

Wendell H. Murphy Football Center Kitchen Renovation

4600 Trinity Road, Raleigh NC 27607

Construction Manager at Risk Subcontractor Pre-Qualification

Due: June 2, 2025



Shelco
Building Excellence





ADVERTISEMENT FOR SUBCONTRACTOR PRE-QUALIFICATION

Shelco, LLC, the Construction Manager at Risk for NCSU Murphy Center Kitchen Renovation project will conduct pre-qualification of bidders.

The Construction Manager is:
Shelco, LLC
3600 Glenwood Ave., Suite 300
Raleigh, NC 27612
Project Contact: Brandon Boyer
Phone: 919-877-2608
Email: bboyer@shelcollc.com

The Owner is:
**North Carolina State
University**
2601 Wolf Village Way
Raleigh, NC 27607

The Architect is:
CRA Associates
100 Europa Drive, Suite 565
Chapel Hill, NC 27517

All subcontractors interested in pre-qualifying to bid this project must submit the Subcontractor pre-qualification form including supporting documents. **Bid documents are on schedule to be issued in June 2025.**

MWSBE Certified Firms are encouraged to apply.

All questions should be directed to the Construction Manager in writing via email.

Pre-Qualification packets are to be submitted to Brandon Boyer via projectcompliance@rightbuildint.com by June 2, 2025 on or before 5:00 PM

The project will be broken down in the following bid packages:

BP2	Selective Demolition	BP10A	Specialties
BP3	Concrete	BP10B	Signage
BP6	Architectural Millwork/Casework	BP10C	Final Cleaning
BP7	Membrane Roofing	BP10D	General Trade & Construction Cleaning
BP8A	Doors & Hardware	BP11	Food Service Equipment
BP8B	Glass & Glazing	BP21	Fire Protection
BP9A	Metal Stud Framing/Gypsum Systems	BP22	Plumbing
BP9B	Acoustical Ceilings	BP23	Mechanical
BP9C	Ceramic Tiling	BP26A	Electrical
BP9D	Carpet & Resilient Flooring	BP28A	Fire Alarm
BP9E	Painting & Wallcovering		
BP9F	Window Shades		

*** Bid Package breakdown may be subject to change*

The intent of this request is for Pre-Qualification only and not for receiving bids or a guarantee to bid project

State of North Carolina
Prequalification Form for First –Tier Subcontractors under CM at Risk

Pursuant to the statute, this form gathers information about the subcontractors 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 GS 143-128.1, 143-135.8, the State of NC Prequalification Policy.

First-Tier Subcontractors are not to use the blank template from the SCO website but to use the project -specific form from the Prequalification Committee.

PREQUALIFICATION DUE DATE/TIME: 6/2/25 5:00 pm
(date) (time)

Submitted to: Brandon Boyer
Contact Name receiving prequalifying packages

Shelco, LLC
CM @ R Firm

3600 Glenwood Ave
Address

Suite 300
Address

Raleigh, NC 27612
City/State Zip Code + 4

919-877-2608
Phone number Fax Number

projectcompliance@rightbuildint.com
E-mail address

Project: Wendell H. Murphy Football Center Kitchen Renovation
Name of Project

North Carolina State University
Project Owner

4600 Trinity Road, Raleigh NC 27607
Project Location/Address

CRA Associates
Project Architect

Project Phase December 2025
Project Start Date (Approx.)

Approx. 6 months May 2025
Project/Phase Duration Anticipated Bid Date

\$ 4,000,000
Total Project Budget Phase Budget

State of North Carolina
Prequalification Form for First –Tier Subcontractors under CM at Risk

BIDDER PRE-QUALIFICATION REQUEST: Shelco, LLC has been selected as the Construction Manager @ Risk by North Carolina State University and is seeking to pre-qualify construction trade and specialty contractors to submit bids for furnishing labor, materials, equipment and tools for the Wendell H. Murphy Football Center Kitchen Renovation project located in Raleigh, NC.

BP2	Selective Demolition	BP10A	Specialties
BP3	Concrete	BP10B	Signage
BP6	Architectural Millwork/Casework	BP10C	Final Cleaning
BP7	Membrane Roofing	BP10D	General Trade & Construction Cleaning
BP8A	Doors & Hardware	BP11	Food Service Equipment
BP8B	Glass & Glazing	BP21	Fire Protection
BP9A	Metal Stud Framing/Gypsum Systems	BP22	Plumbing
BP9B	Acoustical Ceilings	BP23	Mechanical
BP9C	Ceramic Tiling	BP26A	Electrical
BP9D	Carpet & Resilient Flooring	BP28A	Fire Alarm
BP9E	Painting & Wallcovering		
BP9F	Window Shades		

*** Bid Package breakdown may be subject to change*

The intent of this request is for Pre-Qualification only and not for receiving bids or a guarantee to bid project

CURRENTLY, THE CONSTRUCTION MANAGER @ RISK, SHELCO, LLC IS PRE-QUALIFYING SUBCONTRACTORS FOR:

PROJECT DESCRIPTION: This project will be located at 4600 Trinity Road, Raleigh, NC 27607. Scope of Work will include a base bid renovation of 9,600 sf. The renovations will be in an existing building including the kitchen, dining area, offices and classrooms. Project scope includes complete removal of existing 1,300 sf kitchen and renovations for new 2,200 sf kitchen including all new kitchen and server equipment. All new architectural finishes to be provided throughout renovation areas.

