

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

This form gathers information about the contractors seeking to qualify for the work and provides a general format for the pre-qualification criteria. **Completing this questionnaire does not guarantee prequalification.** Evaluation of the submittal shall be performed by the Owner and Architect.

Contractors must use this project specific form and submit as a single PDF. All attachments, including Financial Statements, shall be added to the end of the PDF. Insure the final PDF File Size is less than 20 MB.

PREQUALIFICATION DUE DATE/TIME: No later than 2:00 PM on Tuesday, March 3, 2026

Submitted VIA E-MAIL ONLY to:

Kelly Jackon
Vice President of Finance and Administration
Sampson Community College
1801 Sunset Avenue
Clinton, NC 28328
kjackson@sampsoncc.edu

E-mail Copy to:

JKF ARCHITECTURE PC
John K. Farkas, AIA, LEED-AP
625 Lynndale Court, Suite F
Greenville, NC 27858
252-355-1068
jkf@jkf-arch.com

Project: Sampson Community College New Nursing and Allied Health Building
Name of Project

Sampson Community College
Project Owner

1801 Sunset Avenue (Sampson Community College Main Campus)
Project Location/Address

JKF Architecture PC (Greenville, NC)
Project Architect

April 1, 2026
Anticipated Release for Bid (Approx.)

May 1, 2026
Anticipated Bid Date (Approx.)

August 1, 2026
Estimated Notice to Proceed

November 1, 2027
Estimated Completion (15 months)

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

Project Description: (An in-depth narrative of the details of the project and any unique features, including but not limited to tight site, overtime/nights/weekend work, specialty trades, LEED certification, research lab, medical space, museum space, occupied renovation, residence hall, special equipment, etc.)

New Allied Health and Nursing Building:

1. Construction of a new two-story, 36,048 gross square foot Nursing and Allied Health Building.
2. This includes several specialized labs spaces, including nursing, nurses aid, medical assisting, phlebotomy, surgical tech, and pharmacy. Several simulation labs are included in the design, including an EMS lab, Emergency Room lab, medical office, and residential lab. A covered drive-thru area adjacent to the simulated EMS and emergency rooms labs is in place to allow ambulatory access to the building and mimic real-world conditions for students. All spaces are supported by storage rooms for specialized tools and materials.
3. General purpose classrooms, faculty offices, conferencing space, restrooms, vending, and a lobby are included.
4. The new Building will be a Business (B) occupancy (Education above the 12th Grade), Type IIB Construction, and fully sprinklered.
5. We anticipate using a steel structural framing system with roof bar joists and metal decking covered with 6" rigid insulation and a standing seam metal roof.
6. Exterior walls will be brick veneer with a cavity for drainage, rigid insulation over either CMU or cold-formed metal framing as the inner wall. Shop areas will have the CMU, while classrooms and offices areas will use metal studs. Exterior metal wall panels will be utilized in lieu of brick in higher wall areas. Exterior walls will be non-load bearing.
7. Interior walls will be CMU in Shop areas and metal stud with gypsum wall systems elsewhere.
8. The interior shall have all new partitions and highly durable finish systems, plumbing, HVAC, and Electrical power, Lights, and data wiring.
9. The building will be protected by a new fire alarm system and be fully sprinklered. A fire pumps is included.
10. New pedestrian walkway system and lighting will be required as indicated. Some hardscaping is designed along the exterior of the building.
11. New domestic and fire lines will need to be extended to the building. A new gravity sewer line to tie into the existing is required. New electrical service will be required. A transformer for the building will be fed from the main transformer at Reedy Branch Road and master metered.
12. New plumbing, HVAC, and Electrical Systems are required.
13. Multiple Alternate Bids will be considered.
14. A Geotechnical Exploration has been completed.
15. Project will be constructed via traditional Design-Bid-Build. No CM-at risk is anticipated.

TESTING & PERFORMANCE PERIMETERS

Commissioning consistent with the NC Energy Code will be required and paid for by the Owner.

Material Testing and Special Inspections will be required and paid for by the Owner.

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

SECTION 1. GENERAL COMPANY INFORMATION

1. a. Primary/Main office location (from where the project will be managed)

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 _____

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

Organization

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

Indicate your NC Statewide Uniform Certification: (check box): MBE HBE AABE AIBE WBE SDB DBE

[See website link for more information: http://www.doa.nc.gov/hub/swuc.htm](http://www.doa.nc.gov/hub/swuc.htm)

_____ 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: _____

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

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

NC License number/name of licensee License Limit/Level State/County/City Privilege License (provide copy)

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

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

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

Primary Scope of Work: _____

Secondary Scope of Work: _____

Other Scope of Work: _____

What type of work do you self perform? _____

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

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 sufficient 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 surety letter? Yes No

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

1. e. (2) Have funds been expended by a surety company on your company's behalf within the past 10 years?

