



## Prequalification Form for First-Tier Subcontractors under CM at Risk

Pursuant to the NC Statute GS143-128.1, 143-135.8 and Lincoln County Policy for Prequalification of Bidders for Construction Projects (attached), this form gathers information about the Subcontractor seeking to qualify for the work and provides a general format for the prequalification criteria.

Completing this questionnaire does not guarantee prequalification. Evaluation of the submittal shall be performed by the Prequalification Committee in accordance with the statutes and policies.

Prequalification Due Date: November 12<sup>th</sup>, 2024 (Vertical Construction and Final Misc. Sitework Package GMP#2)

Submitted To: Adam Harbin, Controller  
J.M. Cope, Inc – Construction Manager at Risk  
PO Box 4047  
Rock Hill, S.C. 29732  
Phone: 803.329.3250  
Email: [PRE-QUALIFY@JMCOPE.COM](mailto:PRE-QUALIFY@JMCOPE.COM)

Project: Lincoln County – East Side Library  
Owner: Lincoln County  
Architect: McMillan Pazdan Smith Architecture  
Civil & Structural: ADC Engineering  
MEP+FP Engineers: Optima Engineering  
Construction Duration(anticipated): 15 months.  
Anticipated Advertisement to Bid: November 13<sup>th</sup>, 2024  
Anticipated Pre-Bid Meeting: November 18<sup>th</sup>, 2024.  
Tentative Bid Date: December 11<sup>th</sup>, 2024.  
Performance & Payment Bond: Required for Bid Packages \$200,000 or higher Bid Bond:  
Required for Bid Packages \$300,000 or higher

### Project Description:

- Scope of work consists of +/- 22,000 sf new construction for the Lincoln County East Side Library. This includes site work, landscaping, concrete, structural steel, roofing, windows and glazing, doors, frames, and hardware, drywall, paint, flooring, hard tile, acoustical ceilings, operable partitions, metal panels, fire protection, HVAC systems, and electrical systems.

### Instructions to Prequalify:

- For questions contact Adam Harbin – [PREQUALIFY@JMCOPE.COM](mailto:PREQUALIFY@JMCOPE.COM) (803.329.3250).
- Forms may be submitted electronically via email, mail, or hand delivery to Adam Harbin. Please make sure, if submitting handwritten form, that all information is clearly printed. ILLEGIBLE INFORMATION OR INCOMPLETE INFORMATION WILL BE GIVEN A ZERO SCORE. A MINIMUM SCORE OF 80 IS REQUIRED TOPREQUALIFY.
- Please note you are required to submit a recent financial statement to complete the prequalification statement.
- You will also be required to commit to a minimum goal for Minority Participation as part of the requirements for this project.
- The following forms are provided for reference only and are not required to be submitted with prequalification form:
  - Lincoln County Policy for Prequalification of Bidders for Construction Projects.

[Approvals based on a score of 80 points or above.](#)



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If your firm is interested in prequalifying for this project, please check the box for the bid package(s) you wish to bid. If multiple bid packages are selected, please make sure that project experiences and references are provided to allow Prequalification Committee to evaluate your firm for EACH bid package selected. This is a preliminary list of Bid Packages and may change based on market response.

