

**PREQUALIFICATION FOR PRIME CONTRACTOR
for
TEACHING AUDITORIUM RENOVATION**

**Rowan-Cabarrus Community College
1333 Jake Alexander Blvd,, South
Salisbury, NC 28146**

REQUEST FOR QUALIFICATIONS

Prequalification Packages for the Rowan-Cabarrus Community College Teaching Auditorium Renovation will be received via email (PDF format only) to Mark Sealy at msealy@sganwdesign.com until and no later than **2:00 pm on January 17, 2024**. The reference **PreQual for Prime Contractor RCCC Teaching Auditorium Renovation – 121-120723DD** 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 early February, 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 NC IPS and NC EProcurement prior to submitting a package.

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.

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Pursuant to the statute, this form gathers information about the contractors 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 143-135.8 and the State of NC Prequalification Policy (attached).

Contractors are not to use the blank template from the SCO website but to use the project specific form from the Prequalification Committee which follows.

PREQUALIFICATION DUE DATE/TIME: January 17, 2024 by 2:00 p.m.

Submit via email (pdf format only) to person identified below:

Submitted to: Mark Sealy

Contact Name receiving prequalifying packages.

SGA|NW a GF Design Company

Agency/Institution

msealy@sganwdesign.com

Email Address

2459 Wilkinson Blvd., Suite 120

Address

Charlotte, NC 28208

City/State Zip Code

919-810-1246

Phone number

Project: Building N105 Teaching Auditorium Renovations

Project Name

Rowan – Cabarrus Community College, North Campus

Project Owner

1333 Jake Alexander Blvd. S., Salisbury, NC 28146

Project Location/Address

SGA|NW, a GF Design Company

Project Architect

Construction Documents

Project Phase (current)

June/July 2024

Project Start Date (Approx.)

120 Days

Project Duration

May 2024

Anticipated Bid Date

NP

Total Project Budget

NA

Phase Budget

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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.)

The general project scope is to refurbish and upgrade an existing 300+ seat stepped floor teaching Auditorium including but not limited to the following:

- Remove fixed seating
- Remove floor finishes and raised stage/floor area
- Remove ceilings, including lighting, electrical and mechanical devices
- Remove walls, motorized projection screen and stage curtains
- Demolish portions of interior slab on grade
- Excavate and form new below floor mechanical return air plenum
- Provide new walls, doors, moveable panels, curtains, floor finishes, paint, ceilings (suspended GWB and acoustical clouds), acoustical wall panels.
- Provide new seating (portions to be powered)
- Provide new electrical devices, lighting
- Provide new mechanical distribution ductwork and grilles (existing HVAC equipment to remain)
- Provide new Audio / Visual Systems
- Provide new fire alarm devices, panels
- Provide new sprinkler riser from connected building and sprinkler system for this space
- Provide new exterior signage

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

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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>

_____ 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: _____

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

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

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

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? _____

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**

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...

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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.

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**

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**

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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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)

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

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

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

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	
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	

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#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	

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**

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**

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**

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**

2. c. (4) Have you or your company ever paid liquidated damages on a state project within the past 10 years?
☐ **Yes** ☐ **No**

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**

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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: _____

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 _____%

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).

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.

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).

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.

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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	
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	

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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	
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.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.

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#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	
Owning Agency/Institution Point of Contact	

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__