



APPENDIX F  
THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA  
**PROFESSIONAL QUALIFICATIONS SUPPLEMENT**  
**CONSTRUCTION MANAGERS**

PROFESSIONAL SERVICES SELECTION COMMITTEE

Effective: 5/6/2008 (new date)

**PURPOSE:** The Professional Qualifications Supplement (PQS) is designed to provide information regarding the qualifications of interested firms companies to provide professional services in accordance with the requirements of Florida Statutes, Consultants' Competitive Negotiation Act.

**INSTRUCTIONS:** Please complete this form as per the instructions cited at the beginning of each specific section. This completed PQS form and other required information is to be submitted as per the Application Requirements for this specific Request for Qualifications (RFQ).

**1. PROJECT INFORMATION**

*Enter the project name as it appears in the public announcement for professional service. Include project number when such occurs in the advertisement.*

PROJECT NAME \_\_\_\_\_ PROJECT NO. \_\_\_\_\_

**2. APPLICANT IDENTIFICATION**

*Enter the legal name of the Applicant, the address, telephone number and the other requested information. If applying firm company has multiple office locations, the Applicant is considered to be only the office where the work is to be completed. Consider only the specific office listed in response to this question as the Applicant when completing all other areas of the PQS.*

**FIRM COMPANY NAME** \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ FACSIMILE ( ) \_\_\_\_\_  
WHAT MONTH/YEAR DID THIS OFFICE OPEN? \_\_\_\_\_

NOTE: In order to qualify for location rating points, applicant must have maintained a production office at the city of applying office for at least one (1) year prior to the date of ~~the submission of Form 330~~ this application.

**3. MINORITY FIRM COMPANY**

*The School Board of Sarasota County encourages the use of minority business enterprises in its construction program. If the applicant firm company or any consultants are is a minority business enterprise (MBE), in accordance with Florida Statute, please complete this section. ~~Provide certification/documentation stating company/firm is MBE.~~*

**NOTE: Include proof of minority status, in accordance with Florida Statute, for each minority firm listed.**

**A.** Is the Applicant a minority in accordance with Florida Statute? Yes \_\_\_\_\_ No \_\_\_\_\_

**B.** Are any of the proposed consultants minorities in accordance with Florida Statute? Yes \_\_\_\_\_ No \_\_\_\_\_

**C.** If the response to 3.B was "Yes", complete the following:

\_\_\_\_\_  
Consultant's Name: \_\_\_\_\_

\_\_\_\_\_  
Consultant's Name: \_\_\_\_\_

**NOTE: Include proof of minority status, in accordance with Florida Statute, for each minority firm listed. {language relocated to instructional paragraph}**

#### 4. LIST OF PROJECTS

~~(List last ten (10) current projects [in chronological order] your company/firm has built or designed.)~~

List ~~last ten (10)~~ all current projects [in chronological order] your company/~~firm has built or designed~~ is building.

PROJECTS	EXPERIENCE PROFILE	<u>SCHEDULED</u> COMPLETION DATE	LOCATION	<u>PROJECTED</u> CONSTRUCTION COST

**NOTE:** Experience Profile Code: After each project, show whether firm company was "P" prime professional, "C" consultant or "JV" part of a joint venture. If none of the previous, and if applicable, the PRINCIPALS of the applicant firm company may use the letters "IE" to indicate individual experience. If a PRINCIPAL of the applicant firm company was a principal in a previous partnership and had a role in the project, "PP" may be used.

## 5. RELATED EXPERIENCE

~~List last ten (10) current related projects [in chronological order] of comparable type, size and complexity.~~

List [in chronological order] last ten (10) current five (5) related projects [in chronological order] completed by your company within the last five (5) years of comparable type, size and complexity.

PROJECTS	EXPERIENCE PROFILE	COMPLETION DATE	LOCATION	CONSTRUCTION COST

**NOTE:** Experience Profile Code: After each project, show whether **firm company** was "P" prime professional, "C" consultant or "JV" part of a joint venture. If none of the previous, and if applicable, the PRINCIPALS of the applicant **firm company** may use the letters "IE" to indicate individual experience. If a PRINCIPAL of the applicant **firm company** was a principal in a previous partnership and had a role in the project, "PP" may be used.

