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| **4 - STANDARD FORM****STATEMENT OF QUALIFICATIONS FOR****PROFESSIONAL PROJECT MANAGEMENT SERVICES** |

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| *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. The response boxes can be expanded to fit more information; however, the tables must remain the same size. Typically, font size shall be 8 pt. or larger.* |

* 1. **PROPOSER’S GENERAL INFORMATION**

|  |  |
| --- | --- |
| Is SOQ being submitted by a Joint Venture? | [ ]  Yes [ ]  No |
| Proposer’s legal name: |       |
| Proposer’s assumed names (if any): |       |
| Proposer’s local address: |       | Proposer’s Headquarters Address (if different than local 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 Project Management 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 local address: |       | Firm’s Headquarters Address (if different than local address): |       |
| Federal Tax ID Number: |       |  |  |

* 1. **PROPOSER’S PROJECT MANAGEMENT SERVICES CONTRACT EXPERIENCE**.*Proposers should select* ***three*** *representative contracts where project management services were provided of similar size and scope. Recent contracts completed within ten years or less are preferable.*

|  |  |
| --- | --- |
| Professional Project Management Firm Name: |       |
| I. Contract Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |  |  |
| Date Started: |       | Date Completed: |       |
| Contract Amount: |       | Number of Personnel Provided: |       |
| Description of Services Provided (including personnel classifications): |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any): |       |
| Additional Information: |       |

**1.1**

|  |  |
| --- | --- |
| Professional Project Management Firm Name: |       |
| II. Contract Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |  |  |
| Date Started: |       | Date Completed: |       |
| Contract Amount: |       | Number of Personnel Provided: |       |
| Description of Services Provided (including personnel classifications): |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any): |       |
| Additional Information: |       |

**1.1**

|  |  |
| --- | --- |
| Professional Project Management Firm Name: |       |
| III. Contract Name: |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |  |  |
| Date Started: |       | Date Completed: |       |
| Contract Amount: |       | Number of Personnel Provided: |       |
| Description of Services Provided (including personnel classifications): |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Project (if any): |       |
| Additional Information: |       |

**2.1 PROPOSED KEY PERSONNEL**. *List the Key Personnel proposed for this project. Include the Project Manager, Cost Estimator, CAD*

*Operator, Scheduler and Administrative Professional.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **SOQ Project Role** | **Describe Functions of Project Role** | **Personnel Name** | **Corporate Title** | **Active Registrations / Certifications / Licenses** | **Years of Experience** |
| Project Manager(Design Phase) |       |       |       |       |       |
| Project Manager(Construction Phase) |       |       |       |       |       |
| Cost Estimator |       |       |       |       |       |
| CAD Operator |       |       |       |       |       |
| Scheduler |       |       |       |       |       |
| Administrative Professional |       |       |       |       |       |

**2.2 EXPERIENCE of PROJECT MANAGER DURING the DESIGN PHASE** *Project Managers should select* ***three*** *representative projects that*

 *demonstrate their ability to manage projects as an owner’s representative of varying scopes and sizes. Recent projects completed within ten years or less are*

 *preferable.*

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| --- | --- |
| Project Manager Name: |       |
| I. Project Name: |       |
| Project Location: |       |
| PM Services Firm’s Name, Phone Number and Email |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the proposer will be awarded* ***zero*** *points.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area Square Footage:  |       |
| Name, Phone Number and Email of **Project Owner’s** Representative: |       |
| Name, Phone Number and Email of **Project Architect’s** Representative: |       |
| Project Description (Highlight if Federally Funded) |        |
| Project Role: |       Represented (owner, designer, contractor) |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**2.2**

|  |  |
| --- | --- |
| Project Manager Name: |       |
| II. Project Name: |       |
| Project Location: |       |
| PM Services Firm’s Name, Phone Number and Email |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the proposer will be awarded* ***zero*** *points.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area Square Footage:  |       |
| Name, Phone Number and Email of **Project Owner’s** Representative: |       |
| Name, Phone Number and Email of **Project Architect’s** Representative: |       |
| Project Description (Highlight if Federally Funded) |        |
| Project Role: |       Represented (owner, designer, contractor) |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**2.2**

|  |  |
| --- | --- |
| Project Manager Name: |       |
| III. Project Name: |       |
| Project Location: |       |
| PM Services Firm’s Name, Phone Number and Email |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the proposer will be awarded* ***zero*** *points.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area Square Footage:  |       |
| Name, Phone Number and Email of **Project Owner’s** Representative: |       |
| Name, Phone Number and Email of **Project Architect’s** Representative: |       |
| Project Description (Highlight if Federally Funded) |        |
| Project Role: |       Represented (owner, designer, contractor) |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**2.3 EXPERIENCE of PROJECT MANAGER DURING the CONSTRUCTION PHASE** *Project Managers should select* ***three*** *representative projects that*

 *demonstrate their ability to manage projects as an owner’s representative of varying scopes and sizes. Recent projects completed within ten years or less are*

