REQUEST FOR QUALIFICATIONS

for

Project No: ______________
Titled: ____________________________
Table of Contents:

1. Scope of Services  page 3
2. Consultant Questionnaire  pages 6, 7 & 8

Attachments:

Agreement with:

  a).  Exhibit A
  b).  Exhibit A-1

Consultant Services Affirmative Action Package:

  a).  Consultants EEO Policy
  b).  Staffing Plan
  c).  Work Force Employment Utilization Report
  d).  State University of New York Subcontracting Information

Other forms:

  a).  Vendor Responsibility Questionnaire (if appropriate)
  b).  Procurement Lobbying Forms

Filing Instructions:

1.  Review the Scope of Services to ascertain the type of work, the project timetable, the Project Budget, the proposed fee, and other pertinent information.

2.  Fill-in/provide all information required in the Consultant Questionnaire. Attach such support material as may be deemed relevant to support your firm’s selection for the type of work described in the Scope of Services.

3.  Provide three (3) copies of the Consultant Questionnaire and support material stapled or bound together with a cover page that indicates the project number and title noted on the Request for Qualifications. This material is non-returnable.

4.  The attachments indicated above are included for informational purposes.
SCOPE OF SERVICES  for  Project No.:

BACKGROUND:
(Indicate the general characteristics of the building, if applicable – age, gross square feet, number of stories, current use, historical significance, environmental issues, etc.)

AVAILABLE DATA:
(List available architectural, mechanical, plumbing and electrical drawing, prior studies, etc.)
Attach copies of the Hall-Kimbrell Report indicating the presence or lack of asbestos. If no data exists, so indicate along with the need to field verify and create base plans for the execution of the proposed work.)

SCOPE OF SERVICES: The services indicated below shall include, but not be limited to the following:
(In addition to a complete description of the scope of services, include any time, scheduling or other restrictions which will influence the proposed project or additional services not specifically indicated in Article 1 of the Agreement. Also, for new work or complex major rehab’s the campus may wish to indicate the need for the Consultant to present multiple solutions in the Schematic Design Phase.)

PROGRAM BUDGET:
(Indicate the proposed program budget, i.e., the estimated cost of the project to be designed including a change order contingency. This must be a realistic appraisal.)

BASIC DESIGN FEE:
(Indicate the basic design fee. Fees greater than $25,000 must be negotiated.)

TIME OF COMPLETION SCHEDULE:
(Indicate a realistic date which the campus expects to bid the project.)

NOTE! If additional pages are required for the above text, sequentially number the same 3a, 3b, 3c, etc.
CONSULTANT QUESTIONNAIRE:

1. Firm Name and Address

2. Year Firm Established _____

3. Can your firm, through either in-house capability or a sub-consultant, abate asbestos as part of your professional design and construction responsibilities?
   Yes ____  No ____

1a. Branch Office #1

1b. Branch Office #2

4. In the space provided, list the name(s) of firm principal(s), their discipline, licensing status, year licensed, and the number of years they have been with the firm. Place an (*) by the principal that will be in charge of this project.

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<th>Name</th>
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5. In the space provided, list the name(s) of individual(s) from the branch or main office that will be responsible for the design of the project. Indicate their discipline, licensing status, year licensed, and the number of years they have been with the firm.
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6. Attach a list of example projects completed within the last five years by the branch or main office that will be responsible for the design of the project. Indicate the project name, owner/contact and phone number, cost of construction, and competition date.

7. Other experience and/or qualifications relevant to the proposed project.

8. Is the firm a Certified NYS Minority or Women Owned Business? ___ yes ___ no
   If no, what is the total number of staff employed ____ and of this number, how many are minorities and/or women ____.

9. Indicate the estimated one-way mileage from the Home Office or Branch Office (whichever will provide the services) to the campus: ______ miles.

I certify that the foregoing are true statements:

Signature:_________________________________________________________________________

Name/Title:  _____________________________________________________  Date______________