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| STANDARD FORM - APSB PLS  May 19, 2016 Land Surveying Services Statement of Qualifications | | | | |
| 1. Project title  **Indefinite Deliveries Contract for Land Surveying Services** | | 2. Project number  **RFQ-16-011** | | |
| 3a. Firm (as registered with the Louisiana Secretary of State) and mailing address of the office to perform work | | 3b. Name, title, telephone number, and e-mail address of the official with **signing authority** for this contract | | |
| 3c. Name, Title, telephone number, e-mail address and  registration number of full-time LA licensed engineer in  responsible charge of the project (not required for non-  engineering projects) | | |
| 3d. I certify that the following information is accurate and complete to the best of my knowledge (must be same person as 3b):  Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| 4. Full-time personnel on firm’s payroll who are located at the primary work location identified in 3a above: | | | | |
| a. Civil Engineers, with current Louisiana P.E. registration  b. Environmental Engineers, with current Louisiana P.E. registration (not included in 4a)  c. Land Surveyors, with current Louisiana P.L.S. registration  d. Engineers In Training, with current Louisiana E.I. registration  e. Designers/Draftsmen    f. Survey Party Chiefs  g. Real Estate Professionals (Agents and Certified Appraisers)  h. Other personnel not included in above categories  Total personnel at primary work location (sum of a – h) | | | \_\_\_\_\_\_\_ | |
| 5. Full-time personnel on firm’s payroll, not located at the primary work locations, to be used on this project:  a. Civil Engineers  b. Environmental Engineers (not included in 5a)  c. Land Surveyors, with current Louisiana P.L.S. registration  d. Engineers In Training, with current Louisiana E.I. registration  e. Designers/Draftsmen    f. Survey Party Chiefs  g. Real Estate Professionals (Agents and Certified Appraisers)  h. Other personnel not included in above categories  Total personnel not located at the primary work location (sum of a – h) | | | \_\_\_\_\_\_\_ | |
| 6. Do you presently have sufficient staff to perform these services in the designated time frame? (Yes/No) | | | | |
| 7. Identify the element of work (as defined in the advertisement), and the % of the element to be performed by the firm. Also, identify % of work for the overall project to be performed by the firm (must be at least 50%). | | | | |
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| 8. Do you intend to use a sub-consultant(s)? yes no  (For use by the Prime Consultant only)  All subconsultants/associates listed for this project must attach a signed Form APG-1001 | | | | |
| Name and address | Identify the element of work (as defined in the advertisement), and the % of the element to be performed by the sub-consultant Also, identify the % of work for the overall project to be performed by the sub-consultant. | | | Worked with prime before?  (Yes/No) |
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| 9. Staffing Plan – A Diagram showing all personnel specifically assigned to each work element of the project, their duties, and immediate supervisors. The Staffing Plan should also include the same information for Sub-consultants (if applicable). | |
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| 10. Brief résumé of key persons anticipated to work on this project | |
| a. Name, title & domicile | b. Position or Assignment for this project |
| c. Name of firm by which employed full time | d. Years experience:  With this firm:        With other firms: |
| e. Education: Degree(s) / Years / Specialization | f. Active registration: Year registered:  Branch: State: .  License No.: |
| g. Specific experience and qualifications relevant to the proposed project: | |

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| 11. Work by firm which best illustrates project experience relevant to this project (List not more than 10 Projects) | | | | |
| a. Project name & location | b. Project description | c. Nature of firm’s responsibility & firm members involved | d. Client’s name, address, and telephone number | e. Completion date or Percent Complete & cost in thousands |
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| 12. All work by firm (all offices) currently being performed for or selected by Ascension Parish Government (as Prime or Sub-consultant) | | | | |
| a. Project name, and location\* | b. Nature of your firm’s responsibility (also identify if prime or sub-consultant) | c. Percent complete (by phase/type of work) | d. Contract fees (in thousands)**\*\***  (by phase/type of work) | |
| Total | Remaining |
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| **\*** For master contracts, list open task orders individually  **\*\*** Do not include sub-consultant’s fees Total | | |  |  |

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| 13. Use this space to provide any additional information or description of resources supporting your firm’s qualifications for the proposed project. This section may also be used to submit proposed prices, if required. A maximum of two (2) additional sheets may be utilized to answer this question. All other sheets not specifically requested shall be excluded. |
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