

## GCS — Kiser Middle School Prequalification Form for First-Tier Subcontractors under CM at Risk

Pursuant to the NC Statute GS143-128.1, 143-135.8 Policy 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. Completing this questionnaire does not guarantee prequalification. Evaluation of the submittal shall be performed by the Prequalification Committee in accordance with the statutes and policies.

Prequalification Due Date/Time: **July 15, 2022, COB**

Submitted To: Tina Harris

Metcon, Inc. – Construction Manager at Risk  
763 Comtech Drive, Pembroke, North Carolina 28372  
(910) 521-8013 Phone (910) 521-8014 Fax  
[estimating@metconus.com](mailto:estimating@metconus.com)

Project:           Name: GCS – Kiser Middle School  
                      Owner: Guilford County Schools  
                      Location: 716 Benjamin Parkway, Greensboro, NC 27408  
                      Architect: Good Van Slyke Architecture

**Bid Bond: Required for Bid Packages \$100,000 or Higher**

**Performance & Payment Bond: May Be Required for Bid Packages \$100,000 or More and Will Be Required for Bid Packages \$300,000 and Higher**

Project Description:

The GCS – Kiser Middle School located at 716 Benjamin Parkway, Greensboro, NC 27408 is a two-story, steel framed structure with veneer masonry and exterior wall panels on light gauge metal framing. Proper planning and phasing of this critical early site work will be required due to complex job site. The current building area as determined by BOMA is 183,371 SQFT. Phase I will include structural steel and site work that includes selective site demo, site clearing, grading, utilities, storm drainage, excavation, erosion control, soil treatment, and building pad.

Instructions to Prequalify:

- If your firm has submitted Part A then you are only required to submit Part B of this document. For questions about this form contact Tina Harris [estimating@metconus.com](mailto:estimating@metconus.com) (910-521-8013).
- Forms may be submitted electronically via email, mail, fax, or hand delivery to Metcon, attention Tina Harris. Please make sure, if submitting handwritten form, that all information is clearly printed. Metcon will request Illegible information be resubmitted and this will delay the prequalification process.

## Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)

**NOTICE TO ALL SUBCONTRACTORS: All sections of this Part A: Master Prequalification Form (Annual Submittal) must be provided ONCE A YEAR and filled out in its entirety. This form will expire on June 30<sup>th</sup> of each year and requires an update after July 1<sup>st</sup>. If any sections are not complete, then the prequal may be rejected. A separate Part B: Project Specific Supplement is required for each specific project. Part A and Part B will be evaluated together for the specific project.**

### Part A: Master Prequalification (Annual Submittal)

**Submittal Date:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ June 30<sup>th</sup> of each Year

**Submitted to:** \_\_\_\_\_ (Name of CM at Risk firm)

## 1. Main Office Location & Company Contacts

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Physical Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City/State Zip Code + 4

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Phone number Fax number

\_\_\_\_\_  
President/CEO

\_\_\_\_\_  
CFO

\_\_\_\_\_  
Primary Prequalification Contact Name

\_\_\_\_\_  
Primary Prequalification Contact Phone Number

\_\_\_\_\_  
Primary Prequalification Contact Email Address

\_\_\_\_\_  
Company Website

\_\_\_\_\_  
Secondary Prequalification Contact Name

\_\_\_\_\_  
Secondary Prequalification Contact Phone Number

\_\_\_\_\_  
Secondary Prequalification Contact Email Address

## 2. Business Type

(check box) Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor

Indicate your NC Statewide Uniform Certification: (check box):

MBE ☐ HBE ☐ AABE ☐ AIBE ☐ WBE ☐ SDB ☐ DBE ☐ NONE \_\_\_\_\_ (other)

See website link for more information: <http://www.doa.nc.gov/hub/swuc.htm>

Is your firm registered with the Department of the Secretary of State to conduct business in the State of North Carolina?

Yes ☐ No ☐

Is your firm owned or controlled by a parent or any other organization? Yes ☐ No ☐

Describe Ownership if Yes: \_\_\_\_\_

## Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)

Confirm that your company can demonstrate compliance with insurance coverages which meet or exceed the minimum requirements of State Construction Manual OC-15 Article 34. Yes ☐ No

See website link for more information: <https://ncadmin.nc.gov/businesses/construction/forms-documents>

List all other names and years of operation that your firm has operated under for the past five (5) years:

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### 3. Licensing Information

(Please provide all North Carolina professional licenses required for you to perform your services.)

**NC License Type** (check box) ☐ General Construction ☐ Electrical ☐ Mechanical ☐ Plumbing  
☐ Fire Protection ☐ Other (Trade Specific License) \_\_\_\_\_

<u>NC License number/name of licensee</u>	<u>License Limit/Level</u>
_____	_____
_____	_____
_____	_____

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

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### 4. Type of Scope Performed, Average project size (in terms of revenue), Largest project size (in terms of revenue)

List all Scopes of Work for which you would request prequalification review in the upcoming year (Bid Packages):

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For Each Scope of Work list the following with values from the last 5 years. (Provide references upon request of the CM)

