



**REQUEST FOR PREQUALIFICATION APPLICATION BID PACKAGE #2
LVCCD Phase 2 Expansion, Contract No. 18-4493 PWP # CL-2018-24**

INSTRUCTIONS FOR REQUEST FOR PREQUALIFICATION APPLICATIONS

Turner Martin-Harris, A Joint Venture (TMH) is inviting qualified firms to submit General and Supplemental prequalification information to be used to prequalify subcontractors for the CMAR Project:

LVCCD Phase 2 Expansion, Contract No. 18-4493 PWP # CL-2018-24

This is a CMAR project subject to Nevada Revised Statutes, SB-1 and Clark County\ Prevailing Wage.

Turner Martin Harris, A Joint Venture and the LVCCD has elected to adopt the Nevada State Public Works Division's List of Qualified Bidders. Firms appearing on the NSPWD's List of Qualified Bidders whose qualification dates are valid through this qualification process, are deemed qualified for their license classifications and to the limits listed. Firms not appearing in the NSPWD List of Qualified Bidders must complete this qualification application. All Interested parties must be qualified pursuant to NRS 338.16991. Qualification applications will be received by Turner Martin Harris, A Joint Venture, through July 31, 2018

Only subcontractors that qualified pursuant to the NSPWD List or who complete the pre-qualification forms in their entirety and will be considered for approval by Turner Martin-Harris.

For your Prequalification Application to be considered:

1. Subcontractor must be licensed pursuant to chapter 624 of NRS;
2. The Prequalification Application must be received no later than **close of business on October 18, 2018;**
3. Subcontractor must be qualified pursuant to NRS 338.16995 to submit a proposal for the provision of labor, materials or equipment on a public work.

GENERAL PROJECT INFORMATION:

The project will include construction of a New Exhibit Hall and associated spaces to be built on the LVCVA's Gold Lot and Diamond Lot. The Phase Two Expansion is currently programed to have approximately 1,400,000 SF consisting of Exhibit Hall, Pre-Function, Meeting and Multi-Purpose, General building Support and General Building Spaces. This is a Prevailing Wage Project that will be utilizing a Contractors Controlled Insurance Program (CCIP).

PROJECT SCHEDULE AND MARTIN HARRIS CONSTRUCTION (MHC) ROLE

TMH is the Construction Manager at Risk (CMAR) for pre-construction services and management of the construction work for the referenced project. The pre-construction portion of the project is on-going. The construction portion of the project is expected to begin in September of 2018. Construction must be complete in December of 2020. TMH will determine Qualified Bidders and include multiple qualified bidders for each scope of work. Turner Martin-Harris, A Joint Venture is under a CMAR Pre-Construction contract and has not been awarded the actual construction contract which is subject to achieving an approved GMP.



REQUEST FOR PREQUALIFICATION APPLICATION
LVCCD Phase 2 Expansion, Contract No. 18-4493 PWP # CL-2018-24

PREQUALIFICATION APPLICATION

The Prequalification Application can be obtained on our website at turnermartinharris.com in the subcontractor's tab or please contact:

- Beth Murray, lvcc@turnermartinharris.com for pick up at 3030 South Highland Dr. Las Vegas, NV 89109

PREQUALIFICATION DUE DATE AND DELIVERY

Prequalification Applications are due to by **close of business on October 18, 2018.**

Prequalification Applications shall be clearly marked:

PREQUALIFICATION APPLICATION
LVCCD Phase 2 Expansion, Contract No. 18-4493 PWP # CL-2018-24

Email to: Beth Murray at lvcc@turnermartinharris.com

-or-

deliver to: 3030 South Highland Dr. Las Vegas, NV 89109

Prequalification Applications may be dropped off in person, electronically submitted or mailed prior to the due date/time. It is the subcontractor's responsibility to ensure and verify that their documents have been received on time, regardless of delivery method. Late submittals will **NOT** be accepted.



REQUEST FOR PREQUALIFICATION APPLICATION
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PREQUALIFICATION APPLICATION INSTRUCTIONS

Application must be accompanied with all requested attachments.

COVER LETTER

In the cover letter, clearly indicate the name, telephone number, facsimile number and direct email address for the designated Primary point-of-contact for your firm or Team. Include any unique qualifications within the body of your cover letter. Also, please indicate if the firm or team intends to submit as a small or minority business enterprise. **(One page maximum)**

COMPANY INFORMATION

Complete in its entirety, signed by an authorized individual. Attach copies of all contractor's licenses in this tab.

