



**ST. TAMMANY PARISH  
GOVERNMENT**

**STATEMENT OF  
QUALIFICATIONS FORM**

**1. Professional Services Category: Indicate one of the following\*.**  
**\*Note: A separate SOQ must be completed by each Individual or Firm if more than one service category is applicable. The only exception is for engineering categories. Individuals or Firms may select multiple engineering categories and submit a single SOQ.**

- |  |   |
|--|---|
| <input type="checkbox"/> Airport Engineering             | <input type="checkbox"/> Engineering Management                           |
| <input type="checkbox"/> Airport Consulting              | <input type="checkbox"/> Project/Construction Management                  |
| <input type="checkbox"/> Airport Runway/Taxiway/Lighting | <input type="checkbox"/> Construction Inspection                          |
| <input type="checkbox"/> Civil Engineering               | <input type="checkbox"/> Resident Inspection                              |
| <input type="checkbox"/> Electrical Engineering          | <input type="checkbox"/> Laboratory and/or Field Construction Testing     |
| <input type="checkbox"/> Environmental Engineering       | <input type="checkbox"/> Architectural: Vertical/Horizontal/Landscape     |
| <input type="checkbox"/> Mechanical Engineering          | <input type="checkbox"/> Environmental Study and Review                   |
| <input type="checkbox"/> Other Engineering Specialty:    | <input type="checkbox"/> Planning   |
| <input type="checkbox"/> Bridge/Road/Street              | <input type="checkbox"/> Appraisal  |
| <input type="checkbox"/> Building                        | <input type="checkbox"/> Land Acquisition, Legal and Abstract             |
| <input type="checkbox"/> Drainage/Hydraulics/Hydrology   | <input type="checkbox"/> Surveying  |
| <input type="checkbox"/> Geotechnical                    | <input type="checkbox"/> Grant Program Management (Benefit Cost Analysis) |
| <input type="checkbox"/> Recreational                    |   |
| <input type="checkbox"/> Structural                      |   |
| <input type="checkbox"/> Traffic                         |   |
| <input type="checkbox"/> Water & Sewerage                |   |

2. Individual or Firm Name and Address:	2a. Principal Contact Information:	2b. Individuals or Firms domiciled in or with branch office in Louisiana must list current Occupational License:
	Name: _____ Title: _____ Tel No.: _____ Email: _____	License No.: _____ Parish of Issue: _____

**3. Number of Personnel by Discipline: List each person only once, by primary function.**

**Note: All Architects, Engineers, and Surveyors listed must be currently registered and/or licensed for work in the State of Louisiana.**

_____ Abstractor	_____ Construction/Resident	_____ Geologists	_____ Paralegal
_____ Administrative	_____ Inspectors	_____ Geotechnical Engineer	_____ Planners: Urban/Regional
_____ Appraiser	_____ Draftsmen	_____ Hydrologists	_____ Project Manager
_____ Architects	_____ Ecologists	_____ Interior Designers	_____ Sanitary Engineers
_____ Attorney	_____ Economists	_____ Landscape Architects	_____ Soils Engineer
_____ CAD/CADD Experts	_____ Electrical Engineers	_____ Mechanical Engineers	_____ Specifications Writers
_____ Chemical Engineers	_____ Environmental Reviewer	_____ Mining Engineers	_____ Structural Engineers
_____ Civil Engineers	_____ Estimators	_____ Oceanographers	_____ Surveyors
			_____ Transportation Engineers
			_____ <b>TOTAL PERSONNEL</b>

**4. List all subcontractors anticipated for this professional services category:**

<b>Name and Address</b>	<b>Specialty</b>	<b>Worked with Prime Before (Yes or No)</b>
1)		
2)		
3)		
4)		
5)		

**5. Work by Individual or Firm which best illustrates current qualifications relevant to the professional service category indicated in Section 1. List no more than 10 projects.**

					Estimated Cost (in thousands)	
Project Name and Location	Nature of Individual or Firm's Responsibility	Project Owner's Name and Address	Completion Date (Actual or Estimated)	Entire Project	Amount for Which Individual or Firm Was/Is Responsible	
1)						
2)						
3)						
4)						
5)						

				Estimated Cost (in thousands)	
Project Name and Location	Nature of Individual or Firm's Responsibility	Project Owner's Name and Address	Completion Date (Actual or Estimated)	Entire Project	Amount for Which Individual or Firm Was/Is Responsible
6)					
7)					
8)					
9)					
10)					

