

## **DESIGN BUILDER (CONTRACTOR)**

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### PREQUALIFICATION QUESTIONNAIRE

*Design Build Delivery*

# **SCHOOL OF MEDICINE EDUCATION BUILDING II PROJECT NO. 954045**

#### **MANDATORY**

#### **PREQUALIFICATION CONFERENCE:**

FRIDAY, JULY 31, 2020 AT 11:00 AM

#### **SUBMITTAL DUE:**

FRIDAY, AUGUST 21, 2020 AT 4:00 PM

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**TABLE OF CONTENTS**

<b>I. GENERAL .....</b>	<b>3</b>
A. Project Description .....	3
B. Project Timing .....	3
C. Public Works Compliance Monitoring and Prevailing Wages .....	4
D. Prequalification Process - Design Build Delivery .....	4
1. Questionnaire.....	4
2. Mandatory Prequalification ZOOM Conference .....	5
3. Submittal Procedures and Deadline .....	5
4. Rating and Evaluation Procedures .....	6
5. Interview.....	7
E. Proposal Preparation, Submittal Evaluation and Contract Award Process.....	9
F. Joint Ventures .....	9
<b>II. PREQUALIFICATION QUESTIONNAIRE .....</b>	<b>10</b>
A. Design Builder (Contractor) Name and Address .....	10
B. Design Build Team Composition .....	10
C. Entity Submitting Prequalification Questionnaire .....	11
D. Type of Business Organization.....	11
E. Year Company was Established.....	12
F. Parent Company Information (if applicable) .....	12
G. List All Former Company Names.....	12
H. License.....	12
I. Contractors License Board Disciplinary Proceedings .....	14
J. Debarment .....	14
K. Labor Code Violations.....	14
L. Surety.....	15
M. Financial Capability.....	16
N. Financial Data .....	16
O. Insurance .....	17
P. Experience Modification Rate .....	18
Q. Qualification History .....	18
R. Years of Experience.....	19
S. Project Completion.....	19
T. Self Performance .....	19
U. Liquidated Damages.....	19
V. Supplemental Company Information .....	20
<b>III. PROJECT EXPERIENCE .....</b>	<b>21</b>
A. Design Builder (Contractor) Construction Project Experience .....	21
B. Design Builder (Contractor) Key Personnel Experience .....	43
1. Construction Project Executive.....	43
2. Construction Project Manager .....	48
3. Construction Design Manager .....	52
4. Construction Superintendent .....	56
5. Construction Quality Assurance Manager.....	61
6. Construction MEP Coordinator.....	66
C. Design Firm (Architect) Project Experience.....	70
D. Design Firm (Architect) Key Personnel Experience .....	92
1. Principal-In-Charge.....	92
2. Design Architect.....	97
3. Project Manager.....	102
4. Architect of Record .....	107
5. Landscape Archtiect.....	112

6. Mechanical Engineer .....	116
7. Electrical Engineer .....	121
8. Structural Engineer .....	126
<b>IV. CLAIMS HISTORY .....</b>	<b>131</b>
A. Owner Against Design Builder (Contractor) Claim (Form A).....	132
B. Design Builder (Contractor) Against Owner Claim (Form B).....	133
C. Owner Against Design Firm (Architect) Claim (Form C) .....	134
<b>V. REQUIRED COMPLETED ATTACHMENTS .....</b>	<b>135</b>
<b>VI. DECLARATION .....</b>	<b>135</b>

## I. GENERAL

### A. PROJECT DESCRIPTION

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The University of California, Riverside proposes to construct the School of Medicine Education Building II (SOM ED II), a new facility that will support the academic and programmatic mission of the University of California, Riverside School of Medicine by providing adequate space for existing needs, as well as allowing for future expansion of the class size (up to 125 students per cohort). The proposed building is anticipated to provide up to 65,000 assignable square feet within approximately 100,000 gross square feet. The space program includes the following types of spaces, which will complement SOM's existing space program:

- Instruction and instructional support spaces such as classrooms, specialized teaching spaces, and lecture halls,
- Student support and study facilities including study/lounge spaces necessary to comply with accreditation standards, and,
- Academic and administrative offices and support spaces.

