

# Mecklenburg County Facility Based Crisis Center

## Prequalification Form for Prime Contractor

Pursuant to the NC Statute G.S.143-128.1, 143-135.8 for Prequalification of Bidders for Construction Projects, this form gathers information about the First Tier Subcontractors seeking to qualify for the work and provides a general format for the prequalification criteria. Evaluation of the submittal shall be performed by the Prequalification Committee in accordance with the statute and policies.

**PREQUALIFICATION DUE DATE/TIME:**

March 15, 2024  
(date)

05:00 PM  
(time)

**Submitted to:** Mac Boone

Contact Name receiving prequalifying packages

JE Dunn Construction  
Agency/Institution

227 Southside Drive  
Address

Suite C  
Address

Charlotte, NC 28217  
City/State Zip Code

704-554-0539  
Phone number

704-554-0752  
Fax Number

mac.boone@jedunn.com  
E-mail address

**Project:**

Mecklenburg County Facility Based Crisis Center  
Name of Project

Mecklenburg County Government  
Project Owner

3440 Reno Avenue, Charlotte NC 28216  
Project Location/Address

Human eXperience  
Project Architect

To be Determined (TBD)  
Project Phase

TBD  
Project Start Date (Approx.)

TBD  
Project/Phase Duration

TBD  
Anticipated Bid Date

TBD  
Total Project Budget

TBD  
Phase Budget

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**Project Description:** The Facility Based Crisis Center is anticipated to be single-level, approximately 21,000 SF building. Key components of the Facility Based Crisis Center include, but are not limited to the following:

- 24/7 screening, Triage, and Assessment: Behavioral health clinicians and nurses, will be available to screen any individual for signs of behavioral and/or physical health crisis and make a determination of severity.
- The Center will have an observation unit with 10-12 chairs where individuals will be monitored and regularly assessed for ongoing treatment needs up to 23 hours. Individuals needing this service, including those brought to the Center under an involuntary commitment order, will be observed and treated until a determination is made regarding their need for a higher level of care such as inpatient or facility-based crisis stay.
- The Center will have a facility-based crisis unit (FBC Unit), which is a state-licensed 16-bed residential facility that will provide short-term behavioral health stabilization and treatment as well as alcohol and other substance detoxification. As required for the proposed Mecklenburg facility, the FBC Unit will be designated to accept and treat individuals under involuntary commitment. The FBC Unit will be designed to provide 3-7 days of treatment.
- The Center will be a North Carolina Division of Health Services (NCDHSR) Licensed Facility Type .5000 (Facility Based Crisis Services for Individuals of All Disability Groups) and Type .3100 (Nonhospital Medical Detoxification for Individuals who are Substance Abusers).

Construction will be to behavioral health standards and may incorporate energy savings measures such as geothermal HVAC systems and solar electricity.

**MWBE Inclusion Plan:** The established participation goals for this project are **15% MBE** and **8% WBE**

To meet and exceed this goal the following approach will be implemented during preconstruction:

- Community outreach sessions will be conducted to build relationships, answer questions, and gather information related to the capacity of MWBE firms and to connect minority trades with majority trades.
- Bid packages will be broken down based on the capabilities and availability of MWBE firms.
- Develop strategic partnerships with local minority organizations.
- Offer early pay programs to keep cash flowing or develop bi-weekly payment options and joint check opportunities to major suppliers.
- Hold detailed pre-bid meetings to answer any questions related to the project scope and bid process.
- Hold compliance workshops that will assist firms through our Subcontractor Management System (SMS).

**Notice of Decision:** All firms that submitted applications for prequalification shall be promptly notified of the Prequalification Committee's decision, including the reason for denial, via email. Notice shall be provided prior to the opening of bids for the project and with sufficient time for the firm to appeal the decision of the Committee.

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

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

Bid Pkg	Scope of Work	Preliminary Value	Check Box if Prequalifying

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**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 \_\_\_\_\_

**Organization**

**1. b. Business type** (check box) ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor ☐ Joint Venture

\_\_\_\_\_ 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: \_\_\_\_\_

**1. c. Licensing Information** (Please provide all North Carolina general contractor licenses required for you to perform your services.)

