|  |
| --- |
| **4 - STANDARD FORM STATEMENT OF QUALIFICATIONS****FOR DESIGN-BID-BUILD SERVICES** |

|  |
| --- |
| *SOQ’s are to be bound with clearly marked tabs that correspond to the sections of the SOQ.* *Total pages are limited by the SOQ form and additional pages set out in SOQ instructions. Other pages should not be included. Font size shall not be less than* ***8****-point.* |

* 1. **RESPONDENT’S GENERAL INFORMATION**

|  |  |
| --- | --- |
| Is SOQ being submitted by a Joint Venture? | [ ]  Yes [ ]  No |
| Respondent’s legal name: |       |
| Respondent’s assumed names (if any): |       |
| Respondent’s address: |       |
| Contact Name for SOQ: Email address:Telephone number: |       | Federal Tax ID Number: |       |

* 1. **ADDITIONAL FIRM GENERAL INFORMATION**. *Provide the following information for the firm providing Professional Architectural Services. If submitting as a joint venture, the following information is required for each additional joint venture firm. Insert additional tables, if necessary.*

|  |  |
| --- | --- |
| Firm’s legal name: |       |
| Firm’s assumed names (if any): |       |
| Firm’s address: |       |
| Federal Tax ID Number: |       |

* 1. **RESPONDENT’S EXPERIENCE**.*Respondents should select three representative projects of similar size and scope. Recent projects are preferable. The response boxes can be expanded to fit more information; however, original overall table must remain the same size. Respondents projects are not limited to occupancy type.*

|  |  |
| --- | --- |
| Architectural Services Firm Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |  |
| Construction Cost: |       | Building Area Square Footage: |       |
| Contractor: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| Names of Proposed Key Personnel that worked on this project (if any): |       |
| **1.1** |  |
| Architectural Services Firm Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |  |
| Construction Cost: |       | Building Area Square Footage: |       |
| Contractor: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| Names of Proposed Key Personnel that worked on this project (if any): |       |
| **1.1** |
| Architectural Services Firm Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |  |
| Construction Cost: |       | Building Area Square Footage: |       |
| Contractor: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| Names of Proposed Key Personnel that worked on this project (if any): |       |

**2.1 PROPOSED DESIGN TEAM KEY PERSONNEL**. *List the Design Team personnel proposed for this project. Include the Project Manager, Project Architect, and Construction Administrator. An individual may assume one or more roles, but a separate Experience table must be submitted for each Project in 2.2, 2.3, and 2.4.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SOQ Project Role | Describe Functions of Project Role | Personnel Name | Corporate Title | Active Registrations / Certifications / Licenses | Years of Experience |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

* 1. **EXPERIENCE OF DESIGN TEAM PROJECT MANAGER.** *Respondent should select three representative projects of a similar size and scope. These projects do not have to match projects in Section 1.1 Respondent’s Experience. Respondents projects are not limited to occupancy type. Recent projects are preferable.*

|  |  |
| --- | --- |
| Design Team Project Manager Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **2.2** |  |
| Design Team Project Manager Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **2.2** |  |
| Design Team Project Manager Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |

**2.3 EXPERIENCE OF DESIGN TEAM PROJECT ARCHITECT.** *Respondent should select three representative projects of a similar size and scope. These projects do not have to match projects in Section 1.1 Respondent’s Experience. Respondents projects are not limited to occupancy type. Recent projects are preferable.*

|  |  |
| --- | --- |
| Design Team Project Architect Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **2.3** |  |
| Design Team Project Architect Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **2.3** |  |
| Design Team Project Architect Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |

**2.4 EXPERIENCE OF DESIGN TEAM CONSTRUCTION ADMINISTRATOR.** *Respondent should select three representative projects of a similar size and scope. These projects do not have to match projects in Section 1.1 Respondent’s Experience. Respondents projects are not limited to occupancy type. Recent projects are preferable.*

|  |  |
| --- | --- |
| Design Team Construction Administrator Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **2.4** |  |
| Design Team Construction Administrator Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **2.4** |  |
| Design Team Construction Administrator Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points..* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |

**3.1 PROPOSED DESIGN TEAM SUB-CONSULTANTS**: *Provide information for the Design Team Principal Consultants; MEP, Structural and Building Envelope. Respondents projects are not limited to occupancy type. A firm may provide services for one or more discipline category, but a separate Experience table must be submitted for each Project in 3.2, 3.3, and 3.4.*

|  |  |  |
| --- | --- | --- |
| Sub-Consultant Firm’s Legal Name | Discipline | Indicate Yes or No if Worked with Lead Architect |
|       |       |       |
|       |       |       |
|       |       |       |

**3.2 EXPERIENCE OF DESIGN TEAM MEP SUB-CONSULTANT FIRM.** *Respondent should select three representative projects of a similar size and scope. Respondents projects are not limited to occupancy type. Recent projects are preferable.*

|  |  |
| --- | --- |
| MEP Sub-Consultant Firm Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **3.2** |  |
| MEP Sub-Consultant Firm Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |  |
| Project Role: |       |
| **3.2** |  |
| MEP Sub-Consultant Firm Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |

**3.3 EXPERIENCE OF DESIGN TEAM STRUCTURAL SUB-CONSULTANT FIRM.** *Respondent should select three representative projects of a similar size and scope. Respondents projects are not limited to occupancy type. Recent projects are preferable.*

|  |  |
| --- | --- |
| Structural Sub-Consultant Firm Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **3.3** |  |
| Structural Sub-Consultant Firm Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **3.3** |  |
| Structural Sub-Consultant Firm Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |

**3.4 EXPERIENCE OF DESIGN TEAM BUILDING ENVELOPE SUB-CONSULTANT FIRM.** *Respondent should select three representative projects of a similar size and scope. Respondents projects are not limited to occupancy type. Recent projects are preferable.*

|  |  |
| --- | --- |
| Building Envelope Sub-Consultant Firm Name: |       |
| **I.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **3.4** |  |
| Building Envelope Sub-Consultant Firm Name: |       |
| **II.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |
| **3.4** |  |
| Building Envelope Sub-Consultant Firm Name: |       |
| **III.** Project Name: |       |
| Project Location: |       | Project Similarities (New/Renovation) |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the respondent will be awarded* ***zero*** *points.* |       |
| Construction Cost: |       | Building Area Square Footage: |       |
| Lead Architect Firm Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Role: |       |

**4.1 REQUIRED FORMS**. *All Respondents must include with the SOQ the following forms.*

* Ownership Information Form- 0455

<http://purchasing.houstontx.gov/forms.shtml>

* POP1 - Pay or Play Acknowledgement Form

<http://www.houstontx.gov/obo/payorplay/pop1.pdf>