ARCHITECTURAL ENGINEER
STATEMENT OF QUALIFICATION
Grosse Pointe Public School System
November 2018 Bond Program
Attachment D.4

IF SUBMITTING AS A JOINT VENTURE PLEASE PROVIDE INFORMATION SEPERATELY FOR EACH FIRM

A RESPONSE MUST BE GIVEN FOR ALL ITEMS IN THIS QUALIFICATION FORM
IF AN ITEM DOES NOT APPLY, PLEASE STATE "N/A"
The items and sections with asterisk (*) marks are mandatory.
Incomplete information may be deemed non-responsive and will be returned without evaluation.

*FIRM NAME: _____

*STREET ADDRESS: _____

*CITY, STATE, ZIP: _____

*TELEPHONE NUMBER: _____

*FAX NUMBER: _____

*FIRM WEBSITE: _____

*TAX I.D.: _____

*DUNS NUMBER.: _____

*CONTACT PERSON NAME: _____

*CONTACT PERSON POSITION/TITLE: _____

*E-MAIL ADDRESS: _____

1. BUSINESS CLASSIFICATION:

Type of Business: (check only one)

- ☐ A Small Business
- ☐ B Large Business
- ☐ E Labor Surplus Area - Small Business
- ☐ S Labor Surplus Area - Large Business
- ☐ H Non-Profit Organization
- ☐ I Foreign-Based and/or Foreign-Owned

If you have any questions regarding your size classification (Large or Small Business), contact your local office of the Small Business Administration or check their website ay http://www.sba.gov/size/.

Ownership: (at least 51%)

- ☐ F Women-Owned (WBE)
- ☐ J Handicapped / ADA (DBE)
- ☐ C Minority/Disadvantaged (MBE)
  - ☐ African American
  - ☐ Puerto Rico
  - ☐ Native American (includes Indians, Aleut & Native Hawaiian)
  - ☐ Hispanic American
  - ☐ Asian/Indian American (includes India, Pakistan, Bangladesh)
  - ☐ Asian/Pacific American (includes Asia, Pacific Islands, etc.)

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2. *BUSINESS ORGANIZATION
(Check all that apply)

☐ Corporation:

State of Incorporation: _____ Year: _____

☐ Subsidiary of: _____

Headquarters Address: _____

City, State, Zip: _____

DUNS Number _____

☐ Parent to: _____

List Subsidiaries & Divisions: _____

☐ Partnership

☐ General ☐ Limited

State & County where filed: _____

Date of Organization: _____

☐ Joint Venture

Date of Organization: _____

Attach a copy of the Joint Venture Agreement and corporate minutes authorizing a joint venture. Individual members of Joint Ventures must be pre-qualified. Submit a separate application for each member.

☐ Individual Proprietorship

Date of Organization: _____

Years your organization has been in business as a professional services firm: _____

Years your organization has been in business under its present name: _____

List other or former names under which your organization has operated: _____

List key officers who are authorized to and can make commitments on this project in your organization:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

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3. *LICENSING INFORMATION

Company registration/license numbers, locations and the trade categories to which they apply. Please include the professional license numbers of the architects/engineer(s) who will be "sealing" the permit plans and specifications.

4. *EXPERIENCE

For the most recent five years, what percentage of your firm's revenues were generated by performing the following:

	2013	2014	2015	2016	2017
☐ Architectural	%	%	%	%	%
☐ Structural Engineering	%	%	%	%	%
☐ Mechanical Engineering	%	%	%	%	%
☐ Electrical Engineering	%	%	%	%	%
☐ Information/Technology Consulting	%	%	%	%	%
☐ Site/Civil Engineering	%	%	%	%	%
☐ Other	%	%	%	%	%

In the most recent 5 years, what percentage of your total workload was for the following:

☐ Educational	%
☐ Government	%
☐ Healthcare	%
☐ Industrial	%
☐ Commercial	%
☐ Residential	%
☐ Other	%
Total:	

Institutional Subcategories (total to 100%):

Pre-School	%
K-12 Schools	%
Higher Education	%
Other	%
Total:	

5. *PROJECT SPECIFIC QUALIFICATIONS

Provide a list of all major projects, including similar and relevant (educational and older pre-1940's building renovation) projects, your firm has in progress or has completed in the past ten (10) years. Include the name of project, owner, owner's contact and telephone, contract amount, construction costs, percent complete, construction firm, construction delivery model and (scheduled) completion date.

