



CMS New ES Hidden Valley, JW Grier, Newell Relief

In filling out this pre-qualification statement please carefully read and follow all instructions. If you have any questions, please contact **Jessica Pabalate at 704-332-0900** for further instruction.

Completed pre-qualification statements should be submitted to Edifice LLC, Attention: Jessica Pabalate, 4111 South Blvd., Charlotte, NC 28209 or by email (jpabalate@edificeinc.com).

Please note the following are required to complete the pre-qualification statement:

1. Recent financial statements
2. Indication to set a minimum overall total goal of 21% Minority (**MWSBE**) participation or greater. Individual Classification goals are as follows:
 - a. Minority Business Enterprise (MBE) = 10%
 - b. Women Business Enterprise (WBE) = 6%
 - c. Small Business Enterprise (SBE) = 5%

Further information **may be** required in addition to this pre-qualification statement based on your response. These items may include additional financial statements, proof of applicable licenses, certification status, safety program/policy, drug and alcohol program/policy, additional project experience, and or certificates of insurance. Completing this statement does not guarantee pre-qualification.

Edifice Prequalification for First-Tier Subcontractors – CMS New ES Hidden Valley, JW Grier, Newell Relief

Bid Packages:

Please check a box if prequalifying. Note that if multiple bid packages are selected, please make sure that project experiences and references are provided to allow the Prequalification Committee to evaluate your firm on **EACH** bid package selected.

The following is a preliminary list of bid packages and may change based on the response of qualified bidders:

EARLY BID PACKAGES: Prequalification form due October 13, 2021

	Package ID	Package Description
<input type="checkbox"/>	05-001	Steel
<input type="checkbox"/>	31-002	Dewatering

REMAINING BID PACKAGES: Prequalification form due January 21, 2022

	Package ID	Package Description
<input type="checkbox"/>	03-001	Concrete
<input type="checkbox"/>	04-001	Masonry
<input type="checkbox"/>	06-001	Millwork
<input type="checkbox"/>	07-001	Roofing
<input type="checkbox"/>	07-002	Waterproofing and Sealants
<input type="checkbox"/>	07-003	Metal Panels
<input type="checkbox"/>	08-001	Doors, Frames, and Hardware
<input type="checkbox"/>	08-002	Glass and Glazing
<input type="checkbox"/>	09-001	Drywall
<input type="checkbox"/>	09-002	Acoustical Ceilings
<input type="checkbox"/>	09-003	Tile
<input type="checkbox"/>	09-004	Flooring
<input type="checkbox"/>	09-005	Painting
<input type="checkbox"/>	10-001	Specialties
<input type="checkbox"/>	10-002	Canopies
<input type="checkbox"/>	11-001	Food Service Equipment
<input type="checkbox"/>	14-001	Elevators
<input type="checkbox"/>	21-001	Fire Suppression
<input type="checkbox"/>	22-001	Plumbing
<input type="checkbox"/>	23-001	HVAC
<input type="checkbox"/>	26-001	Electrical
<input type="checkbox"/>	31-001	Sitework
<input type="checkbox"/>	32-002	Landscaping
<input type="checkbox"/>	Other	_____

Informal Packages

Other potential work that will not be part of the formal bid process and will not require submitting a prequalification statement:

- | | | |
|-----------------------------------|-----------------------------|-----------------------|
| 01-001 Final Cleaning | 10-002 Signage | 23-002 Test & Balance |
| 01-002 Surveying and Layout | 10-003 Operable Partitions | 32-002 Fencing |
| 07-004 Spray Applied Fireproofing | 11-003 Theatrical Equipment | |
| 08-003 Overhead Doors | 12-001 Window Treatment | |

PREQUALIFICATION STATEMENT

The undersigned certifies and agrees under oath that the following information provided herein is true, accurate and sufficiently complete as to not be misleading.

_____	_____
Company Name	Contact Name
_____	_____
Physical Street Address	City, State, Zip Code
_____	_____
Phone Number	Mobile Number
_____	_____
Contact Email Address	Company Website

1. General Company Information

- Number of years in business under current name: _____
- Has your company had any other legal names? Yes No
If yes, please provide the name(s): _____
- Is your company a subsidiary or affiliated with another company? Yes No
If yes, please provide those names and/or affiliations: _____
- Number of years that you have performed your specialty trade: _____
- Value of work currently under contract: _____
- Backlog value of work slated for the next 12 months: _____
- Average annual value of work completed the last five years: _____
- Does your company have federal, state, county or local certification status? Yes No
DBE HUB MBE WBE SBE VB DVBE SDB CBI
Other: _____ Certifying Agency: _____

Will your firm commit to set a goal for this project of 21% MWSBE participation or greater including a diverse percentage of minority owned business (i.e. workforce, suppliers, second tier subs)?