The project will also include substantial site development, landscaping and infrastructure work which includes the following:

- Creation of a new plaza to unify the outdoor space in between the new SOM Ed II, the existing SOM Ed I, Boyce Hall, and Scotty's Market.
- Relocation of an existing generator and its related components in the project site area.
- Relocation of the existing SOM modular building to a nearby location in order to be utilized by SOM for the duration of the construction.
- Development of a code compliant fire lane and service access.

**Project Delivery: Design Build**

**Estimated Construction Cost: \$80,000,000 (Project scope and funding is pending administrative approval)**

### B. PROJECT TIMING

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- |  |                      |
|--|----------------------|
| • Prequalification Questionnaire issued:                     | July 21, 2020        |
| • Mandatory Prequalification ZOOM Conference:                | July 31, 2020        |
| • Prequalification Questionnaire due:                        | August 21, 2020      |
| • Review and Shortlisting of Design Build Teams:             | August 25 - 28, 2020 |
| • ZOOM Interview of Shortlisted Design Build Teams           | September 10, 2020   |
| • Issue Request for Proposal to selected Design Build Teams: | 3rd Quarter 2020     |
| • Proposals due:   | 4th Quarter 2020     |
| • Notice of Selection:                                       | 1st Quarter 2021     |
| • Award Contract & Notice to Proceed:                        | 1st Quarter 2021     |

The Project will proceed into final design and construction immediately upon Design Builder (Contractor) selection and award of the Contract. Estimated Contract Time: **23-27 Months (subject to administrative and funding approvals).**

The Contract Time will include completion of the Design Development Documents, Construction Documents, and construction of the project.

### C. PUBLIC WORKS COMPLIANCE MONITORING AND PREVAILING WAGES

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No contractor or subcontractor may be listed on a Bid for this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5 [with limited exceptions from this requirement for bid purposes only under Labor Code section 1771.1(a)].

No contractor or subcontractor may be awarded any portion of this project unless registered with the Department of Industrial Relations pursuant to Labor Code section 1725.5.

This project is subject to **General Prevailing Wages** predetermined by the Department of Industrial Relations (DIR) and is subject to compliance monitoring and enforcement by the Department of Industrial Relations.

The successful Prequalified Proposer shall pay all persons providing construction services and/or any labor on site, including any University location, no less than the UC Fair Wage (defined as \$13 per hour as of 10/1/15, \$14 per hour as of 10/1/16, and \$15 per hour as of 10/1/17) and shall comply with all applicable federal, state and local working condition requirements.

### D. PREQUALIFICATION PROCESS – DESIGN BUILD DELIVERY

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The University intends to evaluate Design Builder (Contractor) qualifications for prequalification, solicit proposals from prequalified design build teams, and award a contract after receipt of proposals. The design build delivery process for this project begins with the prequalification of responsible General Contractors and Architects working together as “**Design Build Teams**”, but the actual structure of the entity is at the discretion of each Design Builder (Contractor).

The successful Design Builder (Contractor) will hold a current and active **General Building Contractor “B”** license to provide design development, construction documents and related work required to construct the project as described and specified in the Contract Documents. Each member of the design build team shall comply with the laws of the State of California and hold all required licenses to perform the work for which it is duly authorized.

To prequalify, the Design Build Team must meet all of the requirements described in this questionnaire and in the interview. The purpose of the Prequalification Questionnaire is to provide the University with sufficient information to determine if the Design Build Team is “responsible.” The term “responsible” refers to trustworthiness, quality, fitness, capacity, experience, financial stability, and the ability to satisfactorily perform the work.

**The prequalification process is as follows:**

#### 1. Questionnaire

Provide all requested information, as applicable, on the questionnaire. Any prospective Contractor failing to do so may be deemed non-responsive with respect to the prequalification process for this project. All information submitted for prequalification evaluation will be considered official information acquired in confidence, and the University will maintain its confidentiality to the extent permitted by law.

Prequalification Questionnaires are available to all interested Design Builders (Contractors) and will only be issued electronically at:

<https://pdc.ucr.edu/business-opportunities/contractors>

For information, call Lynn Javier (949) 254-3494 or email [lynn.javier@anseradvisory.com](mailto:lynn.javier@anseradvisory.com) and copy Betty Osuna at email [betty.osuna@ucr.edu](mailto:betty.osuna@ucr.edu) or call (951) 827-4590.