Yes No If yes, explain...

[Matrix: 0-3 points. If no funds expended by surety company give 3 points. If not, give 0 points.]

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 and Employer's Liability Insurance Coverage with minimum limits of \$100,000.
- Comprehensive general liability with minimum limits of \$500,000 per occurrence for bodily injury and \$ 100,000 per occurrence/\$300,000 aggregate for property damage.

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

Financials

1. g. Attach latest balance sheet and income statement, if available, based on company type. Audited statements preferred. If not available, attach a copy of the latest annual renewal submission to the relevant licensing board. (Company must submit financial data and must clearly indicate "confidential" on the document to avoid this item from becoming part of a public record.) Have you attached a balance sheet? Yes No

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

[Matrix: Pass/fail. If information provided, then continue with evaluation. If not, disqualify.]

Barred from Bidding

1. h. Is your present company, its officers, owners, or agents currently barred from bidding public work in North Carolina? Yes No

[Matrix: Pass/fail. If "Yes", disqualify.]

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

SECTION 2. GENERAL REQUIREMENTS

Experience - Size/Capacity/Workload

2. a. (1) List the annual dollar value of construction work the company **has completed and has under contract** for each year over the last (3) three calendar years (if applicable). If three years of data cannot be provided, please explain.

1 _____(yr)	2 _____(yr)	3 _____(yr)
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[Matrix: 0-3 points. For each year completed give 1 point each.]

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)

[Matrix: 0-3 points. If section completed give 3 points. If not, give 0 points.]

2. a. (3) What was your largest single project completed in the past five years?

_____ Sq. Ft. \$ _____ (Dollar Amount)
 _____ Location _____ Year Completed

[Matrix: 0-4 points. Take the “dollar amount of largest job completed” and multiply by 1.5. If the result is larger than the estimated project cost, then give 4 points. If the result is within 10%, then give 3 points. If the result is within 15%, then give 2 points. If the result is within 20%, then give 1 point. Otherwise, give 0 points.]

2. a. (4) Projects Current Amount Remaining to Bill (from 2.a.2 above) \$ _____ (Dollar Amount)

[Matrix: 0-4 points. Take “projects current amount remaining to bill” dollar amount and add the estimated construction cost of the project advertised. Compare total amount to the aggregate bonding capacity in the Surety Letter (1.e.1). If amount is within the company’s bonding capacity, then give 4 points. If not, give 0 points.]

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.

#1 –Project Name	
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	

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

GC or CM Address/Phone #/Email	
Contract Dollar Value and HUB Participation %	
Percentage Complete	
Current Anticipated Completion Date	

#2 –Project Name	
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 and HUB Participation %	
Percentage Complete	
Current Anticipated Completion Date	

#3 –Project Name	
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 and HUB Participation %	
Percentage Complete	
Current Anticipated Completion Date	

[Matrix: 0-9 points. For each project above, give 2 points for each positive reference from the owner and 1 point from the architect/designer.]

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

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

[Matrix: 0-4 points. If office location is managed and directed from NC office give 4 points. If not, give 0 points.]

Litigation/Claims

2. c. (1) Has your company had any judgments entered against it or been the target of a suit by an owner in a construction project within the past 10 years, whether resolved or still pending resolution? Yes No

[Matrix: 0-2 points. If company has not been involved in any of the above, give 2 points. If they have, give 0 points.]

2. c. (2) Are there currently any judgments or suits pending or outstanding against your company, its officers, owners, or agents arising from a construction project? Yes No

[Matrix: 0-2 points. If there are no current judgments, claims, arbitration, suits, or mediation pending give 2 points. If there is, give 0 points.]

2. c. (3) Has your company ever been terminated from a construction project or otherwise defaulted or removed from a construction project within the past 10 years? Yes No

[Matrix: 0-3 points. If company has never failed to complete work, it has been awarded give 3 points. If they have failed to complete work, give 0 points.]

2. c. (4) Have you or your company ever paid liquidated damages on a state project within the past 10 years? Yes No
[Matrix: 0-3 points. If “Yes”, give 0 points. If “No,” give 3 points.]

2. c. (5) Has your company, its officers, owners, or agents ever been convicted of conflicts of interest, bribery, bid rigging, fraud, misappropriation, embezzlement, false claims, or other financial crimes within the past 10 years?
 Yes No

[Matrix: 0-3 points. If “Yes,” give 0 points. If “No,” 3 points.]

Safety Record

2. d. List your company’s Experience Modification Rate (EMR) for the past three years. (Attach OSHA 300 Log for the last 3 years.) Have you attached OSHA 300 log? Yes No

Present EMR Rate Previous Year’s EMR Rate EMR rate of two years ago

If these rates reflect corporate performance over several 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: _____

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

[Matrix: 0-5 points. If EMR rate for each of the past three years is less than or equal to 1 then give 5 points. If not, give 0 points.]

