|  |
| --- |
|  **4 - STATEMENT OF QUALIFICATIONS** **FOR DESIGN-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. 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. **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 local address: |       | Respondent’s Headquarters Address (if different than local address): |       |
| Contact Name for SOQ: Email address:Telephone number: |       | Federal Tax ID Number: |       |

**0.2 JOINT VENTURE FIRM(S) INFORMATION**. *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: |       |  |  |

**1.1 RESPONDENT’S DESIGN TEAM EXPERIENCE**.*Respondents should select* ***three*** *representative projects of similar size and scope. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Architectural 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **1.1** |  |
| 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Costs: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **1.1** |  |
| 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**1.2 RESPONDENT’S CONSTRUCTION TEAM EXPERIENCE**.*Respondents should select* ***three*** *representative projects of similar size, scope, and delivery method. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Construction Firm Name: |       |
| **I**. Project Name: |       |
| Project Location: |       | Construction Delivery Method:      |
| 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.* |       | New Construction or Renovation:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**1.2**

|  |  |
| --- | --- |
| Construction Firm Name: |       |
| **I**. Project Name: |       |
| Project Location: |       | Construction Delivery Method:      |
| 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.* |       | New Construction or Renovation:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**1.2**

|  |  |
| --- | --- |
| Construction Firm Name: |       |
| **I**. Project Name: |       |
| Project Location: |       | Construction Delivery Method:      |
| 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.* |       | New Construction or Renovation:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**2.1 PROPOSED DESIGN TEAM KEY PERSONNEL.** *List the Design Team personnel proposed for this project. Include the names of the Project Architect, Project Manager, Project Designer, and the Construction Administrator.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| SOQ Project Role | Personnel Name | Firm Name/Corporate Title | Active Licenses / Registrations / Certifications | Years of Experience |
| Project Architect |       |       |       |       |
| Project Manager |       |       |       |       |
| Project Designer |       |       |       |       |
| Construction Administrator |       |       |       |       |

**2.2 EXPERIENCE OF PROJECT ARCHITECT**. *Respondents should select* ***three*** *representative design projects of similar size and scope for the Project Architect. These projects do not have to match projects in Section 1.1- Respondent’s Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Project Architect’s 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..* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Architect: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.2** |  |
| Project Architect’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Architect: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.2** |  |
| Project Architect’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Architect: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**2.3 EXPERIENCE OF PROJECT MANAGER***. Respondents should select* ***three*** *representative design projects of similar size and scope for the Project Manager. These projects do not have to match projects in Section 1.1- Respondent’s Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Project Manager’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.3** |  |
| Project Manager’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.3** |  |
| Project Manager’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**2.4 EXPERIENCE OF PROJECT DESIGNER***. Respondents should select* ***three*** *representative design projects of similar size and scope for the Project Designer. These projects do not have to match projects in Section 1.1- Respondent’s Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Project Designer’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Designer: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.4** |  |
| Project Designer’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Designer: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.4** |  |
| Project Designer’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Designer: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**2.5 EXPERIENCE OF PROJECT CONSTRUCTION ADMINISTRATOR.**  *Respondents should select* ***three*** *representative design projects of similar size and scope for the Project Construction Administrator. These projects do not have to match projects in Section 1.1- Respondent’s Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Project Construction Administrator’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Construction Administrator: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.5** |  |
| Project Construction Administrator’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Construction Administrator: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **2.5** |  |
| Project Construction Administrator’s 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Project Duties Performed by the Project Construction Administrator: |       |
| Names of Proposed Key Personnel Listed in Section 2.1 that Worked on this Design Project (if any): |       |
| *Attach up to two pages of photographs behind this sheet.* |

**3.1 PROPOSED CONSTRUCTION TEAM KEY PERSONNEL**. *List the Key Personnel proposed for this project. Include the Preconstruction Project Manager, Constructability/Document Coordination Reviewer, Estimator, Construction Project Manager, and the Project Superintendent.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| SOQ Project Role | Describe Functions of Project Role | Personnel Name | Corporate Title | Active Registrations / Certifications / Licenses | Years of Experience |
| Preconstruction Project Manager |       |       |       |       |       |
| Constructability/ Document Coordination Reviewer |       |       |       |       |       |
| Estimator |       |       |       |       |       |
| Construction Project Manager |       |       |       |       |       |
| Project Superintendent |       |       |       |       |       |