## 2. Mandatory Prequalification ZOOM Conference

Design Builders (Contractors) interested in prequalifying to propose on this project are required to attend the Mandatory Prequalification Zoom Conference, scheduled on **Friday, July 31, 2020, beginning promptly at 11:00 AM.**

**Any interested Design Builders (Contractors) who sign-in to the Mandatory Prequalification Zoom Conference after 11:05 AM will be precluded from the prequalification process and may only bid as a subcontractor.**

Interested Design Builders (Contractors) shall contact Betty Osuna at [betty.osuna@ucr.edu](mailto:betty.osuna@ucr.edu) to receive the Zoom Conference Participant ID. Your email must include the following as the subject line:

***954045 SOM Ed Bldg II – Request for Zoom Conference Participant ID***

**DESIGN BUILDERS (CONTRACTORS) MUST ENSURE THAT THE UNIVERSITY NOTES THEIR ATTENDANCE DURING THE ZOOM CONFERENCE. FAILING TO BE NOTED AT THE PREQUALIFICATION CONFERENCE WILL PREVENT A FIRM FROM BEING ELIGIBLE TO PARTICIPATE IN THE PREQUALIFICATION PROCESS.**

## 3. Submittal Procedures and Deadline

Design Builders (Contractors) interested in prequalifying to propose on this project must submit a completed Prequalification Questionnaire. The University is not responsible for any costs that Design Builders (Contractors) may incur to complete the prequalification process. All applicable portions of the attached forms shall be completed with attachments if the space provided on the questionnaire is not sufficient. **QUESTIONNAIRES FAILING TO CLEARLY PRESENT ALL OF THE REQUESTED INFORMATION, OR THAT ARE NOT IN THE FORMAT REQUESTED MAY BE CONSIDERED NON-RESPONSIVE AND REJECTED ON THAT BASIS.** Each copy of the submittal must be complete and fully responsive to the requirements of the Prequalification Questionnaire.

**Prequalification Questionnaires must be uploaded to One Drive link provided to each proposer. Hard copies are not requested at this time, though the University reserves the right to request hard copies from the firms who pass Level I of the process and are to be interviewed.**

**Prequalification Questionnaires must be formatted in a manner that is easy to follow the information being requested.**

Design Builders (Contractors) shall assume full responsibility for timely delivery at the location designated for receipt of Prequalification Questionnaires. **ORAL, TELEPHONIC, FACSIMILE, TELEGRAPHIC, OR E-MAILED PREQUALIFICATION QUESTIONNAIRES ARE INVALID AND WILL NOT BE ACCEPTED. NO PREQUALIFICATION DOCUMENTS WILL BE ACCEPTED AFTER THE DUE DATE AND TIME. SUPPLEMENTAL DATA OR ADDITIONAL PROJECT INFORMATION WILL NOT BE ACCEPTED AFTER THE DUE DATE AND TIME UNLESS SPECIFICALLY REQUESTED BY THE UNIVERSITY.**