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6A. *STAFFING: ENTIRE FIRM

Total number of full time Personnel:		Executive Management:		Project Managers:	
Registered Architects:		Licensed Engineers:		Licensed Land Surveyors:	
Landscape Architects:		Interior Designers:		Specification Writers:	
Non-Licensed Architects/Engineers:		Technicians:		Administrative Support:	
Field Staff:		LEED Certified Staff:			

6B. *STAFFING: LOCAL OFFICE

Total number of full time Personnel:		Executive Management:		Project Managers:	
Registered Architects:		Licensed Engineers:		Licensed Land Surveyors:	
Landscape Architects:		Interior Designers:		Specification Writers:	
Non-Licensed Architects/Engineers:		Technicians:		Administrative Support:	
Field Staff:		LEED Certified Staff:			

Provide a proposed project staffing organization chart and the professional experience of the key individuals who will be directly involved in this project. This will include the principal in charge, project manager, project architect(s), field representative(s), etc.

List years of experience after graduation, professional degrees, registrations, years with firm, experience that pertains to Grosse Pointe Public School System Bond Program work scope.

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What category of professional services does your firm offer? (In-house capability, using full-time employed staff):

(Check all that apply. At least one of the categories and sub categories should be checked.)

- ☐ Site/Civil
  - ☐ Site Boundary Survey
  - ☐ Site Topography Survey
  - ☐ Environmental Due Diligence
  - ☐ U/G Utilities & Sewer*
  - ☐ Civil Engineering*
  - ☐ Roads & Bridges
  - ☐ Landscape Architecture*
- ☐ Structural Engineering*
  - ☐ Foundations
  - ☐ Superstructure & Framing
  - ☐ Pre-cast Concrete Structures
  - ☐ Deep Foundation
  - ☐ Erection Procedures
  - ☐ Means and Methods Development
- ☐ Mechanical*
  - ☐ Plumbing & Piping
  - ☐ HVAC
  - ☐ Fire Protection
  - ☐ Controls
- ☐ Electrical*
  - ☐ Lighting & Controls
  - ☐ Primary & Secondary Circuiting
  - ☐ Security Systems
  - ☐ Fire Alarm
  - ☐ Telephone & IT Systems
  - ☐ Audio Visual Systems
  - ☐ High Voltage
  - ☐ Substations
- ☐ Environmental
  - ☐ Asbestos Abatement
  - ☐ Lead Abatement
  - ☐ Hazardous Spill Cleanup
  - ☐ U/G Storage Tank Removal
  - ☐ Soil Remediation
- ☐ Support & Specialty Services
  - ☐ Interior Design*
  - ☐ Materials Testing
  - ☐ Food Service Equipment Design*
  - ☐ Acoustical Design
  - ☐ Theatrical Design
  - ☐ Forensic Engineering
  - ☐ Facility Commissioning*
  - ☐ Historical Renovations
- ☐ Architecture*
  - ☐ Programming*
  - ☐ Master Planning*
  - ☐ Code Study / Analysis*
  - ☐ Conceptual / Preliminary Design*
  - ☐ Schematic Design*
  - ☐ Design Development*
  - ☐ Complete Construction Documents*
  - ☐ Construction Admin. Services*
  - ☐ Full-time On-site Representation
  - ☐ CAD 3-D Modeling
  - ☐ Rendering
  - ☐ 3-D Models
  - ☐ Furnishing, Furniture & Equipment
  - ☐ Project Budget Estimating
- ☐ Other 1
- ☐ Other 2
- ☐ Other 3