Anticipated Construction Schedule: Start December 2025 & Finish May 2026

Additional Packages will be added and/or deleted at the discretion of the Construction Manager. Historically underutilized business participation is highly encouraged.

Interested contractors should submit their completed prequalification submittals by **TBD** to Brandon Boyer at Shelco, LLC by email shown below or by mail to 3600 Glenwood Ave, Suite 300, Raleigh, NC 27613

PREQUALIFICATION FORMS CAN BE OBTAINED from link: ([NCSU Murphy Center Kitchen Renovation Subcontractor Pre-Qualification](#)) or by contacting Brandon Boyer at bboyer@shelcolc.com or call 919-877-2600. Please note: Plans will not be issued to any contractor until prequalification form is submitted and approved by Shelco,LLC. Target bid date: July 2025.

If your firm is interested in prequalifying for this project, please check the box for your trade(s). 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 response and qualified bidders.

State of North Carolina
Prequalification Form for First –Tier Subcontractors under CM at Risk

SECTION 1. GENERAL COMPANY INFORMATION

1. a. 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

Estimator Contact Name

Estimator Contact Email Address

[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]

Organization

1. b. Business type (check box)

☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole Proprietor ☐ Joint Venture

Indicate your NC Statewide Uniform Certification:(check box): ☐ MBE ☐ HBE ☐ AABE ☐ AIBE ☐ WBE ☐ SDB ☐ DBE

See website link for more information: <http://www.doa.nc.gov/hub/swuc.htm>

_____ Other (specify) _____ Certifying Agency/State (specify)

Is your firm registered with the State of North Carolina to do business? ☐ Yes ☐ No

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

Describe Ownership if Yes: _____

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

[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]

1. c. Licensing Information (Please provide all North Carolina professional licenses required for you to perform your services.)

<u>NC License number/name of licensee</u>	<u>License Limit/Level</u>	<u>State/County/City Privilege License (provide copy)</u>
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_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any license ever been denied or revoked? ☐ Yes ☐ No If yes, please describe, _____

[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]

1. d. Type of Work Performed on a regular basis

List all Scopes of Work for which you would request prequalification review in the upcoming year (Bid Packages):

For Each Scope of Work list the following with values from the last 5 years. (Provide references upon request of the CM)

Scope #1: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #2: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #3: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #4: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #5: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Scope #6: _____ Percentage of Self Performed Work: _____

Average project size (\$): _____ Largest Project Size (\$): _____

Other Scope of Work: _____

What type of work do you self-perform? _____

Has your company been pre-qualified by Shelco and not bid that project over the past 3 years? If so, please provide number of instances of not bidding vs. number of times bidding and reasons for not bidding: _____

[Matrix: 0-1 points. If completely filled in give 1 points. If not, give 0 points.]

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 and the dollar limits of that bond commitment, both single and aggregate. 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

[Matrix: 0-1 points. If surety letter attached give 1 points. If not, give 0 points.]

1. e. (2) Have any Funds been expended by a Surety Company on your firm's behalf? ☐ Yes ☐ No If yes, explain

[Matrix: 0-1 points. If no funds expended by surety company give 2 points. If not, give 0 points.]

Insurance

1. f. The minimum requirements of coverage are listed in Article 34 of the State Construction General Conditions. Firms must indicate that they can provide evidence of insurance coverage, should they be the successful bidder by attaching a copy of their insurance certificate. Have you attached a copy of your insurance certificate? ☐ Yes ☐ No

- Workers Compensation Insurance as required by law and Employer's Liability Insurance Coverage with minimum limits of \$100,000.
- Comprehensive general liability with minimum limits of \$500,000 per occurrence for bodily injury and \$ 100,000 per occurrence/\$300,000 aggregate for property damage.

[Matrix: 0-1 points. If insurance certificate attached give 1 point. If not, give 0 points.]

Financials

1. g. 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 from becoming part of a public record.) Have you attached a balance sheet? ☐ Yes ☐ No

[Matrix: 0-1 points. If financials attached give 1 point. If not, give 0 points.]

SECTION 2. GENERAL REQUIREMENTS

Experience - Size/Capacity/Workload

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

1 _____ (yr)	2 _____ (yr)	3 _____ (yr)
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[Matrix: 0-3 points. For each year completed give 1 point each.]

2. a. (2) 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)

[Matrix: 0-1 points. If section completed give 1 points. If not, give 0 points.]