 *preferable.*

|  |  |
| --- | --- |
| Project Manager Name: |       |
| I. Project Name: |       |
| Project Location: |       |
| PM Services Firm’s Name, Phone Number and Email |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the proposer will be awarded* ***zero*** *points.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area Square Footage:  |       |
| Name, Phone Number and Email of **Project Owner’s** Representative: |       |
| Name, Phone Number and Email of **Project Construction Contractor’s** Representative: |       |
| Project Description (Highlight if Federally Funded) |        |
| Project Role: |       Represented (owner, designer, contractor) |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**2.3**

|  |  |
| --- | --- |
| Project Manager Name: |       |
| II. Project Name: |       |
| Project Location: |       |
| PM Services Firm’s Name, Phone Number and Email |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the proposer will be awarded* ***zero*** *points.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area Square Footage:  |       |
| Name, Phone Number and Email of **Project Owner’s** Representative: |       |
| Name, Phone Number and Email of **Project Construction Contractor’s** Representative: |       |
| Project Description (Highlight if Federally Funded) |        |
| Project Role: |       Represented (owner, designer, contractor) |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**2.3**

|  |  |
| --- | --- |
| Project Manager Name: |       |
| III. Project Name: |       |
| Project Location: |       |
| PM Services Firm’s Name, Phone Number and Email |       |
| Year Construction Completed (**month/year**):***NOTE:*** *If the project is not substantially complete at the time of submission, the proposer will be awarded* ***zero*** *points.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area Square Footage:  |       |
| Name, Phone Number and Email of **Project Owner’s** Representative: |       |
| Name, Phone Number and Email of **Project Construction Contractor’s** Representative: |       |
| Project Description (Highlight if Federally Funded) |        |
| Project Role: |       Represented (owner, designer, contractor) |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**2.4 EXPERIENCE OF CADD DRAFTER**  *CADD Drafters should select projects that demonstrate their ability to produce architectural construction documents to scale. It is preferable if these projects were completed within ten years or less.*

|  |  |
| --- | --- |
| **CADD Drafter’s Name** |  |
| **Employer’s Legal Name**  | **Contact Name, Phone Number and Email** | **Responsibilities and Scope of Work** | **Years of Experience** | **Software Used / Level of Experience****(beginner, intermediate, advanced)** |
|       |       |       |       |       |
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**2.5 EXPERIENCE OF COST ESTIMATOR.**  *Cost estimators should select projects that demonstrate their ability to perform takeoffs based on bid documents. It is preferable if these projects were completed within ten years or less.*

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| --- | --- |
| **Cost Estimator’s Name:** |  |
| **Employer’s Legal Name**  | **Contact Name, Phone Number and Email** | **Responsibilities and Scope of Work** | **Years of Experience** | **Software Used / Level of Experience****(beginner, intermediate, advanced)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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**2.6 EXPERIENCE OF SCHEDULER.** *Schedulers should select projects that demonstrate their ability to develop detailed and itemized project and*

 *program schedules. It is preferable if these projects were completed within ten years or less.*

|  |  |
| --- | --- |
| **Scheduler’s Name** |  |
| **Employer’s Legal Name**  | **Contact Name, Phone Number and Email** | **Responsibilities and Scope of Work** | **Years of Experience** | **Software Used / Level of Experience****(beginner, intermediate, advanced)** |
|       |       |       |       |       |
|       |       |       |       |       |
|       |       |       |       |       |
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|       |       |       |       |       |
| Please attach a sample of a project **and** program schedule behind this sheet. |

**2.7 EXPERIENCE OF ADMINISTRATIVE PROFESSIONAL.**  *Administrative professionals should select representative projects that demonstrate their ability to successfully navigate Microsoft Office Suite and Financial Management software. It is preferable if these projects were completed within ten years or less.*

|  |  |
| --- | --- |
| **Administrative Professional’s Name:** |  |
| **Employer, Contact Name, Phone Number and Email** | **Responsibilities and Scope of Work****(Highlight FEMA Compliance experience)** | **Corporate Title** | **Software Used / Level of Experience** | **Years of Experience** |
|       |       |       |       |       |
|       |       |       |       |       |
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**3.1 REQUIRED FORMS**. *All Proposers must include with the SOQ the following forms.*

* Certification Regarding Suspension and Debarment
* Byrd Anti-Lobbying Certification
* City of Houston Campaign Finance Ordinance Form – 00452

http://purchasing.houstontx.gov/forms.html

* City of Houston Affidavit of Ownership or Control Form – 00455
http://purchasing.houstontx.gov/forms.html
* POP1 - Pay or Play Acknowledgement Form - 00460

<http://www.houstontx.gov/obo/popforms.html>

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER**

**RESPONSIBILITY MATTERS - LOWER-TIER COVERED TRANSACTIONS**

This Agreement is a covered transaction for purposes of the debarment and suspension regulations implementing Executive Order 12549, *Debarment and Suspension* (1986) and Executive Order 12689, *Debarment and Suspension* (1989) at 2 C.F.R. Part 3000 (Non- procurement Debarment and Suspension). As such, Vendor is required to confirm that none of the Vendor, its principals (defined at 2 C.F.R. § 180.995), or its affiliates (defined at 2 C.F.R. § 180.905) are excluded (defined at 2 C.F.R. § 180.940) or disqualified (defined at 2 C.F.R. § 180.935).

INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the Vendor (referred to herein as the “prospective lower tier participant”) is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or had become erroneous by reason of changed circumstances.
4. The terms covered transaction, debarred, suspended, ineligible, lower tier covered transaction, participant, person, primary covered transaction, principal, proposal, and voluntarily excluded, as used in this clause, have the meaning set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled “Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transaction,” without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not proposed for debarment under 48 CFR part 9, subpart 9.4, debarred, suspended, ineligible, or voluntarily excluded from covered transactions, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the List of Parties Excluded from Federal Procurement and Non-procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is proposed for debarment under 48 CFR part 9, subpart 9.4, suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AN VOLUNTARY EXCLUSION—LOWER TIER COVERED TRANSACTIONS

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Typed or Printed Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title)

**BYRD ANTI-LOBBYING CERTIFICATION**

**Certification for Contracts, Grants, Loans, and Cooperative Agreements**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, “Disclosure Form to Report Lobbying,” in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

The Contractor, [Fill in Contractor name here] certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. Chap. 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date) (Typed or Printed Name)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Signature)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Title)