HAYS CISD - RFQ #25-072201AS

Attachment B

Request for Qualification – Professional Services for Construction and Facility Maintenance

Statement of Qualifications Questionnaire

A. FIRM INFORMATION AND EXPERIENCE

Name of Firm:	
Address 1:	
Address 2:	
City/St/Zip:	
Contact Person:	Phone Number:
Email Address:	
Type of Organization (Individual, Partnership, Corporation, Association):	

2. Please list the specific project areas that your firm can provide services to Hays CISD:

3. Years in Business as current firm name above: _____ years

4. List other names your firm has operated under and dates of operation.

Name:		Date of Operation:	
Name:		Date of Operation:	
Name:		Date of Operation:	

5. Please list any projects specifically related to those for which your firm has performed Engineering and/or Commissioning Services for Hays CISD in the last 5 years including construction cost and project size (floor area or other appropriate indicator).

Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	

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6. Please list up to 5 other significant, non-Hays CISD educational projects (K-12) specifically related to those for which your firm has performed Engineering and/or Commissioning Services in the last 5 years including construction cost and project size (floor area or other appropriate indicator).

Project Name/ISD:		Project Completion Date:	
Project Name/ISD:		Project Completion Date:	
Project Name/ISD:		Project Completion Date:	
Project Name/ISD:		Project Completion Date:	
Project Name/ISD:		Project Completion Date:	

7. Please list up to 5 other significant projects for offices, warehousing, fleet maintenance, performing arts, athletic facilities or projects related to your specialization specifically related to those for which your firm has performed Engineering and/or Commissioning Services in the last 5 years including construction cost and project size (floor area or other appropriate indicator).

Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	
Project Name:		Project Completion Date:	

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Name of Firm:

B. PERSONNEL. List the names of the personnel that will be assigned to the District for the indicated project and their Texas Registration Number. Cross reference personnel with projects listed in Items 4 – 6 above.

Licenses/Registrations

Name:		Texas Registration #:	
Name:		Texas Registration #:	
Name:		Texas Registration #:	
Name:		Texas Registration #:	
Name:		Texas Registration #:	

Accreditations

Name:		Issue Date / Number:	
Name:		Issue Date / Number:	
Name:		Issue Date / Number:	
Name:		Issue Date / Number:	
Name:		Issue Date / Number:	

Resumes. Resumes to be provided for the following employees: Principal of Firm, Project Architect, Licensed Professionals. Resumes shall include up to 10 past projects, new and renovations.

C. INSURANCE. It is the policy of Hays CISD to require organizations that provide professional services to the District to carry professional liability insurance for the firm and its staff throughout the contract period and for three (3) years after completion of a contract.

1. Does your firm carry professional liability practice insurance? ☐ Yes ☐ No

a. If yes, who is your insurance carrier?

b. Provide the following information made against the above listed carrier:

b.1. ☐ Claims made ☐ Claims made and reported

b.2. Limits of $_____ per claim and $_____ aggregate.

b.3. Number of claims made in the past five (5) years:

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Name of Firm:	

2. Maximum Coverage: $ Deductible amount: $

3. Insurance Company Name

Name of Firm:	
Address 1:	
Address 2:	
City/St/Zip:	
Contact Person:	Phone Number:

4. Have any claims been made against your firm for errors and omissions in the past five (5) years? ☐ Yes ☐ No

If so, what was the disposition of the claim(s)?

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Request for Qualifications Certification

The undersigned affirms that he or she is duly authorized to execute this questionnaire, that this company, corporation, firm, partnership, or individual has not prepared this proposal in collusion with any other person, firm, or entity making or considering making a proposal to Hays CISD for any of the future District projects, and that contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

The foregoing is true and correct. Hays CISD, or any authorized representative of Hays CISD, is authorized by the undersigned to contact any firm, institution, or person listed above to obtain information which Hays CISD might determine as being desirable.

Firm: _____

Address: _____

City/State/Zip: _____

Phone No: _____

Fax No: _____

Signature: _____

Typed Name: _____

Date: _____