

**PREQUALIFICATION FOR PRIME CONTRACTOR  
for  
South Campus Building S202 Renovation**

**Rowan-Cabarrus Community College  
1351 Trinity Church Road  
Concord, NC**

**REQUEST FOR QUALIFICATIONS**

Prequalification Packages for the Rowan-Cabarrus Community College South Campus Building S202 Renovation will be received via email (PDF format only) to Ronda Holland at [ronda.holland@rccc.edu](mailto:ronda.holland@rccc.edu) until and no later than **2:00 pm on March 26, 2024**. The reference **PreQual for Prime Contractor South Campus Building S202 Renovation – 121-022924JA** should be referenced in the subject line of the email. Packages will be reviewed by the Rowan-Cabarrus Community College Prequalification Committee with notifications to be made late March 2024.

Contractors shall be **General Contractors**, licensed in North Carolina. All Subcontractors to be used on the project shall be preapproved by the Owner. Firms must be registered and be active with the North Carolina Electronic Vendor Portal to place bids and receive purchase orders prior to submitting a package. The website is <https://evp.nc.gov> Failure to register may result in disqualification.

**HUB certified contractors are encouraged to submit a package for this project.**

Prequalification packages received after the announced time and date for submittal will be rejected. Contractors are responsible for ensuring their prequalification package is received before the deadline indicated. Contractors will receive an email receipt notification that their package has been received.

The Scope of Work follows on Page 3 of this Request for Qualifications.



**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

**Project Description:**

Building S202 is an existing 3-story classroom building of approximately 40,000 total square feet, originally constructed in 1999. Since then, various renovations have taken place within the building, including a welding lab renovation, replacement of some flooring and ceiling tile finishes, and replacement of some lighting fixtures. Work performed under this agreement is to be developed in accordance with the RCCC Facilities Design Manual and North Carolina State Construction Office requirements. The expected construction cost for the project is \$1,760,714.

Work will take place within an occupied building on an occupied campus. Work to the second and third floors must be completed over the College's summer schedule, between May 14, 2024 and the beginning of Fall Term on August 9, 2024, including Owner installed classroom technology, furniture and equipment. The remainder of the work will be completed on a schedule mutually agreed upon between the Owner and Contractor.

The Scope of Work for these renovations consists of the following:

**First Floor Renovations**

- Renovations to enlarge two (2) existing classrooms, including new drywall partitions, doors, carpet, ceilings and associated fire protection, plumbing, mechanical and electrical work.
- Renovate existing classroom to house basic law enforcement training simulator.
- New folding panel partition between classrooms with bracing to steel structure and drywall soffit and wall pocket for panel stacking.
- Renovate existing office / classroom to office suite, including new drywall, carpet, ceilings and associated fire protection, plumbing, mechanical and electrical work.
- Renovate existing classroom area into new lockers / toilet / shower area, including associated fire protection, plumbing, mechanical and electrical work.

**Second Floor Renovations**

- Renovations to convert three (3) classrooms into two (2) larger classrooms, including new drywall partition, doors and associated fire protection, plumbing, mechanical and electrical work.
- Replace remaining original carpet, including rubber base in office areas.
- Replace remaining original VCT with LVT, including rubber base in miscellaneous rooms.

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

**Third Floor Renovations**

- Renovations to convert three (3) classrooms into two (2) larger classrooms, including new drywall partition, doors and associated fire protection, plumbing, mechanical and electrical work.
- Replace remaining original carpet, including rubber base in office areas.
- Replace remaining original VCT with LVT, including rubber base in miscellaneous rooms.

**Electrical Renovations**

- Power - Upgrades to main service panel, branch circuit panels, equipment connections, wiring and devices to current code and RCCC standards.
- Data - Network changes, media upgrades to current RCCC standards.
- Fire Alarm and Mass Notification - Fire alarm, mass notification, mass notification interface upgrades to current RCCC standards.
- Security / CCTV - CCTV cameras, access controls, upgrades to current RCCC standards.
- Additional electrical, data and fire alarm work are included within the individual floor renovations.

**HVAC Renovations**

- HVAC work is included within the individual floor renovations, such as providing exhaust for the new toilet / locker room area and modifications to air distribution systems in classrooms affected by the renovations.

**Plumbing Renovations**

- Plumbing work is included within the new locker room area on the first floor and primarily includes new toilets, lavatories and showers with associated domestic water and waste lines.

**Fire Sprinkler Renovations**

- Fire sprinkler work is included within the individual floor renovations and primarily consists of modifications to the sprinkler head layout per new floor plan layouts.

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

**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 is 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 is 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)**

<b><u>NC License number/name of licensee</u></b>	<b><u>License Limit/Level</u></b>	<b><u>State/County/City Privilege License (provide copy)</u></b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

\_\_\_\_\_  
\_\_\_\_\_

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

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

**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 is 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 is 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 is 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.

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

(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

[Matrix: Pass/fail. If information is 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.]

**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)
-------------	-------------	-------------

[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.

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

<b>#1 –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 and HUB Participation %	
Percentage Complete	
Current Anticipated Completion Date	

<b>#2 –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 and HUB Participation %	
Percentage Complete	
Current Anticipated Completion Date	

<b>#3 –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	



**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

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.]**

**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**

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

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

**[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.]**

**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.

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

[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.

<b>#1 –Similar - Project Name</b>	
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?	
<b>#2 –Similar - Project Name</b>	
Description of Work Performed	
Location of Project	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

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?	
<b>#3 –Similar - Project Name</b>	
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?	

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

[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.

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

[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.]

## 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: \_\_\_\_\_

**State of North Carolina**  
**Prequalification Form for Prime Contractor**

RFQ 121-022924JA

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.]**