## 6. TIMELINES AND BUDGETS

A. Provide requested information for each project listed in #4 5.

PROJECT NAME	<u>CONTRACT</u> DATE <u>PROFESSIONAL</u> <u>AGREEMENT</u> <u>BEGAN</u>	<u>DATE OF SUBSTANTIAL</u> <u>COMPLETION CONTRACT</u> <u>DOCUMENTS ACCEPTED BY</u> <u>OWNER AS COMPLETE</u>		ORIGINAL CONSTRUCTION BUDGET	<u>ARCHITECT/ENGINEER</u> <u>ESTIMATE</u> <u>PRIOR TO BIDDING</u> <u>FINAL</u> <u>CONSTRUCTION</u> <u>COSTS</u>	<u>AMOUNT</u> <u>OF</u> <u>BONAFIDE</u> <u>LOW BID</u> {delete column}	NAME & TELEPHONE NO. OF OWNER OR OWNER'S DESIGNATED REPRESENTATIVE  {<- widen column ->}
		CONTRACTED DATE	ACTUAL DATE				

**6. TIMELINES AND BUDGETS** (continued)

B. Describe the process (in narrative form) used by your company/~~firm~~ to ensure control of the project costs and schedule for the projects listed in #6A ~~in the format provided~~.

PROJECT NAME	NARRATIVE

## 7. TEAM QUALIFICATIONS

Provide requested information for each of the key personnel who will actually be working on the project. **If applicable, list more than one person per service using a single line for each person. If not applicable, enter "N/A".** Attach a copy of the Florida Professional Registration Certificate with the appropriate board for each **applicable firm individual** listed in Section 7(A). Attach a copy of the personal experience resume for key personnel listed in Section 7(B).

<b>SUPERVISOR CATEGORY</b>	<b>DESIGNATED INDIVIDUAL IN-CHARGE</b>	<b>FLORIDA REGISTRATION NUMBER LICENSE</b>	<b>IN-HOUSE (Yes/No) (X)</b>	<b>OUTSIDE CONSULTANT (Yes/No) (X)</b>	<b>NAME OF OUTSIDE CONSULTANT FIRM COMPANY</b>	<b>LOCATION OF OUTSIDE CONSULTANT (City / State)</b>	<b>FLORIDA CORP. REGISTRATION (Yes / No)</b>	<b>LEED CERTIFIED (Yes/No) {delete column}</b>
<u>TITLE</u>								
<b>Executive in Charge</b>								
<b>Senior Project Manager</b>								
<b>Project Manager</b>								
<b>Ass't. Proj. Mgr. / Engineer</b>								
<b>Superintendent</b>								
<b>Assistant Superintendent</b>								
<b>Energy Director</b>								
<b>Senior Estimator</b>								
<b>Project Estimator</b>								
<b>Redi-Check Coordinator</b>								
<b>Other</b>								

## 8. SIGNATURE

Sign and date the PQS form. Type the name and title of the principal of the **firm company** who signs the form. (NOTE: Signature indicates that the information provided on the PQS form is accurate. Signature also indicates Applicant's profession has not been disqualified from applying for state work under suspension resulting from conviction of any public entity crime as described in Florida Statutes). Information submitted is subject to the Laws of Perjury as stated in Florida Statutes.

PUBLIC ENTITY CRIMES: Per the provisions of Florida Statutes 287.133(2)(A), "A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid on a contract to provide any goods or services to a public entity, may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work, may not submit bids on leases of real property to a public entity, may not be awarded or perform work as a contractor, supplier, subcontractor, or consultant under a contract with any public entity, and may not transact business with any public entity in excess of the threshold amount provided in Florida Statute 287.017 for Category Two for a period of 36 months from the date of being placed on the convicted vendor list." The prospective company certifies, by submission and signature of this application, that neither the applicant, nor its principal, its agent or its representative is presently debarred, suspended, proposed for debarment, declared ineligible, voluntarily excluded from participation in this process or otherwise precluded by Florida Statute 287.133 from participating in this contract.

Signature \_\_\_\_\_ Typed Name and Title of Signer: \_\_\_\_\_ Date: \_\_\_\_\_