#### 4. Rating and Evaluation Procedures

- A. To be selected for the Interview process, a prospective Design Builder (Contractor) **must**:
1. **DESIGN AND CONSTRUCTION EXPERIENCE** **500 Possible Points**  
 Have sufficient project experience for the Design Builder (Contractor) as referenced in Section III.A and Design Firm as referenced in III.C. The projects submitted will receive points based on the extent to which they meet the listed criteria.
  2. **KEY PERSONNEL** **640 Possible Points**  
 Demonstrate adequate experience for Design Builder (Contractor) and Design Firm Team Key Personnel. (information submitted will receive points based on education, training, and experience).
  3. **LICENSE** **Pass/Fail**  
 Hold the proper current and active license(s).
  4. **SURETY** **Pass/Fail**  
 Submit a notarized statement from the proposed surety(ies) that states:
    - a. Design Builder’s (Contractor) current available bonding capacity meets or exceeds the minimum capacity described in the Questionnaire.
    - b. Design Builder’s (Contractor) total bonding capacity.
    - c. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120.
    - d. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.
  5. **INSURANCE** **Pass/Fail**  
 Submit a written declaration from its insurance agent/broker/carrier stating that the Design Builder (Contractor) is able to obtain insurance that meets or exceeds the limits and ratings required for this project. Submit a copy of Design Builder’s (Contractor) insurance certificate.
  6. **SELF PERFORMANCE** **20 Possible Points**  
 Have the ability to self-perform a minimum of 15% of the work of the construction contract.
  7. **ANNUAL REVENUE** **Pass/Fail**  
 Have an annual 2019 revenue equal to or greater than **\$240,000,000**.
  8. Submit all requested information that is current, accurate, and complete.
- B. To be selected for the interview process, a prospective Design Builder (Contractor), including any proposed joint venture partners, **must not have**:
1. **EXPERIENCE MODIFIER RATE** **Pass/Fail**  
 An Experience Modifier Rate (EMR: Workers’ Comp) injury rating above 1.0 for 5 or more of the past ten years.
  2. **SURETY** **Pass/Fail**  
 A surety complete work on any contract within the past ten years.
  3. **CONTRACTOR LICENSE BOARD DISCIPLINARY PROCEEDINGS** **Pass/Fail**  
 A Contractors State License Board disciplinary action in the past ten years.
  4. **LABOR CODE VIOLATIONS** **Pass/Fail**  
 Willful Labor Code violations including, but not limited to, repeated or willful violations of applicable laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices during the past ten years.
  5. **CLAIMS HISTORY** **Pass/Fail**  
 A claim that meets the parameters specified in the Claims History section.
- C. Design Builder (Contractor) will be evaluated on the following additional criteria:



**1. FINANCIAL DATA**

**40 Points**

A desired financial ratio of at least 1.0 for assets to liabilities (cash, accounts receivable net of allowance for uncollectible receivables) / (accounts payable, current portion of long term debt), and has a debt to net worth ratio (long term debt) / (net worth), of less than 35%. The information submitted will receive points based on the average ratio computed. The University may deem Design Builders (Contractors) with poor financial standing not qualified.

**THE UNIVERSITY MAY FIND A PROSPECTIVE DESIGN BUILDER (CONTRACTOR) / DESIGN BUILD TEAM NOT QUALIFIED IF THE UNIVERSITY RECEIVES POOR PERFORMANCE REFERENCES ON OTHER PROJECTS.**

Questionnaires failing to clearly present all of the requested information, or that are not in the format requested may be considered nonresponsive and rejected on that basis. Each copy of the submittal must be complete and fully responsive to the Prequalification Questionnaire requirements.

After review of the Prequalification Questionnaire, the University may request clarifying information. The Questionnaire must be complete and address all the stated requirements. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE" do not leave any spaces blank.

Design Builders (Contractors) selected for interviews will be notified in writing, and will specify the date, time, and location of their interviews and outline the interview process. The University reserves the right to re-open the Design Builder (Contractor) prequalification process if the University determines that there are insufficient prequalified Design Builders (Contractors) to support the Proposal process.

**5. Interview**

**30 Possible Points**

The Design Build teams that receive **960** or more points out of a possible **1200** points based on the established rating system will be invited to participate in the Level II Interview step and be evaluated by the University's evaluation committee. During the interview, the Design Build team will have a specified amount of time to address the items listed below followed by a session of questions and answers. **Key members of the Design Builder's (Contractor) Firm (Project Executive, Construction Project Manager, Design Manager, Superintendent, Quality Assurance Manager and MEP Coordinator) and Architect's Firm (Principal-in-Charge, Design Architect, Design Firm's Project Manager, Architect of Record, Landscape Architect, and Key subconsultants (Mechanical, Electrical, and Structural Engineers), are required to attend the interview.**

The following shall be presented during the Interview:

- a. **Relevant Experience:** Provide a brief description of the Design Builder's (Contractor) relevant project experience, especially design build project experience of similar size, scope, and complexity to the proposed project.
- b. **Project Team:** Show an organized and effective strategy for coordinating a design build project team.
  - i. Identify key team members for the Design Builder (Contractor) including the University's single point of contact for the project, the Project Executive, Project Manager, Design Manager, Superintendent, Quality Control Manager and MEP Coordinator.
  - ii. Identify key team members for the Architect including the Principal-in-Charge, Design Architect, Project Manager, Architect of Record, Landscape Architect and Mechanical, Electrical and Structural Engineers.
  - iii. Describe tools and strategies for monitoring progress, performance, and follow-up activities as well as a proactive approach to resolving problems and disputes. University will require the design build team to co-locate at project site. Identify instances where the Design Build Team (Contractor and Design Partner) have worked with each other on previous projects.