FINANCIAL ABILITY AND BONDING CAPACITY

Complete Form in its entirety. Attach a copy of your most recent financial statement in this tab.

INSURANCE

Complete Form in its entirety. Attach a copy of your Certificate(s) of Insurance(s) in this tab.

SAFETY

Complete Form in its entirety, signed by an authorized individual.

PERFORMANCE HISTORY

Complete Form in its entirety.

CERTIFICATION OF APPLICANT

Complete Form in its entirety, signed by an authorized individual.

REQUESTS FOR CLARIFICATION/INFORMATION

All questions regarding the submittal may be submitted in writing no later than close of business July 13, 2018 p.m. to Beth Murray at lvcc@turnermartinharris.com.



REQUEST FOR PREQUALIFICATION APPLICATIONS
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FORM #1 – COMPANY INFORMATION
Prequalification Application

1. Subcontractor General Information

Primary Firm Name:	
Scope of Work Offered:	
Contact Name:	
Contact Phone:	
Contact Email:	

Business Type of Primary Firm:

Sole Proprietorship	
Corporation	
Partnership	
Limited Partnership	
Limited Liability Corp. (LLC)	

Please list principals of the Primary Firm:

Name:	
Title:	
Phone:	
Email:	
Name:	
Title:	
Phone:	
Email:	
Name:	
Title:	
Phone:	
Email:	
Name:	
Title:	
Phone:	
Email:	



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FORM #1 – COMPANY INFORMATION
Prequalification Application

2. Does Subcontractor possess a current NEVADA Contractor’s license for this scope of work?

License Type and No.:		License Limit (\$):	
License Type and No.:		License Limit (\$):	
License Type and No.:		License Limit (\$):	

*** Please attach copies of all licenses.**

3. Has subcontractor breached any contracts with a public body or Person in Nevada or any other State within the last five (5) years?

Yes	
No	

If yes, please explain.

4. Has subcontractor been disciplined or fined by the State Contractor’s Board or another state or federal agency for conduct that relates to the ability of the applicant to perform the work required by this contract?

Yes	
No	

If yes, please explain.

5. Has subcontractor been disqualified from the award of any contract pursuant to NRS 338.017 or 338.13895

Yes	
No	

If yes, please explain.

Printed Name & Title:

Authorized Signature:

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FORM #2 – FINANCIAL AND BONDING ABILITY
Prequalification Application

1. Include company sales revenue values for the subcontractor for the three most recent calendar years.

Subcontractor

Year	Revenue

Financials

Accounting Firm:	
Contact Name:	
Phone:	
Email:	

*** Attach a copy of your most recent financial statement.**

Bank Reference

Bank Name:	
Contact Name:	
Title:	
Phone:	
Email:	

2. Does subcontractor have the ability to Bond for the estimated project scope of work? Surety is required to be “Best “A” Rated or better listed within Treasury Circular 570, licensed to issue bonds in Nevada and have an underwriting limit greater than anticipated contract amount. Provide a letter issued by Subcontractor’s surety (not agent) evidencing length of existing relationship, single project and aggregate bonding limits.

Yes		No	
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Bonding Rate (%)	
Bonding Limit (\$)	

Surety Information:

Company:	
Contact Name:	
Phone:	
Email:	



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FORM #3 – INSURANCE
Prequalification Application

Company Name:	
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INSURANCE FORM

Insurance Company:

Agent Name:

Phone Number: _____ Email: _____

The ACORD Certificate of Liability form (25-S), which is completed to attest to the scope of your insurance coverage only, summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions or limitations of coverage which may cause a material breach under the subcontract agreement. **PLEASE HAVE YOUR INSURANCE REPRESENTATIVE MARK THIS FORM AS A SUPPLEMENT TO THE ACORD CERTIFICATE AS TO COVERAGE FOR THE EXPOSURE LISTED. COVERAGE IS DEEMED TO BE PROVIDED IF NOT EXCLUDED.**