**3.2 EXPERIENCE OF PRECONSTRUCTION PROJECT MANAGER**.*Respondents should select* ***three*** *representative projects of similar size, scope, and delivery method for the Preconstruction Project Manager. These projects do not have to match projects in Section 1.2- Respondent’s Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Preconstruction Project Manager’s Name: |       |
| I. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Preconstruction Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.2**

|  |  |
| --- | --- |
| Preconstruction Project Manager’s Name: |       |
| II. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Preconstruction Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.2**

|  |  |
| --- | --- |
| Preconstruction Project Manager’s Name: |       |
| III. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Preconstruction Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.3 EXPERIENCE OF CONSTRUCTABILITY/DOCUMENT COORDINATION REVIEWER**  *Respondents should select* ***three*** *representative projects of similar size, scope, and delivery method for the Constructability/Document Coordination Reviewer. These projects do not have to match projects in Section 1.2- Respondent’s Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Constructability/Document Coordination Reviewer’s Name: |       |
| I. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Constructability/Document Coordination Reviewer: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.3**

|  |  |
| --- | --- |
| Constructability/Document Coordination Reviewer’s Name: |       |
| II. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Constructability/Document Coordination Reviewer: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.3**

|  |  |
| --- | --- |
| Constructability/Document Coordination Reviewer’s Name: |       |
| III. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Constructability/Document Coordination Reviewer: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.4 EXPERIENCE OF ESTIMATOR**  *Respondents should select* ***three*** *representative projects of similar size, scope, and delivery method for the Estimator. These projects do not have to match projects in Section 1.2- Respondent’s Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Estimator’s Name: |       |
| I. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Estimator: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.4**

|  |  |
| --- | --- |
| Estimator’s Name: |       |
| II. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Estimator: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |
| **3.4** |  |
| Estimator’s Name: |       |
| III. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Estimator: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.5 EXPERIENCE OF CONSTRUCTION PROJECT MANAGER**  *Respondents should select* ***three*** *representative projects of similar size, scope, and delivery method for the Construction Project Manager. These projects do not have to match projects in Section 1.2- Respondent’s Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Construction Project Manager’s Name: |       |
| I. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.): |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Construction Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |
| **3.5** |  |
| Construction Project Manager’s Name: |       |
| II. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.): |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Construction Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |
| **3.5** |  |
| Construction Project Manager’s Name: |       |
| III. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Construction Project Manager: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**3.6 EXPERIENCE OF CONSTRUCTION SUPERINTENDENT** *Respondents should select* ***three*** *representative projects of similar size, scope, and delivery method for the Construction Superintendent. These projects do not have to match projects in Section 1.2- Respondent’s Construction Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Construction Superintendent’s Name: |       |
| I. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.): |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Construction Superintendent: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |
| **3.6** |  |
| Construction Superintendent’s Name: |       |
| II. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.): |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Construction Superintendent: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |
| **3.6** |  |
| Construction Superintendent’s Name: |       |
| III. Project Name: |       |
| Project Location: |       | Construction Delivery Method: |       |
| 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.* |       | New Construction or Renovation: |       |
| Construction Cost: |       | Building Area (Sq. Ft.):  |       |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Architectural Firm: |       |
| Project Duties Performed by the Construction Superintendent: |       |
| Names of Proposed Key Personnel Listed in Section 3.1 that Worked on this Project (if any): |       |
| *Attach up to* ***two*** *pages of photographs behind this sheet.* |

**4.1 PROPOSED DESIGN TEAM CONSULTANTS**. *Provide information for all proposed Design Team Consultants for the project in the table below. Add rows as necessary. Local firms are preferred. Experience and representative design projects are only required for MEP, and Structural Engineer Design Consultants in Sections 4.3 – 4.4. If MEP is more than one firm, provide 3 additional tables for each firm.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Design Consultant Type | Firm’s Legal Name | Office Location (City) | Responsibilities and Scope of Work | Approximate % of work on this project | Indicate MBE or WBE (if applicable) |
| MEP |       |       |       |       |       |
| Structural |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |
|       |       |       |       |       |       |

