

**REQUEST FOR INFORMATION/QUALIFICATION STATEMENT
FOR
ARCHITECT SERVICES**

1. GENERAL INFORMATION

Date _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Contact Person(s) – limited to two persons per firm/application

Contact No. 1

Name _____

Title _____

Telephone _____ Fax _____

Internet/E-mail address _____

Contact No. 2:

Name _____

Title _____

Telephone _____ Fax _____

Internet/E-mail address _____

Type of organization:

_____ Sole proprietorship (individual)

_____ Partnership

_____ Professional corporation

_____ Corporation

_____ Joint venture

_____ Other _____

2. QUALIFICATION STATEMENT

In a 100 word or less statement, please describe what makes your firm uniquely qualified to perform **Architect Services**, including any superior qualities:

3. FIRM BACKGROUND AND STAFF

Year present firm established _____

Name of parent company, if any _____

Address _____

List principals of firm _____

Former company name(s), if any, and year(s) established:

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

Number of employees in firm locally: _____

Total of employees in firm (all office locations): _____

Who will be your designated representative assigned to the Service Center? _____

Who is the senior member of the firm assigned to ? _____

Number of persons with firm: _____

Architects _____ Engineers _____ Draftsmen _____ Administrators _____

4. PROFESSIONAL SERVICES (DISCIPLINES) PROVIDED BY FIRM

Please check all services applicable to your firm:

- | | | |
|--|---|--|
| <input type="checkbox"/> Architectural/Planning | <input type="checkbox"/> Acoustical engineering | <input type="checkbox"/> Civil engineering |
| <input type="checkbox"/> Construction administration | <input type="checkbox"/> Design | <input type="checkbox"/> District facility master planning |
| <input type="checkbox"/> Electrical engineering | <input type="checkbox"/> Engineering | <input type="checkbox"/> Mechanical engineering |
| <input type="checkbox"/> Structural engineering | <input type="checkbox"/> Other | <input type="checkbox"/> |

Other _____

Who would your firm propose as a consultant for the following areas and how long have you worked with these consultants?

A. Structural: _____

B. Mechanical: _____

C. Landscaping: _____

D. Acoustical: _____

E. Civil: _____

Summarize services provided to the owner as part of the basic services:

Does your firm include complete educational specifications/program designs as part of your basic services to the district in complete bound document form?

_____ Yes _____ No

Describe the manner in which the firm will work with the Service Center, or its designee, to define the education specification/program and to create the design.

Other advantages offered by the firm that would be of benefit to the Service Center.

Describe technology expertise and experience your firm offers _____

5. PROFESSIONAL LIABILITY INSURANCE

Describe limits per project _____

Describe limits in aggregate _____

Describe deductible _____

Have you had any claims asserted against you within the last five years? _____

If yes, provide details of each claim. _____

6. EXPERIENCE PROFILE

List the total number of projects for the last five years, including renovations and additions:

	Project Type	New Construction	Renovation/Addition
A.	Elementary Schools		
B.	Middle Schools		
C.	9 th or 9 th 10 th Schools		
D.	High Schools		
E.	Administrative/support Facilities		
F.	Athletic facilities/gyms/field houses		
G.	Auditoriums		
H.	Education Service Centers		
I.	Specialized educational facilities (list any type of educational facility not listed above)		

State number of firm's school projects and school construction dollars for each of the following years:

2003 _____ \$ _____ 2004 _____ \$ _____
 2005 _____ \$ _____ 2006 _____ \$ _____

7. SPECIALIZED SERVICES/SUPPLEMENTAL SERVICES

Check the services your firm provides and whether included in the basic services or available for an additional fee.

	Basic	Additional
Americans with Disabilities Act audit/review ADA	_____	_____
Facility plans	_____	_____
Acoustical evaluation	_____	_____
Energy audits	_____	_____
Environmental/hazardous materials inspections	_____	_____
Life safety system	_____	_____
Communications systems design	_____	_____
Site planning/site selections	_____	_____
Landscape design	_____	_____
Interior design	_____	_____
Technology infrastructure design	_____	_____
Bond issue assistance/planning & coordination	_____	_____
District-wide facilities condition assessment	_____	_____
Feasibility studies	_____	_____

Other _____

8. PROJECT REFERENCES

Please list four completed education-related projects that would be representative of your firm’s work and services provided within the last three years.

