid package selected. The following is a preliminary list of bid package.	ote that if multiple bid packages are see provided to allow the Prequalification	n Committee to evaluate your
02-002 Demolition	07-003 Metal Panel	21-01 Fire Suppression
3-001 Concrete	08-01 Doors & Hardware	22-01 Plumbing
04-001 Masonry	08-002 Glass	23-01 Mechanical/HVAC
05-001 Steel	☐ 09-01 Drywall	26-01 Electrical/FA
06-001 Millwork	09-02 Acoustical Ceilings	31-01 Sitework
07-001 Roofing	09-03 Flooring	32-01 Landscaping
07-002 Waterproofing &	09-04 Tile	
Air Barrier	09-05 Painting	

Submitted On: (MM/DD/YY)				
_	PREQUALIFICATION STATE and agrees under oath that the following amplete as to not be misleading.		on provided herein is true,	
Company Name				
Physical Street Address	City, State	, Zip Code		
Phone Number	Company	Website		
Prequalification Contact	Prequalification Contact Email	Edific	Bid Invitation Email	
Primary Contact	Primary Contact Email		Phone Number	
1. General Company Inform	ation			
Federal tax ID:				
 Number of years in busines 				
Has your company had any	_		Yes No	
If yes, please provide the n			Van 🗆 Na 🗀	
	ry or affiliated with another company?		Yes No	
If yes, please provide thosePrimary scope(s) of work:				
, , , , ,				
 Secondary scope(s) of work 				
	have performed your primary trade: _			
	ed:der contract:			
 value of work culleffully uff 	שבו נטוונומנו.			

Backlog value of work slated for the next 12 months:
 Average annual value of work completed the last five years:

• Does your company have federal, state, county, or local certification status?	Yes No
DBEHUBMBEWBESBEVBDVBESDB	СВІ
Other: Certifying Agency:	
 Will your firm commit to set a goal for each project for minority participation (i.e., workforsecond-tier subs) as part of the requirements including a diverse percentage of Minority owned businesses? 	• •
 Does your firm have a small business participation business plan? 	Yes No (Yes = 2 pts)
Has your firm previously subcontracted work to small and historically underutilized firm? - For steel february is your firm AISC soutified?	Yes
 For steel fabricators, is your firm AISC certified? 	Yes No
2. Corporate, LLC, Partnership and Ownership Information	
• Is your company a corporation, LLC, or a partnership? Please indicate such:	
Please provide the following:	
Date of Incorporation or Partnership formation:	
State of Incorporation or state where partnership was written:	
 Organizational Structure (Please list the following, full legal names) 	
Owners:	
 Officers (CEO, CFO, President, Vice President(s), Secretary and Treasurer, etc. 	
o Partners:	
 Others authorized to represent, conduct business for, or sign legal document your company: 	s on behalf of
 Firms that experience changes in Ownership, organizational structure, or material classets must inform the Construction Manager (CM) prior to bidding or the award of 	_
 Has any officer, partner, or owner of your organization ever been an officer, partner, or of another organization that failed to complete a construction contract? 	owner of Yes No (No = 6 pts)
If yes, please describe the circumstances:	
Has any officer, partner, or owner of your organization ever been convicted of a crime or bee lawsuit related to the failed completion of a construction contract?	n involved in Yes No (No = 6 pts)

lf	yes, please describe the circumstances:	
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• Ha	as your company ever failed to complete a c	ontract? Yes No (No = 6 pts)
3. P	Project Experience	
	•	projects that your company has contracted for during the
la	st five (5) years. Fill in below or attach a sep	arate sheet.
		you performed, your contract amount in dollars, and an
		ractor or construction manager contact reference.
		scope you would like to prequalify for. (Up to five (5)
-		l be allocated per relevant project for a total of twenty
<u>(2</u>	0) points)	
1	Job name:	
*		Contract value:
	Scope of work:	
	GC/CM:	Phone #:
	Reference Contact:	Email:
2	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:
3	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:
4	Job name:	
	Scope of work:	Contract value:
	GC/CM:	Phone #:
	Reference Contact:	Email:
5	Job name:	
	Scope of work:	Contract value:
I	CC/CM:	Phone #:

Email:

Reference Contact:

4. Personnel Provide relevant information on the personnel that will be directly responsible for the work. List key project managers and superintendents and attach resumes. Years of Experience Name Position (Personnel with relevant experience = 7 Points) 5. Financial Information and References Address, City, State, Zip: Contact: Yes No • Is your company currently rated with Dun & Bradstreet? (favorable D&B score = 2pts) If yes, provide number: ______ What is your rating? _____ Yes No Has your company filed for bankruptcy or structured re-organization? (No = 4 pts)If yes, please attach a separate sheet describing the circumstances. Available line of credit: \$ ______ Financial institution name: ______ • Attach a 3rd party-prepared current (within the last 12 months) financial statement with the completed pre-qualification information. Attached statement included? Yes No (strong financials top score = 14) 6. Litigation • Does your company have any current or pending claims, litigation, or lawsuits because of circumstances on current or completed projects? Current pending claims, litigation or lawsuits with Government entities may prevent prequalification Please provide all information regarding your litigation history, including litigation with owners, contractors, suppliers, and subcontractors. Are there any current, pending, or recent (last 5 years) judgments, claims, suits, or have you participated in any arbitration with regards to any projects in the last 5 years? Yes No (No = 4 pts)If the answer to any of the above questions is yes, please describe the circumstances below:

