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2010 State Construction Conference March 23, 2010

> State of North Carolina Prequalification for Single Prime Contractors

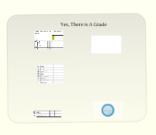














State Construction Conference Website

State of North Carolina Prequalification for Single Prime Contractors

www.nc-sco.com/Guidelines/guide.htm







Double click anywhere & add an idea



2010 State Construction Conference March 23, 2010



State of North Carolina Prequalification for Single Prime Contractors



North Carolina General Statute

North Carolina General Statute

Section 143-135.8. Prequalification. Bidders may be prequalified for any public construction project. (1995, c. 367, s. 8.)

North Carolina General Statute

Section 143-135.8. Prequalification. Bidders may be prequalified for any public construction project. (1995, c. 367, s. 8.)



Since 1995....

The Past 15 Years provided a Myriad of Different Pre-Qualification Forms

Extra Contractor Work
Lack of consistency
Conflict with public statutes
No backing from SCO and AG's Offices
Occasional appearance of exclusivity



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The Committee

State Agencies

- Terry Hatcher, DHHS
- Thomas Hunter, NCCCS

University System

- Miriam Tripp, UNC-GA
- Sid Stone, UNC-CH
- Cameron Smith, NCSU
- Bill Barlow, NC A&T
- John Fessler, UNC-C

Architects

- Lou Jurkowski, BJAC, State Building Commission
- Clymer Cease, PBC+L

STATE GOVERNMENT

- Greg Driver, State Construction Office
- LeAnn Martin, State Attorney's Office
- · Grover Burthey, HUB Office DOA

General and Sub Contractors

- Chuck Wilson, CT Wilson
- Edison Cassels, Edison Foard
- Eddie Williams, Buckner Steel



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- Clymer Cease, PBC+L



Prequalification Form Section I Minimum Requirements

Section I. Minimum Requirements

Section I. Minimum Requirements to proceed to next

section)

(must meet min. requirements)

Type of Company, work
NC License and Limits
Bonding
Insurance

Note:Failure to answer all of the following questions may result in disqualification. If you have any questions, contact the person listed below under "Submitted to." The State agency/institution reserves the unqualified right ro-reject any or all proposals and to waive informalities. The State agency/institution has developed a plan to meet or exceed goals set by GS 143-128 for the participation of minority businesses in public construction contracts. Contractors are expected to be familiar with these initiatives and to comply with program requirements.

Due Date:(Date and Time)

Submitted to:(Contact Name receiving prequalifying packages Agency/Institution

City, NC Zip Code Phone number/E-mail address)

Project Title:(Name of Project)

Project Description:(Brief scope of work/description including dollar value)

I.Minimum Requirements

A.Firm's Name and Principal Office serving this project:

(Company Name Address City, State Zip Code)

(Contact Person: Telephone number: E-mail:)

B.Type of Company (check one):
____ Corporation___ Individual___Partnership

_____Joint Venture____Other {please specify}:______

C.Type of Work (check one; file separately for each classification of work):

___ General Construction___ Mechanical___ Plumbing

___ Electrical___ Other (please specify):_____

D.License
North Carolina License Type (check):
General Construction Mechanical Plumbing
Electrical Other (please specify):
North Carolina License Number:
License Limitations or Level:
State/County/City Privilege License (provide copy):
E.Bonding
LAttach letter, dated within the last 30 days, from your surety company or its agent licensed to do business North Carolina, verifying your company's capability and capacity based on your current value of work for providing sufficient performance and payment bonds for this project. Surety company bond rating shall be rated "A" or better under the A.M. Best Rating system or The Federal Treasury List.
Have any funds been expended by a surety company on your behalf? YesNo If yes, explain:
4. Het all currety companies that have provided hands for your company for the past fire (c) years

DateFirm			

explanation required if more than one company.

DateFirm

F.Insuran

r insurance running prequality, firms must indicate that they can provide evidence of insurance coverage as follows, should they subsequently be the successful bidder. Evidence of insurance in the required amounts can be provided.

