



Pursuant to the Iowa Code §§ 26A.1 to 26A.4 for Prequalification of Bidders for Construction Projects, this form gathers information about the Subcontractor 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 the statutes and policies.

**Subcontractors must be prequalified to submit a bid.**

**Prequalification Due Date: 02/13/2026**

Submitted To: Todd Ernesti  
Graham Construction Company, Inc.  
13030 Pierce Street, Suite 200  
Omaha, NE 68144  
Cell: 402-619-6917

Project: Name: Cass Health Additions & Renovation  
Owner: Cass County Memorial Hospital  
Location: 1501 E 10<sup>th</sup> Street, Atlantic, IA 50309  
Architect: Shive-Hattery, Inc.  
Civil Designer: Shive-Hattery, Inc.  
Structural Engineer: Shive-Hattery, Inc.  
MEP Engineer: Shive-Hattery, Inc.  
Construction Duration: 18 Months  
Advertisement to Bid: Anticipated 03/04/2026  
Bid Date: Anticipated 03/26/2026

**Project Description:**

Cass Health is a hospital in Atlantic, Iowa that has entered a Construction Manager at Risk Contract with Graham Construction for the above referenced project. Pursuant to Iowa law, including Iowa Code Chapter 26A, all prospective subcontractors interested in bidding on the Project must complete the following Subcontractor Request for Statements of Qualifications and meet the prequalification criteria below. This completed Request for Statements of Qualifications form must be submitted by the date and time specified below to be eligible to bid on the Project.

The project consists of approximately 12,500 sf between 3 additions for surgery, storage, physical therapy, office, and sleep rooms. The project also consists of approximately 30,000 sf between several renovations, including surgery, physical therapy, office, lab, conference rooms, imaging. Site work includes renovating the dock area. The project is heavily phased with the 3 additions constructed first, then moving into the additions (see attached preliminary phasing plan). The estimated total construction budget is \$24,000,000.

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Madison, WI 53703



**Instructions to Prequalify:**

For questions about this form contact Todd Ernesti – [ternest@3GCos.com](mailto:ternest@3GCos.com) (402-619-6917).

**Forms may be submitted in one of the following ways:**

Electronically via email: [ENEstimating@3GCos.com](mailto:ENEstimating@3GCos.com)

Mail or hand deliver: 13030 Pierce Street, Suite 200, Omaha, NE 68144

Please make sure, if submitting handwritten form, that all information is clearly printed.

**The deadline for prequalification submission is 2pm on 2/13/26**

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**Bid Packages:**

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 the 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.

Note: You must qualify for the entire scope of work in said bid package to select a bid package. You do not need to qualify if you are submitting a bid to a qualified bidder.

Check box if prequalifying for bid package. Check all that apply.

- 00 General Requirements (required)
- 01 General Construction (Building Demo, Interior Demo, Casework Install, Door Install, Specialties F&I)
- 03 Building Concrete/Resteel/Helical Piers
- 04 Masonry/Resteel/Precast
- 05 Steel Supply/Install
- 06 Casework Supply Only / SSM Countertop F&I
- 07.1 Roofing
- 07.2 Waterproofing/Joint Sealants
- 08.1 Doors/Frames/Hardware Supply
- 08.2 Aluminum/Glazing/Metal Panels
- 09.1 Framing/Drywall/Ceilings/Weather Barrier/Fireproofing/EIFS/Blocking/Backing
- 09.2 Flooring
- 09.3 Paint & Caulking
- 12 Window Coverings
- 21 Fire Suppression
- 22.1 Plumbing/HVAC/Controls/Insulation/TAB
- 22.2 MRI Shielding
- 26 Electrical/Low Voltage/Security/Access Control
- 31 Exterior Paving/Site Demo/Site Grading/Erosion Control
- 32.1 Landscaping/Plantings/Precast Screen
- 33 Site Utilities/Storm Drainage

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BUILDING WHAT'S IMPORTANT.



