



Submit via email to estimating@mcco-us.com

TRADE PARTNER PREQUALIFICATION STATEMENT

BUSINESS INFORMATION

SUBMITTED BY

Company Name _____ Date _____

Mailing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Principal Office _____

Primary Scopes of Work _____

Secondary Scopes of Work _____

Division Manager _____ Phone _____ Email _____

Project Manager _____ Phone _____ Email _____

Preconstruction _____ Phone _____ Email _____

Accounting Dept. _____ Phone _____ Email _____

ORGANIZATION

How many years has your organization been in business? _____

How many years has your organization been in business under its present business name? _____

Please list all Landlords or Buildings that your organization is listed as a required / preferred vendor:

Total Number of Employees _____ Office / Admin _____ Field Supervisors _____ Field Labor _____

Please list typical contract size of projects completed: _____

Please list average job size of projects where you have been most successful delivering quality and on schedule: _____

[Entire section above complete = 5 points, Incomplete = 0]

Please state distance from Center City Charlotte where you would consider completing projects: [Every 60 miles = 1 point (Max of 6 points)] _____

LICENSING & CERTIFICATIONS

Provide licensing information for the following states:

North Carolina Contractor's License # _____

South Carolina Contractor's License # _____

Is your organization currently certified as a HUB (Historically Under-Utilized Business), Veteran Owned or MWSBE?

[Yes = 5 points / Certification attached = 5 points (Max of 10 points)]

Yes No If yes, select applicable certification* MBE SBE WBE VO HUB DVBE

*Please attach supporting documentation

How does your firm plan to provide MWSBE participation on your project? (if non-diverse vendor) [Explanation provided = 5 points]

Are members of your organization CEWA certified? Yes No

[Yes = 1 point, No = 0 points]

EXPERIENCE

Has your organization ever failed to complete an awarded scope of work? Yes No

If so, provide a written statement of explanation [Yes = 0 points, No = 5 points]

Are there any judgements, claims, arbitrations, proceedings, or suits pending or outstanding against your organization? Yes No

If so, provide a written statement of explanation. [Yes = 0 points, No = 5 points]

Does your organization subcontract work to others? [Yes = 0 points, No = 1 point] Yes No

Does your organization have a service department? [Yes = 1 point, No = 0 points] Yes No

Do you have 24-hour coverage? [Yes = 1 point, No = 0 points] Yes No

Does your organization have experience with LEED projects? [Yes = 1 point, No = 0 points] Yes No



FINANCIALS

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

Year _____ Amt _____ Year _____ Amt _____
[Each year completed = 1 point (Max of 3 points)]

Expected annual volume (current year) [1 point] _____

Please list the total number of projects you currently have under contract or in progress and their total dollar value?
[Entire section below completed = 3 points, Incomplete = 0 points]

of Projects: _____

Current Projects Total Contract Amount: _____

Current Projects Amount Remaining to Bill: _____

What is your largest job completed? [3 points] Sq.Ft _____ Dollar Value _____

What is your current Backlog? [3 points] _____

If requested, are you willing to provide financial information? Yes No

If yes, please indicate the format in which your financials will be submitted Hard Copy Virtual Presentation
[Yes = 6 points, No = 0 points]

List the (3) three largest projects your organization has in progress: [Each project = 2 points (Max of 6 points)]

1.	Project Name	_____	Anticipated date of completion	_____
	Client	_____	Percentage of work performed with your own workforce	_____
	Architect	_____		
	Contract Value	_____		

2.	Project Name	_____	Anticipated date of completion	_____
	Client	_____	Percentage of work performed with your own workforce	_____
	Architect	_____		
	Contract Value	_____		

3.	Project Name	_____	Anticipated date of completion	_____
	Client	_____	Percentage of work performed with your own workforce	_____
	Architect	_____		
	Contract Value	_____		



SAFETY

Does your organization have a written Environmental Health and Safety Program? Yes No

If so, provide a copy [Yes (with copy attached) = 1 point, No = 0 points]

Identify the person within your organization directly responsible for Safety Program Management

Name _____ Phone _____ Email _____

Has your firm had any OSHA violations within the most recent three (3) years? Yes No

If yes, please provide a written statement of explanation

[Yes = 0 points, Yes (with statement of explanation) = 2 points, No = 4 points]

What is your company's total incident case rate? _____ What is your company's EMR? _____

[TICR: less or equal to 2.7 = 10 points. Greater than 2.7, 0-10 points pending additional documentation.]

[EMR: less or equal to 1.0 = 5 points. Greater than 1.0, 0-5 points pending additional documentation.]

BONDING

Bonding Company _____

Name of Agent _____ Phone _____

Address _____

Attach letter, dated within the last 30 days, from your surety company, signed by their Attorney in Fact, to verify their willingness to issue sufficient payment and performance bonds for projects, on behalf of your firm and the dollar limits of that bond commitment, both single and aggregate. Surety company bond rating shall be rated "A" or better under A.M. Best Rating system or the Federal Treasury List.

Have you attached a surety letter? Yes No

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

If yes, please explain:

[Entire section completed with supporting documentation attached = 10 points, Incomplete = 0 points]



REFERENCES

Please list three professional references:

[Each reference listed = 2 points (Max of 6 points)]

1. Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____

2. Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____

3. Full Name _____ Relationship _____
 Company _____ Phone _____
 Address _____

BILLING & PAYMENT INFORMATION / NOTICE OF CONTRACT & LEIN WAVERS

The below is a standard list of documents that will be required for payment. Additional documentation may be required at the request of the owner.

1. A current Certificate of Insurance must be on file prior to processing application for payment.
2. A signed W-9 must be on file prior to processing application for payment.
3. Invoice period is from the 16th of the previous month through the 15th of the current month.
4. Invoices are due to McFarland Construction no later than the 15th of the current month.
5. Invoice per "Invoice/Pay App Cover Sheet".
6. 10% Retention will be withheld from each progress invoice.
7. Prior to the start of work a current COI naming McFarland Construction and the Owner as additional insured must be on file with McFarland Construction. Fulfillment of this obligation is a condition precedent of any obligation of McFarland to remit any payment to the Trade Partner.
8. Must provide a lien release in the forms attached hereto from the Trade Partner and all lower tier Trade Partners or suppliers to the Trade Partner with each payment request.
9. Must complete all work and pass all inspections prior to submitting a final invoice.
10. Must complete any and all closeout requirements prior to the release of retention.



DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that false or misleading information on behalf of my organization stated on this prequalification or interview may result in disqualification.

Signature: _____

Date: _____

[Prequalification form signed and dated = 2 points]