| Request to Prequalify    | Bid Packages                          | Scope of Work (Full Scopes will be identified in Bid Manual) |
|--------------------------|---------------------------------------|--|
| <input type="checkbox"/> | 01A-General Trades                    |  |
| <input type="checkbox"/> | 01B-Final Cleaning                    |  |
| <input type="checkbox"/> | 02A-Site Concrete                     | Ramps, Sidewalks, Concrete Pavement                          |
| <input type="checkbox"/> | 02B-Landscaping                       | Trees, Shrubs, Plantings, Ground Cover and Seeding           |
| <input type="checkbox"/> | 02C-Site Aluminum Fencing             | Aluminum Guardrails/Fencing/Railings and Gates at patios     |
| <input type="checkbox"/> | 03A-Cast In Place Concrete            | Foundations, Slab on Grade                                   |
| <input type="checkbox"/> | 05A-Structural Steel                  | Structural Steel, Steel Decking, Steel Joists, Misc. Steel   |
| <input type="checkbox"/> | 06A-Finish Carpentry & Millwork       | Millwork, Wood Trim, Interior Wood Panels, Countertops       |
| <input type="checkbox"/> | 06B-Wood Decking                      | T&G Roof Wood Decking  |
| <input type="checkbox"/> | 07A-Caulking & Waterproofing          | Caulking, Waterproofing, Weather Barriers                    |
| <input type="checkbox"/> | 07B-Roofing                           | TPO and Standing Seam Metal Roofing                          |
| <input type="checkbox"/> | 07C-Fiber Cement Siding               | Fiber Cement Lap Siding, Board and Batten Vertical Panels    |
| <input type="checkbox"/> | 07D-Alum. Rain Screen System          | Aluminum Rain Screen System                                  |
| <input type="checkbox"/> | 08A-Aluminum Storefront & Glazing     |  |
| <input type="checkbox"/> | 08B-Doors/Frames/Hardware             | HM Doors and Frames, Interior Wood Doors, Finish Hardware    |
| <input type="checkbox"/> | 09A-LG Metal Framing & Drywall        | Light Guage Metal Framing and Drywall Assemblies             |
| <input type="checkbox"/> | 09B-Hard Tile                         |  |
| <input type="checkbox"/> | 09C-Acoustical Ceilings               | Acoustical Ceilings, Wood Linear Ceilings                    |
| <input type="checkbox"/> | 09D-Flooring                          | LVT, Carpeting, Resilient Flooring, and Associated Base      |
| <input type="checkbox"/> | 09E-Terrazzo                          | Resinous Matrix Terrazzo Flooring                            |
| <input type="checkbox"/> | 09F-Painting                          | Interior and Exterior Painting                               |
| <input type="checkbox"/> | 09G-Sound Panels                      | Sound Absorbing Wall and Ceiling Panels                      |
| <input type="checkbox"/> | 10A-Signage                           | Interior and Exterior Signage                                |
| <input type="checkbox"/> | 10B-Toilet Partitions and Accessories | Toilet Partitions, Toilet Accessories                        |
| <input type="checkbox"/> | 10C-Operable Partitions               |  |
| <input type="checkbox"/> | 12A-Window Treatments                 |  |
| <input type="checkbox"/> | 21A-Fire Protection                   |  |
| <input type="checkbox"/> | 22A-Plumbing                          |  |
| <input type="checkbox"/> | 23A-HVAC Systems                      |  |
| <input type="checkbox"/> | 26A-Electrical Systems                | Electrical Systems and Fire Alarm System                     |
| <input type="checkbox"/> | 27A-Communications                    |  |



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Date Form Received by J.M. Cope: \_\_\_\_\_  
(To be completed by JM Cope)

### SECTION 1. MINIMUM REQUIREMENTS

(Prequalification Ratings Matrix: There are no points assigned for responses in Section 1 or Section 2.11.b)

#### 1.1 OFFICE LOCATION (Office that will manage this project)

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email address: \_\_\_\_\_  
(Contact person for Prequalification Committee questions.)

Primary Bidding Contact: \_\_\_\_\_ Email address: \_\_\_\_\_

Secondary Bidding Contact (optional): \_\_\_\_\_ Email address (optional): \_\_\_\_\_

(Primary and Secondary Bidding Contacts are persons (estimators) who will receive bid documents, addenda, clarifications and other bid notices. You must let us know if this changes at any time during the bid period.

(Prequalification Ratings Matrix: If not completely filled out, form is non-responsive and will not be considered for pre-qualifications.)

#### 1.2 BUSINESS TYPE (check box)

Corporation       Partnership       LLC       Sole Proprietor       Joint Venture

Is your firm registered with the State of North Carolina todo business?       Yes     No

Is your firm owned or controlled by a parent or any other organization?       Yes     No

If yes, describe Ownership: \_\_\_\_\_

Additionally, if you answered yes that your company is owned or controlled by a parent or any other organization, you agree to sign a Parent Company Guarantee Letter and submit with this Prequalification Application for review and approval. Additionally, an individual who is authorized to bind the Parent Company shall co-sign the contract as a condition precedent to award of a contract. If you do not agree to these terms, your pre-qualification application will not meet the minimum requirements and will be disapproved.

List all other names your firm has operated as for the past (5) years: \_\_\_\_\_

(Prequalification Ratings Matrix: If not completely filled out, form is non-responsive and will not be considered for pre-qualifications.)