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**For Graham use only.**

Date Form Received by Graham Construction: \_\_\_\_\_

Scoring Matrix:

SECTION 1									
1.1	1.2	1.3	1.4	1.5	1.6	1.7	TOTAL		
									/15
SECTION 2									
2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10
TOTAL					/15	TOTAL			/2
<b>GRAND TOTAL</b>					<b>/110</b>				

## **PREQUALIFICATION OF BIDDERS FOR CONSTRUCTION PROJECTS**

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## SECTION 1: GENERAL COMPANY INFORMATION

### 1.1. OFFICE LOCATION

Company Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email address: \_\_\_\_\_

(Contact person for Prequalification Committee.)

Bidding Contact: \_\_\_\_\_ Email address: \_\_\_\_\_

(Person to receive bid documents, addenda, clarifications, and other bid notices.)

*(Prequalification Ratings Matrix: Section is worth 1 point.)*

### 1.2. BUSINESS TYPE

Business Type (check box)

Corporation       Partnership       LLC       Sole Proprietor       Joint Venture

How many years has your organization been in business as a Contractor? \_\_\_\_\_

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

Is your organization signatory to a union?  Yes  No

Is your firm registered with the State of Iowa to do business?  Yes  No

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

If yes, describe Ownership: \_\_\_\_\_

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

*(Prequalification Ratings Matrix: Section is worth 1 point.)*

### 1.3. LICENSING INFORMATION

Please provide all Iowa professional licenses and license limit/level required for you to perform your services on this project. \_\_\_\_\_

Has any license ever been denied or revoked?  Yes  No

If yes, please describe: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 2 points.)*

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#### 1.4. TYPE OF WORK PERFORMED ON A REGULAR BASIS

Primary Scope of Work: \_\_\_\_\_

Secondary Scope of Work: \_\_\_\_\_

Other Scope of Work: \_\_\_\_\_

What type of work do you self-perform? \_\_\_\_\_

What percent of work is typically performed with your own forces? \_\_\_\_\_

How many full-time permanent employees do you currently have? \_\_\_\_\_

Has your company participated in a CMaR project before?  Yes  No

*(Prequalification Ratings Matrix: Section is worth 3 points.)*

#### 1.5. BONDING & SURETY LETTER

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. The surety company bond rating shall be rated "A" or better under the A.M. Rating system or The Federal Treasury List.

Have you attached a surety letter?  Yes  No

*(Prequalification Ratings Matrix: Section is worth 3 points.)*

#### 1.6. BONDING – FUNDS EXPENDED BY SURETY COMPANY

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

If yes, explain: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 2 points.)*

#### 1.7. INSURANCE

The minimum requirement of insurance coverage is listed below. Firms must indicate that they can provide evidence of insurance coverage, should they be the successful bidder by attaching a copy of their current insurance certificate.

Have you attached a copy of your sample insurance certificate?  Yes  No

- General Liability with a required limit of no less than \$1,000,000 each occurrence for bodily injury and Property damage, \$2,000,000 "Per Project/Per Location aggregate"
- Worker's Compensation with the required limit of no less than \$500,000 each accident, \$500,000 Disease policy limit, \$500,000 Disease each employee
- Additional Insured – Graham Construction, Inc and Owner
- Excess Liability (Umbrella) policy with the required limit of no less than \$1,000,000 each occurrence, \$2,000,000 aggregate
- Automobile liability insurance combined single limit of \$1,000,000 for bodily injury and property damage per each occurrence.