 $I.\ Worker's\ Compensation\ insurance\ as\ required\ by\ law\ and\ Employer's\ Liability\ Insurance\ coverage\ with\ minimum\ limits\ of\ \$100,000.$

 General liability insurance with minimum limits of \$500,000 per occurrence for bodily injury and \$100,000 per occurrence/\$300,000 aggregate for property damage.

1. Builder's risk at the full insurable value of the entire work site.



Section I. Minimum Requirements (must meet min. requirements to proceed to next section)

Type of Company, work NC License and Limits Bonding Insurance



Note:Failure to answer all of the following questions may result in disqualification. If you have any questions, contact the person listed below under "Submitted to." The State agency/institution reserves the unqualified right to reject any or all proposals and to waive informalities. The State agency/institution has developed a plan to meet or exceed goals set by GS 143-128 for the participation of minority businesses in public construction contracts. Contractors are expected to be familiar with these initiatives and to comply with program requirements.

Due Date:(Date and Time) Submitted to:(Contact Name receiving prequalifying packages Agency/Institution Address City, NC Zip Code Phone number/E-mail address) Project Title:(Name of Project) Project Description:(Brief scope of work/description including dollar value) I.Minimum Requirements A.Firm's Name and Principal Office serving this project: (Company Name Address City, State Zip Code) (Contact Person: Telephone number: E-mail:) B.Type of Company (check one): ___ Corporation___ Individual___Partnership ___ Joint Venture___ Other (please specify):_ C.Type of Work (check one; file separately for each classification of work): General Construction ___ Mechanical ___ Plumbing __ Electrical___ Other (please specify):_



D.License D.License
North Carolina License Type (check):
General Construction Mechanical Plumbing
Electrical Other (please specify):
North Carolina License Number:
License Limitations or Level:
Exertse Limitations of Level
State/County/City Privilege License (provide copy):
E.Bonding
I.Attach letter, dated within the last 30 days, from your surety company or its agent licensed to do business in North Carolina, verifying your company's capability and capacity based on your current value of work for providing sufficient performance and payment bonds for this project. Surety company bond rating shall be rated "A" or better under the A.M. Best Rating system or The Federal Treasury List.
3. Have any funds been expended by a surety company on your behalf?Yes No If yes, explain:
4. List all surety companies that have provided bonds for your company for the past five (5) years, explanation required if more than one company.
 DateFirm
DateFirm
DateFirm
F.Insurance In order to prequalify, firms must indicate that they can provide evidence of insurance coverage as follows, should they subsequently be the successful bidder. Evidence of insurance in the required amounts can be provided.
I. Worker's Compensation insurance as required by law and Employer's Liability Insurance coverage with minimum limits of \$100,000.
2. General liability insurance with minimum limits of \$500,000 per occurrence for bodily injury and \$100,000 per occurrence/\$300,000 aggregate for property damage.
3. Builder's risk at the full insurable value of the entire work site.
Van Na



- a. List dato, State and type of Incorporation, partnership, or propriemeship establis

DateState/Type (incorporation, parmenhip/proprietorship)

List names of the firm principals appropriate to the type of the firm: Corporation: President, Vice-president, Secretary, Treasurer Partnership: Partners

4. Has your company ever performed construction work for the State of North Carolina and/or related public agencies and/or this specific agency/institution?

— Yes — No If yes, list the name of the agency, project, dellar value, owner and architect may and contact phone numbers, scheduled completion and actual completion dates fee all projects completed within the last five ISI years.

5. Has your organization been pro-qualified to bid on a State agency/institution project and failed to submit a bid?

If we, on a separate sheet list rame of project and reason you did not submit a bid.

- B.Sin; Capacity

 1. How many full-time permanent employees work for the company?
- If the company has more than one office location, how many full-time permanent employees work for the company at the location which will serve this project?

 $_{\rm S}$. List the annual dellar value of construction work the company has performed for each year over the last 5 calendar years.