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### **1.3 HUB CERTIFICATION** (check box)

Indicate your NC Statewide Uniform Certification or NCDOT Certification: (checkbox)

See website link for more information: <http://www.ips.state.nc.us/vendor>

- |                                   |  |   |
|-----------------------------------|--|---|
| <input type="checkbox"/> None     | <input type="checkbox"/> Asian-American  | <input type="checkbox"/> Disabled Business Enterprise           |
| <input type="checkbox"/> Black    | <input type="checkbox"/> American Indian | <input type="checkbox"/> Socially and Economically Disadvantage |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Female          | <input type="checkbox"/> Disabled-Owned                         |

(Prequalification Ratings Matrix: If not completely filled out, form is non-responsive and will not be considered for pre-qualifications.)

### **1.4 LICENSING INFORMATION**

Please provide all North Carolina professional licenses and license limit/level required for you to perform your services on this project. (Enter "n/a" if not applicable.) \_\_\_\_\_

Has any license ever been denied or revoked? Yes No

If yes, please describe: \_\_\_\_\_

(Prequalification Ratings Matrix: If not completely filled out, form is non-responsive and will not be considered for pre-qualifications.)

### **1.5 TYPE OF WORK PERFORMED ON A REGULAR BASIS**

Primary Scope of Work: \_\_\_\_\_

Secondary Scope of Work: \_\_\_\_\_

Other Scope of Work: \_\_\_\_\_

What type of work do you self- perform? \_\_\_\_\_

Number of employees? \_\_\_\_\_

Has your company participated in a CMARproject before? Yes No

(Prequalification Ratings Matrix: If not completely filled out, form is non-responsive and will not be considered for pre-qualifications.)

### **1.6 FINANCIALS**

Attach most recent fiscal year-end balance sheet and income statement. CPA Audited or Reviewed statements preferred. In all cases one of the following is required (in order of preference):

- Full year CPA prepared financial statement
- Full year internal balance sheet and income statement (year to date if company started within thepast year)
- Business tax return from previous year

Metrics:

Debt to Equity (Total Liabilities/Total Equity) is between 0.0 and 3.5 Current Ratio

(Current Assets/Current Liability) is greater than 1:1 Net Current Assets greater than:

- \$1 (subcontracts from \$0 to \$200,000)
- \$20,000 (subcontracts from \$200,000 to \$500,000)
- \$50,000 (subcontracts \$500,000 and above)



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Have you attached a balance sheet and income statement? Yes No

(Prequalification Ratings Matrix: If balance sheet or income statement not attached, form is non-responsive and will not be considered for pre-qualification.)

Does your balance sheet meet financial metric requirements? Yes No

(Prequalification Ratings Matrix: If balance sheet does not meet financial metric requirements, form is non-responsive and will not be considered for pre-qualification.)

Firm must submit financial data and may clearly indicate a request for confidentiality to avoid this item from becoming part of public record. We understand this information can be extremely confidential and as an option, you may submit your financial statement as an attachment to your pre-qualification package or send under separate cover to [prequalify@jmcope.com](mailto:prequalify@jmcope.com). Once we receive your financial statement, it will be saved in a secure server with no public access.

Check applicable item below as how financials are being submitted.

Attached  Sent via confidential email address

### 1.7 BONDING

Attach letter, dated within the last 30 days, from your surety company, signed by their Attorney in Fact, specifying the name of project, scope, dollar budget, subcontractor’s legal name, surety’s AM Best Rating, verifying their willingness to issue sufficient payment and performance bonds for this project, on behalf of your firm and the dollar limits of that bond commitment, both single and aggregate. Surety company shall be rated “A-” or better and financial category size “VII” or larger in the AM Best Rating system is listed as an approved surety company in the Treasury circular 570. See sample letter.

Have you attached a surety letter? Yes No

Performance & Payment Bond: Required for Bid Packages \$200,000 or higher Bid Bond: Required for Bid Packages \$300,000 or higher

(Prequalification Ratings Matrix: If this letter is not provided for bid packages whose budget is \$200,000 or higher, form is non-responsive and will not be considered for pre-qualification.)

Have any funds been expended by a Surety Company on your firm’s behalf? Yes No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If “yes” without sufficient explanation given or if no boxes are checked, form is non-responsive and will not be considered for pre-qualification.)