**Note: Disciplines noted as such are intended to be part of the Basic Services package that will be included on this project. If any of these services are intended to be provided by consulting firms, please indicate this on the chart above and provide the information requested in sections 1-6 for these consultants relative to the specified discipline that they would be providing.*

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7. REFERENCES

Client References:

Company:		Company:	
City, State		City, State	
Phone:		Phone:	

Bank References:

Company:		Company:	
City, State		City, State	
Phone:		Phone:	

8. *INSURANCE

Liability: Limits your firm is able to obtain:

General Liability: per occurrence:		aggregate:	
Automobile Liability: per occurrence:		aggregate:	
Professional Liability: per occurrence:		aggregate:	
Umbrella Liability: per occurrence:		aggregate:	

Insurance Company:

Insurance Contact:

Contact Phone:

Insurance Company Address:

9. *FINANCIAL INFORMATION

What size assignments would your firm be best suited? (Construction Value)

Minimum $ Maximum $

State annual amount of architectural/engineering services revenue performed during the most recent five years:

Year:	2013	2014	2015	2016	2017
Amount:					

If your Firm has multiple offices, please indicate the revenue of the above total that has been completed by the office(s) that are intended to be involved in this project.

Year:	2013	2014	2015	2016	2017
Amount:					

State total revenue of architectural/engineering work currently in progress and under contract:

Please attach a copy of the most recent audited financial statement of your Firm.

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Claims and Suits. *(If the answer to any of the questions below is yes, please attach details.)*

- Has your Firm ever defaulted on a contract? ◯ Yes ◯ No
- Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your Firm or its officers? ◯ Yes ◯ No
- Has your Firm been a party to any lawsuits or claims with regard to professional services within the last five years? ◯ Yes ◯ No

10. AFFIRMATIVE ACTION

Does your Firm have an Affirmative Action Program? ◯ Yes ◯ No

If yes, provide a copy of your Firm's program/statement.

11. QUALITY ASSURANCE

Provide a copy of your Firm's Quality Policy Statement and Table of Contents from your Quality Manual. If certified (ISO, Q1, etc.), provide a copy of your Firm's quality certification document(s).
Provide a copy of your most recent Customer Satisfaction Survey produced from the program. Please explain how your firm provides quality and control of documents and your historical errors and omissions percentage over the past ten (10) years.

Does your firm have a Quality Assurance Program? ◯ Yes ◯ No

12. *SIGN AND NOTARIZE

Dated this _____ Day of this Month: _____ , 2018

Name of Organization: _____

By: _____
Signature

Title of Signee: _____

NOTARIZE

_____ , being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this _____ day of _____ , 2018

Notary Public Signature: _____

My Commission Expires: _____

13. COMMENTS: _____

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ATTACHMENT CHECKLIST *(Check N/A if item is not applicable or not available)*

- ☐ Diversity Certification (Sect. 1)
  - ☐ N/A
- ☐ Joint Venture Agreement (Sect. 2)
  - ☐ N/A
- ☐ Firm's Relevant Project Experience (Sect. 5)
- ☐ Personnel Experience (Sect. 6)
- ☐ Project Organization Chart (Sect. 6)
- ☐ Claims and Suits (Sect. 9)
  - ☐ N/A
- ☐ Audited Financial Statement (Sect. 9)
- ☐ Affirmative Action Statement (Sect. 10)
  - ☐ N/A
- ☐ Quality Policy Statement (Sect. 11)
  - ☐ N/A
- ☐ Quality Policy Table of Contents (Sect. 11)
  - ☐ N/A
- ☐ Quality Certification (Sect. 11)
  - ☐ N/A
- ☐ Customer Satisfaction Survey (Sect. 11)
  - ☐ N/A

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