

TYPE I-B PROFESSIONAL SERVICES APPLICATION

ST. TAMMANY PARISH SCHOOL BOARD

July 2013

**QUALIFICATIONS STATEMENT
OF**

(INSERT FIRM NAME)

For

Services provided by your firm:

<input type="checkbox"/>	Architectural	<input type="checkbox"/>	Civil Engineering
<input type="checkbox"/>	Mechanical Engineering	<input type="checkbox"/>	Landscape Architecture
<input type="checkbox"/>	Electrical Engineering	<input type="checkbox"/>	Licensed Consulting Arborist
<input type="checkbox"/>	Structural Engineering	<input type="checkbox"/>	Other:

Mailing Address: _____

Street Address: _____

Contact Person: _____
Title: _____

Phone No.: _____

Fax No.: _____

E-Mail Address: _____

QUALIFICATIONS OF INDIVIDUAL WHO WILL BE IN DIRECT CHARGE

Provide the name and resume of the individual within the Applicant’s organization who will have direct charge of the St. Tammany Parish School Board’s work.

Name: _____

Title: _____

Project Assignment: _____

Years with Firm: _____

Professional License #: _____

Year First Licensed: _____

Degrees Earned: _____

Continuing Education: _____

Experience Relative to
Type I-B Projects:
(projects less than \$500,000 estimate)

GENERAL PRIOR WORK EXPERIENCE

Please insert photographs/project information of no more than six (6) projects for which you provide services (brochure sheets are acceptable) which best illustrate Applicant's general qualifications for Type I-B projects. Include name of project, year completed, and a brief description of the project.

ADEQUATE STAFF, CONSULTANTS, FACILITIES, EQUIPMENT

PERSONNEL

Indicate the number of personnel by discipline in your firm. (List each person only once by primary function.)

- _____ Total Personnel
- _____ Licensed Architects
- _____ Construction Inspectors/Field Administrator
- _____ Interior Designers
- _____ Electrical Engineers
- _____ Administrative Support
- _____ Other:
- _____ Intern Architects/Engineers
- _____ Draftsmen/CADD Operators
- _____ Landscape Architects
- _____ Mechanical Engineers
- _____ Licensed Arborist
- _____ Specification Writers
- _____ Designer/Technician
- _____ Civil Engineers
- _____ Environmental Engineers

PROPOSER’S WORKLOAD

Please comment on your ability to provide services for small projects with your typical workload. If providing architectural or engineering services, please also address the aspect of being responsive to meeting the need to complete construction efforts during the very short time frame for summer break and your ability to prioritize the importance of the construction administration activities to support this effort.

ABILITY TO WORK WITH STPSB STAFF AND OTHER PUBLIC AGENCIES

Please indicate if you have worked with:

	YES	NO
STPSB Staff		
Louisiana State Fire Marshal		
Department of Health and Hospitals		
Corps of Engineers (Wetlands)		
Parish of St. Tammany Government		
City of Mandeville		
City of Covington		
City of Slidell		
Town of Madisonville		
Village of Folsom		
Town of Pearl River		

Continuation Sheet

Project Name	Project Location	Construction Cost	Current Status

LOCATION, PROXIMITY TO ST. TAMMANY PARISH

Indicate your office's proximity to St. Tammany Parish. Indicate if any staff as well as any of the key personnel that are to be assigned to the proposed projects live in/in close proximity to St. Tammany Parish. If you have a satellite office in St. Tammany Parish/Northshore Area indicate how the local office is staffed relative to the main office location.

NUMBER AND SIZE OF CONTRACTS WITH STPSB WITHIN PAST 5 YEARS

List the St. Tammany Parish School Board Type I-B Projects (less than \$500,000) received within five (5) years of the year of this qualifications statement.

I certify that I am an architect or engineer and a principal (principal is defined as a licensed architect or engineer who has the right and authority to exercise control over the project; who shares in profits, losses, and responsibility for incurred liabilities), with the firm applying for this project, that the foregoing information is accurate and complete to the best of my knowledge, and that I have read the information contained in the Request for Qualifications Package.

Signature of Principal: _____ Date: _____

Typed Name and Title of Principal: _____

Louisiana License Number: _____

PLACE STAMP/SEAL HERE

CURRENT LICENSE

Attach a copy of the document that your firm receives from the licensing board indicating your firm's current license to practice in the State of Louisiana.

LIABILITY AND PROFESSIONAL INSURANCE

Indicate your ability to provide all insurance required by the Professional Services Agreement. Attach a copy of your current insurance coverages from your insurance company. If your current coverages are less than those required, provide a certified letter from your insurance company verifying that you can meet the coverages required.

AFFIDAVIT

The following page contains an Affidavit which must be signed, notarized, and submitted as a part of this qualification statement.

AFFIDAVIT

STATE OF LOUISIANA

PARISH OF _____

BEFORE ME, the undersigned authority, personally came and appeared _____

_____ of _____

(hereinafter referred to as “affiant”), who after being by me duly sworn, deposed and said that affiant has read this affidavit and does hereby agree under oath to comply with the applicable provisions of law set forth herein and affiant further states that Affiant or affiant’s firm is seeking to be selected by the St. Tammany Parish School Board to provide services to be rendered in connection with a contract for construction, alteration or demolition of a public building or project or in connection with providing services in a particular field or specialty for work to be performed on behalf of the St. Tammany Parish School Board and neither he or she or his or her firm has paid any individual or firm to solicit the contract on his or her or its behalf nor has he or she or his or her firm paid a Board member or employee or a Committee member to secure a contract.

Signature of Affiant

Sworn to and subscribed before me this _____ Day of _____, 2013.

NOTARY PUBLIC