

# State of North Carolina

### Prequalification for Single Prime Contractors

**Failure to answer** all of the following questions may result in disqualification. If general contractor has any questions, contact the person listed below under “Submitted to.” Completing this questionnaire does not guarantee prequalification. 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.

### Explanation of Pre-Qualification Selections:

Should a contractor want an explanation of their submittal's non-prequalified status on an individual project, they should contact the owner in writing (email is sufficient) for an explanation within 3 business days of notification of the prequalified contractor's list.

**PREQUALIFICATION DUE DATE/TIME:** May, 9 2011 12:00pm  
(date) (time)

|                                                      |                     |
|------------------------------------------------------|---------------------|
| <b>Submitted to:</b> <u>Greg McClure, AIA</u>        |                     |
| <u>Contact Name receiving prequalifying packages</u> |                     |
| <u>CJMW Architecture</u>                             |                     |
| <u>Agency/Institution</u>                            |                     |
| <u>119 Brookstown Ave.</u>                           |                     |
| <u>Address</u>                                       |                     |
| <u>Address</u>                                       |                     |
| <u>Winston-Salem, NC 27101</u>                       |                     |
| <u>City/State Zip Code + 4</u>                       |                     |
| <u>336-724-1503</u>                                  | <u>336-724-3161</u> |
| <u>Phone number</u>                                  | <u>Fax Number</u>   |
| <u>greg.mcclure@cjmw.com</u>                         |                     |
| <u>E-mail address</u>                                |                     |

**Project:** North Carolina State Bar Headquarters  
Name of Project

North Carolina State Bar  
Project Owner

Greg McClure, AIA  
Project Architect

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

The project scope consists of a single building 'L' shaped building consisting of three main elements; a wing to the North along N. Blount Street, a cylindrical entry rotunda element and a wing to the East along Edenton Street. Multiple programmatic functions will be housed in the building, including Courtrooms/Multi-purpose Meeting Rooms, Executive Offices, Offices of the Counsel, small conference rooms, and supporting building services.

The building will be four (4) floors and approximately 61,168 square feet in size located on the southwest corner of the block adjacent to Blount Street and Edenton Street. The first floor will contain the main building lobby, office space for both Lawyer's and Attorney Client Assistance Programs, IT server room and offices, unassigned tenant space, mechanical & electrical space, print shop, storage, and fitness space. The second floor will contain the large and small courtrooms/multi-purpose meeting spaces, conference space, catering and storage. The third floor will contain office space for the attorneys and investigators. The fourth floor will contain the executive and administrative offices.

The exterior building materials will consist of cast stone masonry units with architectural precast window surrounds, lintels, accent panels and Corinthian columns; the upper cornice will be of glass reinforced concrete panels (GFRC); aluminum fixed glazing systems with historic profiles and simulated divided lites. A large two story high balcony off of the second floor will face N. Blount Street.

The roof will be a low slope roof with modified bitumen roof system. Some items on the roof top include mechanical equipment and three (3) gabled skylights. The stair at the North-East corner of the building will extend to the roof for service access.

The interior construction will be non-combustible metal stud framing at 16" o.c. with gypsum board. There will be wood trim accents in the building lobby, and in the courtrooms and open central space on the second floor. The rotunda lobby will be a two story space with a circular opening in the second floor slab. There will be an opening in the fourth floor under the central skylight to allow daylight down into the third floor office area.

The project is pursuing LEED Gold under the LEED-NC 2009

The estimated project cost is for construction is \$15,000,000.

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**Section 1. MINIMUM REQUIREMENTS**

[Matrix: There are no points assigned for responses in Section 1 or Section 4, signature page.]

**1. a. General Company information (Primary/Main office location)**

\_\_\_\_\_  
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

**Organization**

**1. b. Business type** (check box) ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor ☐ Joint

[Matrix: Enter type of business.]

Venture

**1. c. Type of Work** (check box) ☐ General Construction ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Other (please specify)

[Matrix: Enter type of business.]

**1. d. Licensing information** (Please provide all North Carolina professional licenses required for you to perform your services.)

**NC License Type** (check box) ☐ General Construction ☐ Electrical ☐ Mechanical ☐ Plumbing ☐ Other (please specify)

[Matrix: Enter type of license.]

| <u>NC License number</u> | <u>License Limit/Level</u> | <u>State/County/City Privilege License (provide copy)</u> |
|--------------------------|----------------------------|-----------------------------------------------------------|
|--------------------------|----------------------------|-----------------------------------------------------------|

|       |       |       |
|-------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

[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.]