*(Prequalification Ratings Matrix: Section is worth 3 points. Bidder may be thrown out if limits don't meet requirements)*

Total Points Awarded for Section 1: \_\_\_\_ /15

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## SECTION 2: GENERAL REQUIREMENTS

### 2.1. ANNUAL DOLLAR VALUE: LAST THREE YEARS

List the annual dollar value of construction work the company has performed for each year over the last (3) three calendar years (if applicable): 2023: \_\_\_\_\_ 2022: \_\_\_\_\_ 2021: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 3 points.)*

### 2.2. NUMBER OF CONSTRUCTION PROJECTS UNDER CONTRACT

How many projects do you currently have under contract or in progress and what is their total dollar value?

Number of Projects Under Contract: \_\_\_\_\_

Current Projects Contract Amount: \_\_\_\_\_

Current Amount Remaining to Bill: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 3 points.)*

### 2.3. LARGEST JOB COMPLETED

What was your largest job completed within the last three years?

Project Name: \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Location: \_\_\_\_\_

Year Completed: \_\_\_\_\_

Description: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 5 points.)*

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#### **2.4. CURRENT PROJECT EXPERIENCE**

List the three largest contracts currently under contract or in progress. For each project list the name of the project, owner, architect, and general contractor/construction manager and contact information below. Failure to provide current contact information will impact points given by the Prequalification Committee.

1. Current Project Name: \_\_\_\_\_

Owner Name/Representative: \_\_\_\_\_

Owner Phone Number/Email: \_\_\_\_\_

Designer Name/Representative: \_\_\_\_\_

Designer Phone Number/Email: \_\_\_\_\_

CM/GC Name/Representative: \_\_\_\_\_

CM/GC Phone Number/Email: \_\_\_\_\_

Contract Dollar Amount: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Percentage Complete: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

2. Current Project Name: \_\_\_\_\_

Owner Name/Representative: \_\_\_\_\_

Owner Phone Number/Email: \_\_\_\_\_

Designer Name/Representative: \_\_\_\_\_

Designer Phone Number/Email: \_\_\_\_\_

CM/GC Name/Representative: \_\_\_\_\_

CM/GC Phone Number/Email: \_\_\_\_\_

Contract Dollar Amount: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Percentage Complete: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

3. Current Project Name: \_\_\_\_\_

Owner Name/Representative: \_\_\_\_\_

Owner Phone Number/Email: \_\_\_\_\_

Designer Name/Representative: \_\_\_\_\_

Designer Phone Number/Email: \_\_\_\_\_

CM/GC Name/Representative: \_\_\_\_\_

CM/GC Phone Number/Email: \_\_\_\_\_

Contract Dollar Amount: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Percentage Complete: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 9 points.)*

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## 2.5. OFFICE LOCATION

Will this project be managed and directed from an office in Iowa or Nebraska?  Yes  No

*(Prequalification Ratings Matrix: Section is worth 3 points.)*

## 2.6. LITIGATION/CLAIMS: LAST FIVE YEARS

Has your company been involved in any judgments, claims, arbitrations, mediation proceedings, or suits within the last five years, whether resolved or still pending resolutions?  Yes  No

If yes, state the project name(s), year(s), case number and reason why: \_\_\_\_\_

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*(Prequalification Ratings Matrix: Section is worth 15 points.)*

## 2.7. LITIGATION/CLAIMS: CURRENTLY OUTSTANDING

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: \_\_\_\_\_

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*(Prequalification Ratings Matrix: Section is worth 15 points.)*

## 2.8. FAILURE TO COMPLETE CONSTRUCTION CONTRACT

Has your company failed to complete work awarded to it within the last 15 years?  Yes  No

If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

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*(Prequalification Ratings Matrix: Section is worth 5 points.)*

## 2.9. LIQUIDATED DAMAGES

Have you paid liquidated damages on any project within the last 15 years?  Yes  No

If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

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*(Prequalification Ratings Matrix: Section is worth 5 points.)*

## 2.10. CONVICTED OF CONFLICTS OF INTEREST/BRIBERY/BID-RIGGING

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

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If yes, state the project name(s), year(s), and reason why: \_\_\_\_\_

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*(Prequalification Ratings Matrix: Section is worth 5 points.)*

#### **2.11. SAFTEY RECORD**

List your company's Experience Modification Rate (EMR) for the past three years.