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### **1.8 INSURANCE**

The minimum requirements of insurance coverage are defined below. Firms must indicate that they can provide evidence of insurance coverage, should they be considered for approval by attaching a sample copy of their current insurance certificate. Additionally, should your firm not currently carry insurance that meets or exceeds the requirements defined below, applicant agrees to provide the specified insurance as a precedent to award of a contract. Have you attached a sample copy of your insurance certificate meeting the aforementioned specified requirements or agree to provide the specified insurance if not currently carried by your firm?  Yes  No

- General Liability with a required limit of no less than \$1,000,000 for each occurrence, \$2,000,000 general aggregate per project.
- Worker's Compensation with the required Employers' Liability limit of no less than \$1,000,000 each accident, \$1,000,000 Disease policy limit, \$1,000,000 Disease each employee.
- Additional Insured – J.M. Cope, The Architect, and the Architect's Consultants & the Owner (and any other entities required by your contract) MUST be included as additional insureds on the CGL using ISO Endorsement CG 20 10 07 04 along with form CG 20 37 07 04 or an endorsement providing equivalent coverage.
- Excess Liability (Umbrella) policy with the required limit of no less than \$5,000,000 each occurrence, \$5,000,000 general aggregate per project.
- Automobile Liability with the required limit of no less than \$1,000,000 for each accident.
- Waiver of Subrogation: Shall apply for all policies above for Owner, J.M. Cope Inc., its subs and sub-subs, and any other entities required in your contract.
- Professional Liability (if applicable) \$1,000,000 Each Occurrence / \$2,000,000 Aggregate.
- J.M. Cope Inc. is to be listed as certificate holder, if you are a 1st tier sub.
- All 2nd tier subs must list J.M. Cope Inc., Owner, AND the 1st tier sub as additional insured.
  - If you are a 2nd tier sub, the certificate holder is to be the 1st tier sub you are working for.
  - If you are a 3rd tier sub, the certificate holder is to be the direct sub you are working for.

(Prequalification Ratings Matrix: If not attached, form is non-responsive and will not be considered for pre-qualification.)



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### SECTION 2. GENERAL REQUIREMENTS

#### 2.1. ANNUAL DOLLAR VALUE LAST THREE YEARS

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

2022 year: \$ \_\_\_\_\_ 2021: \$ \_\_\_\_\_ 2020: \$ \_\_\_\_\_

(Prequalification Ratings Matrix: For each year completed (positive value) give 2 points – 6 points maximum)

#### 2.2 NUMBER OF CURRENT CONSTRUCTION PROJECTS UNDER CONTRACT

How many projects do you currently have under contract or in progress and what is their total dollar value?

A: Number of Projects Under Contract: \_\_\_\_\_

B: Current Projects Sum of Contract Amounts: \_\_\_\_\_

C: Current Amount Remaining to Bill: \_\_\_\_\_

(Prequalification Ratings Matrix: If section completed give 5 points. If not, give 0 points.)

#### 2.3 LARGEST SINGLE JOB COMPLETED

What was your largest SINGLE project COMPLETED within the last three years?

A: Dollar Amount of Single Project: \_\_\_\_\_

B: Location: \_\_\_\_\_

C: Year Completed: \_\_\_\_\_

D: Scope of Work: \_\_\_\_\_

(Prequalification Ratings Matrix: Take dollar amount of largest single job completed within the last three years and multiply by 1.25. If the result is larger than the estimated budget for this bid package, give 5 points. If the result is smaller, give 0 points. Give 0 points if not within last three years or if scope of work is different than bid package(s) requested. If firm is requesting prequalification for additional bid packages not listed in Item D above, please complete Supplemental Section 2.3 as needed in Appendix A at the end of this prequalification form.

#### 2.4 OFFICE LOCATION – PROJECT MANAGED AND DIRECTED FROM NC OFFICE

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 GS143-59(c).  Yes  No

(Prequalification Ratings Matrix: If office location is managed and directed from NC office give 2 points. If not, give 0 points.)

#### 2.5 LITIGATION/CLAIMS LAST FIVE YEARS

Has your company been involved in any judgments, claims, arbitrations, mediation proceedings, or suits within the last five years, whether resolved or still pending resolutions?  Yes  No

If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

(Prequalification Ratings Matrix: If company has been involved in any litigation indicated above without adequate explanation, give 0 points. If no, or if adequate explanation provided, give 3 points.)



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### 2.6. CURRENT LITIGATIONS

Are there currently any judgments, claims, arbitration or mediation proceedings or suits pending or outstanding against your company, its officers, owners or agents? Yes No

If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

(Prequalification Ratings Matrix: If there are currently any litigation indicated above against your company without adequate explanation, give 0 points. If no, or if adequate explanation provided, give 3 points.)