**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 or its agent licensed to do business in North Carolina, and verifying your company's capability and capacity based on your current value of work. 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

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[Matrix: Y/N. If information not provided in proposal, proposal is non-responsive and do not consider for pre-qualification.]

1. e. (2) Have any funds been expended by a surety company on your firm's behalf? ☐ Yes ☐ No If yes, explain:

[Matrix: If "Yes," without explanation given, proposal is non-responsive and do not consider for pre-qualification.]

1. e. (3) List all surety companies that have provided bonds for your company for the past five (5) years, provide explanation, required, if more than one company.

|      |      |        |
|------|------|--------|
| Date | Firm | Reason |
| Date | Firm | Reason |
| Date | Firm | Reason |

[Matrix: If "Yes," with no explanation given, proposal is non-responsive and do not consider for pre-qualification.]

### Litigation/Claims

1. f. (1) Has your company been involved in any suits or arbitration proceedings within the last five years? ☐ No ☐ Yes If yes, please explain:

[Matrix: If "Yes," with no explanation given, proposal is non-responsive and do not consider for pre-qualification.]

1. f. (2) Are there currently any judgments, claims, arbitration proceedings or suits involving Owners pending or outstanding against your company, its officers, owners, or agents? ☐ No ☐ Yes If yes, please explain:

[Matrix: If "Yes," with no explanation given, proposal is non-responsive and do not consider for pre-qualification.]

### Insurance

1. g.

In order to prequalify, firms must indicate that they can provide evidence of insurance coverage as follows, should they subsequently be the successful bidder. Have you attached a copy of your insurance certificate? ☐ Yes ☐ No

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

[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.]

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**Size/Capacity**

**1. h. (1)** How many full-time permanent employees work for the company? \_\_\_\_\_

**1. h. (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? \_\_\_\_\_

**1. h. (3)** List the annual dollar value of construction work the company has performed for each year over the last 5 calendar years (if applicable).

|             |             |             |             |             |
|-------------|-------------|-------------|-------------|-------------|
| 1 _____(yr) | 2 _____(yr) | 3 _____(yr) | 4 _____(yr) | 5 _____(yr) |
|-------------|-------------|-------------|-------------|-------------|

[Matrix: If information not provided, proposal is non-responsive and do not consider for pre-qualification. Evaluate previous dollar volume with regard to current project. Contractor's comments in Section 3 should be considered in evaluation process. May be less than 5 years if company has not been in existence for that long.]

**Section 2. GENERAL REQUIREMENTS**

**Experience**

**2. a. (1)** Number of years in business as a contractor under the company name listed in 1.a., above: \_\_\_\_\_ years.  
List any other names your firm operated under previously.

|   |   |   |   |   |
|---|---|---|---|---|
| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

[Matrix: 2-5 points. If number of years under current name is greater than 5 years, give 5 full points. If 0-5 years, give 2 points.]

**2. a. (2)** List date, State and type of incorporation, partnership, or proprietorship establishment:

|       |                                                        |
|-------|--------------------------------------------------------|
| _____ | _____                                                  |
| Date  | State/Type (incorporation, partnership/proprietorship) |

[No points required.]

**2. a. (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*

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

Title: \_\_\_\_\_ Full Name: \_\_\_\_\_ Yrs Service: \_\_\_\_\_

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[No points required.]

**2. a. (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 to ten (5-10) years.

| State/Public Agency | Project Name | Dollar Value | Owner Agency Contact Info | Architect Contact Info | Scheduled-Actual Completion Date |
|---------------------|--------------|--------------|---------------------------|------------------------|----------------------------------|
|                     |              |              |                           |                        |                                  |
|                     |              |              |                           |                        |                                  |
|                     |              |              |                           |                        |                                  |
|                     |              |              |                           |                        |                                  |
|                     |              |              |                           |                        |                                  |
|                     |              |              |                           |                        |                                  |
|                     |              |              |                           |                        |                                  |

[Matrix: 0-5 points. If have previous experience with the State Construction Office or UNC System, give 5 full points. If not, give 3-4 points based on related public work performed in NC, 1-2 points based on related private work performed in NC. Give 0 points if no work in NC.]

**2. a. (5)** Has your organization been pre-qualified to bid on a State agency/institution project and failed to submit a bid without notice of good cause a minimum of one day before bid date? ☐ Yes ☐ No If yes, on a separate sheet list name of project and reason you did not submit a bid.