2. a. (3) What was your largest job completed? _____ Sq. Ft. \$ _____ (Dollar Amount)
_____ Location _____ Year Completed

[Matrix: 0-5 points. Take the "dollar amount of largest job completed" and multiply by 1.5. If the result is larger than the estimated package cost then gives 5 points. If the result is smaller then give 0 points.]

2. a. (4) Current Backlog \$ _____ (Dollar Amount)

[Matrix: 0-5 points. Take "current backlog" dollar amount and add "largest job completed (2.a.(3)) multiplied by 1.5". If the result is smaller than the average of the "annual dollar amounts" listed in (2.a.(1)) multiplied by 1.5, then give 5 points. If the result is larger then give 0 points.]

2. a. (5) List the three largest contracts currently under contract or in progress, including for each, the name of the project, owner, architect and/or GC/CMR and contact information below.

#1 –Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

#2 –Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

#3 –Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	

Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

[Matrix: 0-3 points for each project listed. For each project above, give 1 point for each positive reference from the owner, architect and GC/CMR.]

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 GS143-59 (c). ☐ Yes ☐ No

[Matrix: 0-3 points. If office location is managed and directed from NC office give 3 points. If not, give 0 points.]

Litigation/Claims

2. c. (1) Has your company been involved in any judgments, claims, arbitration or mediation proceedings, or suits within the last five years, whether resolved or still pending resolution? ☐ Yes ☐ No If yes, state the project name(s), year(s), case number and reason why: _____

[Matrix: 0-1 points. If company has not been involved in any of the above give 1 points. If they have, give 0 points.]

2. c. (2) 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: _____

[Matrix: 0-1 points. If there are no current judgments, claims, arbitration, suits or mediation pending give 2 points. If there is, give 0 points.]

2. c. (3) Has your company ever failed to complete work awarded to it? ☐ Yes ☐ No If yes, please provide project name(s), year(s), and reason why: _____

[Matrix: 0-3 points. If company has never failed to complete work it has been awarded then given 3 points. If they have failed to complete work then, give 0 points.]

2. c. (4) Have you ever paid liquidated damages on any project? ☐ Yes ☐ No If yes, state the project name(s), year(s), and reason why. _____

[Matrix: 0-3 points. If “Yes” without sufficient explanation, give 0 points. If “No,” give 3 points.]

2. c. (5) 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. _____

[Matrix: 0 -3 points. If “Yes,” give 0 points. If “No,” 3 points.]

2. c. (6) 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 - 3 points. If “Yes,” give 0 points. If “No,” 3 points.]

Safety Record

2. d. 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 several locations, please explain, to the extent possible, the performance experience of the location serving this project: _____

List any OSHA fines and Jobsite fatalities in the past 3 years with an explanation: _____

[Matrix: 0-5 points. If EMR rate is less than or equal to 1 then give 3 points. If not, give 0 points.]

Historically Underutilized Business (HUB) Plan

2. e. 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: 0-2 points. If company has a current documented plan give 2 points. If not, give 0 points.]

SECTION 3. PROJECT SPECIFICS

3.a. The assigned project superintendent for this project shall be: _____.
Include a resume. Have you included a resume? ☐ Yes ☐ No

[Matrix: 0-1 points. If resume included, give 1 points. If not, give 0 points.]

3.b. The experience this superintendent has on this specific type of project is: ☐ 0-2 ☐ 3-4 ☐ 5-10 ☐ >10 years.

[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

3.c. The assigned project manager for this project shall be _____.
Include a resume. Have you included a resume? ☐ Yes ☐ No

[Matrix: 0-1 points. If resume included, give 1 points. If not, give 0 points.]

3.d. The experience this project manager has on this specific type of project is: ☐ 0-2 ☐ 3-4 ☐ 5-10 ☐ >10 years.

[Matrix: 0-5 points. If 0-2 years give 1 pt, 3-4 years give 2 pts, 5-10 years give 4 pts, >10 years give 5 pts.]

Similar Projects

3.e. List three (3) current or completed projects of similar type which most closely reflects the size and complexity of the type of work being requested for the currently proposed project within the last 10years.

#1 –Similar - Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
#2 –Similar - Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	
Architect Name/Representative	
Architect Address/Phone #/Email	
GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	
#3 –Similar - Project Name	
Description of Work Performed	
Contract Delivery Method (CM/GC)?	
Owner Name/ Representative	
Owner Address/Phone #/Email	

Architect Name/Representative	
Architect Address/Phone #/Email	

GC or CM Name/Representative	
GC or CM Address/Phone #/Email	
Contract Dollar Value	
Percentage Complete	
Current Anticipated Completion Date	

[Matrix: 0-5 points for each project listed. For each similar project listed above give 2 points. In addition, for each project above, give 1 point for each positive reference from the owner, architect and GC/CMR.]

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 (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

E-mail: _____
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__ ☐