Total number of school district clients in the past three years _____

A. Project _____

District/Service Center _____

Contact person/title _____

Phone number _____

Scope of Project _____

B. Project _____

District/Service Center _____

Contact person/title _____

Phone number _____

Scope of Project _____

C. Project _____

District/Service Center _____

Contact person/title _____

Phone number _____

Scope of Project _____

D. Project _____

District/Service Center _____

Contact person/title _____

Phone number _____

Scope of Project _____

9. CURRENT CLIENTS

Please list three of your current school district or clients whose projects reflect the scope of your present workload.

A. Projects _____

District/Company _____
Contact person/title _____
Phone number _____
Project description _____

B. Projects _____

District/Company _____
Contact person/title _____
Phone number _____
Project description _____

C. Projects _____

District/Company _____
Contact person/title _____
Phone number _____
Project description _____

10. CAD CAPABILITIES

Would 100% of construction documents be on CAD?

If not, what percent of work would be on CAD?

Describe percentage of work

At the conclusion of the project, would your firm transmit to the district drawings, specifications, CAD software, etc., for the district's use?

_____ Yes _____ No

Would your firm grant to the district the license to reproduce any and all documents, including drawings, specifications, CAD software, etc., for purposes of future maintenance of the building, future alterations to the building, or future additions to the building by another architect, assuming the architect for the addition/renovations would be liable for the addition/renovation?

Yes No

11. Please attach any additional information and/or brochures that would provide additional information about your firm in relation to this request.

12. APPLICATION SIGNATURE:

Until a contract resulting from this process is executed, no employee, agent or representative of any professional services provider shall make available or discuss it's proposal with the media in any form, electronic or printed, and elected or appointed official or officer of the Service Center, or any employee, agent or other representative of the Service Center, unless specifically allowed to do so by the Purchasing Department.

The information contained herein is true and accurate to the best of my knowledge. By signing below, the firm agrees to allow Region III Education Service Center to check references given and that the information regarding the size and scope of each project is accurate. Further, the signature below certifies that this Qualification Statement has been completed with no consultation, collaboration or conversation with other firms competing on the same project. Please mail back to Region III Education Service Center 1905 Leary Lane, Victoria, TX 77901 and with RFQ# 08-005-08 written on lower left hand corner. Return by August 21, 2008.

NAME (Please print or type)

TITLE

DATE

SIGNATURE of FIRM'S CONTACT PERSON

REGION III EDUCATION SERVICE CENTER

Felony Conviction Disclosure Statement

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (1), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator has been convicted of a felony. A notice must include a general description of the conduct resulting in the conviction of a felony.

Subsection (b) states “a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony conviction has been reviewed by me and the following information furnished is true to the best of my knowledge.

My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable.

My firm is not owned or operated by anyone who has been convicted of a felony.

My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Company Name (Please Print)

Signature of Authorized Representative

REGION III EDUCATION SERVICE CENTER
Certification Regarding Lobbying (Federal)

Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds.

Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. 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 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 a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a 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 grant 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 covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

Company Name (Please Print)

Signature of Authorized Representative

Debarment, Suspension, Ineligibility Certification

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, *Federal Register* (pages 4722-4733).

(Before completing certification, read attached instructions.)

(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.

Company Name (Please Print)

Signature of Authorized Representative

Date

Instructions For Suspension/Debarment Certification Statement

1. By signing and dating the certification statement, the bidder certifies that neither it nor any of its principals (e.g., key employees) has been proposed for debarment, debarred or suspended by a federal agency on the date signed.
2. The prospective bidder shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective bidder learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
3. Federal and State penalties exist for vendors and districts that knowingly enter into contracts with suspended/debarred persons.