**Notice to all Subcontractors: This Part B may be used as a project specific “short form” supplement to the prequalification process, ONLY IF, said Subcontractor has submitted to the CMAR a “Complete” Master Prequalification Package Part A during the July 1 to June 30 fiscal year period of the project specific prequal advertisement**

Subcontractor hereby agrees that the “complete” Master prequal Part A submitted to the CMAR dated \_\_ /\_\_ /20\_\_\_ remains in good standing for the overall accuracy of the subcontractor for the fiscal period.  Yes  No If no, explain the material changes to safety, leadership or ownership, company size, licenses, type of work performed, financials, bonding, insurances, litigation, etc.:

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

(if changes are substantial to complete evaluate prequal, the CMAR may require Subcontractor to submit an updated Master Prequal and reject this supplement)

**1. Information**

1.a. Name of Project Advertised: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.b. Subcontractor Full Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 1.b.1 Primary Contact Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.b.2 Primary Contact Phone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.b.3 Primary Contact email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1.c. Check the Boxes on the Attached Exhibit 1 (Listing of Bid Packages) to indicate which Bid Packages this Subcontractor is requesting to Prequalify for on this Project and return with Prequalification Part B.

1.d. Does Subcontractor intend to Partner or Joint Venture with another Subcontractor for this Project:  Yes  No

If yes, list the Companies involved and their applicable participating percentage: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**2. Updated Company Information (from Part A; Master Prequalification Form)**

2. a. Update your Current Backlog $ \_\_\_\_\_\_\_\_ (unearned revenue as of date of this supplement)

2. b. Attach updated Bonding letter from your Surety if anticipated Bid Package will exceed $300,000. Letter shall be dated within the last 30 days. Have you attached a surety letter?  Yes  No

2.c. Attach a list to Part B of all the Projects working with the CM at Risk of the Project in the last 5 years

**3. Project Specifics**

**3.a.** The assigned project superintendent for this project shall be: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Include a resume. Have you included a resume?  Yes  No

**3.b**. Experience of the superintendent on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

**3.c.** The assigned project manager for this project shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. Include a resume. Have you included a resume?  Yes  No

**3.d**. Experience of the project manager on this specific type of project is: \_\_\_ 0-2 \_\_\_ 3-4 \_\_\_ 5-10 \_\_\_ >10 years.

**3.e. List three (3) current or completed projects of similar type which most closely reflects the size and complexity of the type of work being requested for the currently proposed project within the last 5 years.**

|  |  |
| --- | --- |
| **#1 –Similar Project Name (Size / Scope / over 50% Competed)** |  |
| Description of Work Performed |  |
| Completion Date (or expected) |  |
| 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  |  |
| Percentage Complete  |  |
| HUB Percentage Achieved |  |
| **#2 –Similar Project Name (Size / Scope / over 50% Competed)** |  |
| Description of Work Performed |  |
| Completion Date (or expected) |  |
| 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  |  |
| Percentage Complete |  |
| HUB Percentage Achieved |  |
|  **#3 –Similar Project Name (Size / Scope / over 50% Competed)** |  |
| Description of Work Performed |  |
| Completion Date (or expected) |  |
| 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  |  |
| Percentage Complete  |  |
| HUB Percentage Achieved |  |

**3.f.** Labor Resources for this project

 3.f.1 What is total number of craft employees does Subcontractor employee for Bid Packages requesting:

 3.f.1.a = supervisors and foreman = \_\_\_\_\_\_\_\_\_each

3.f.1.b = skilled tradesman = \_\_\_\_\_\_\_\_\_each

3.f.1.3 = unskilled tradesman = \_\_\_\_\_\_\_\_\_each

3.f.2 What is percentage of anticipated self perform work with own forces vs. subcontracting to lower tiers: \_\_\_\_% self perform with inhouse labor; \_\_\_\_% to outsource ready labor; \_\_\_\_% lower tier subcontract;

**4. Signatures**

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.**

Dated this day of:

Submitted by: \_\_\_

 Signature By Authorized Officer Print Title of Authorized Officer

**5. Scoring Matrix for Part A plus Part B**

See Exhibit 2; CM at Risk Subcontractor scoring Matrix

Exhibit 1

List of Proposed Bid Packages

Name of Project:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Project Value: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Project Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Project Completion Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check Box Bid Package Bid Package Description Bid Package

Seeking Number Estimated

Prequal Value

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