

COUNTY OF MOORE
NORTH CAROLINA

REQUEST FOR QUALIFICATIONS

ISSUE DATE: December 23, 2025

RFQ#: 2026-03

TITLE: Engineering Services – Water Resource Evaluation of Crystal Lake/Little River

ISSUING DEPARTMENT: County of Moore
Attn: Terra Vuncannon
1 Courthouse Square
Carthage, NC 28327

Sealed qualifications will be received until **4:00 p.m. Tuesday January 27, 2026** from qualified firms for Engineering Services – Water Resource Evaluation of Crystal Lake/Little River for the County of Moore Public Works Department. For your convenience, a Bid Drop-Off Box is located in the lobby at 1 Courthouse Square, Carthage, NC (the historic Courthouse). Please note “RFQ 2026-03” on sealed envelope.

All inquiries for information concerning the Request for Qualifications shall be directed to:

Terra Vuncannon, Purchasing Manager
1 Courthouse Square
Carthage, NC 28327
(910) 947-4017
tvuncannon@moorecountync.gov

Sealed qualifications shall be delivered to tvuncannon@moorecountync.gov and shall bear the name and number of this Request for Qualifications in the e-mail subject header. It is the sole responsibility of the Firm to ensure that its response reaches the Issuing Department by the designated date and hour indicated above.

In compliance with the Request for Qualifications and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the services and install the goods described in accordance with the attached signed response.

Firm Name: _____ Date: _____

Address: _____ Phone: _____

_____ By: _____
(typed)

By: _____
(signed)

Authorized Signatory E-mail address: _____

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PROJECT DESCRIPTION

Project Overview

The County of Moore, NC is soliciting Requests for Qualifications (RFQ) from qualified engineering firms for the purpose of further evaluating the County's long-term water supply. This request is for a more detailed analysis of the Crystal Lake / Little River Alternative.

Background

Moore County recently solicited consulting firms to help evaluate their existing water supplies and future water demands in each of their systems. Based on the Long-Term Water Supply Study – Design Memorandum #1 prepared by LKC Engineering, PLLC in June 2023, the County could potentially face a water deficit of 5 MGD due to projected growth and the loss of current resources.

Several alternatives were considered in Design Memorandum #2, including the Drowning Creek / Southern Pines alternative and the Deep River / Carbondon alternative. After the Final Report was delivered in February 2024, the County continued to evaluate options, and a new alternative has since been identified – the Crystal Lake / Little River Alternative.

This alternative was also conceptually evaluated by LKC Engineering and after initial review it is considered to be a viable water supply for the County. Like the other alternatives, it would be a phased project approach with an initial 2 MGD Water Treatment Plant that could be expanded in the future.

Services Requested

This Water Resource Evaluation will be in the format of a Preliminary Engineering Report which may be subsequently used by the County to apply for funding. The scope of the work will include further analysis of the Crystal Lake / Little River alternative and will serve as a 10% design document moving forward if it is the selected alternative. This report should include the following:

- Safe Yield Analysis of Crystal Lake
- Minimum Release / Dam Safety Requirements
- Intake Size and Location
- Pipeline Routing, Easements Required, etc.
- Distribution System Modeling
- Preliminary Design of Water Treatment Plant
- Potential Sites and Parcels for WTP Location
- Water Quality Testing
- Environmental Impacts

Each prospective firm may submit additional information as it deems appropriate for the proper evaluation of their qualifications.

Evaluation Criteria

Qualifications of each firm will be evaluated by the County of Moore selection committee using the following criteria:

- A. Firm experience with similar water resource evaluations in North Carolina. (25%)
- B. Project team experience with services listed above. (25%)
- C. Project technical approach and timeline. (20%)
- D. Current workload of the project team. (10%)
- E. Familiarity with state and federal funding opportunities. (10%)
- F. Reference responses. (10%)

Selection Process:

The proposals received by the submittal deadline will be evaluated by a selection committee comprised of representatives of Moore County.

The committee will review and identify the firm or firms that are most qualified and responsive to the services requested. Interviews may be conducted should the committee require further assessment. The successful firm will be notified once an award/contract has been approved by the County Manager or Board of Commissioners.

