



Pursuant to the Iowa Code §§ 26A.1 to 26A.4 for Prequalification of Bidders for Construction Projects (attached), 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: **August 8th, 2025**

Submitted To: Cory Bettis  
Graham Construction  
421 Grand Ave.  
Des Moines, IA 50309  
P 515-244-1279 | C 515-776-2400  
cbettis@3gcos.com

Project: **Name:** Guthrie County Hospital Addition and Renovation  
**Owner:** Guthrie County Hospital  
**Location:** 710 N. 12<sup>th</sup> Street, Guthrie Center, IA 50115  
**Architect:** ACI Boland Architects  
**Civil Designer:** Garden & Associates, LTD  
**Structural Engineer:** Bob D. Campbell & Company  
**MEP Engineer:** KED Bluestone  
**Construction Duration:** 30 Months  
**Advertisement to Bid:** Anticipated 8/15/25  
**Bid Date:** Anticipated 9/15/25

#### Project Description:

Guthrie County Hospital is a hospital in Guthrie Center, Iowa that has entered a Construction Manager at Risk Contract with Graham Construction for the above referenced Expansion & Renovation. 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 an approximately 9,500 sq. ft. clinic, dining, and lobby addition to the hospital, MRI addition (Alternate #1), conference building addition (Alternate #2), and renovations to existing med surge, surgery prep/recovery, respiratory therapy, emergency department, physical therapy spaces, and mechanical spaces. The estimated total construction budget is \$32,000,000.

#### Instructions to Prequalify:

For questions about this form contact Cory Bettis – cbettis@3GCos.com (515-776-2400).

Forms may be submitted electronically via email, mail, or hand delivery to Cory Bettis. Please make sure, if

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submitting handwritten form, that all information is clearly printed.

**The deadline for prequalification submission is 3:00 PM CST on August 8th, 2025**

**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.

Check box if prequalifying for bid package.

- ☐ 00 General Requirements (required)
- ☐ 01 General Construction (doors/frames/hardware, millwork installation, blocking, specialties, construction clean, dumpsters, portable toilets, interior demolition)
- ☐ 02 Building Concrete
- ☐ 03 Site Work (Excavation/Grading/Storm Drainage/Site Demolition/Erosion Control)
- ☐ 04 Exterior Paving (Sidewalks, Concrete Paving, Curb and Gutter)
- ☐ 05 Masonry
- ☐ 06 Structural & Misc. Steel, Precast
- ☐ 07 Roofing Systems/Sheetmetal
- ☐ 08 Aluminum Storefront/Glazing/Metal Panels
- ☐ 09 Framing/Drywall/Ceilings
- ☐ 10 Casework
- ☐ 11 Painting & Caulking
- ☐ 12 Flooring & Ceramic Tile
- ☐ 13 Specialty Flooring – Terrazzo or Track Flooring Only
- ☐ 14 Fire Suppression
- ☐ 15 Plumbing/HVAC
- ☐ 16 Electrical/Telecommunications/Security/Access Control
- ☐ 17 Landscaping & Plantings
- ☐ 18 MRI Shielding
- ☐ 19 Exterior Insulated Finish System

Performance & Payment Bond: Required for Bid Packages \$100,000 or higher.

Bid Bond: Required for all Bid Packages.

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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				
SECTION 2											
2.1	2.2	2.3	2.4	2.5	2.6	2.7	2.8	2.9	2.10	2.11	TOTAL
SECTION 3						SECTION 4					
TOTAL						TOTAL					
GRAND TOTAL											

## PREQUALIFICATION OF BIDDERS FOR CONSTRUCTION PROJECTS

### 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: If completely filled in give 2 points. If not, give 0 points.)

#### 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? \_\_\_\_\_

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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: If completely filled in give 1 point. If not, give 0 points.)*

### 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: If completely filled in give 1 point. If not, give 0 points.)*

### 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: If completely filled in give 1 point. If not, give 0 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: If surety letter attached give 3 points. If not, give 0 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: if no funds expended by Surety Company, give 2 points. If yes, give 0 points.)*

### 1.7. INSURANCE

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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: If insurance certificate attached give 3 points. If not, give 0 points.)*

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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): 2024: \_\_\_\_\_ 2023: \_\_\_\_\_ 2022: \_\_\_\_\_

*(Prequalification Ratings Matrix: For each year completed give 1 point – 3 points maximum)*

### 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: If section completed give 3 points. If not, give 0 points.)*

### 2.3. LARGEST JOB COMPLETED

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

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

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

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

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

*(Prequalification Ratings Matrix: Take dollar amount of largest job completed within the last three years and multiply by 1.25. If the result is larger than the estimated budget for this bid package, give 5 points or if the result is smaller, give 0 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: For projects above, give 9 points for positive references from the Construction Manager/General Contractor. If the company contracted directly with the Owner, Graham Construction will contact Owner for reference information.)*

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## 2.5. OFFICE LOCATION

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

*(Prequalification Ratings Matrix: If office location is managed and directed from IA or NE office give 3 points. If not, give 0 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: If company has been involved in any litigation indicated above without adequate explanation, give 0 points. If no, or if an adequate explanation provided, give 3 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: If there is currently any litigation indicated above against your company without adequate explanation, give 0 points. If no, or if an adequate explanation provided, give 3 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: If yes without sufficient explanation, give 0 points. If no, or if an adequate explanation is provided, give 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: If yes without sufficient explanation, give 0 points. If no, or if an adequate explanation is provided, give 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

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interest, bribery, or bid rigging? ☐ Yes ☐ No

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

*(Prequalification Ratings Matrix: If yes, give 0 points. If no, give 3 points.)*

## **2.11. SAFETY 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: Give 2 points if EMR for all three years is equal to or less than 1.0. If EMR for any given year above is greater than 1.0 and OSHA 300 Log and 300A Summaries for previous 5 years is attached, give 2 points. If not attached in this case, give 0 points. Two points maximum.)*

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

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: \_\_\_\_\_

*(Prequalification Ratings Matrix: If yes without sufficient explanation, give 0 points. If no or sufficient explanation provided, give 2 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: Give 2 points for each yes response above.)*

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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 10 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. 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. 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: For projects above, give 15 points for positive references from the Construction Manager/General Contractor. If the company contracted directly with the Owner, Graham Construction will contact Owner for reference information.)*

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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 section 4 not completed entirely then document is not compliant.)*

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