- C. Office Locations

 1. If your company has multiple office locations, indicate the location of the principal place
- 2. If your company has multiple office locations, indicate the facultion that will service this

- E.Quality Central/Administration

 1. Describe quality control protestures, including contractor inspection and appeared processors, to be applied to this perject. List the most recent perject where these procedures were used, and provide owner and architect connect reasons and simplants mappless.

Prequalification Form Section II **General Requirements**



FFinanciale - Attach Keesi balance sheet and Income statement if available, based on company type. Audited statement preferred if not available, stach a copy of the latest annual renewal athention to the relevant licensing board. (If the must submit financial data and may clearly indicate a request for candidectable to avoid this item becoming port of a public record). Indicate Journal in Considered (wow dish com) rating if one exists:

lat any lines of credit, including the identification of the financial institution holding the credit line, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balances (must be within the last 30 days).

Note: As provided by statute, the [name of agency/nestimaten] will consider keeping trade secrets which the bidder does not wish direlated contributable. Each page shall be identified in biddline at the top and bottom; as "CONFIDENTIAL" by the bidder. Cost information whilm not be densel confidential, haspite of what is labeled as a trade secret, the determination whether it is or not will be determinated by North Carolina law.

G.Litigatim/Claims. If yes, list the projectio, dellar value, contact information for owner and architect, date of completion, explain the nature of the claim/delay (item a), and attach relevant documentation.

1.Has your company over failed to complete work awarded to it?
___Yes___No

a.Has your company ever fatled to substantially complete a project in a timely manner (i.e. more than 30% beyond the originally contracted, scheduled completion dust) — Yes — No

3.Has your company filed any claims with the North Carolina Office of State Construction within the last five years?

— Yes No

4. Has your company been involved in any suits or arbitration proceedings within the last five years? $_$ Yes $_$ No

5.Are there currently any judgments, claims, arbitration proceedings or suits pending or outstanding against your company, its officers, owners, or agains? ___Yes ___No 6-Has your present company, its officers, owners, or agents over been consisted of charges relating to conflicts of interest, bribery, or bid-rigging?

___Yes _____No

9. Has your present company, its ufficers, owners, or agents ever been barred from bidding public work in Nursh Carolina?
___Yex ___No If yes, explain.

H.Safety Record for the past three years:

List your company's Experience Modification Rate (EMR)

2. List your company's Incidence Recordable Rate (IRR)

3.List your company's Lost Day Case Rate (LDCR)

4.1f these rates reflect corporate performance over a number of locations, please explain, to the extent possible, the performance experience of the location serving this project.

 Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses?

2. What has been your company's typical percentage level of Historically

Underutilized Business participation for similar projects in this locale? _____%

List an example project including name, percentage achieved and owner representative's name and telephone number.



Section II. Requirements (must have 40 to proceed to Section III)

- Experience
- Size/Capacity
- Office Location(s)
- Workload
- Quality Control/Administration
- Financials
- Litigation/Claims
- Safety Record
- HUB Plan



II.General Requirements

A T7	
A.Expe	rience

T.DAPerience	
 Number of years in business as a contractor under the company name listed in I.A., above: years. List any other names your firm operated under previously. 	
2. List date, State and type of incorporation, partnership, or proprietorship establishment:	
DateState/Type (incorporation, partnership/proprietorship)	
3. List names of the firm principals appropriate to the type of the firm: Corporation: President, Vice-president, Secretary, Treasurer Partnership: Partners Proprietorship: Owner Other: List and explain	
4. Has your company ever performed construction work for the State of North Carolina and/or republic agencies and/or this specific agency/institution?	late
Yes No If yes, list the name of the agency, project, dollar value, owner and architect name and contact phone numbers, scheduled completion and actual completion dates for all projects completed within the last five (5) years.	es
5.Has your organization been pre-qualified to bid on a State agency/institution project and failed to submit a bid? Yes No)

If yes, on a separate sheet list name of project and reason you did not submit a bid.



B.Size/Capacity

- I. How many full-time permanent employees work for the company?
- 2. If the company has more than one office location, how many full-time permanent employees work for the company at the location which will serve this project?
- 3. List the annual dollar value of construction work the company has performed for each year over the last 5 calendar years.