Scope #1: \_\_\_\_\_ Percentage of Self Performed Work: \_\_\_\_\_

Average project size (\$): \_\_\_\_\_ Largest Project Size (\$): \_\_\_\_\_

Scope #2: \_\_\_\_\_ Percentage of Self Performed Work: \_\_\_\_\_

Average project size (\$): \_\_\_\_\_ Largest Project Size (\$): \_\_\_\_\_

Scope #3: \_\_\_\_\_ Percentage of Self Performed Work: \_\_\_\_\_

Average project size (\$): \_\_\_\_\_ Largest Project Size (\$): \_\_\_\_\_

Scope #4: \_\_\_\_\_ Percentage of Self Performed Work: \_\_\_\_\_

Average project size (\$): \_\_\_\_\_ Largest Project Size (\$): \_\_\_\_\_

Scope #5: \_\_\_\_\_ Percentage of Self Performed Work: \_\_\_\_\_

Average project size (\$): \_\_\_\_\_ Largest Project Size (\$): \_\_\_\_\_

Scope #6: \_\_\_\_\_ Percentage of Self Performed Work: \_\_\_\_\_

Average project size (\$): \_\_\_\_\_ Largest Project Size (\$): \_\_\_\_\_

## Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)

Indicate your two **largest** completed projects in the last 5 Years per scope. If submitting for multiple scopes, submit multiple sheets.

<b>#1 –Completed - Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CMAR or GC?)	
Owner Name/ Representative	
Architect Name/Representative	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Lost Man-hours due to Accident	
Final Contract Dollar Value	
HUB % Achieved (on Contract Value)	
Date Complete	

<b>#2 –Completed - Project Name</b>	
Description of Work Performed	
Contract Delivery Method (CMAR or GC?)	
Owner Name/ Representative	
Architect Name/Representative	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Lost Man-hours due to Accident	
Final Contract Dollar Value	
HUB % Achieved (on Contract Value)	
Date Complete	

## Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)

### 5. Size of Company

List the annual dollar value of billings the company has performed for each year over the last (5) five fiscal years (most recent Y/E listed first).

Year #1 (20\_\_\_\_) - \$\_\_\_\_\_

Year #2 (20\_\_\_\_) - \$\_\_\_\_\_

Year #3 (20\_\_\_\_) - \$\_\_\_\_\_

Year #4 (20\_\_\_\_) - \$\_\_\_\_\_

Year #5 (20\_\_\_\_) - \$\_\_\_\_\_

### 6. Current Workload

Number of active projects that your company is presently working on - \_\_\_\_\_

Remaining revenue to earn (backlog) on active projects - \_\_\_\_\_

### 7. Safety

List your company's Experience Modification Rate (EMR) for past five years. Refer to Supplemental information, Item 4 for Insurance Carrier letter supporting Present Rate EMR.

_____ Present Rate	_____ Last Rate	_____ Year before rate	_____ Year before rate	_____ Year before rate
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If any year your rate is over 1.00 please explain why:

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List your company's Recordable Incident Rate (RIR) for past five years:

_____ Present Rate	_____ Last Rate	_____ Year before rate	_____ Year before rate	_____ Year before rate
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List your company's Days Away Restricted or Transferred Rate (DART) for past five years:

_____ Present Rate	_____ Last Rate	_____ Year before rate	_____ Year before rate	_____ Year before rate
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List any OSHA fines and Jobsite fatalities in the past five (5) years. Please attach OSHA report describing the incident:

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Does your company have a dedicated safety individual who inspects job sites on a regular base? If yes, please provide name and contact information for this individual:

## Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)

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Does your company have a Written Safety Program and Plan in compliance with current OSHA requirements for your scopes of work (Y/N): \_\_\_\_\_

Does your company provide weekly training to your on-site employees (Y/N): \_\_\_\_\_

Does your company perform weekly safety inspections on the jobsite? (Y/N): \_\_\_\_\_

### 8. Litigation, Claims, Criminal Convictions & Administrative Actions

Has your company filed any claims against a CM at Risk or General Contractor within the last five years, whether resolved or still pending resolution? ☐ Yes ☐ No If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

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Has your company been involved in any judgments, 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: \_\_\_\_\_

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Has your company ever failed to complete work awarded to it or has your company's work been supplemented by a CMAR or GC? ☐ Yes ☐ No If yes, please provide project name(s), year(s), and reason why: \_\_\_\_\_

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Have you ever paid liquidated damages on any project? ☐ Yes ☐ No If yes, state the project name(s), year(s), and reason why. \_\_\_\_\_

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Has your bonding company had to take any of the following actions in the last 10 years: Project technical support, Payments to vendors, Supplement work on a contract, or complete a contract for your company? ☐ Yes ☐ No If yes, state the project name(s), year(s), and reason why.

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Has a Bid Bond ever been collected upon on a project your company bid in the last 5 years? ☐ Yes ☐ No If yes, state the project name(s), year(s), and reason why.

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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.

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## Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)

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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### 9. Historically Underutilized Business (HUB) Plan

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.

### 10. 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 ban you from being prequalified for projects.

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Signature

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Date

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Printed Name and Title

**Required Supplementary Information that needs to be included at the same time the prequalification form (Part A) is submitted.**

- 1) Your most recent CPA audited or reviewed financial statements.
- 2) Bonding Letter from your Surety Company listing single and aggregate bonding limits and what bonding capacity that is available.
- 3) A current Certificate of Insurance listing all insurance policies.
- 4) Letter from Insurance carrier stating last five years of EMR ratings.
- 5) The last five years of your OSHA 300A report
- 6) Copy of HUB Certification (if Applicable)
- 7) Copy of Professional Licenses (If Applicable)

**Note:**

**Part A: CM at Risk 1<sup>st</sup> Tier Subcontractor Master Prequalification Form (Annual Submittal)**

***All pieces of supplementary information shall be provided. If they are not, then the prequal is deemed incomplete and may be rejected. If for some reason you are unable to provide one of the items listed above please explain below.***

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