[Matrix: 0-2 points. If “No,” give 2 full points. If “Yes with good cause,” give 2 points. If “Yes without good cause,” give 0 points.]

### 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 or 5 points. If “Yes,” give 5 points, If “No,” give 0 points.]

### Workload

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**2. c. (1)** 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)

**2. c. (2)** List the three biggest contracts currently under contract or in progress, including for each, 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. (Consider annual dollar volumes listed in question 1. h. (3).) Give 1 point if company can handle this project in addition to current workload.]**

|                                     |  |
|-------------------------------------|--|
| <b>#1 –Project Name</b>             |  |
| Description of Work Performed       |  |
| Owner Name/ Representative          |  |
| Owner Address/Phone #/Email         |  |
| Architect Name/Representative       |  |
| Architect Address/Phone #/Email     |  |
| Contract Dollar Value               |  |
| Percentage Complete                 |  |
| Current Anticipated Completion Date |  |

|                                     |  |
|-------------------------------------|--|
| <b>#2 –Project Name</b>             |  |
| Description of Work Performed       |  |
| Owner Name/ Representative          |  |
| Owner Address/Phone #               |  |
| Architect Name/Representative       |  |
| Architect Address/Phone #/Email     |  |
| Contract Dollar Value               |  |
| Percentage Complete                 |  |
| Current Anticipated Completion Date |  |

|                               |  |
|-------------------------------|--|
| <b>#3 –Project Name</b>       |  |
| Description of Work Performed |  |
| Owner Name/ Representative    |  |

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|                                     |  |
|-------------------------------------|--|
| Owner Address/Phone #               |  |
| Architect Name/Representative       |  |
| Architect Address/Phone #/Email     |  |
| Contract Dollar Value               |  |
| Percentage Complete                 |  |
| Current Anticipated Completion Date |  |

### Quality Control/Administration

**2. d. (1)** Describe quality control procedures, including contractor inspection and approval processes. List the most recent project where these procedures were used, and provide owner and architect contact names and telephone numbers.

**[Matrix: 0 or 5 points. Give 0 points if information is not provided or description is inadequate. Give 5 points if description is adequate. Check experience with references.]**

|                                   |  |
|-----------------------------------|--|
| <b>Quality Control Procedures</b> |  |
| Project Name                      |  |
| Owner Name/ Representative        |  |
| Owner Address/Phone #             |  |
| Architect Name/Representative     |  |
| Architect Address/Phone #/Email   |  |
| Contractor Inspection Process     |  |
| Approval Process                  |  |

**2. d. (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 4 points. Give 0 points if information is not provided or description is inadequate. Give 4 points if description is adequate. Check experience with references.]**

|                                  |  |
|----------------------------------|--|
| <b>Management Plan Process</b>   |  |
| Name of Key Personnel            |  |
| Requests for Information (RFI's) |  |
| Shop Drawings                    |  |
| Submittals                       |  |
| Value Engineering                |  |

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|                                          |  |
|------------------------------------------|--|
| Change Orders                            |  |
| Proposals                                |  |
| Requests for Deviations                  |  |
| Dispute and Claim Resolution<br>Approach |  |
| Other Special Issues                     |  |

**Financials**

**2. e.** 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.) Have you attached a balance sheet? ☐ Yes ☐ No

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). Have you attached a line of credit statement? ☐ Yes ☐ No

*Note: As provided by statute, the 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 4 points. Give 0 points if information is not provided or is inadequate. Give 4 points if description is adequate.]**

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**Litigation/Claims**

**2. f. (1)** Has your company ever failed to complete work awarded to it? ☐ Yes ☐ No

If yes, please provide project name(s), contact information for owner and architect, year(s), and reason why. Attach relevant documentation. \_\_\_\_\_

**[Matrix: 0 or 3 points. If "Yes" without sufficient explanation, give 0 points. If "No," give 3 points.]**

**2. f. (2)** Have you ever paid liquidated damages on any project? ☐ Yes ☐ No If yes, state the project name(s), year(s), and reason why. \_\_\_\_\_

**[Matrix: 0-2 points. If "Yes" without sufficient explanation, give 0 points. If "No," give 2 points.]**

**2. f. (3)** Has your company filed any claims with the North Carolina State Construction Office within the last five years?