C. Office Locations I. If your company has multiple office locations, indicate the location of the principal place of business (City/State/Country)
2. If your company has multiple office locations, indicate the location that will service the
(City/State/Country)
3. How many full-time permanent positions from your company will be located in North Carolina, and have payroll taxes paid in North Carolina?
of positions
D.Workload
. Il

- How many projects do you currently have under contract or in progress and what is their total dollar value? (#) of projects projects totaling \$__
- 2. List the three biggest contracts currently under contract or in progress, including the name of the project, owner and architect names and phone numbers, contract dollar values, percentage complete and currently anticipated completion dates.

E.Quality Control/Administration

- I. Describe quality control procedures, including contractor inspection and approval processes, to be applied to this project. List the most recent project where these procedures were used, and provide owner and architect contact names and telephone numbers.
- 2. Describe management plans for processing Requests for Information (RFI's), shop drawings, submittals, value engineering, change orders, proposals, and requests for deviations. Identify key personnel assigned to these or other special issues. Describe your approach to dispute and claims resolution.



F.Financials - 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. (Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item becoming part of a public record.) Indicate Dunn & Bradstreet (www.dnb.com) rating if one exists: Rating List any lines of credit, including the identification of the financial institution holding the credit line, contact name and phone number at the institution, current total line of credit, current balance available, and effective date of the stated balances (must be within the last 30 days). Note: As provided by statute, the [name of agency/institution] will consider keeping trade secrets which the bidder does not wish disclosed confidential. Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL" by the bidder. Cost information shall not be deemed confidential. In spite of what is labeled as a trade secret, the determination whether it is or not will be determined by North Carolina law. G.Litigation/Claims. If yes, list the project(s), dollar value, contact information for owner and architect, date of completion, explain the nature of the claim/delay (item 2), and attach relevant documentation. I. Has your company ever failed to complete work awarded to it? ___ Yes___ No 2. Has your company ever failed to substantially complete a project in a timely manner (i.e. more than 20% beyond the originally contracted, scheduled completion date)? ___ Yes ___ No 3. Has your company filed any claims with the North Carolina Office of State Construction within the last five years? ____ Yes ____ No 4. Has your company been involved in any suits or arbitration proceedings within the last five years? ____ Yes ____ No 5. Are there currently any judgments, claims, arbitration proceedings or suits pending or outstanding against your company, its officers, owners, or agents? ____ Yes ____ No 6. 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 7. Has your present company, its officers, owners, or agents ever been barred from bidding public work in North Carolina? ____ Yes ____ No If yes, explain.



H.Safety Record for the past three years: I. List your company's Experience Modification Rate (EMR) rate 2.List your company's Incidence Recordable Rate (IRR) rate 3.List your company's Lost Day Case Rate (LDCR) rate 4.If these rates reflect corporate performance over a number of locations, please explain, to the extent possible, the performance experience of the location serving this project. I.HUB Plan I. Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses? Yes No

2. What has been your company's typical percentage level of Historically Underutilized Business participation for similar projects in this locale? _____%

List an example project including name, percentage achieved and owner representative's name and telephone number.



Prequalification Form Section III Specific Requirements

11. Project-Specific Regalmenents

A. Trighet-Openife Redirences - Descenting reject references were requested in section II. A. (a) hand on a "Poli of species, and II. In. a) "Four selecting at least time system work closely affecting the size and complexity of the type of work being requested for the currently proposed pages. The small property about the completed works the last continuing and at least one or of which within the last free (i) perus. Includin:

The state of the project
 Dollar value for original and final contract
 Dollar value for original and final contract

Scheduled and actual completion data:
 A numerity describing the project and its similarity to the proposed. project

Performance on this project.
 Any performance rating or letter of commondation from the owner.

