**4 - STANDARD FORM STATEMENT OF QUALIFICATIONS FOR ENGINEERING 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.*

# 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 Engineering 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: |  |

**1.1 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.*

|  |  |
| --- | --- |
| Engineering Services Firm Name: |  |
| **I.** Project Name: |  |
| Project Location: |  |
| 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.* |  | Type of 3 Phase Service: |  |
| 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): |  |

|  |  |
| --- | --- |
| Engineering Services Firm Name: |  |
| **II.** Project Name: |  |
| Project Location: |  |
| 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.* |  | Type 3 Phase Service: |  |
| 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): |  |

|  |  |
| --- | --- |
| Engineering Services Firm Name: |  |
| **III.** Project Name: |  |
| Project Location: |
| 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.* |  | Type of 3 Phase Service: |  |
| 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. **PROPOSED KEY PERSONNEL**. *List the Key personnel proposed for this project. Include the Project Manager, Project Engineer, 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 |
| *Project Manager* |  |  |  |  |  |
| *Project Engineer* |  |  |  |  |  |
| *Construction Administrator* |  |  |  |  |  |

* 1. **EXPERIENCE OF 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.*

|  |  |
| --- | --- |
| Project Manager Name: |  |
| **I.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

**2.2**

|  |  |
| --- | --- |
| Project Manager Name: |  |
| **II.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

**2.2**

|  |  |
| --- | --- |
| Project Manager Name: |  |
| **III.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

* 1. **EXPERIENCE OF PROJECT ENGINEER.** *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.*

|  |  |
| --- | --- |
| Project Engineer Name: |  |
| **I.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

**2.3**

|  |  |
| --- | --- |
| Project Engineer Name: |  |
| **II.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

**2.3**

|  |  |
| --- | --- |
| Project Engineer Name: |  |
| **III.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

* 1. **EXPERIENCE OF 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.*

|  |  |
| --- | --- |
| Construction Administrator Name: |  |
| **I.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

**2.4**

|  |  |
| --- | --- |
| Construction Administrator Name: |  |
| **II.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

**2.4**

|  |  |
| --- | --- |
| Construction Administrator Name: |  |
| **III.** Project Name: |  |
| Project Location: |  | Type of 3 Phase Service: |  |
| 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 SquareFootage: |  |
| Name, Phone Number and Email of Owner’s Representatives: |  |
| Project Description: |  |
| Project Role: |  |

* 1. **REQUIRED FORMS**. *All Respondents must include with the SOQ the following forms.*
		+ Ownership Information Form- 0455
		+ POP1 - Pay or Play Acknowledgement Form<http://www.houstontx.gov/obo/payorplay/pop1.pdf>
		+ Byrd Anti-Lobbying Certification

WBS No. [WBS No.] **OWNERSHIP OR CONTROL**

**ORIG. DEPT.:** [DEPARTMENT] **FILE/I.D. NO.:** [WBS NO.]

**INSTRUCTION:** ENTITIES USING AN ASSUMED NAME SHOULD DISCLOSE THAT FACT TO AVOID REJECTION OF THIS AFFIDAVIT. THE FOLLOWING FORMAT IS RECOMMENDED: *CORPORATE/LEGAL NAME DBA ASSUMED NAME*.

**STATE OF §**

## § AFFIDAVIT OF OWNERSHIP OR CONTROL

**COUNTY OF §**

BEFORE ME, the undersigned authority, on this day personally appeared

 [***FULL NAME***] (the “Affiant”),

 [***STATE TITLE/CAPACITY WITH CONTRACTING ENTITY***] of

 [***CONTRACTING ENTITY’S CORPORATE/LEGAL NAME***] (”Contracting

Entity”), who being by me duly sworn on oath stated as follows:

1. Affiant is authorized to give this affidavit and has personal knowledge of the facts and matters herein

stated.

1. Contracting Entity seeks to do business with the City in connection with

[***DESCRIBE PROJECT OR MATTER***] which is expected to be in an amount that exceeds $50,000.

1. The following information is submitted in connection with the proposal, submission or bid of Contracting Entity in connection with the above described project or matter.
2. Contracting Entity is organized as a business entity as noted below (check box as applicable).

## FOR PROFIT ENTITY: NON-PROFIT ENTITY:

[ ] SOLE PROPRIETORSHIP [ ] NON-PROFIT CORPORATION

[ ] CORPORATION [ ] UNINCORPORATED ASSOCIATION [ ] PARTNERSHIP

[ ] LIMITED PARTNERSHIP [ ] JOINT VENTURE

[ ] LIMITED LIABILITY COMPANY

[ ] OTHER (Specify type in space below)

1. The information shown below is true and correct for the Contracting Entity; and
2. All owners of 10% or more of the Contracting Entity and, where the Contracting Entity is a non-profit entity, the required information has been shown for each officer, *i.e.*, president, vice-president, secretary, treasurer, etc. ***[NOTE: IN ALL CASES, USE FULL NAMES, LOCAL BUSINESS AND RESIDENCE ADDRESSES AND TELEPHONE***

WBS No. [WBS No.] **OWNERSHIP OR CONTROL**

***NUMBERS. DO NOT USE POST OFFICE BOXES FOR ANY ADDRESS. INCLUSION OF E-MAIL ADDRESSES IS OPTIONAL, BUT RECOMMENDED. ATTACH ADDITIONAL SHEETS AS NEEDED.]***

## Contracting Entity

Name:

Business Address *[****NO./STREET****]*

*[****CITY/STATE/ZIP CODE****]*

Telephone Number ( )

Email Address ***[OPTIONAL]***

Residence Address *[****NO./STREET****]*

*[****CITY/STATE/ZIP CODE****]*

Telephone Number ( )

Email Address ***[OPTIONAL]***

**10% Owner(s) or More (IF NONE, STATE “NONE.”)**

Name:

Business Address *[****NO./STREET****]*

*[****CITY/STATE/ZIP CODE****]*

Telephone Number ( )

Email Address ***[OPTIONAL]***

Residence Address *[****NO./STREET****]*

*[****CITY/STATE/ZIP CODE****]*

Telephone Number ( )

Email Address ***[OPTIONAL]***

WBS No. [WBS No.] **OWNERSHIP OR CONTROL**

1. ***Optional Information***

Contracting Entity and/or [***NAME OF OWNER OR NON-PROFIT OFFICER***] is actively protesting, challenging or appealing the accuracy and/or amount of taxes levied against [***CONTRACTING ENTITY, OWNER OR NON-PROFIT OFFICER***] as

follows:

Name of Debtor:

Tax Account Nos.

Case or File Nos.

Attorney/Agent Name

Attorney/Agent Phone No. ( )

Tax Years

Status of Appeal *[****DESCRIBE****]*

Affiant certifies that he or she is duly authorized to submit the above information on behalf of the Contracting Entity, that Affiant is associated with the Contracting Entity in the capacity noted above and has personal knowledge of the accuracy of the information provided herein, and that the information provided herein is true and correct to the best of Affiant’s knowledge and belief.

Affiant

**SWORN TO AND SUBSCRIBED** before me this day of , 20 .

(Seal)

Notary Public

## NOTE:

This affidavit constitutes a **government record** as defined by Section 37.01 of the Texas Penal Code. Submission of a false government record is punishable as provided in Section 37.10 of the Texas Penal Code. Attach additional pages if needed to supply the required names and addresses.

## 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.

(Date) (Typed or Printed Name)

(Signature)

(Title)

ADDENDUM NO. 2