### 2.7 FAILURE TO COMPLETE CONSTRUCTION CONTRACT

Has your company ever failed to complete work awarded (under contract) to it? Yes No

If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

(Prequalification Ratings Matrix: If yes without sufficient explanation, give 0 points. If no, or if adequate explanation provided, give 5 points.)

### 2.8 LIQUIDATED DAMAGES

Have you paid liquidated damages on any project? Yes No

If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

(Prequalification Ratings Matrix: If yes without sufficient explanation, give 0 points. If no, or if adequate explanation provided, give 5 points.)

### 2.9 CONVICTED OF CONFLICTS OF INTEREST/BRIBERY/BID-RIGGING

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: \_\_\_\_\_

(Prequalification Ratings Matrix: If yes, give 0 points. If no, give 3 points.)

### 2.10 BARRED FROM PUBLIC WORK IN NC

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), and reason why: \_\_\_\_\_

(Prequalification Ratings Matrix: If yes, give 0 points. If no, give 3 points.)

### 2.11 SAFETY 2.11a.

#### EMR Rating

List your company's Experience Modification Rate (EMR) for the past three years.

Present Rate: \_\_\_\_\_ Previous Rate: \_\_\_\_\_ Year before Rate: \_\_\_\_\_

If these rates reflect corporate performances over a number of locations, please explain, to the extent possible, the performance experience of the location serving this project: \_\_\_\_\_

(Prequalification Ratings Matrix: Give 5 points if EMR for all three years is equal to or less than 1.0. Give 3 points if EMR for all three years is less than 1.50.)





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### 2.11b. OSHA Logs/Summaries

If EMR is 1.50 or greater for any given year attach OSHA 300 Log and 300A Summaries for previous 5 years. Attached?

Yes No Not applicable if EMR is less than 1.50 for any given year.

(Prequalification Ratings Matrix: If EMR is 1.50 or greater for any given year and OSHA 300 Log and 300A Summaries are not attached for the previous 5 years or if logs/summaries are incomplete, form is non-responsive and will not be considered for pre-qualification.)

### 2.11c. OSHA Fines/Jobsite Fatalities

Has your company been issued any OSHA fines or had any jobsite fatalities in the past 3 years? Yes No

If yes, please provide specific explanation:

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(Prequalification Ratings Matrix: If yes without sufficient explanation, give 0 points. If no or sufficient explanation provided, give 2 points.)

2.11d: Does your company have a written Safety/Health Program? Yes No

2.11e: Does your company provide weekly safety and health training to your on-site employees? Yes No 2.11f: Does your company perform weekly safety and health inspections of the workplace? Yes No 2.11g: Does your company have a safety committee? Yes No

(Prequalification Ratings Matrix for 2.11d – 2.11f: Give 2 points for each yes response above. Eight points maximum.)

### 2.12. Documented HUB Plan

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

Yes No If yes, Company HUB Plan may be requested by J.M. C ope.

(Prequalification Ratings Matrix: If company has current documented HUB plans give 5 points. If no, give 0 points.)



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### SECTION 3. PROJECTSPECIFICS

#### **3.1 SUPERINTENDENT RESUME**

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

(Prequalification Ratings Matrix: If resume included, give 1 point. If not, give 0 points.)

#### **3.2 SUPERINTENDENT EXPERIENCE**

The years of experience the superintendent has on this specific project type is  <1  1-2  3-4  5 or more

(Prequalification Ratings Matrix: If <1 give 0 points, if 1-2 give 1 point, if 3-4 give 2 points, if 5 or more give 3 points)

#### **3.3 PROJECT MANAGER RESUME**

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

(Prequalification Ratings Matrix: If resume included, give 1 point. If not, give 0 points.)

#### **3.4 PROJECT MANAGER EXPERIENCE**

The years of experience the project manager has on this specific project type is  <1  1-2  3-4  5 or more

(Prequalification Ratings Matrix: If <1 give 0 points, if 1-2 give 1 point, if 3-4 give 2 points, if 5 or more give 3 points.)

#### **3.5 SIMILAR PROJECT EXPERIENCE**

(Similar experience is defined as experience on projects of similar dollar value, scope and complexity.)

List three current or completed projects (at least 75% complete) of similar type within the last 5 years. IF FIRM HAS WORKED ON SIMILAR PROJECT WITHIN LAST 5 YEARS WITH J.M. Cope, FIRM MUST LIST THAT PROJECT BELOW.