If this information is already reflected in responses to earlier sections, please simply ideas

3. Staffing and Organisational Street

3. Provide organizational structure reflecting authority, responsibility and proportion of trace deduced to this project for all key processed and job decorptions. As attacheness, teached qualifications incomes of the project can be approximately as proposed to the impaint to the project. For each reasonable to the apparent to the project. For each reasonable to the analysis of time employed with year company proposed position, of almost on an affirming professional implication of foreign, and

3. You just to specify the fill Superiors of Project specific regularyment history is requested for key personnel for excellar poperty performed within the flast free years. In the emission which include project size and discreption, come and tending performance, position hold, archively and responsibilitions, contributions reads to persject section, and include coveral/melliset consecution with prices incuration. They does not status. They discredit the layer personal how workflad they considered the section of the personal networks.

 Staff Availability - Are key personnel also proposed on any other projects for which hidding and contracting to pending?

f yex, describe general availability and qualifications of potential substitutes.

N/Signitur

By dipite the decurrent, years an acknowledging that all scenario and man is of the ord sprare leaves and the service.

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Section III. Project-Specific Requirements

- References for similar project work
- Staffing and Org Structure
- Unique project requirements determined by Owner (not requested in previous questions)



III.Project-Specific Requirements

- A. Project-Specific References [General project references were requested in section II. A. 4., based on a "Yes" response, and II. D. 2.] Please identify at least three projects most closely reflecting the size and complexity of the type of work being requested for the currently proposed project. The similar projects should be completed within the last ten (10) years and at least one of which within the last five (5) years. Include:
- 1. The name of the project
- 2. Dollar value for original and final contract
- 3. Scheduled and actual completion dates
- 4. A narrative describing the project and its similarity to the proposed project
- 5. Performance on this project
- 6. Any performance rating or letter of commendation from the owner
- 7. Contact information for owner and architect

If this information is already reflected in responses to earlier sections, please simply identify the relevant projects and detailed information.

- B. Staffing and Organizational Structure
- T. Provide organizational structure reflecting authority, responsibility and proportion of time dedicated to this project for all key personnel and job descriptions. As attachments, include qualifications (resumes) of the project team key personnel to be assigned to this project. For each resume, include name, length of time employed with your company, proposed position, education and training, professional registrations/ licenses, and affiliations, company and project-specific employment history.
- 2. Project-specific Staff Experience Project-specific employment history is requested for key personnel for similar projects performed within the last five years. Information should include project size and description, time and budget performance, position held, authority and responsibilities, contributions made to project success, and include owner/architect contacts with phone numbers. Provide evidence that the key personnel have worked together successfully as a team.

Staff Availability - Are key personnel	l also proposed	l on any other	r projects to	r whicl
bidding and contracting is pending?				
Yes No				

If yes, describe general availability and qualifications of potential substitutes.

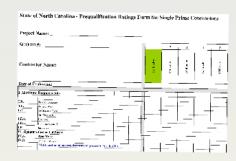
C. [This section reflects any further project-specific or unique project requirements, such as clean room, hospital/medical, prison, LEED certification, construction recycling, schedule constraints, etc. DO NOT REPEAT ABOVE QUESTIONS.]

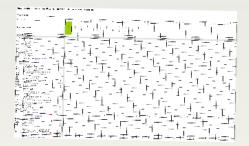


IV.Signature
By signing this document, you are acknowledging that all answers are true to the best of your knowledge.
A.Dated this day of:
Submitted by:(Name of Contractor's Contact) Company Name (as licensed in NC) Address City State Zin Code
City, State Zip Code
Phone: (Contact person's phone number)
E-mail: (Contact person's e-mail address)
Signature: By Authorized Officer
Title of Authorized officer (typed)
B.NOTARY CERTIFICATION
North Carolina County
l, 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 Seal or Stamp Notary Public
My commission expires , 20 .