- Yes No
- Does your firm have a minority/HUB business plan? Yes No
(Yes = 2 pts)
 - Has your firm previously subcontracted work to a minority firm? Yes No
(Yes = 2 pts)
 - Describe your firm’s approach to meet or exceed the MWSBE participation goal for this project. Attach response to this pre-qualification statement.
 - Has your firm participated or are currently participating in a Workforce Development Program on another project? *Workforce Development Programs encourage contractors to hire local candidates that may come through workforce readiness programs such as Goodwill, R.O.C., CPCC, and similar organizations.* Yes No

2. Corporate, LLC, Partnership and Ownership Information

- Is your company a corporation, LLC, or a partnership? Please indicate such: _____
Please provide the following:

- Date of Incorporation or Partnership formation: _____
- State of Incorporation or state where partnership was written: _____
- Organizational Structure (Please list the following, full legal names)
 - Owners: _____
 - Officers (CEO, CFO, President, Vice President(s), Secretary and Treasurer, etc.)

 - Partners _____
 - Others authorized to represent, conduct business for, or sign legal documents on behalf of your company:

- Firms that experience changes in Ownership, organizational structure, or material changes in assets must inform the Construction Manager (CM) prior to bidding or the award of a contract.

- Has any officer, partner, or owner of your organization ever been an officer, partner, or owner of another organization that failed to complete a construction contract?

Yes No
(No = 6 pts)

If yes, please describe the circumstances: _____

- Has any officer, partner, or owner of your organization ever been convicted of a crime or been involved in lawsuit related to the failed completion of a construction contract?

Yes No
(No = 6 pts)

If yes, please describe the circumstances: _____

- Has your company ever failed to complete a contract?

Yes No
(No = 6 pts)

3. Project Experience

- Please provide a list of relevant projects of similar size and scope (current and completed) that your company has contracted for during the last five (5) years.
- Relevant projects include public & private K-12 education (especially Charlotte-Mecklenburg Schools), municipal, county, and CM at Risk projects of similar size, stature, and magnitude. Relevant projects shall also include projects of similar size and magnitude to the CMS New ES Hidden Valley, JW Grier, Newell Relief.
- List project name, scope of work you performed, your contract amount in dollars, and an email and phone number of the general contractor or construction manager contact reference. **(Up to five (5) projects will be scored and four (4) points will be allocated per relevant project for a total of twenty (20) points)**

1	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
2	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
3	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
4	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:
5	Job name:		
	Scope of work:		Contract value:
	GC/CM:	Phone #:	Email:

4. Personnel Assigned to the Project

Provide relevant information on the personnel that will be directly responsible for the work, including the location of the office that will be primarily responsible for the work:

- Please list your project managers and superintendents and their relevant experience

(Personnel with relevant experience = 7 Points)

5. Financial Information and References

- Name of Financial Institution (Bank): _____
- Address, City, State, Zip: _____
- Contact: _____

Is your company currently rated with Dun & Bradstreet? Yes No

(2 points for providing favorable D&B score)

Number: _____ If yes, what is your rating? _____

- Has your company filed for bankruptcy or structured re-organization? Yes No

(No = 4 pts)

- If the answer to any of the above questions is yes, please describe the circumstances on an attached separate sheet.

- Available line of credit: \$ _____ financial institution name: _____

- **Attach an audited current (within the last 12 months) financial statement with the completed pre-qualification information.** Attached statement included? Yes No

(Strong Financials Top Score = 14 points)

6. Litigation

- Does your company have any current or pending claims, litigation or lawsuits because of circumstances on current or completed projects? Yes No

Current pending claims, litigation or lawsuits with Government entities may prevent prequalification

- Please provide all information regarding your litigation history, including litigation with Owners, Contractors, Suppliers, and Subcontractors.
- Are there any current, pending or recent (last 5 years) judgments, claims, suits, or have you participated in any arbitration with regards to any projects in the last 5 years?

Yes No
(No = 4 pts)

If the answer to any of the above questions is yes, please describe the circumstances below:

7. Timeliness

- Has your company failed to complete a project on time and incurred Liquidated Damages? Provide information on the success and experience your company has with completing projects on-time.

