



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

Thank you for your firm's interest in working with G.W. Liles Construction Co., Inc. (GWLC) the construction manager at risk (CM) for the new Mary Frances Wall Pre-K Center Replacement Project.

Project: Mary Frances Wall Pre-K Center Replacement Project Phase 2
Location: 87 Palaside, Dr. Concord, NC 28025

*****GENERAL DESCRIPTION OF PROJECT*****

This project consists of demolishing the current facility, retrofitting 10,000 square feet of the existing 1990 eight classroom building, and building approx. 24,000 square feet of new construction to relocate the Mary Frances Wall Pre-School Center on the site. The site consists of approximately 6.9 acres located at 87 Palaside Drive, NE, Concord, NC. The building will be designed for a capacity of 300 students and will include administrative spaces, support spaces, conference spaces, and collaborative breakout spaces.

Prequal Advertisement Date: 09/26/2024
Prequal Due Date: 11/1/2024 at 3:00 PM

If you are an interested bidder and want to be included in our bidding process for formal bid packages as a first-tier subcontractor, you are required to prequalify by completing the Subcontractor Prequalification Form. Please submit prequalification forms by hand delivery or mail to the office (325 McGill Ave. Suite 120 Concord, NC 28026) for email deliveries send to the project representatives **Trip McCrimmon (VP, Preconstruction)** tmccrimmon@lilesconstruction.com and **Hugo Avila (Project Manager)** havila@lilesconstruction.com by the due date for consideration. Please address envelope deliveries **to the attention of Trip McCrimmon and Hugo Avila MFWC Prequalification**. Please follow up to confirm receipt of mailed and emailed prequalification forms; GWLC takes no responsibility for failed deliveries.

- Section 0:** Attended Site Visit
- Section 1:** Company Information
- Section 2:** Organization
- Section 3:** Licensing and Certifications:
- Section 4:** Experience
- Section 5:** References
- Section 6:** Safety & Loss Prevention
- Section 7:** Financial/Operational-Bonding (Confidential-Non-Disclosed)
- Section 8:** Bid Contact Information
- Section 9:** Signature and Notarization
- Section 10:** Prequalification Criteria

Available points for the prequalification scoring system, **Prequalification Rating Matrix (PRM for short)**; are identified in **red font** within each section below. Points will be tallied, and the prequalification form evaluated as described in Section 10.



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

If your firm is interested in prequalifying for this project, please check the box for the bid package(s) you will bid. This is a preliminary list of bid packages and may change based on contract documents.

Request to Prequalify	Bid Packages
	01A Cleaning
	02A Selective Demolition
	03A Building Concrete
	04A Masonry
	05A Structural/Misc. Steel
	07A Sealants
	07B Foam Insulation Air Barrier
	07C TPO Membrane Roofing
	07D Fiber Cement Siding
	08A Doors/Frames/Hardware
	08B Glass Assemblies
	09A Gypsum Assemblies
	09B Resinous Flooring
	09C Acoustical Ceilings
	09D Resilient Flooring
	09E Painting
	10A Specialties
	10B Signage
	12A Roller Window Shades
	12B Plastic Laminate Casework
	21A Fire Suppression System
	22A Plumbing System
	23A HVAC System
	26A Electrical/Fire Alarm System
	31A Sitework
	32A Asphalt Paving
	32B Site Concrete
	32C Fencing
	32D Landscape/Irrigation
	33A Site Utilities



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

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

Section 0 – Attended Site Visit *(PRM: Not Applicable for this Phase)*

Provide the name and title of the attendee.