Yes, There is A Grade





II. Cores	(Example)					
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State of North Carolina - Prequalification Ratings Form for Single Prime Contractors

Project N	(ame:																													
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I. Minimun	Requirements																												\Box	
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H.A.1 H.A.4 H.A.5.	d Survey Communics in pool 5 ye of years under our next time 0.5 yes (1) OR above 5 yes (2) Therefore would for State of NC (composite) Proqualified and failed in submit hid was access (No-2, Yes, witgood consert.) Yes, wideo (consert.)		3 2 3			_																_								
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III. Project	(Must have 40 to proceed to Section III.) Specific Regularments			Ě						_															_					
III. A. III.B.1. III.B.2. III.B.3.	Nove at Apostac References Staff Qualifications A next assertion staff exportance Staff social-dility Specific or Unique Restationness respond tare to the apost social-dility		5 5 5		_							_				-						-					_			
ш.с.	primes consistent with any additions to the pregnal form. If no specific expringer requirements are nine, more all points to 111.A.; Subtotal TOTAL POINTS	50	15 50 100		0	0	b 0	0	0	0	0 II	0	0	0	0	0	0	0	0	0	0	0	U	0		0	0	0	0	0
Ĭ	All scores 90 and above will be prequalified.																													



State of North Carolina - Prequalification Ratings Form for Single Prime Contractors

Project	t Name:							
SCO ID #:			_ 1	1	2	3	4	5
Contra	actor Name:			contractor	contractor	contractor	contractor	contractor
Date of 1	Evaluation:							
					<u> </u>	1	ı	1
I. Minim	um Requirements							
I.B.	Type of Company							
1.C.	Type of Work							
I.D.	NC License Type							
	NC License #							
I.E.1.	Bonding							
I.E.2.	Bonding Capacity							
I.F.	Insurance							
IV. Signat	ture (See end of form)							
IV.A.	Signed/Dated							
IV.B.	Notary Certification							
	(Must meet minimum requirements to proceed to Section	II.)						

	_							
II. General l	Requirements							
	•							
I.E.3.	Funds Expended by Surety?		3					
I.E.4.	# Surety Companies in past 5 yrs		3					
II.A.1	# years under current name 0-5 yrs (1) OR above 5 yrs (2)		2					
II.A.4.	Previous work for State of NC (range 0-3)		3					
II.A.5.	Prequalified and failed to submit bid w/o cause (No=2, Yes, w/good cause=2, Yes, w/o cause=0)		2					
II.B.1.	# FTE's		2					
II.B.2.	# FTE's at office location serving project		2					
II.B.3.	annual \$\$ value for each of last 5 years		2					
II.C.1.	Principal business location (in NC=1, outside NC=0)		1					
II.C.2.	Project Office in NC (0-2)		2					
II.C.3.	# FTE's located in NC (range 0-2)		2					
II.D.12.	#/\$ value projects under contract		1					
II.E.1	QC Admin processes		3					
II.E.2.	RFI management plan		2					
II.F.	Financials - Listed/attached		1					
II.G.1.	Completed all construction contracts		1					
II.G.2.	Completed all projects on schedule (Yes=2, No, w/good cause=2, No, w/o cause=0)		2					
II.G.3.	Filed claim(s) w/SCO in past 5 yrs (No=2, Yes, w/good cause=2, Yes, w/o cause=0)		2					
II.G.4.	Suits or arbitration in past 5 yrs (No=2, Yes, w/good cause=2, Yes, w/o cause=0)		2					
II.G.5.	Judgments against company (No=2, Yes=0)		2					
II.G.6.	Convicted of charges		2					
II.G.7	Barred from bidding		2					
, ,	EMR rate less than/equal 1, IRR rate less than 4, LDCR rate less than 0.8		3					
II.I.1.	HUB Plan		1					
II.I.2.	Typical % HUB participation listed		2					
	Subtotal	50	50	0	0	0	0	0
PR	(Must have 40 to proceed to Section III.)							

III. Project Sp	pecific Requirements								
III. A.	Project-Specific References		20			s	95		
III.B.1.	Staff Qualifications		5						
III.B.2.	Project specific staff experience		5						
III.B.3.	Staff availability		5						
	Specific or Unique Requirements (expand line items and distribute points consistent with any additions to the prequal form. If no specific or unique requirements required, move all points to 111.A.)		15						
	Subtotal	50	50		0	0	0	0	0
	TOTAL POINTS		100		0	0	0	0	0

All scores 90 and above will be prequalified.



