



STANDARD FORM - APSB PM

May 24, 2016

Program Management Services

Statement of Qualifications

| | |
|---|--|
| 1. Project title Indefinite Deliveries Contract for Program Management Services | 2. Project number RFQ-16-009 |
| 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. Architects, with current LA Architect's registration _____ b. Environmental Engineers, with current Louisiana P.E. registration (not included in 4a) _____ c. Mechanical or Electrical Engineers, with current Louisiana P.E. registration (not included in 4a) _____ d. Civil Engineers, with current Louisiana P.E. registration _____ e. Engineers In Training, with current Louisiana E.I. registration _____ f. Designers/Draftsmen _____ 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. Architects | _____ |
| b. Environmental Engineers | _____ |
| c. Mechanical or Electrical Engineers | _____ |
| d. Civil Engineers | _____ |
| e. Engineers In Training | _____ |
| f. Designers/Draftsmen | _____ |
| g. Real Estate Professionals | _____ |
| h. Other personnel not included in above categories | _____ |

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

7. For each proposed element of work below (as defined in the RFQ-16-009 Narrative), note the % of the element to be performed by the firm.

| | |
|---|-------|
| 1. Building Programming Tasks: | _____ |
| 2. Update or Develop Owner's Standard Documents. | _____ |
| 3. Document Preparation, Execution and Enforcement of Contract requirements | _____ |
| 4. Project Management – | _____ |
| 5. Coordinate generation of studies/reports/surveys and owner's vendors. | _____ |
| 6. Constructability Reviews – | _____ |

7. Right of way Acquisition – _____

8. Assist with Cost Tracking – _____

9. Filed Observation and Field Reports – _____

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: | |
| | |

11. Work by firm which best illustrates project experience relevant to the proposed services described in the RFQ-16-009 Narrative (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 School Board (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. A maximum of two (2) additional sheets may be utilized to answer this question. All other sheets not specifically requested shall be excluded.