



STANDARD FORM - APSB PLS

May 19, 2016

Land Surveying Services

Statement of Qualifications

1. Project title Indefinite Deliveries Contract for Land Surveying Services	2. Project number RFQ-16-011
3a. Firm (as registered with the Louisiana Secretary of State) and mailing address of the office to perform work	3b. Name, title, telephone number, and e-mail address of the official with signing authority for this contract
	3c. Name, Title, telephone number, e-mail address and registration number of full-time LA licensed engineer in responsible charge of the project (not required for non-engineering projects)
3d. I certify that the following information is accurate and complete to the best of my knowledge (must be same person as 3b): Signature: _____ Date: _____	
4. Full-time personnel on firm's payroll who are located at the primary work location identified in 3a above: <ul style="list-style-type: none"> a. Civil Engineers, with current Louisiana P.E. registration _____ b. Environmental Engineers, with current Louisiana P.E. registration (not included in 4a) _____ c. Land Surveyors, with current Louisiana P.L.S. registration _____ d. Engineers In Training, with current Louisiana E.I. registration _____ e. Designers/Draftsmen _____ f. Survey Party Chiefs _____ g. Real Estate Professionals (Agents and Certified Appraisers) _____ h. Other personnel not included in above categories _____ Total personnel at primary work location (sum of a – h) _____	

5. Full-time personnel on firm's payroll, not located at the primary work locations, to be used on this project:	
a. Civil Engineers	_____
b. Environmental Engineers (not included in 5a)	_____
c. Land Surveyors, with current Louisiana P.L.S. registration	_____
d. Engineers In Training, with current Louisiana E.I. registration	_____
e. Designers/Draftsmen	_____
f. Survey Party Chiefs	_____
g. Real Estate Professionals (Agents and Certified Appraisers)	_____
h. Other personnel not included in above categories	_____
Total personnel not located at the primary work location (sum of a – h)	_____

6. Do you presently have sufficient staff to perform these services in the designated time frame? (Yes/No)

7. Identify the element of work (as defined in the advertisement), and the % of the element to be performed by the firm. Also, identify % of work for the overall project to be performed by the firm (must be at least 50%).

8. Do you intend to use a sub-consultant(s)? _____ yes _____ no
 (For use by the Prime Consultant only)
 All subconsultants/associates listed for this project must attach a signed Form APG-1001

Name and address	Identify the element of work (as defined in the advertisement), and the % of the element to be performed by the sub-consultant Also, identify the % of work for the overall project to be performed by the sub-consultant.	Worked with prime before? (Yes/No)
1.		
2.		
3.		

4.		
5.		

9. Staffing Plan – A Diagram showing all personnel specifically assigned to each work element of the project, their duties, and immediate supervisors. The Staffing Plan should also include the same information for Sub-consultants (if applicable).

10. Brief résumé of key persons anticipated to work on this project

a. Name, title & domicile	b. Position or Assignment for this project
c. Name of firm by which employed full time	d. Years experience: With this firm: _____ With other firms: _____
e. Education: Degree(s) / Years / Specialization	f. Active registration: Year registered: _____ Branch: _____ State: _____ License No.: _____

g. Specific experience and qualifications relevant to the proposed project:

Large empty text area for providing specific experience and qualifications relevant to the proposed project.

11. Work by firm which best illustrates project experience relevant to this project (List not more than 10 Projects)

a. Project name & location	b. Project description	c. Nature of firm's responsibility & firm members involved	d. Client's name, address, and telephone number	e. Completion date or Percent Complete & cost in thousands

12. All work by firm (all offices) currently being performed for or selected by Ascension Parish Government (as Prime or Sub-consultant)

a. Project name, and location*	b. Nature of your firm's responsibility (also identify if prime or sub-consultant)	c. Percent complete (by phase/type of work)	d. Contract fees (in thousands)** (by phase/type of work)	
			Total	Remaining
* For master contracts, list open task orders individually ** Do not include sub-consultant's fees			Total	

13. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project. This section may also be used to submit proposed prices, if required. A maximum of two (2) additional sheets may be utilized to answer this question. All other sheets not specifically requested shall be excluded.