

Architectural Statement of Qualifications

NAME OF FIRM: _____

ADDRESS: _____

1. Years in Business in Present Form: _____

2. Firms History and Resource Capability to PAR form Required Services:

3. Titles, Names, and Addresses of all Officers:

4. List categories in which firm is legally qualified to do business. Include Licenses and Registrations where applicable.

5. Does your firm carry Errors and Omissions Insurance? _____

6. If you were awarded the design, bid phase, and inspection for this project, what would your fee be? _____

7. Does your firm charge for the preliminary architectural report (PAR)?
If yes, what would the charge be? \$ _____
Can your firm meet the draft PAR deadline? YES ___ NO ___

8. List up to five (5) projects which demonstrate skills to be used on CHIP projects. Note project name, location, owner, year, contract amount, and nature of firm's responsibility.

1. _____
2. _____
3. _____
4. _____
5. _____

9. List key personnel (with qualifications) likely to be involved on these projects and explain their specific role in CHIP work.

10. List three (3) references for the Firm.

1. _____
2. _____
3. _____

11. Are you a Section 3 Business Concern? Yes _____ No _____
If yes, the Attached Section 3 Business Concern Certification, Previous Certification and Action Plan must be filled out, signed, notarized, and submitted with your proposal.

Is the signed and notarized Section 3 Business Concern Certification, Previous Certification and Action Plan attached to your proposal? Yes _____
If no, you will only need to submit the Section 3 forms if you are the successful proposer.

12. Certifying that:

Mr./Mrs./Ms. _____ (signature) being duly sworn deposes and states that he/she is the _____ (title) of _____ (name of firm) and that answers to the foregoing questions and all statements herein contained are true and correct.