☐ Yes ☐ No If yes, state the project name(s), year(s), case number, and reason why. \_\_\_\_\_

**[Matrix: 0-2 points. If "Yes" without explanation or without good cause, give 0 points. If "Yes" with explanation with good cause, give 2 points. If "No", give 2 points.]**

**2. f. (4)** 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 If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

**[Matrix: 0 or 2 points. If "Yes," give 0 points. If "No," 2 points.]**

**2. f. (5)** Has your present company, its officers, owners, or agents ever been barred from bidding public work in North

Carolina? ☐ Yes ☐ No If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

**[Matrix: 0 or 2 points. If "Yes," give 0 points. If "No," 2 points.]**

**Safety Record**

**2. g.** List your company's Experience Modification Rate (EMR) for past three years. (Attach OSHA 300 Log for the last 3 years.) Have you attached OSHA 300 log? ☐ Yes ☐ No

\_\_\_\_\_  
Present Rate

\_\_\_\_\_  
Last Rate

\_\_\_\_\_  
Year before rate

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: \_\_\_\_\_

List any OSHA fines and job site fatalities in the past 3 years with an explanation: \_\_\_\_\_

**[Matrix: 0 or 3 points. If EMR is  $\leq 1.00$  give full 3 points. If not, give 0 points.]**

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### Historically Underutilized Business (HUB) Plan

**2. h. (1)** Does the company currently have a documented plan for engaging subcontractor participation from Historically Underutilized Businesses? ☐ Yes ☐ No If yes, please attach your company's HUB Plan.

[Matrix: 0 or 2 points. If "Yes," give 2 points. If "No," give 0 points.]

**2. h. (2)** What has been your company's typical percentage level of Historically Underutilized Business participation for similar projects in North Carolina for the past 5 years? \_\_\_\_\_%

List the HUB participation you provided in the three "similar" projects cited in Section 3.a., below, including name, percentage achieved and owner representative's name and telephone number.

| Project Name | HUB % | Owner's Rep | Contact Phone # |
|--------------|-------|-------------|-----------------|
|              |       |             |                 |
|              |       |             |                 |
|              |       |             |                 |

[Matrix: 0 or 3 points. If information provided, give 3 points. If information is not provided, give 0 points. To get points, not all HUB % listed needs to be over 10%.]

### Section 3. PROJECT SPECIFIC REQUIREMENTS

#### Project-Specific References

**3. a.** Please identify 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 have been completed within the last ten (10) years, at least one of which within the last five (5) years. Include:

| #1 –Similar - Project Name                                 |  |
|------------------------------------------------------------|--|
| Project description and its similarity to proposed project |  |
| Role and Responsibility                                    |  |
| Delivery Method                                            |  |
| Owner Name/ Representative                                 |  |
| Owner Address/Phone #                                      |  |
| Architect Name/Representative                              |  |
| Architect Address/Phone #/Email                            |  |

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|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| Contract Dollar Value                                                       |  |
| Final Contract Dollar Value                                                 |  |
| Scheduled Completion Date                                                   |  |
| Actual Completion Date                                                      |  |
| Performance Rating or Letter of Commendation                                |  |
| <b>Sub-Contractor Relations – References from similar relevant projects</b> |  |
| #1 – Sub-Contractor Reference                                               |  |
| #2 – Sub-Contractor Reference                                               |  |
| #3 – Sub-Contractor Reference                                               |  |

|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| <b>#2 –Similar - Project Name</b>                                           |  |
| Project description and its' Similarity to proposed project                 |  |
| Role and Responsibility                                                     |  |
| Delivery Method                                                             |  |
| Owner Name/ Representative                                                  |  |
| Owner Address/Phone #                                                       |  |
| Architect Name/Representative                                               |  |
| Architect Address/Phone #/Email                                             |  |
| Contract Dollar Value                                                       |  |
| Final Contract Dollar Value                                                 |  |
| Scheduled Completion Date                                                   |  |
| Actual Completion Date                                                      |  |
| Performance Rating or Letter of Commendation                                |  |
| <b>Sub-Contractor Relations – References from similar relevant projects</b> |  |
| #1 – Sub-Contractor Reference                                               |  |
| #2 – Sub-Contractor Reference                                               |  |
| #3 – Sub-Contractor Reference                                               |  |

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|                                                                             |  |
|-----------------------------------------------------------------------------|--|
| <b>#3 –Similar - Project Name</b>                                           |  |
| Project description and its' Similarity to proposed project                 |  |
| Role and Responsibility                                                     |  |
| Delivery Method                                                             |  |
| Owner Name/ Representative                                                  |  |
| Owner Address/Phone #                                                       |  |
| Architect Name/Representative                                               |  |
| Architect Address/Phone #/Email                                             |  |
| Contract Dollar Value                                                       |  |
| Final Contract Dollar Value                                                 |  |
| Scheduled Completion Date                                                   |  |
| Actual Completion Date                                                      |  |
| Performance Rating or Letter of Commendation                                |  |
| <b>Sub-Contractor Relations – References from similar relevant projects</b> |  |
| #1 – Sub-Contractor Reference                                               |  |
| #2 – Sub-Contractor Reference                                               |  |
| #3 – Sub-Contractor Reference                                               |  |