Section 1 – Company Information *(PRM: If completed give 2 points. If not, give 0 points. If office is in Cabarrus County give additional 1 point)*

Company

Name: _____

Corporation ☐

Mailing

Address: _____

Partnership ☐

City, State, Zip: _____

Individual ☐

Street Address: _____

Joint Venture ☐

City, State, Zip: _____

Other ☐

Principal
Office: _____

City, State, Zip: _____

Federal ID or SS #: _____

Phone: _____

E-mail: _____

Fax: _____

Website: _____

Contact Name: _____

Project Name

(if applicable): Mary Frances Wall Pre-K Center Replacement Project



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

Section 2 – Organization *(PRM: If completed give 1 point. If business has >10+yrs experience give 2 points, = 5-10 yrs. 1 point, < 5yrs. 0 points – If business is a J/V, defer to longest tenured partner)*

1. How many years has your organization been in business?
2. How many years has your organization been in business under its present business name?
3. List any former names your organization has operated under:

4. Is your company a subsidiary or affiliate of another firm? Yes ☐ No ☐
If yes, what is the parent company's name? _____
5. If your organization is a corporation, to include limited liability corporation, answer the following:
Date of incorporation: _____
State of incorporation: _____
Name of CEO: _____
Name of President: _____
Key Personnel: _____

6. If your organization is a partnership, to include limited liability partnership, answer the following:
Date of partnership: _____
Type of partnership
(if applicable): _____
Names of General Partners: _____

7. If your organization is individually owned, answer the following:
Date of organization: _____
Name of owner: _____



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

Section 3 -Licensing and Certifications (PRM: If completed give 1 point. If not, give 0 points.)

1. Has a complaint ever been filed with a State Licensing Board against your firm?
If yes, please describe:
2. Indicate licenses, with license numbers, for which you are qualified to do business, (i.e. electrical, fire protection, state or county business licenses, etc.).

License type
License type

License number
License number

3. Is your firm currently certified as a North Carolina HUB (Historically Underutilized Business) if so, provide a copy of your certification and identify your minority category:

☐ Black (B), Hispanic (H), Asian American (A), American Indian (I) ☐ Female (F)

☐ Socially and Economically Disadvantaged (D)

Section 4 – Experience

1. Provide the specific CSI divisions of work that your organization normally performs. (PRM: If provided, 1 point. If not, 0 points.)
2. Has your organization within the last five years ever failed to complete any work awarded? (PRM: If yes, 0 points. If no, 2 points.)
If yes, please describe:
Yes ☐ No ☐
3. Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last five years?
(PRM: If yes, 0 points. If no, 1 point.)
If yes, please describe:
Yes ☐ No ☐
4. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last five years?
(PRM: If yes, 0 points. If no, 1 point.)
If yes, please describe:
Yes ☐ No ☐



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

5. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract?

(PRM: If yes, 0 points. If no, 1 point.)

Yes ☐ No ☐

If yes, please describe:

6. Within the last (3) three years has your company performed any work for G.W. Liles Construction Inc.? (PRM: If yes, 1 point. If no, 0 points.)

Yes ☐ No ☐

If yes, please describe:

- Project Name:
- Project Manager Name:
- Contract Amount:

7. On a separate sheet, list 5 each major similar projects your organization has completed in the past three years for each bid package that you are prequalifying for. Provide the following information for **each** project:

(PRM: Give 1 point for each similar project – Total potential points 5)

- Project Name
- Owner
- General Contractor
- GC contact name & phone number
- Contract amount
- Percentage of subcontracted work-2nd or 3rd Tier
- Percentage of work performed with your own forces

8. Indicate the type of projects in which your company has experience: (check all that apply) (PRM: If yes, 1 point. If no, 0 points.)

☐ Educational ☐ Commercial ☐ Industrial ☐ Health Care ☐ Mixed Use
☐ Senior Living ☐ Institutional ☐ Adaptive Reuse

9. List Primary Counties your company performs work:

(PRM: If provided, 1 point. If not, 0 points.)

10. Indicate size of project you are most competitive in performing enter (1). Show in preference order (2, 3...) other size projects you are capable of performing:

(PRM: If provided, 1 point. If not, 0 points.)

- | | |
|--|--|
| <input type="checkbox"/> Under - \$50,000 | <input type="checkbox"/> 1,000,000 – 3,000,000 |
| <input type="checkbox"/> 50,000 - 100,000 | <input type="checkbox"/> 3,000,000 – 5,000,000 |
| <input type="checkbox"/> 100,000 – 200,000 | <input type="checkbox"/> Above \$5M |
| <input type="checkbox"/> 200,000 – 500,000 | |
| <input type="checkbox"/> 500,000 - 1M | |



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

11. What scope(s) of work do you typically subcontract to other companies? (PRM: If provided, 1 point. If not, 0 points.)

