



American Legion Memorial Stadium



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 prequalification statement based on your response. These items may include additional financial statements, proof of applicable licenses, certification status, safety program/policy, OSHA 300/300A logs, drug and alcohol program/policy, additional project experience, and or certificates of insurance. Completing this statement does not guarantee prequalification.

Prequalification Due Date: August 9, 2019

Submit to: Vern Albright
Barton Malow Company in Partnership with Edifice, Inc. & NJR- Construction Manager at Risk (CM)
1923-B South Blvd.
Charlotte, NC 28209
Vern.Albright@bartonmalow.com

Project: Name: American Legion Memorial Stadium Renovation
Owner: Mecklenburg County
Location: Charlotte, NC
Architect: HOK & Jenkins Peer
Civil Designer: Stewart, Inc.
Structural Engineer: SKA Consulting Engineers
MEP Engineer: Optima Engineering, Inc.
Construction Duration (anticipated): 16 - 20 months (phased)
Advertisement to Bid (anticipated): August 12, 2019
Pre Bid Date (anticipated): August 13, 2019
Bid Date (anticipated): August 27, 2019
Performance & Payment Bond: Required for Bid Packages \$100,000 or higher.
Bid Bond: Required for all packages \$100,000 or higher.

Project Description:

This project is a complete renovation of the existing stadium. The stadium will be used for multiple uses including but not limited to: soccer, lacrosse, concerts and many other events. The venue site is located on Charlottetowne Ave. between Armory Drive and Sam Ryburn Walk in Charlotte, NC. Construction includes substantial demolition, renovation, new construction and site improvements.

Instructions to Prequalify:

- In filling out this pre-qualification statement please carefully read and follow all instructions. If you have any questions, please contact **Vern Albright at 704-817-8690** for further instruction.
- Forms may be submitted electronically via email, mail, or hand delivered to Vern Albright. Please make sure, if submitting hand written form, that all information is clearly printed.
- The following information can be found here
<https://bartonmalow.box.com/s/clff2tccwvixc8qx6u9ghqd028v0993n>
as 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.

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Appeals procedure:

The Subcontractor may appeal the denial of Prequalification based on G.S. 143-135.8 (f) (2) as noted below:

- a. **Written Appeal** – A written appeal may be filed via hand-delivery or e-mail to Construction Manager within three business days of receipt of notice that the firm has been denied prequalification. The written appeal shall clearly articulate the reasons why the Subcontractor is contesting the denial and attach all documents and additional information supporting the Subcontractor's position. Construction Manager may contact the Subcontractor regarding the information provided prior to ruling on the appeal. If Construction Manager is satisfied that the Subcontractor should be prequalified, the Subcontractor shall be notified that it is prequalified to bid on the project and allowed to participate in the bid process. If the Construction Manager upholds its denial, the Subcontractor shall be promptly notified in writing via e-mail.
- b. **Hearing** – The Subcontractor may appeal the Construction Manager's decision on the written appeal by requesting a hearing before the County Project Manager via hand-delivery or e-mail within three (3) business days of the receipt of the Construction Manager's decision. The hearing shall be held within five (5) business days. The Subcontractor shall not be allowed to submit additional information without the written consent of the County Project Manager. The Subcontractor shall be allowed thirty (30) minutes for the hearing. In the event the County Project Manager is unable to hold a hearing in a timely manner, he/she may designate another Mecklenburg County official to handle the appeal.
- c. **Decision** –The Mecklenburg County shall notify the Construction Manager of its recommended decision. The Construction Manager shall review the recommended decision and issue a final decision to the Mecklenburg County and Subcontractor. In the event Construction Manager rejects a recommendation from Mecklenburg County to prequalify the Subcontractor, The Construction Manager shall provide a written explanation of the denial to both the County and the Subcontractor.
- d. **General Rules for Appeals** – Subcontractors submitting applications shall provide two e-mail addresses for communication with the Construction Manager and Mecklenburg County during the appeal process. In the event the Mecklenburg County Project Manager or designee is unable to schedule a hearing or render a decision prior to the bid date, the Subcontractor shall be allowed to submit a bid on the project subject to a final decision on the appeal. If the Subcontractor's bid is opened prior to a final decision on the appeal and the bid is not the lowest monetary bid for the project, the appeal shall be terminated and rendered moot.

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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"/>	01-02A	Demolition
<input type="checkbox"/>	01-02B	Selective Demolition (Historic Stone Wall Demolition and Salvage)
<input type="checkbox"/>	Other	_____

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: _____

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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)
 - o Owners: _____
 - o Officers (CEO, CFO, President, Vice President(s), Secretary and Treasurer, etc....) _____

 - o Partners _____
 - o 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)

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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 libraries 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 American Legion Memorial Stadium Renovation.
- ☐ 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 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)**

1	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
2	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
3	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
4	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
5	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:

- ☐ 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)

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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 ☐

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.

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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: _____
- ☐ 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 CM. Please indicate if your company can provide the some or all of following insurance policies and limits for the life of the project.

- ☐ Workers Compensation:
 - o State Statutory Requirements
 - o Employers Liability
 - \$500,000 – Each Accident
 - \$500,000 – Disease Policy Limits (Aggregate)
 - \$500,000 – Disease Each Employee
 - o Waiver of Subrogation
- ☐ Comprehensive General Liability Insurance
 - o 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

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- o 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
 - o CM 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:
 - o Automobile Liability – All owned, non-owned and hired vehicles.
 - \$1,000,000 each person; \$1,000,000 each accident
 - o Automobile Property Damage Liability – all owned, non-owned and hired vehicles.
 - \$1,000,000 each person; \$1,000,000 each accident
 - o CM and Owner named as additional insured
- ☐ Umbrella liability limits shall not be less than:
 - o \$1,000,000 each occurrence; CM 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)
- ☐ 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	Contact Name	Phone	Email
1				
2				
3				
4				

(1 point per reference = Total of 4 points)

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13. Signature

We duly swear that all information provided within is truthful, accurate, and shall have no consequence on further legal standings with Barton Malow Company, Edifice, Inc. & NJR Construction. 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