Present Rate: \_\_\_\_\_ Previous Rate: \_\_\_\_\_ Year Before Rate: \_\_\_\_\_

If EMR is greater than 1.00 for any given year, attach OSHA 300 Log and 300A Summaries for previous 5 years.

Attached?  Yes  No

*(Prequalification Ratings Matrix: Section is worth 5 points.)*

If these rates reflect corporate performances over several locations, please explain, to the extent possible, the performance experience of the location serving this project: \_\_\_\_\_

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Has your company been issued any OSHA fines or had any jobsite fatalities in the past 3 years?  Yes  No

If yes, please provide specific explanation: \_\_\_\_\_

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*(Prequalification Ratings Matrix: Section is worth 3 points.)*

Does your company have a written Safety/Health Program?  Yes  No

Does your company provide weekly safety and health training to your on-site employees?  Yes  No

Does your company perform weekly safety and health inspections of the workplace?  Yes  No

*(Prequalification Ratings Matrix: Section is worth 2 points.)*

*Total Points Awarded for Section 2: \_\_\_\_\_/78*

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### SECTION 3: SIMILAR PROJECT EXPERIENCE

List three CURRENT projects that are at least 75% complete or 3 completed projects of similar type completed within the last 5 years which most closely reflect the size and complexity of the type of work being requested for the currently proposed project. **If the subcontractor has worked on a similar project with Graham Construction within the last 10 years, the subcontractor must list that project below. Failure to provide current contact information will impact points given by the Prequalification Committee.**

1. Similar Project Name: \_\_\_\_\_

Owner Name/Representative: \_\_\_\_\_

Owner Phone Number/Email: \_\_\_\_\_

Designer Name/Representative: \_\_\_\_\_

Designer Phone Number/Email: \_\_\_\_\_

CM/GC Name/Representative: \_\_\_\_\_

CM/GC Phone Number/Email: \_\_\_\_\_

Contract Dollar Amount: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Percentage Complete: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

2. Similar Project Name: \_\_\_\_\_

Owner Name/Representative: \_\_\_\_\_

Owner Phone Number/Email: \_\_\_\_\_

Designer Name/Representative: \_\_\_\_\_

Designer Phone Number/Email: \_\_\_\_\_

CM/GC Name/Representative: \_\_\_\_\_

CM/GC Phone Number/Email: \_\_\_\_\_

Contract Dollar Amount: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Percentage Complete: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

3. Similar Project Name: \_\_\_\_\_

Owner Name/Representative: \_\_\_\_\_

Owner Phone Number/Email: \_\_\_\_\_

Designer Name/Representative: \_\_\_\_\_

Designer Phone Number/Email: \_\_\_\_\_

CM/GC Name/Representative: \_\_\_\_\_

CM/GC Phone Number/Email: \_\_\_\_\_

Contract Dollar Amount: \_\_\_\_\_

Scope of Work: \_\_\_\_\_

Percentage Complete: \_\_\_\_\_

Anticipated Completion Date: \_\_\_\_\_

*(Prequalification Ratings Matrix: Section is worth 15 points. If the company contracted directly with the Owner, Graham Construction will contact Owner for reference information.)*

Total Points Awarded for Section 3: \_\_\_ /15

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#### 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 for this project.

Company Name: \_\_\_\_\_

Dated this day of: \_\_\_\_\_

Submitted by: Print: \_\_\_\_\_

Signature: \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Notary Certification:

\_\_\_\_\_ (state), \_\_\_\_\_ (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 \_\_\_\_\_

*(Prequalification Ratings Matrix: If signature page fully executed give 2 points. If not, give 0 points.)*

Total Points Awarded for Section 4: \_\_\_\_/2

Grand Total Points Awarded: \_\_\_\_/110

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