Historically Underutilized Business (HUB) Plan and Record

2. e. Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses? 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 _____%

[Matrix: 0-5 points. If company has a current documented plan and has attached the plan give 2 points. If not, give 0 points. Give 1 point for each project listed with HUB participation % shown for each.]

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

SECTION 3. PROJECT SPECIFICS

3.a. The assigned project superintendent for this project shall be: _____. Include a professional resume, including but not limited to education, training, certifications, similar project experience and owner/architect references (name, phone number and email address). Have you included a resume and references? Yes No
If the assigned superintendent cannot be guaranteed for this project, please provide an alternate superintendent (with resume and references).

[Matrix: 0-5 points. If resume included, give 3 points. If positive reference is received, give 2 points.]

3.b. The experience this superintendent has on similar types of projects as evidenced by their resume is:
___ 0-2 ___ 3-4 ___ 5-10 ___ >10 years.

[Matrix: 0-5 points. If 0-2 years give 2 pts, 3-4 years give 3 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

3.c. The assigned project manager for this project shall be: _____. Include a professional resume, including but not limited to education, training, certifications, similar project experience and owner/architect references (name, phone number and email address). Have you included a resume and references? Yes No
If the assigned project manager cannot be guaranteed for this project, please provide an alternate project manager (with resume and reference).

[Matrix: 0-5 points. If resume included, give 3 points. If positive reference is received, give 2 points.]

3.d. The experience this project manager has on similar types of projects as evidenced by their resume:
___ 0-2 ___ 3-4 ___ 5-10 ___ >10 years.

[Matrix: 0-5 points. If 0-2 years give 2 pts, 3-4 years give 3 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

Similar Projects

3.e. List three (3) current or completed projects of similar type which most closely reflect the size and complexity of the type of work being requested for the currently proposed project within the last 10 years.

#1 –Similar - Project Name	
Description of Work Performed	
Location of Project	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value and HUB Participation %	
Percentage Complete	
Original Contract Completion Date	
Actual or Anticipated Completion Date (explain if different from original date)	
If complete, provide "Contractor Evaluation Rating" (if applicable)	
Project team: Project Executive, Project Manager, Superintendent	
University project? Campus occupied? Building occupied?	
Total value of change orders?	
#2 –Similar - Project Name	
Description of Work Performed	
Location of Project	
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 and HUB Participation %	
Percentage Complete	
Original Contract Completion Date	
Actual or Anticipated Completion Date (explain if different from original date)	
If complete, provide "Contractor Evaluation Rating" (if applicable)	
Project team: Project Executive, Project Manager, Superintendent	
University project? Campus occupied? Building occupied?	
Total value of change orders?	
#3 –Similar - Project Name	
Description of Work Performed	

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

Location of Project	
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 and HUB Participation %	
Percentage Complete	
Original Contract Completion Date	
Actual or Anticipated Completion Date (explain if different from original date)	
If complete, provide "Contractor Evaluation Rating" (if applicable)	
Project team: Project Executive, Project Manager, Superintendent	
University project? Campus occupied? Building occupied?	
Total value of change orders?	

[Matrix: 0-18 points. For each similar project listed above, give 2 points ONLY if the project is similar in scope and size. In addition, for each project above, give 2 points for each positive reference from the owner and architect/designer. In addition, give 2 points for each successful project defined by timely completion and satisfactory job performance.]

3.f. List the three most current or completed projects with the [owning agency/institution] within the past five years. Please list the project name, project executive, project manager and superintendent. Please provide the owning agency/institution point of contact for the project.

#1 –Project Name	
Project Executive, Project Manager and Superintendent	
Owning Agency/Institution Point of Contact	
#2 –Similar - Project Name	
Project Executive, Project Manager and Superintendent	
Owning Agency/Institution Point of Contact	
#3 –Similar - Project Name	
Project Executive, Project Manager and Superintendent	

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

Owning Agency/Institution Point of Contact	
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[Matrix: 0-9 points. For each project performed (listed), give 3 points for each project successfully completed on time, within budget and a positive reference by the owner. If company has not completed at least 3 projects for the owner, points will not be deducted for lack of a first, second or third project.]

**SAMPSON COMMUNITY COLLEGE
NEW NURSING AND ALLIED HEALTH BUILDING
Prequalification Form for Prime Contractor**

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 _____, 20____.

(Official Notary Seal or Stamp)

Signature of Notary Public

My commission expires _____, 20 ____

[Matrix: Pass/fail. Signature section must be fully executed with notary information provided for company to be prequalified. If not, then disqualify.]