 **4.2 MWBE COMPLIANCE PLAN.** *Indicate intent to meet 24% goal. If “No” is indicated below, SOQ will not be evaluated. Respondent must demonstrate in Section 4.1 how it intends to meet the goal.*

|  |  |
| --- | --- |
| Project Goal 24% participation met as indicated above? | 🗆 Yes 🗆 No |

**4.3** **EXPERIENCE OF MEP CONSULTANT***. Respondents should select* ***three*** *representative design projects of similar size and scope for the MEP Consultant. These projects do not have to match projects in Section 1.1- Respondent’s Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| MEP 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| *Attach up to two pages of photographs behind this sheet.* |
| **4.3** |  |
| MEP 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| *Attach up to two pages of photographs behind this sheet.* |

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| --- | --- |
| **4.3** |  |
| MEP 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| *Attach up to two pages of photographs behind this sheet.* |

**4.4 EXPERIENCE OF STRUCTURAL ENGINEER CONSULTANT** *Respondents should select* ***three*** *representative design projects of similar size and scope for the Structural Engineer Consultant. These projects do not have to match projects in Section 1.1- Respondent’s Design Team Experience. Recent projects completed within ten years or less are preferable. The three projects are not limited to projects of similar occupancy type.*

|  |  |
| --- | --- |
| Structural Engineer 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.* |       | LEED Certification Level:            | Renovation or New:            |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| *Attach up to two pages of photographs behind this sheet.* |

|  |  |
| --- | --- |
| **4.4** |  |
| Structural Engineer 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.* |       | LEED Certification Level:       | Renovation or New:       |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| *Attach up to two pages of photographs behind this sheet.* |

**4.4**

|  |  |
| --- | --- |
| Structural Engineer 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.* |       | LEED Certification Level:            | Renovation or New:            |
| Construction Cost: |       | Building Area (Sq. Ft.):       |  |
| Name, Phone Number and Email of Owner’s Representatives: |       |
| Project Description: |       |
| Services Provided: |       |
| *Attach up to two pages of photographs behind this sheet.* |

**5.1 PROJECT APPROACH**. *Attach up to* ***two*** *pages describing the following:*

1. *Knowledge and understanding of local context*
2. *Current industry trends*
3. *Relevant innovative concepts*
4. *Existing site constraints and opportunities for the design of facilities with similar service types.*

**5.2 PRECONSTRUCTION APPROACH**. *Attach up to* ***five*** *pages describing the following:*

1. *Describe the Respondent’s concepts for working in a team relationship with the City of Houston, Architect, and Engineering Consultants during the Preconstruction Phase Services.*
2. *Describe the methodology of reviewing completed construction documents, site conditions and proposed phasing. Discuss methods of documenting and proposing changes to construction documents.*
3. *Describe the plan for coordination of phasing, security, and operations.*
4. *Describe the participation of possible subcontractors in the preconstruction phase.*
5. *Describe the scheduling and estimating efforts during the preconstruction phase.*
6. *Describe the subcontracting plan. Include the methodology of advertising, negotiating, and awarding contracts for subcontracted work.*

**6.1 SAFETY (CONSTRUCTION TEAM):** *Attach current Workers Compensation Modifier Rating forms from the National Council on Compensation Insurance (Attach documents behind this page). If “No” is indicated below for the Safety Program Manual, the SOQ will not be evaluated.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Current Worker’s Compensation Modifier Numbers for the last five (5) years. Start with most recent and include year. |       |       |       |       |       |
| Does your company have a Safety Program Manual? |  □ Yes □ No |

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

* City of Houston Campaign Finance Ordinance Form – 00452

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

* City of Houston Affidavit of Ownership or Control Form - 00455

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

* POP1 - Pay or Play Acknowledgement Form - 00460

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