General Liability Insurance

Coverage Includes: Please attach a Copy of your Certificate(s) of Insurance(s)	Yes	No
1. A Per Project Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
2. Turner/Martin-Harris and Owner/Client as additional insured as respects ongoing and completed operations hazards (CG 20 11 10 85 edition or equivalent) All Equivalent Forms Must Be Attached.	<input type="checkbox"/>	<input type="checkbox"/>
3. Primary & Non-contributory Wording	<input type="checkbox"/>	<input type="checkbox"/>
4. Defense Costs outside of limits	<input type="checkbox"/>	<input type="checkbox"/>
5. Blanket Contractual Liability	<input type="checkbox"/>	<input type="checkbox"/>
6. Coverage for "Action Over" claims	<input type="checkbox"/>	<input type="checkbox"/>
7. Mold	<input type="checkbox"/>	<input type="checkbox"/>
8. Subsidence	<input type="checkbox"/>	<input type="checkbox"/>
9. Additional Insured may satisfy any SIR	<input type="checkbox"/>	<input type="checkbox"/>
10. EFIS	<input type="checkbox"/>	<input type="checkbox"/>
11. Multi Residential Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
Single Family	<input type="checkbox"/>	<input type="checkbox"/>
Military Housing	<input type="checkbox"/>	<input type="checkbox"/>
Apartments	<input type="checkbox"/>	<input type="checkbox"/>
Condominiums/Townhomes	<input type="checkbox"/>	<input type="checkbox"/>
Dormitories	<input type="checkbox"/>	<input type="checkbox"/>
Assisted Living Facilities	<input type="checkbox"/>	<input type="checkbox"/>
Hotels	<input type="checkbox"/>	<input type="checkbox"/>
Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG 00 01 10 01)	a. _____	
	b. _____	
	c. _____	

Workers Compensation Insurance

Coverage Includes:	Yes	No
Waiver of Subrogation in name of Martin Harris Construction and Owner/Client	<input type="checkbox"/>	<input type="checkbox"/>
Signature:	Date:	
Print Name:		

* All insurance qualifications, terms & conditions shall be subject to the Turner/Martin-Harris, A Joint Venture CCIP Manual to be provided at a later date.



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FORM #4 - SAFETY
Prequalification Application

Company Name:	
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1. Does the Subcontractor maintain a full-time Safety Program?

Yes	
No	

2. Confirm all on-site field employees will possess 10-hour OSHA cards – and that all supervisors on-site will possess 30-hour OSHA cards.

Yes	
No	

SAFETY							
Name of Safety Professional:							
Title:							
Phone Number:		Fax:			Email:		
1. Drug Free Work Policy <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. Does your company have a written safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. Do you have on-site personnel trained to perform First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. Does your competent person have the proper certification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No							
5. Do you have regular site safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency of on-site safety meetings (daily, weekly, etc):							
6. Do you subcontract work out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, do you insure they follow the proper safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No							
7. Provide the last three years of safety records including Experience Modification Rate (EMR), Recordable Incident Rate (RIR) and Lost Time Incident Rate (LTIR):							
Year :		EMR :		RIR:		LTIR:	
Year :		EMR :		RIR:		LTIR:	
Year :		EMR :		RIR:		LTIR:	
8. Has your firm had a work-related fatalities within the past 5 Years? If yes, provide details on separate sheet.							
Yes:		No:					
To order your free copy of EM 385-1-1 Safety and Health Requirements Manual fax your request to: USACE PUBLICATIONS (301)394-0084 Include your name and address and the manual will be mailed directly to you.							

3. Has subcontractor received any OSHA violations in the last five (5) years? (If yes, provide details/unresolved issues)

Yes	
No	

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: _____ Title: _____

Print Name: _____



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FORM #5 – PERFORMANCE HISTORY
Prequalification Application

1. Has subcontractor completed projects, public or private, in the State of Nevada, of similar size and scope within the last five (5) years?

Yes	
No	

List or attach three example projects, including:

Subcontractor Name:	
Project Name:	
Location:	
Scope Performed:	
Value of Scope:	
Owner or GC Contact Name:	
Phone:	
Email:	

Subcontractor Name:	
Project Name:	
Location:	
Scope Performed:	
Value of Scope:	
Owner or GC Contact Name:	
Phone:	
Email:	

Subcontractor Name:	
Project Name:	
Location:	
Scope Performed:	
Value of Scope:	
Owner or GC Contact Name:	
Phone:	
Email:	



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FORM #6 – APPLICATION CERTIFICATION
Prequalification Application

1. The subcontractor shall attest to the truthfulness and completeness of this application.

Yes	
No	

X _____

Authorized Subcontractor Signature

Print Name:	
Title:	