Yes No
(No = 4 pts)

- Include any record or history associated with the payment of Liquidated Damages.

8. Licensing and Classification

- Has your company ever had its license revoked or are there any pending/current judgments against your company regarding your contractors' license? Yes No

(No = 4 pts)

If the answer is yes, please describe the circumstances on an attached separate sheet.

Current judgements will prevent the contractor from being prequalified.

- Please name the licenses and license numbers that your company holds for the work you regularly perform and would intend to perform on these projects:

Type of License: _____ License Number and State: _____

Type of License: _____ License Number and State: _____

- **Legal Authorization**

Please provide a copy of your North Carolina Contractor License or provide a statement that guarantees you will be able to acquire one prior to submitting a bid on this project. If a statement is required, the applicant shall identify the states in which they are licensed for this type of work.

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9. Bonding and Capacity

- Surety Company: _____
- Name of Agent: _____
- Agent Contact Person: _____
- Telephone Number for Agent: _____
- Bond Rate: _____ Bond Capacity for a Single Project: \$ _____
- Total Bond program capacity: \$ _____

Will you be able to provide a payment and performance bonds for this project? Yes No

If yes, please provide a letter from your bonding company. (Yes= 6 pts)

- Has any bonding company ever had to complete your contract work, because you were unable to complete it? Yes No
- If yes, please explain the specific circumstances on an attached separate sheet. (No = 3 pts)

10. Insurance

Your company will be required to provide the insurance requirements that the owner will mandate for Edifice LLC. At this time, we ask the question if your company can at least provide the following insurance policies and limits for the life of the project.

- Workers Compensation:
 - State Statutory Requirements
 - Employers Liability
 - \$500,000 – Each Accident
 - \$500,000 – Disease Policy Limits (Aggregate)
 - \$500,000 – Disease Each Employee
 - Waiver of Subrogation
 - Comprehensive General Liability Insurance
 - Bodily Injury Liability including contractual liability coverage assumed under the indemnity agreement of the contract, products/completed operations and underground property damage XCU where applicable.
 - \$1,000,000 each occurrence; \$2,000,000 annual aggregate
 - Property damage Liability including contractual liability coverage assumed under the indemnity agreement of the contract, products/completed operations and undergoing property damage XCU where applicable.
 - \$1,000,000 each occurrence; \$2,000,000 annual aggregate
 - Edifice LLC and Owner named as additional insured
 - Comprehensive Automobile Liability Insurance shall be maintained by the Contractor as to the Ownership, maintenance and use of all owned, non-owned, leased or hire vehicles with limits of not less than:
 - Automobile Liability – All owned, non-owned and hired vehicles.
 - \$1,000,000 each person; \$1,000,000 each accident
 - Automobile Property Damage Liability – all owned, non-owned and hired vehicles.
 - \$1,000,000 each person; \$1,000,000 each accident
 - Edifice LLC and Owner named as additional insured
 - Umbrella liability limits shall not be less than:
 - \$1,000,000 each occurrence; Edifice LLC. and Owner named as additional insured
 - Please indicate if you can provide the coverage outlined above: Yes No
- (Yes = 2 pts)

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11. Safety

- Please attach your safety policy or program with this completed questionnaire.
- Has your company incurred any OSHA fines within the last five (5) years?

Yes No
(No = 2 pts)
- Has your company had any jobsite fatalities or lost time accidents within the last five (5) years?

Yes No
(No = 2 pts)
- If the answer to either question above is yes, please describe the circumstances on an attached separate sheet.
- Firms must provide copies of any complaints, safety violations, or reports from the North Carolina Qualifications Board, OSHA, or any other regulating agency associated with any construction project.
- Please list your company’s current Experience Modification Rating (EMR) and for the past three (3) years:
 Year _____ Rate _____ Year _____ Rate _____ Year _____ Rate _____
- Please attach your company’s substance abuse policy or program. Please identify your procedures for testing, pre-employment, random, and after accidents.

12. Company References

- List four (4) general contractor/construction manager references. Provide as follows:

	Company Name	Contact Name	Phone	Email
1				
2				
3				
4				

(1 point per reference = Total of 4 points)

13. Signature

We duly swear that all information provided within is truthful, accurate, and shall have no consequence on further legal standings with Edifice LLC. We also understand that by simply filling out and completing this statement and providing the requested information, we will not be deemed a pre-qualified trade contractor.

 Signature of Company Officer, Partner, or Owner: Date

 Type written name and title of Company Officer, Partner, or Owner:

 Firm Name

(Passing score is 80 points or better)