J.M. Cope will contact the Construction Manager or General Contractor for reference information therefore items with asterisks must be completed with accurate information in order for proper scoring.

DO NOT ATTACH A LIST OF SIMILAR PROJECTS. SECTION WITH ASTERISKS (\*) MUST BE COMPLETED BELOW IN ORDER FOR REFERENCE SECTION TO BE SCORED.



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|  |  |
|--|--|
| <b>1. *Similar Project Name</b>  |  |
| Owner  |  |
| Owner Representative   |  |
| Owner Representative's Phone #   |  |
| Architect or Engineer  |  |
| Architect or Engineer Representative   |  |
| Architect's Representative's Phone #   |  |
| *Construction Manager or General Contractor (If contract was directly with owner, please list owner on this line.)                 |  |
| *Construction Manager or General Contractor Representative   |  |
| *Construction Manager or General Contractor Representative's current phone # and/or current email                                  |  |
| *Your Contract Dollar Amount (This amount must be within 75% of the bid package budget for this reference to be                    |  |
| *Scope of Work (This scope of work must represent the bid package(s) requested for this reference to be scored)                    |  |
| *Percentage Complete (This percentage must be at least 75% complete for this reference to be scored.)                              |  |
| *Completion Date/*Anticipated Completion Date (Project must be completed within the last 5 years for this reference to be scored.) |  |

|  |  |
|--|--|
| <b>2. *Similar Project Name</b>  |  |
| Owner  |  |
| Owner Representative   |  |
| Owner Representative's Phone #   |  |
| Architect or Engineer  |  |
| Architect or Engineer Representative   |  |
| Architect's Representative's Phone #   |  |
| *Construction Manager or General Contractor (If contract was directly with owner, please list owner on this line.)                 |  |
| *Construction Manager or General Contractor Representative   |  |
| *Construction Manager or General Contractor Representative's current phone # and/or current email                                  |  |
| *Your Contract Dollar Amount (This amount must be within 75% of the bid package budget for this reference to be                    |  |
| *Scope of Work (This scope of work must represent the bid package(s) requested for this reference to be scored)                    |  |
| *Percentage Complete (This percentage must be at least 75% complete for this reference to be scored.)                              |  |
| *Completion Date/*Anticipated Completion Date (Project must be completed within the last 5 years for this reference to be scored.) |  |



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|  |  |
|--|--|
| 3. *Similar Project Name   |  |
| Owner  |  |
| Owner Representative   |  |
| Owner Representative's Phone #   |  |
| Architect or Engineer  |  |
| Architect or Engineer Representative   |  |
| Architect's Representative's Phone #   |  |
| *Construction Manager or General Contractor (If contract was directly with owner, please list owner on this line.)                 |  |
| *Construction Manager or General Contractor Representative   |  |
| *Construction Manager or General Contractor Representative's current phone # and/or current email                                  |  |
| *Your Contract Dollar Amount (This amount must be within 75% of the bid package budget for this reference to be                    |  |
| *Scope of Work (This scope of work must represent the bid package(s) requested for this reference to be scored)                    |  |
| *Percentage Complete (This percentage must be at least 75% complete for this reference to be scored.)                              |  |
| *Completion Date/*Anticipated Completion Date (Project must be completed within the last 5 years for this reference to be scored.) |  |

(Prequalification Ratings Matrix: Give up to 10 points for each positive reference from the general contractor or construction manager. (If contracted directly with Owner please make sure to list the representative's name and phone number for CM to contact.) CM will attempt to reach out to each reference above in written or oral form. Failure of the entity to respond back within five business days will result in forfeiture of points applicable to the reference section. If reference is obtained verbally, CM will document conversation for the record. Thirty points maximum.)



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### SECTION 4. Signature

By signing this document, you are acknowledging that all answers are true to the best of your knowledge. Any answers found to be falsified will bar you from being prequalified on this project.

Company Name: \_\_\_\_\_

Dated this day of: \_\_\_\_\_

Submitted by: \_\_\_\_\_

Signature of Authorized Officer

Print Name of Authorized Officer

Phone Number for Authorized Officer

Print Title of Authorized Officer

Email for Authorized Officer

#### 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of Notary Public

(Official Notary Seal or Stamp)

My commission expires \_\_\_\_\_, 20\_\_

(Prequalification Ratings Matrix: If signature page fully executed give 2 points. If not, give 0 points.)