



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

Effective: 4/7/2003

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

INSTRUCTIONS: PLEASE SUBMIT ONLY ONE (1) COPY OF PROPOSAL AND OTHER REQUIRED DOCUMENTS OR AS PER ADVERTISEMENT - ADDITIONAL COPIES WILL BE DESTROYED.

- ° Please type accurately. The numbers on these instructions correspond to the numbered items on the PQS form. Use additional sheets when necessary, following the format on the PQS.
- ° Attach a copy of proof of minority status, in accordance with Florida Statute, for each minority firm listed in Section 3.
- ° Attach a copy of the Florida Professional Registration Certificate with the appropriate board for each applicable firm listed in Section 7(A).
- ° Attach a copy of the personal experience resume for key personnel listed in Section 7(B).

- 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.
- 2. APPLICANT IDENTIFICATION:** Enter the legal name of the Applicant, the address, telephone number and the other requested information. If applying firm 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.
- 3. MINORITY FIRM:** The School Board of Sarasota County encourages the use of minority business enterprises in its construction program. If the applicant firm or any consultants are a minority business enterprise (MBE), in accordance with Florida Statute, please complete this section. Provide certification/documentation stating company/firm is MBE.
- 4. LIST OF PROJECTS:** List last ten (10) **completed current** projects [in chronological order] your company/firm has built or designed.
- 5.6. TIMELINES & BUDGET:**
 - A. Provide requested information for each project listed in #4 **in the format provided on the PQS form.**
 - B. Describe process (in narrative form) used by your company/firm to ensure control of the project costs for the projects listed in #5.6A **in the format provided on the PQS form.**
- 6.5. RELATED EXPERIENCE:** List last ten (10) **completed current** related projects [in chronological order] of comparable type, size and complexity. **Provide requested information for each project in the format provided on the PQS form.**
- 7. TEAM QUALIFICATIONS:** **Provide team credentials and ability to perform together as a cohesive team. 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".**
 - A. **CORPORATE INFORMATION:** List the designated individual in charge and the Florida Registration Number for all services provided in-house. For outside services, provide the firm, location, if a Florida Corporation, designated individual in charge, and the Florida Registration Number.
 - B. **KEY PERSONNEL/OUTSIDE CONSULTANTS:** List the key personnel who will actually be working on the project. Indicate the service, if in-house or outside consultant, title, and Florida Registration Number. If applicable, list more than one person per service using a single line for each person.
 - C. **CONTRACTED WORK:** List last ten (10) completed projects [in chronological order] your company/firm has built or designed. Provide required information for each project in the format provided on the PQS form.
 - D. **REPRESENTATIVE DESIGN:** List last ten (10) completed related projects [in chronological order] of comparable type, size and complexity. The buildings can be of any type. The purpose is to demonstrate your firm's versatility and sophistication in design. Provide requested information for each project in the format provided on the PQS form.
- 8. SIGNATURE:** Sign and date the PQS form. Type the name and title of the principal of the firm 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.



THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
PROFESSIONAL QUALIFICATIONS SUPPLEMENT
INFORMATION SUMMARY SHEET

Effective: 10/7/2003

DELETE PQS: INFORMATION SUMMARY SHEET IN ITS ENTIRETY

- 1) FIRM NAME: _____
- 2) NUMBER OF YEARS IN BUSINESS: _____
- 3) MINORITY FIRM: YES _____ NO _____
- 4) *BASIC SERVICE FEES/CURRENT WORK: \$ _____
- 5) *BASIC SERVICE FEES/LAST FIVE (5) YEARS: \$ _____
- 6) TYPE AND NUMBER OF PROJECTS CONSIDERED RELATED EXPERIENCE (identified in Form 254): _____

- 7) PAST/CURRENT SCHOOL CONSTRUCTION EXPERIENCE: _____

- 8) (a) TOTAL NUMBER OF EMPLOYEES: _____ (b) TOTAL EMPLOYEES IN PROJECT OFFICE: _____ (c) TOTAL EMPLOYEES ASSIGNED TO PROJECT: _____
- 9) AVERAGE YEARS OF EXPERIENCE OF PROJECT TEAM: _____

*if firm is new to School Board work, three (3) references are required:

	<u>Contact Person</u>	<u>Company/Firm Name</u>	<u>City/State</u>	<u>Telephone</u>
(1)	_____	_____	_____	_____
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

1. PROJECT INFORMATION

PROJECT NAME _____ PROJECT NO. _____

2. APPLICANT IDENTIFICATION

FIRM NAME _____ Number of Technical and Professional Staff in Office: _____

ADDRESS _____ Number of Florida registered individuals in office (Attach list of names): _____

CITY _____ COUNTY _____ STATE _____ With what company do you carry Professional Liability Insurance? _____

TELEPHONE () _____ FACSIMILE () _____ How many consecutive years have you carried PLI with this company? _____

{CHANGED TO UPPER CASE} WHAT 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 year prior to the date of the submission of Form 254 330.