Section 5 – References (PRM: For each positive reference give 5 points, for an average reference give 0 points, for a negative reference or failure to provide a reference deduct 5 points – Total potential points 25)

On a separate sheet, provide 5 references. 2 of which must be Supplier/Credit references and the other 3 may be a combination of General Contractor and Owner references.

Provide the following information for each reference:

- Company Name
- Address
- Telephone Number
- Contact Name
- Average Annual Dollars

Section 6 - Safety and Loss Prevention

1. Do you have a written safety and health program? Yes ☐ No ☐
If yes, please attach your safety policy. (PRM: If yes, 3 points. If not, 0 point.)
2. Please attach your last three years OSHA 300A and 300 Logs. (PRM: If complete logs, 1 point. If none, 0 points.)
3. In the last 3 years, has your company ever received a Serious, Willful, or Repeat violation under the OSHA Construction or General Industry Standards? Yes ☐ No ☐
(PRM: If yes, 0 points. If no, 1 point.)
If yes, please list the OSHA Standard your company was cited under and if any monetary fines were paid.
-

4. Please list your company's last three years' Experience Modification Rate (EMR). (PRM: If below 1% 3 points, minus 1 point for each year above 1%.)

2021 _____ 2022 _____ 2023 _____

5. Do you have a Substance Abuse Policy? Yes ☐ No ☐
If yes, please check the following that apply and supply copy of your Substance Abuse policy: (PRM: If yes, 1 point. If not, 0 points.)

☐ Pre-Employment testing post
☐ Random Testing

☐ Accident testing
☐ For Cause testing



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

Section 7 – Financial/Operational – *(This information is kept confidential)* (PRM: If completed give 5 points. If not, give 0 points.)

1. Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement.

2. Indicate below the annual sales volume for the last three (3) years?

Year	\$	Year	\$	Year	\$
------	----	------	----	------	----

3. Work in Progress Projects:

1.	\$
2.	\$
3.	\$
4.	\$

4. Attach your company's IRS Form W-9, Request for Taxpayer Identification and Certification

5. Complete the bonding information. (PRM: If completed give 1 point. If not, give 0 points. If capacity is beyond project amount give 4 points, if not give 0 points)

Name of Bonding/Surety company:

Agent Name:

Address:

Telephone Number:

Contact Person:

Bonding Rate:

Bonding Capacity Aggregate:

Per Project Amount:

6. Attach a signed letter from your Bonding Agent to confirm the above information. (PRM: If letter provided give 2 point. If not, deduct 10 points. If surety has expended no cost, give 4 points. If any costs expended give 0 points)



Subcontractor Prequalification Form

Mary Frances Wall Pre-K Center Replacement Project

Section 8 – Bid Notice Contact Information (This information is used for bid notices) (PRM: If completed give 2 points. If not, give 0 points.)

Contact Name and Title: _____
(Print) (Signature)

Phone: _____ Email Address: _____

Section 9 – Signature

I, _____ being duly sworn, deposes and says that the information provided on the prequalification application herein is true and sufficiently complete so as not to be misleading.

Subcontractor _____

By: _____

Title: _____ (Officer of Company)

Dated this _____ day of _____, 20____

Subscribed and sworn before me this _____ day of _____ 20____

Notary Public: _____
Print Name

My commission expires: _____

Reference Sections:

Section 10 – Prequalification Criteria

- **Failure to Answer** all the above questions may result in disqualification. If subcontractors have questions, please reach out to the CM representatives.
- **Selection Criteria** is pursuant to NC Statute GS143–128.1, 143–135.8.
 - Completing this questionnaire DOES NOT guarantee prequalification.
 - Total points available are 75. Any company with a cumulative score of less than 50 Points will be considered disqualified. Others with low scores may require additional follow-up from the Construction Manager.
 - Notice to those who successfully qualify will be given within 5 Days after submitting your completed prequalification form.