**6. Please provide any additional information, description of resources or supporting qualifications for the services category indicated in Section 1:**

1) General:

2) Professional Training and Experience:

3) Size of Firm:

4) Capacity for Timely Completion of the Project:

5) Past Performance on Public Sector Projects:

6) Location of Principle Office:

7) The Individual or Firm is or has been in an Adversarial Legal Proceeding and/or Dispute with the Parish within the Last Five (5) years: \_\_\_\_ YES, or \_\_\_\_ NO.  
If YES, Please Provide Additional Information:

8) Prior Successful Completion of Projects of the Type and Nature of this Category of Professional Services:

9) Registered as a Disadvantaged Business Enterprise (DBE) with State of Louisiana. Registration information is available on the State DBE site:  
<http://www8.dotd.louisiana.gov/ucp/> . **Please attach the Certification issued by State of Louisiana.**

**7. Contributions made to Elected Officials of St. Tammany Parish:**

Name of Elected Official:	Contribution Amount (list singly):	Date Contributed:

- **SOQs shall only be submitted in PDF format via email or compact disc. Due to system specifications, emailed SOQs documents may not exceed 20MB.**
- **Printed SOQs will not be accepted. SOQs will not be accepted after the deadline.**
- **Individuals or firms evaluated as qualified must be Active and “In Good Standing” with the Louisiana Secretary of State and licensed to do business in the State of Louisiana.**
- **SOQs must include a completed Form W-9 available at, [www.irs.gov/pub/irs-pdf/fw9.pdf](http://www.irs.gov/pub/irs-pdf/fw9.pdf) and as applicable, a State of Louisiana DBE Certification.**



**8. The below signatory certifies that the foregoing is a true and accurate statement of facts.**

**Signature:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Printed Name** \_\_\_\_\_ **Date:** \_\_\_\_\_

## STATEMENT OF QUALIFICATION – PROFESSIONAL SERVICES

### FREQUENTLY ASKED QUESTIONS (FAQ)

**Question 1:** If my company is on the Parish’s current pre-qualified vendor list, do I need to submit a SOQ?

**Answer 1:** No, all Individuals and Firms included on the current Pre-Qualified Professional Vendor List will remain on the list.  
The current list is posted on the Parish website:  
<http://www.stpgov.org/files/Departments/Procurement/2018Pre-QualifiedProfessionalServicesList-1.pdf>

Individuals or Firms not already included on the Pre-Qualified Professional Vendor List must submit Statement of Qualifications as instructed for the desired services categories.

**Question 2:** If my company is already on the list but I want my company to provide services in another category, do I need to resubmit?

**Answer 2:** Individuals or Firms currently included on the Pre-Qualified Professional Vendor List wishing to be included for additional services categories must submit Statement of Qualifications for the desired additional services categories, as instructed.

**Question 3:** May I modify the SOQ Form?

**Answer 3:** The SOQ Form is available in WORD on the Parish website:  
<http://www.stpgov.org/departments/procurement>  
The boxes may be expanded to allow for longer, more detailed responses to the questions.  
No other alterations or attachments are permitted.  
The only attachments to the SOQ should be a W-9 and if applicable, a DBE Certification.

**Question 4:** The SOQ form does not have a specific space for resumes. May I attach resumes and/or other documentation?

**Answer 4:** No, resumes and other documents may not be attached.  
Resume information may be included in the responses to the questions in Section 6.  
The only attachments to the SOQ should be a W-9 and if applicable, a DBE Certification Form.

## STATEMENT OF QUALIFICATION – PROFESSIONAL SERVICES

### FREQUENTLY ASKED QUESTIONS (FAQ)

**Question 5:** Do Sub-Consultants and/or Sub-Contractors listed in Section 4 of the SOQ form need to submit their own SOQ?

**Answer 5:** No, the Sub-Consultants and/or Sub-Contractors do not need to submit their own SOQ *unless* the Sub-Consultant and/or Sub-Contractor is seeking to be listed as a separate entity on the Parish Pre-Qualified Vendor List.

**Question 6:** If a certified DBE Sub-Consultant and/or Sub-Contractor is utilized, is that sufficient to select the DBE certification?

**Answer 6:** No, the DBE certification is for the Individual or Firm submitting the SOQ.

**Question 7:** Do I need to submit a new SOQ form to update my contact information?

**Answer 7:** No, contact information may be updated by emailing the update information to [soq@stpgov.org](mailto:soq@stpgov.org).