**Prequalification for Single Prime Contractors** 

# [Owner's Instructions to Fill Out Matrix]

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 D	ate:	(Date and Time)
Submi	itted to	(Contact Name receiving prequalifying packages Agency/Institution Address City, NC Zip Code Phone number/E-mail address)
Projec	ct Title:	(Name of Project)
Projec	ct Desci	ription: (Brief scope of work/description including dollar value)
I. Minimum Requirements		num Requirements
	A.	Firm's Name and Principal Office serving this project:
	В.	(Company Name Address City, State Zip Code)  (Contact Person: Telephone number: E-mail:)  Type of Company (check one): Corporation Individual Partnership  Joint Venture Other (please specify): [Matrix: Enter type of company. If information not provided in proposal, proposal is non-responsive and do not consider for prequalification.]

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C.	Type of Work (check one; file separately for each classification of work):				
	General Construction Mechanical Plumbing				
	Electrical Other (please specify): [Matrix: Enter type of work. If information not provided in proposal, proposal is non-responsive and do not consider for pre-qualification.]				
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):  [Matrix: Enter type of license. If information not provided in proposal or license does not meet requirement, proposal is non-responsive and do not consider for pre-qualification.]				
E.	Bonding				
	1. 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.  [Matrix: Y/N. If information not provided in proposal, proposal is non-responsive and do not consider for pre-qualification.]				
	3. Have any funds been expended by a surety company on your behalf? YesNo If yes, explain:  [Matrix: 0-3 points. If "No", give 3 full points. If "Yes", give 0-2 points based on explanation.]				

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		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.		
		Date Firm		
		Date Firm		
		Date Firm [Matrix: 0-3 points. If same Surety over past 5 years, or multiple companies with good cause, give 3 full points. If not, give 0-2 points based on number of different firms used.]		
	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.		
		1. 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.		
		YesNo [Matrix: Y/N. If information not provided in proposal or insurance does not meet requirement, proposal is non-responsive and do not consider for pre-qualification.]		
II.	Gener	ral Requirements		
	A.	Experience		
		<ol> <li>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.  [Matrix: 0-2 points. If number of years under current name is greater than 5 years, give 2 full points. If 0-5 years, give 1 point.]</li> </ol>		

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	Date State/Type (incorporation, partnership/proprietorship)
[N	o points required.]
	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 o points required.]
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, dollar value, owner and architect names and contact phone numbers, scheduled completion and actual completion dates for all projects completed within the last five (5) years.  [Matrix: 0-3 points. If have previous experience with the State Construction Office or UNC System, give 3 full points. If not, git 1-2 points based on related work performed in NC (public or private). Give 0 points if no work in NC.]
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 no submit a bid.
	latrix: 0-2 points. If "No", give 2 full points. If "Yes with good use", give 2 points. If "Yes without good cause", give 0 points.]
1. [M em	ze/Capacity How many full-time permanent employees work for the company? [atrix: 0-2 points. Give 0-2 points based on number of permanent aployees and overall resources available for size of the project and onling capacity required.]
per ser	If the company has more than one office location, how many full-time rmanent employees work for the company at the location which will eve this project?  [atrix: 0-2 points. Give 0-2 points based on number of permanent aployees and overall resources available at serving office location.

B.

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3. List the annual dollar value of construction work the company has

performed for each year over the last 5 calendar years. [Matrix: 0-2 points. Give 0-2 points based on average dollar value stated.] C. Office Locations 1. If your company has multiple office locations, indicate the location of the principal place of business. (City/State/Country) [Matrix: 0 or 1 points. Give 0 points if Home Office is outside NC. Give 1 point if Home Office is inside NC.] 2. If your company has multiple office locations, indicate the location that will service this project (City/State/Country) [Matrix: 0 or 2 points. 2 points are allocated to appropriate proximity and characteristics of the office serving the project.] 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 [Matrix: 0-2 points. Give 0 points if no FTE's located in NC. Give 0-2 points based on # FTE's located in NC and what you feel is required to support the project.] Workload D. 1. 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. [Matrix: 0 or 1 point. Give 0 points if current workload is too heavy. Give 1 point if company can handle this project in addition to current

E. Quality Control/Administration

workload.]

1. Describe quality control procedures, including contractor inspection and approval processes, to be applied to this project. List the most

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recent project where these procedures were used, and provide owner and architect contact names and telephone numbers.