The County reserves the right to reject any and/or all responses.

Additional Instructions:

After the Request for Qualifications issue date, all communications between the Issuing Department and prospective Firms shall be in writing. No oral questions shall be accepted. Any inquiries, requests for interpretation, technical questions, clarifications, or additional information shall be directed to Terra Vuncannon at tvuncannon@moorecountync.gov. **All written questions shall be e-mailed to Terra Vuncannon tvuncannon@moorecountync.gov no later than 10:00 am Tuesday, January 13, 2026. NO EXCEPTIONS. Please put "RFQ 2026-03" in subject header of e-mail. Opening will not be public.**

If not hand delivering to the Bid Drop-Off box located at 1 Courthouse Square, Carthage, NC 28327, please submit via **FedEx** or **UPS** to the following address:

County of Moore
Attn: Terra Vuncannon
1 Courthouse Square
3rd Floor Attorney Office
Carthage, NC 28327

Firms should submit one (1) original and five (5) copies of their response. The Firm's Statement of Qualifications shall be limited to no more than 15 pages, including Cover Page. The original should also include the following documents: Non-Collusion Affidavit, E-Verify Affidavit, and W-9 Form.

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Moore

I _____, being first duly sworn, deposes and says that:

He/She is the _____ of _____, the
proposer that has submitted the attached proposal;

He/She is fully informed respecting the preparation and contents of the attached proposal
and of all pertinent circumstances respecting such proposal;

Such proposal is genuine and is not a collusive or sham proposal;

Neither the said Proposer nor any of its officers, partners, owners, agents, representatives,
Employees or parties of interest, including this affiant, has in any way colluded,
conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or
person to submit a collusive or sham proposal in connections with the contract for which
the attached proposal has been submitted or to refrain from bidding in connection with
such contract, or has in any manner, directly or indirectly, sought by agreement or
collusion or communication or conference with any other Proposer, firm or person to fix
the price or prices in the attached proposal or of any other Proposer or to fix overhead,
profit or cost element of the proposal price of any other Proposer or to secure through
collusion, conspiracy, connivance or unlawful agreement any advantage against the
County of Moore or any person interested in the proposed contract; and

The price or prices quoted in the attached proposal are fair, proper and are not tainted by
any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer
or any of its agents, representatives, owners, employees, or parties in interest, including
this affiant.

Signature and Title

State of North Carolina
County of _____
Subscribed and sworn before me,
This _____ day of _____, 2026

Notary Public
My commission expires _____

Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (the entity bidding on project hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).

2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).

3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)

a. YES _____, or

b. NO _____

4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.

Executed, this ____ day of _____, 2026.

Signature of Affiant

Print or Type Name: _____

State of North Carolina

County of _____

Signed and sworn to (or affirmed) before me, this the ____ day of _____, 2026.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

Form W-9 (Rev. March 2024) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification Go to www.irs.gov/FormW9 for instructions and the latest information.	Give form to the requester. Do not send to the IRS.
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Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<table style="width: 100%;"> <tr> <td style="width: 70%; vertical-align: top;"> 1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) </td> <td style="width: 30%;"></td> </tr> <tr> <td style="vertical-align: top;"> 2 Business name/disregarded entity name, if different from above. </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) </td> <td style="vertical-align: top;"> 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.) </td> </tr> <tr> <td style="vertical-align: top;"> 3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/> </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 5 Address (number, street, and apt. or suite no.). See instructions. </td> <td style="vertical-align: top;"> Requestor's name and address (optional) </td> </tr> <tr> <td style="vertical-align: top;"> 6 City, state, and ZIP code </td> <td></td> </tr> <tr> <td style="vertical-align: top;"> 7 List account number(s) here (optional) </td> <td></td> </tr> </table>	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		2 Business name/disregarded entity name, if different from above.		3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions)	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ (Applies to accounts maintained outside the United States.)	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		5 Address (number, street, and apt. or suite no.). See instructions.	Requestor's name and address (optional)	6 City, state, and ZIP code		7 List account number(s) here (optional)	
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6 City, state, and ZIP code															
7 List account number(s) here (optional)															

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>
or
Employer identification number
<div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person	Date
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they