7. Timeliness
 Has your company failed to complete a project on time and incurred liquidated damages? Provide information on the success and experience your company has with completing projects on time. Yes No (No = 4 pts)
• Include any record or history associated with the payment of liquidated damages.
 8. Licensing and Classification Has your company ever had its license revoked or are there any pending/current judgments against your company regarding your contractors' license? Yes No (No = 4 pts)
If the answer is yes, please describe the circumstances on an attached separate sheet. Current judgments will prevent the contractor from being prequalified.
 Please name the licenses and license numbers that your company holds for the work you regularly perform and would intend to perform on these projects:
Type of License: License Number and State:
Type of License: License Number and State:
• Does your company hold any trade specific certifications? Yes \(\subseteq \text{No} \subseteq \)
AISC Fabricator ABAA AWI Other:
• Legal Authorization Please provide a copy of your North Carolina Contractor License (if applicable) or provide a statement that guarantees you will be able to acquire one prior to submitting a bid on this project. If a statement is required, the applicant shall identify the states in which they are licensed for this type of work.
9. Bonding and Capacity
• Surety Company:
• Name of Agent:
Agent Contact Person:
Telephone Number for Agent:
Bond Rate: Bond Capacity for a Single Project:
• Total bond program capacity:
• Will you be able to provide payment and performance bonds for this project? Yes No If yes, please provide a letter from your bonding company. (Yes = 6 pts)
• Has any bonding company ever had to complete your contract work, because you were unable to complete in Yes No
If yes, please explain the specific circumstances on an attached separate sheet. (No = 3 pts)

10. Insurance

Your company will be required to provide the insurance requirements that the owner will mandate for Elford, Inc. At this time, we ask the question if your company can at least provide the following insurance policies and limits for the life of the project.

- Workers Compensation:
 - State Statutory Requirements
 - Employers Liability
 - \$500,000 Each Accident
 - \$500,000 Disease Policy Limits (Aggregate)
 - \$500,000 Disease Each Employee
 - Waiver of Subrogation
- Comprehensive General Liability Insurance
 - Bodily Injury Liability including contractual liability coverage assumed under the indemnity agreement of the contract, products/completed operations, and underground property damage XCU where applicable.
 - o \$1,000,000 each occurrence; \$2,000,000 annual aggregate
 - Property damage Liability including contractual liability coverage assumed under the indemnity agreement of the contract, products/completed operations and undergoing property damage XCU where applicable.
 - \$1,000,000 each occurrence; \$2,000,000 annual aggregate with Elford and Owner named as additional insured.
- Comprehensive Automobile Liability Insurance shall be maintained by the Contractor as to the Ownership, maintenance, and use of all owned, non-owned, leased or hire vehicles with limits of not less than:
 - Automobile Liability All owned, non-owned and hired vehicles.
 - \$1,000,000 each person; \$1,000,000 each accident
 - Automobile Property Damage Liability all owned, non-owned and hired vehicles.
 - \$1,000,000 each person; \$1,000,000 each accident
 - o and Owner named as additional insured
- Umbrella liability limits shall not be less than:
 - \$1,000,000 each occurrence; with Elford, Inc. and Owner named as additional insured
- Please indicate if you can provide the coverage outlined above:

 Yes No (Yes = 2 pts)

11. Safety

 Please attach your safety policy or program with this completed questionnaire. 	
 Has your company incurred any OSHA fines within the last five (5) years? 	Yes 🗌 No 🗌
	(No = 2 pts)
 Has your company had any jobsite fatalities within the last five (5) years? 	Yes No No
	(No = 1 pt)
 Has your company had any lost time accidents within the last five (5) years? 	Yes No
	(No = 1 pt)

- If the answer to any question above is yes, please describe the circumstances on an attached separate sheet.
- Firms must provide copies of any complaints, safety violations, or reports from the North Carolina Qualifications Board, OSHA, or any other regulating agency associated with any construction project.

 Please list your company' 	's current Experience Modification I	Rating (EMR	a) and for the past three	(3) years:
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Year	Rate	Year	Rate	Year	Rate	

• Please attach your company's substance abuse policy or program. Please identify your procedures for testing, pre-employment, random, and after accidents.

12. Company References

• List four (4) general contractor/construction manager references. Provide as follows:

	Company Name	Contact Name	Phone	Email
1				
2				
3				
4				

(1 point per reference = Total of 4 points)

13. Signature

We duly sear that all information provided within is truthful, accurate, and shall have no consequence on further legal standings with Elford, Inc. We also understand that by simply filling out and completing this statement and

Firm Name	
Signature of Company Officer, Partner, or Owner:	Date
Type written name and title of Company Officer Partner or Ow	unor:

Type written name and title of Company Officer, Partner, or Owner: