



Prequalification for First-Tier Subcontractors on Mecklenburg County Projects

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 prequalification 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. Completing this statement does not guarantee prequalification.

Prequalification Due Date / Time: [Click or tap here to enter text.](#)

Submit to: Andy Aldridge
EDIFICE, Inc – Construction Manager at Risk
4111 South Blvd.
Charlotte, NC 28209
aaldridge@edificeinc.com

Project: Name: Eastway Regional Recreation Center
Owner: Mecklenburg County
Location: Charlotte, NC
Architect: Neighboring Concepts/Sasaki Associates
Civil Designer: LandDesign
Structural Engineer: Stewart
MEP Engineer: Optima Engineering
Aquatics: Counsilman-Hunsaker
Construction Duration (anticipated): [Click or tap here to enter text.](#)
Advertisement to Bid (anticipated): [Click or tap here to enter text.](#)
Bid Date (anticipated): [Click or tap here to enter text.](#)
Performance & Payment Bond: Required for Bid Packages \$100,000 or higher.
Bid Bond: Required for all packages \$100,000 or higher.

Project Description:

Approx. 100,000 square foot neighborhood recreation center that will provide a variety of health, wellness and educational opportunities with features such as indoor aquatics, sports courts, fitness center, indoor track, multi-use event rooms, kitchen, and arts/culture classrooms.

Instructions to Prequalify:

- In filling out this pre-qualification statement please carefully read and follow all instructions. If you have any questions, please contact **Andy Aldridge at 704-332-0900** for further instruction.
- Forms may be submitted electronically via email, mail, or hand delivered to Andy Aldridge. Please make sure, if submitting hand written form, that all information is clearly printed.
- The following information is provided on our website (edificeinc.com/subcontractors) for reference only and are not required to be submitted with your prequalification form:
 - Sample Prequalification Ratings Matrix
 - Policy for Prequalification of Bidders for Construction Projects
 - Mecklenburg County Minority, Women, and Small Business Enterprise Provisions
- Please note you are required to submit recent financial statements to complete the prequalification statement.
- You will also be required to commit to a minimum goal for Minority Participation as part of the requirements in the Mecklenburg County Minority, Women, and Small Business Enterprise Provisions for this project

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Bid Packages:

Please check a box if prequalifying. Note that if multiple bid packages are selected, please make sure that project experiences and reference are provided to allow the Prequalification Committee to evaluate your firm on **EACH** bid package selected.

The following is a preliminary list of Bid Packages and may change based on the response of qualified bidders:

	Package ID	Package Description
<input type="checkbox"/>	32-001	Turnkey Site Improvements
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PREQUALIFICATION STATEMENT

The undersigned certifies and agrees under oath that the following information provided herein is true, accurate and sufficiently complete as to not be misleading.

_____	_____
Company Name	Contact Person
_____	_____
Physical Street Address	City, State, Zip Code
_____	_____
Phone Number (Area Code first)	Fax Number (Area Code first)
_____	_____
Email Address of Contact Person	Company Website Address

1. General Company Information

- Number of years in business under current name: _____
 - Has your company had any other legal names? Yes No
If yes, please provide the name(s): _____
 - Is your company a subsidiary or affiliated with another company? Yes No
If yes, please provide those names and/or affiliations: _____
 - Number of years that you have performed the specialty trade you perform: _____
 - Value of work currently under contract: _____
 - 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
DBE HUB MBE WBE SBE VB DVBE SDB CBI
Other: _____ Certifying Agency: _____
- Will your firm commit to set a goal for this project for minority participation (i.e. workforce, suppliers, second tier subs) as part of the requirements of the Mecklenburg County Minority, Women, and Small Business Enterprise Provisions including a diverse percentage of Minority owned businesses? Yes No
- Does your firm have a minority participation business plan? Yes No
(Yes = 2 pts)
 - Has your firm previously subcontracted work to a minority firm? Yes No
(Yes = 2 pts)
 - Describe your firm's approach to meet or exceed the Mecklenburg County Minority, Women, and Small Business Enterprise Provisions participation goal for this project.
Attach response to this pre-qualification statement.

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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.... _____
 - Partners _____
 - Others authorized to represent, conduct business for, or sign legal documents on behalf of your company: _____

- Firms that experience changes in Ownership, organizational structure, or material changes in assets must inform the Construction Manager (CM) prior to bidding or the award of a contract.

- Has any officer, partner, or owner of your organization ever been an officer, partner, or owner of another organization that failed to complete a construction contract?

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 been involved in lawsuit related to the failed completion of a construction contract?

Yes No

(No = 6 pts)

If yes, please describe the circumstances: _____

- Has your company ever failed to complete a contract?

Yes No

(No = 6 pts)

3. Project Experience

- Please provide a list of relevant projects of similar size and scope (current and completed) that your company has contracted for during the last seven (7) years.
- Relevant projects include Public & Private recreation and fitness centers, gyms, multipurpose facilities, Y's, pools, schools, and work for other municipalities, counties, state and federal agencies; and CM at Risk projects of similar size, stature, and magnitude. Relevant projects shall also include projects of similar size and magnitude to the Eastway Regional Recreation Center that includes a community center, fitness areas, gyms, pools, lockers, and other recreation center items.
- List project name, scope of work you performed, your contract amount in dollars, and an email and phone number of the general contractor or construction manager contact

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reference. **(Up to five (5) projects will be scored and four (4) points will be allocated per relevant project for a total of twenty (20) points)**

Job Name #1		Key Personnel	
Scope of Work		Contract Value	
Email & Phone # of GC/CM			
Job Name #2		Key Personnel	
Scope of Work		Contract Value	
Email & Phone # of GC/CM			
Job Name #3		Key Personnel	
Scope of Work		Contract Value	
Email & Phone # of GC/CM			
Job Name #4		Key Personnel	
Scope of Work		Contract Value	
Email & Phone # of GC/CM			
Job Name #5		Key Personnel	
Scope of Work		Contract Value	
Email & Phone # of GC/CM			

- Has your company ever participated in the Hybrid Design Collaborative Process with Mecklenburg County Land Use and Environmental Services Agency? Yes No

4. Personnel Assigned to the Project

- Provide relevant information on the personnel that will be directly responsible for the work, including the location of the office that will be primarily responsible for the work:
 - Please list your project managers and superintendents and their relevant experience

(Personnel with relevant experience = 7 Points)

5. Financial Information and References

- Name of Financial Institution (Bank): _____
- Address, City, State, Zip: _____
- Contact: _____

Is your company currently rated with Dun & Bradstreet? Yes No
(2 points for providing favorable D&B score)

Number: _____ If yes, what is your rating? _____

- Has your company filed for bankruptcy or structured re-organization? Yes No
(No = 4 pts)

- If the answer to any of the above questions is yes, please describe the circumstances on an attached separate sheet.

• Available line of credit: \$ _____ financial institution name: _____

- **Attach an audited current (within the last 12 months) financial statement with the completed pre-qualification information.** Attached statement included? Yes No
(Strong Financials Top Score = 14 points)

6. Litigation

- Does your company have any current or pending claims, litigation or lawsuits because of circumstances on current or completed projects? Yes No

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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 judgements 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: _____

- **Legal Authorization**

Please provide a copy of your North Carolina's Contractor License 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: _____

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- Bond Rate: _____ Bond Capacity for a Single Project: \$ _____
- Total Bond program capacity: \$ _____
- Will you be able to provide a payment and performance bonds for this project?
Yes No
(Yes = 6 pts)

If yes, please provide a letter from your bonding company.

- Has any bonding company ever had to complete your contract work, because you were unable to complete it?
Yes No
(No = 3 pts)

If yes, please explain the specific circumstances on an attached separate sheet.

10. Insurance

Your company will be required to provide the insurance requirements that the owner will mandate for Edifice, 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.
 - \$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
 - Edifice, Inc. 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
 - Edifice, Inc. and Owner named as additional insured
- Umbrella liability limits shall not be less than:
 - \$1,000,000 each occurrence; Edifice, 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 or lost time accidents within the last five (5) years?
Yes No
(No = 2 pts)

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- If the answer to either 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 Rating (EMR) and for the past three (3) years: 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 1		Phone	
Contact Name		Email	
Company Name 2		Phone	
Contact Name		Email	
Company Name 3		Phone	
Contact Name		Email	
Company Name 4		Phone	
Contact Name		Email	

(1 pt per reference = Total of 4 points)

13. Signature

We duly swear that all information provided within is truthful, accurate, and shall have no consequence on further legal standings with Edifice, Inc. We also understand that by simply filling out and completing this statement and providing the requested information, we will not be deemed a pre-qualified trade contractor.

Signature of Company Officer, Partner, or Owner:

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

Firm Name

Passing score is 80 points or better.