3. MINORITY FIRM

- 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.

4. LIST OF PROJECTS

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

PROJECTS	EXPERIENCE PROFILE	COMPLETION DATE	LOCATION	CONSTRUCTION COST

NOTE: Experience Profile Code: After each project, show whether firm 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 may use the letters "IE" to indicate individual experience. If a PRINCIPAL of the applicant firm was a principal in a previous partnership and had a role in the project, "PP" may be used.

56. TIMELINES AND BUDGETS

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

PROJECT NAME	DATE PROFESSIONAL AGREEMENT BEGAN	DATE CONTRACT DOCUMENTS ACCEPTED BY OWNER AS COMPLETE		ORIGINAL CONSTRUCTION BUDGET	ARCHITECT/ENGINEER ESTIMATE PRIOR TO BIDDING	AMOUNT OF BONAFIDE LOW BID	NAME & TELEPHONE NO. OF OWNER OR OWNER'S DESIGNATED REPRESENTATIVE
		CONTRACTED DATE	ACTUAL DATE				

56. TIMELINES AND BUDGETS (continued)

B. Describe process (in narrative form) used by your company/firm to ensure control of the project costs for the projects listed in #56A in the format provided.

PROJECT NAME	NARRATIVE

65. RELATED EXPERIENCE

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

PROJECTS	EXPERIENCE PROFILE	COMPLETION DATE	LOCATION	CONSTRUCTION COST

NOTE: Experience Profile Code: After each project, show whether firm 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 may use the letters "IE" to indicate individual experience. If a PRINCIPAL of the applicant firm was a principal in a previous partnership and had a role in the project, "PP" may be used.

7. TEAM QUALIFICATIONS

A. CORPORATE INFORMATION

#7 – TEAM QUALIFICATIONS - REVISED IN ITS ENTIRETY – THIS PAGE IS OBSOLETE

SERVICE SUPERVISORY CATEGORY	IN-HOUSE (APPLICANT)		OUTSIDE CONSULTANT				
	DESIGNATED INDIVIDUAL IN CHARGE	FLORIDA REGISTRATION NUMBER	FIRM	CITY*	FLORIDA CORPORATION (YES)(NO)	DESIGNATED INDIVIDUAL IN CHARGE	FLORIDA REGISTRATION NUMBER
Architectural							
Landscape Architectural							
Civil Engineering							
Electrical Engineering							
Mechanical Engineering							
Interior LEED Design Certified Yes ___; No ___							
Special Consultants							

*City in which work will actually be completed.

B. KEY PERSONNEL OUTSIDE CONSULTANTS

SERVICE CATEGORY	(IN-HOUSE)	(OUTSIDE)	NAME	TITLE	FLORIDA REGISTRATION NUMBER

C. CONTRACTED WORK		DELETE 7-C IN ITS ENTIRETY				
PROJECT NAME	LOCATION	OWNER	OWNER PHONE	CURRENT PHASE	COMPLETION DATE	CONSTRUCTION COST

D. REPRESENTATIVE DESIGN		DELETE 7-D IN ITS ENTIRETY	
PROJECT NAME	LOCATION		

8. SIGNATURE

Signature _____ Typed Name and Title of Signer _____ Date _____

7. TEAM QUALIFICATIONS

SUPERVISORY CATEGORY	DESIGNATED INDIVIDUAL IN CHARGE	FLORIDA REGISTRATION NUMBER	IN-HOUSE (Yes / No)	OUTSIDE CONSULTANT (Yes / No)	NAME OF OUTSIDE CONSULTANT FIRM	LOCATION OF OUTSIDE CONSULTANT (City / State)	FLORIDA CORPORATION (Yes / No)	LEED CERTIFIED (Yes / No)
Executive in Charge								
Senior Project Manager								
Project Manager								
Ass't. Proj. Mgr./Engineer								
Superintendent								
Assistant Superintendent								
Energy Director								
Senior Estimator								
Project Estimator								
Redi-Check Coordinator								
Other								

8. SIGNATURE

Signature: _____ Typed Name and Title of Signer: _____ Date: _____