*[General project references were requested in section 2. a. (4), based on a “Yes” response, and 2. c. (2). If this comparable project information is already reflected in those responses, 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 the Owning Agency’s direct experience with the company, give 0-20 points. Referenced projects should be evaluated carefully to determine their relevance. Changes in dollar value and schedule should be adequately explained.]**

### Staffing and Organizational Structure

**3. b. (1) Staff Qualifications** - Provide organizational structure reflecting authority, responsibility and proportion of time dedicated to this project and job descriptions for all key positions. Provide evidence that the key personnel have worked together successfully as a team.

**[Matrix: 0-5 points. Based on the information provided, references contacted, or the Owning Agency’s direct experience with the project team, give 0-5 points.]**

**3. b. (2) Project-specific Staff Experience** - Project-specific employment history is requested for key personnel for similar projects performed within the last five years. 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,

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proposed position, education and training, professional registrations/ licenses, and affiliations, company and project-specific employment history.

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.

**[Matrix: 0-5 points. Based on the information provided for each team member, references contacted, or the Owning Agency's direct experience with the personnel, give 0-5 points.]**

**3. b. (3) 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 personnel, give 0-5 points. Under the provisions of the standard State Construction contract, owners may choose to request the firm substitute personnel if it is felt they are not a good fit for the project.]**

### Other Unique Information

#### 3. c. (1) INDIVIDUAL EXPERIENCE WITH STATE CONSTRUCTION PROJECTS:

Please identify if the proposed Senior Project Manager, Project Manager and Superintendent have worked on (thru completion) at least two NC State Construction projects. Provide name of person and projects worked on:

|                                |                           |
|--------------------------------|---------------------------|
| O Senior Project Manager _____ | Projects: _____ and _____ |
| O Project Manager _____        | Projects: _____ and _____ |
| O Superintendent _____         | Projects: _____ and _____ |

(one point for each person with one or two projects – total of 3 possible points)

#### 3. c. (2) LARGE CUSTOM MASONRY UNIT EXPERIANCE

This project consists of a significant quantity of custom cast masonry (cast stone) units that will need to be well coordinated and installed using a large variety of masonry construction detail conditions. There is a rotunda with all custom curved units, large Corinthian balcony columns and pilasters and various banding and window/ door surrounds as well as large size flat panels on the exterior face of the building.

Identify the project name, location, masonry contractor, owner contact, and architect projects you have worked on utilizing a cast stone skin on metal stud framed wall Project must include at least 30% of overall surface of exterior skin. List up to 3 projects.

| Name  | Location | Masonry Contractor | Owner Contact | Architect |
|-------|----------|--------------------|---------------|-----------|
| _____ | _____    | _____              | _____         | _____     |
| _____ | _____    | _____              | _____         | _____     |
| _____ | _____    | _____              | _____         | _____     |

(One points for each project listed with complete information up to 3 points)

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#### 3. c. (3) LEED EXPERIENCE:

General Contractor will be required to manage the project and provide all required information for LEED certification. List the project name, location, date completed, date of certification and LEED level certified and proposed project team members who worked on that project for each project in the last 7 years (minimum Silver LEED certification under any version of LEED). List up to 2 projects

| Project Name | Location | Date completed | Date Certified | LEED Level | Proposed Team Members |
|--------------|----------|----------------|----------------|------------|-----------------------|
| _____        | _____    | _____          | _____          | _____      | _____                 |
| _____        | _____    | _____          | _____          | _____      | _____                 |
| _____        | _____    | _____          | _____          | _____      | _____                 |

(1 point each = 3 points max)

**GC will automatically receive 6 of the 15 points in the category regardless of their responses to items 3.c.1-3**  
**[Matrix: 0-15 points. Based on the information provided for each project specific requirement, give 0-15 points.]**

**State of North Carolina**  
**Prequalification for Single Prime Contractors**

**4. Signature**

By signing this document, you are acknowledging that all answers are true to the best of your knowledge.  
Submitted by:

\_\_\_\_\_  
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

Email: \_\_\_\_\_

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