**NC License number/name of licensee**    **License Limit/Level**    **State/County/City Privilege License**

_____	_____	_____
_____	_____	_____
_____	_____	_____

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

**1. d. Type of Work Performed on a regular basis**

Primary Scope of Work: \_\_\_\_\_

Secondary Scope of Work: \_\_\_\_\_

Other Scope of Work: \_\_\_\_\_

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What type of work do you self perform? \_\_\_\_\_

What bid package(s) do you intend to pursue? \_\_\_\_\_

**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 adequate 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 qualifying surety letter? ☐ Yes ☐ No

**1. e. (2)** Have any Funds been expended by a Surety Company on your firm's behalf within the past 10 years? ☐ Yes

☐ No If yes, explain

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**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 meeting the statutory requirements of the State of N.C. 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 \$3,000,000 per occurrence and \$3,000,000 aggregate.

Is your firm willing to participate in an OCIP/CCIP insurance program if requested by the Owner/CM? ☐ Yes ☐ No

**Financials**

**1.g.(1)** Attach latest balance sheet and income statement, if available, based on company type. Audited or reviewed statements preferred. (Firm 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 and income statement?

☐ Yes ☐ No

**1. g. (2)** Please enroll in JE Dunn's Subcontractor Management System at <https://sms.jedunn.com/>. Create an account and submit all financial, safety, quality, and references required. Is SMS profile completed (100%) in JE Dunn's system?

☐ Yes ☐ No

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**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).

_____ (yr)	_____ (yr)	_____ (yr)
2023	2022	2021

**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)

**2. a. (3)** What was your largest job completed in the last 5 years? \_\_\_\_\_ Sq. Ft. \$ \_\_\_\_\_ (Dollar Amount) \_\_\_\_\_ Location \_\_\_\_\_ Year Completed \_\_\_\_\_

**2. a. (4)** Current Backlog \$ \_\_\_\_\_ (Dollar Amount)

**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.

<b>#1 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)	
GC or CM Name/Representative	
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)	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

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<b>#3 –Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

**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

**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: \_\_\_\_\_

**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: \_\_\_\_\_

**2. c. (3)** Has your company ever failed to complete work awarded to it or been issued a notice to cure or notice of default at CLT or any other project? ☐ Yes ☐ No If yes, please provide project name(s), year(s), and reason why: \_\_\_\_\_

**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. \_\_\_\_\_

**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. \_\_\_\_\_

**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. \_\_\_\_\_

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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 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: \_\_\_\_\_

**Historically Underutilized Business (HUB) Plan**

**2. e.** Is the company currently registered with City of Charlotte Business Inclusion (CBI) database? ☐ Yes ☐ No

If yes, please attach your company's CBI Registration.

**2. f.** Does the company currently have a documented plan for engaging subcontractor/supplier participation from MSBE firms certified with the Charlotte Business Inclusion Program? ☐ Yes ☐ No If yes, please attach.

List the company's three highest HUB participation percentages on projects completed within the last three years.

Project #1 \_\_\_\_\_ HUB Participation \_\_\_\_\_%

Project #2 \_\_\_\_\_ HUB Participation \_\_\_\_\_%

Project #3 \_\_\_\_\_ HUB Participation \_\_\_\_\_%

**2. g.** What estimated percentage of MBE or SBE do you feel you can provide on this specific project for your scope of work? Explain: \_\_\_\_\_

**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

**3.b.** The experience this superintendent has on this specific type of product 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.** The experience this project manager has on this specific type of product is: \_\_\_\_ 0-2 \_\_\_\_ 3-4 \_\_\_\_ >5 years.

**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 8 years.

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<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	



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

**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 \_\_\_\_\_, 2024.

(Official Notary Seal or Stamp)

\_\_\_\_\_  
Signature of Notary Public

My commission expires \_\_\_\_\_, 20\_\_\_\_