State of North Carolina - Prequalification Ratings Form for Single Prime Contractors

Project N	łame:		_																										
SCO ID	#:		1	2.	-3	4	5	6	7	8	9	10	Ш	12	13	14	15	16	17	18	19	20	21	2.2	23	24	25	.26	27
Contractor Name:		contractor	rotanactor	contrastor	contractor	contractor	contractor	contractor	contractor	contractor	contractor	contractor	contractor																
Date of Ev	aluation:																												
I. Minimun	Requirements		\blacksquare	1	=	=																						\Box	
LB. LC. LD.	Type of Company Type of Company NC Literace Type																												
LE.L. LE.2. LF.	NC Horison V Conding Sonding Capacity (monormy																												
	e (See end of form) Signal/Datal Notary Certification																												
II. General	(Must meet minimum requirements to proceed to Section II.) Requirements	1																											
LEA. LEA. H.A.I	Funds Expended by Sunny? # Supply Companies in read 5 yrs U years under current name 0.5 ws (1) OR above 5 ws (2)	1 3 2																											
H.A.4. H.A.5. H.B.1.	Previous work for State of NC (range 9-3). Prayant 5.4 and falled to submit below cause (No-2, Yes, original course 2, Yes, wis cause 3). P ITES.	3 2 2																											
H.B.3. H.C.1.	CFDN at affice location serving project stratus M value for each of ass 5 years Principe, Eustrees Tocation (In NC-1, outside NC-6)	2 2 1																											
II.C.2. II.C.3. II.D.12. II.I.(1	Project Office in NC (0-2) PPUS secreted in NC (page 0-2) Cost value periper conduct or other in QC Author processes	2 1	_		+																								
П.Е.2. П.Р. П.G.1.	BEF ususyment ston Financials - f. snalbutschol Completed all construction contracts	2 1																											
H.G.2. H.G.3.	Completed all gropers on schedule (Yes-2, No. wigood cause-2, No. with cause-0). Final dia m(s) with O in past 5 yrs (Nim2, Yes, wigood cause-2, Yes, with cause-0).	2.																			,								
H.G.4. H.G.5. H.G.6.	Suns or arbitration in part 5 vs. (No=2, Yes, wegood crass=2, Yes, two emiss=0). J. digments agains, company (No=2, Yes=0). Convious of or causes	2 3 2																											
II.G.7 II.H.I. 2. 3 II.I.I.	Constituted ing EMR are becoming until 1, IRR rate has then 4.1 DCR rate has then CS HUB Flan HUB Flan	3																											
11.1.2.	Tyrical 4-ITUB regicipation based Subtratal	50 50		D	n	0	0	0	0	0	0	0	0	D	n	n	0	0	n	n	n	0	Ö	D	n	q	Ö	D	n
III. Project S	Specific Requirements Frager Specific References	20			+	 																						\vdash	
П.В.1. П.В.2. П.В.3.	Stof: Qualifications Project specific staff experience Stof: available 5	5 5																											
III.C.	Specific or Lit que Requirements (expand line items and distribute points assistant with any additions to the group of Sens. If no section or major requirements sequently not all promise to LLLA.)	15																											
	Subtotal TOTAL POINTS	50 50	0 0	0	0	0	0	0	0	n 0	0	0	0	0	D D	0	0	0	D 0	0	0	0	0	0	D 0	0	0	0	D 0
ľ	All scores 90 and above will be prequalified.	100		, ,																									



Questions?



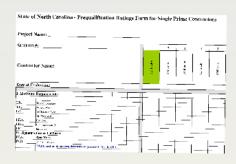
State Construction Conference Website

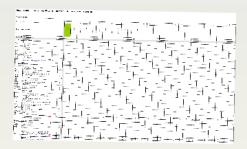
State of North Carolina Prequalification for Single Prime Contractors

www.nc-sco.com/Guidelines/guide.htm



Yes, There is A Grade





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