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| cid:image001.gif@01CE9E84.178D4910  **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.** | | |
| |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | |  | Airport Engineering | |  | Engineering Management | | |  |  |  | Airport Consulting |  |  | Project/Construction Management | |  |  |  | Airport Runway/Taxiway/Lighting |  |  | Construction Inspection | |  |  | Civil Engineering | |  |  | Resident Inspection | |  |  | Electrical Engineering | |  | Laboratory and/or Field Construction Testing | | |  |  | Environmental Engineering | |  | Architectural: Vertical/Horizontal/Landscape | | |  |  | Mechanical Engineering | |  | Environmental Study and Review | | |  |  | Other Engineering Specialty: | |  | Planning | | |  |  |  | Bridge/Road/Street |  | Appraisal | | |  |  |  | Building |  | Land Acquisition, Legal and Abstract | | |  |  |  | Drainage/Hydraulics/Hydrology |  | Surveying | | |  |  |  | Geotechnical |  | Grant Program Management (Benefit Cost Analysis) | | |  |  | Recreational |  |  |  | |  |  |  | Structural |  |  |  | |  |  |  | Traffic |  |  |  | |  |  |  | Water & Sewerage |  |  |  | | | |
| 1. **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: |  | |

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| 1. **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 | |  |  |  |  |  |  |  | **TOTAL PERSONNEL** | |

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| 1. **List all subcontractors anticipated for this professional services category:** | | |
| Name and Address | **Specialty** | **Worked with Prime Before**  **(Yes or No)** |
| 1) |  |  |
| 2) |  |  |
| 3) |  |  |
| 4) |  |  |
| 5) |  |  |

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| 1. **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) |  |  | |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | **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) |  |  | |  |  | |  |

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| 1. **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**. | | |
| 1. **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.** | | |
| 1. **The below signatory certifies that the foregoing is a true and accurate statement of facts.** | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Signature:** |  | **Title:** |  | | **Printed Name** |  | **Date:** |  | | | |