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| **Firm Qualifications** |
| Contract Specific Qualifications Information |
|  |
| Section A: Contract Information |
| 1. Category: |
|  |
| 2. Firm Name & Address: |
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| Section B: Organizational Chart of Proposed Team |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Section C: Resumes for Key Personnel Proposed for the Contract | | | | | | | | |
| 3. Name | | | 4. Role In This Contract/Project | | | 5. Years of Experience | | |
|  | | |  | | | a. Total | | b. With Current Firm |
|  | |  |
| 6. Firm Name and Location: *(City And State)* | | | | | | | | |
|  | | | | | | | | |
| 7. Education: | | 8. Professional Registration: | | | 9. Other Professional Qualifications: | | | |
|  | |  | | |  | | | |
| **10. Relevant Projects** | | | | | | | | |
| **a.** | (1) Title and Location*(City and State)* | | | (2) Year Completed | | | | |
|  | | | Professional Services | Construction  *(If Applicable)* | | Project with Current Firm | |
|  |  | |  | |
| (3) Brief Description *(Brief Scope, Size, Cost, Etc.)* and Specific Role | | | | | | | |
|  | | | | | | | |
| **b.** | (1) Title and Location*(City and State)* | | | (2) Year Completed | | | | |
|  | | | Professional Services | Construction  *(If Applicable)* | | Project with Current Firm | |
|  |  | |  | |
| (3) Brief Description *(Brief Scope, Size, Cost, Etc.)* and Specific Role | | | | | | | |
|  | | | | | | | |
| **c.** | (1) Title and Location*(City and State)* | | | (2) Year Completed | | | | |
|  | | | Professional Services | Construction  *(If Applicable)* | | Project with Current Firm | |
|  |  | |  | |
| (3) Brief Description *(Brief Scope, Size, Cost, Etc.)* and Specific Role | | | | | | | |
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| Section D: Example Projects Which Best Illustrate Proposed Team's Qualifications | | | | | |
| Present only t**hree (3)** projects **(do not submit more than 3).**  Insert three projects (limit one project per page). Complete the following blocks for each project: | | | | | |
| 11. Service Category Name | 12. Project Title and Location*(City and State)* | | | 13. Year Completed | |
|  |  | | | Professional  Services | Construction  *(If Applicable)* |
|  |  |
| 14. Project Owner’s Information | | | | | |
| a. Project Owner: | | b. Point of Contact Name: | c. Point of Contact Phone Number: | | |
|  | |  |  | | |
| 15. Brief Project Description and Relevance to this Contract *(Scope, Size, Cost, etc.)* | | | | | |
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| **Section E: Additional Information (Continued)** |

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| **16. Chronological List of the Ten Most Recent Contracts that were designed and constructed under your oversight** | | | | |
| (a) Project Title/ Location *(City, State)* | (b) Contract  Substantial  Completion Date | (c) Actual Completion Date | (d) Bid  Construction Cost | (e) Final Total  Construction  Cost |
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| Section F Authorized Representative *(The foregoing is a statement of facts.)* | |
| 17. Signature of Authorized Representative: | 18. Date Signed: |
|  |  |
| 19. Name and Title of Signer: | |
|  | |