[Matrix: 0 or 3 points. Give 0 points if information is not provided or description is inadequate. Give 3 points if description is adequate.]

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.

[Matrix: 0 or 2 points. Give 0 points if information is not provided or description is inadequate. Give 2 points if description is adequate.]

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.

[Matrix: 0 or 1 point. Give 0 points if information is not provided or is inadequate. Give 1 point if description is adequate.]

- 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.
  - Has your company ever failed to complete work awarded to it?
     Yes \_\_\_ No
     Matrix: 0 or 1 point. If "Yes", give 0 points. If "No", give 1 point.]

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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					
[Matrix: 0-2 points. If "Yes" without good cause, give 0 points. If "Yes" with good cause, give 2 points. If "No", give 2 points.]					
3. Has your company filed any claims with the North Carolina Office of State Construction within the last five years? Yes No [Matrix: 0-2 points. If "Yes" without good cause, give 0 points. If "Yes" with good cause, give 2 points. If "No", give 2 points.]					
4. Has your company been involved in any suits or arbitration proceedings within the last five years? Yes No [Matrix: 0-2 points. If "Yes" without good cause, give 0 points. If "Yes" with good cause, give 2 points. If "No", give 2 points.]					
5. Are there currently any judgments, claims, arbitration proceedings or suits pending or outstanding against your company, its officers, owners, or agents? Yes No [Matrix: 0-2 points. If "Yes" without good cause, give 0 points. If "Yes" with good cause, give 2 points. If "No", give 2 points.]					
6. Has your present company, its officers, owners, or agents ever been convicted of charges relating to conflicts of interest, bribery, or bidrigging? Yes No					
[Matrix: 0 or 2 points. If "Yes", give 0 points. If "No", 2 points.]					
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.					
[Matrix: 0 or 2 points. If "Yes", give 0 points. If "No", 2 points.]					
Safety Record for the past three years:  1. 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)					
rate					

H.

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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.

[Matrix: 0 or 3 points. If EMR is <= 1.00, IRR is < 4.00, or LCDR is < 0.80, give full 3 points. If not, give 0 points.]

#### I. HUB Plan

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

\_\_\_ Yes \_\_\_ No [Matrix: 0 or 1 point. If "Yes", give 1 point. If "No", give 0 points.]

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.

[Matrix: 0 or 2 points. If information provided, give 2 points. If information is not provided, give 0 points. To get a point, not all HUB % listed need to be over 10%.]

#### **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.

[Matrix: 0-20 points. Based on the information provided for each project; including the above stated criteria, references contacted or

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the Owning Agency's direct experience with the company, give 0-20 points.]

- B. Staffing and Organizational Structure
  - 1. <u>Staff Qualifications</u> Describe how your firm would staff the project. 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.

[Matrix: 0-5 points. Based on the information provided for each personnel; including the above stated criteria, references contacted or the Owning Agency's direct experience with the personnel, give 0-5 points. Owning agency may choose to request the firm to substitute personnel if it is felt he/she is not a good fit for the project.]

- 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. [Matrix: 0-5 points. Based on the information provided for each personnel; including the above stated criteria, references contacted or the Owning Agency's direct experience with the personnel, give 0-5 points. Owning agency may choose to request the firm to substitute personnel if it is felt he/she is not a good fit for the project.]
- Staff Availability Are key personnel also proposed on any other projects for which bidding and contracting is pending?

  \_\_\_\_ Yes \_\_\_\_ No

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

[Matrix: 0-5 points. Based on the information provided for each personnel, give 0-5 points. Owning agency may choose to request

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the firm to substitute personnel if it is felt he/she is not a good fit for the project.]

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.]

[Matrix: 0-15 points. Based on the information provided for each project specific requirement, give 0-15 points.]

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# 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 Zip Code				
	Phone: (Contact p	person's phone number)				
	E-mail: (Contact)	person's e-mail address)				
	Signature:	By Authorized Officer				
		Title of Authorized officer (typed)				
B.	NOTARY CERT	TIFICATION				
	rth Carolina	County				
I, a	personally appear	the County and State aforesaid, certify that, red before me this day and acknowledged the execution of the ment. Witness my hand and official seal, this the day, 20				
Off	ficial Seal or Stam	Notary Public				
Му	commission exp	ires, 20				