- iv. Show an organized and effective strategy on how you intend to accomplish co-locating your proposed staff during design and construction phases.
- c. **Subconsultant Responsibilities and Reporting Relationships:** Identify and discuss the responsibilities and reporting relationships of key subconsultants. Identify the design build team participant who is responsible for overall project drawing coordination, document control, and the tools and technologies used for that purpose.
- d. **Design Firm Experience:** The Design Team Architect shall provide a brief description of the firm's design philosophy along with challenges and opportunities seen in achieving goals for this project. Provide a brief description of relevant design commissions within the past five years. Include details of the following:
  - Project Scope
  - Project Schedule
  - Construction Value
  - Design Methodology
  - Key Design Consultants
  - Key Success / Challenges Overcome
- e. **Project Design Build Work Approach:** Describe your proposed design build work plan and approach illustrating the ability of the team to integrate the proposal, design, and construction process including:
  - i. **Bid Phase Responsibilities:** Outline the roles and responsibilities of the Design Builder (Contractor), and major subconsultants during the bid phase and the design build team's approach to providing best value in its proposal.
  - ii. **Management of Design Process:** Identify the team participants who are responsible for the successful management of the design process in terms of meeting the original schedule submitted at the time of bid and assuring compliance with the RFP.
  - iii. **Design and Construction Schedule:** Describe a conceptual approach to the project that integrates the design development, construction document, and construction phases in a manner that meets project deadlines and identifies potential obstacles to success and methods for overcoming those obstacles.
  - iv. **Demobilization/Project Closeout:** Demonstrate the team's understanding of the University's project closeout process and show a commitment to properly staffing the Project through its completion.

Design Builders (Contractors) will be notified of their prequalification status after evaluation of the Prequalification Questionnaires and interviews.

Prospective Design Builders (Contractors) that do not prequalify as a result of their response to the Questionnaire and/or the Interview process will receive written notice from the University and may request an informal hearing to contest the University's decision. The request for a hearing must be received in writing within three business days of receipt of the University's notice and must state the basis of the appeal. The decision reached by UC Riverside as the result of any resulting hearing is final and may not be appealed within the University of California.

The University reserves the right to reject any or all responses to Prequalification Questionnaires and any or all proposals and to waive any non-material irregularities in any response or proposal received.

#### **PROPOSERS SHALL AVOID A CONFLICT OF INTEREST**

Any consultant hired to develop the program plan or project proposal documents on behalf of the University shall be precluded from participating as a member of the design build team.

## **E. PROPOSAL PREPARATION, SUBMITTAL EVALUATION AND CONTRACT AWARD PROCESS**

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Design Builders (Contractors) that successfully prequalify will be invited to submit a proposal to design and construct the project. Additional information and details regarding proposal preparation, submittal and the University's evaluation and award process will be provided to the prequalified Design Builders (Contractors) in the Request for Proposals and mandatory pre-proposal conference. The steps leading to contract award is summarized as follows:

1. University issues Request for Proposal to Prequalified Proposers
2. Pre-proposal Conference
3. Confidential one-on-one meetings between the University and individual Design Build Team
4. Proposals submitted before the established deadline
5. Technical evaluation of proposals
6. Public bid opening of price proposals
7. Best and Final Offer process, if required
8. Determination of the best value proposal and announcement of the apparent lowest responsible proposer
9. Contract award

Additional information and details regarding proposal preparation, submittal and the University's evaluation and award process will be provided to the prequalified Design Builders (Contractors) in the Request for Proposals and mandatory pre-proposal conference.

## **F. JOINT VENTURES**

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If two entities intend to form a Joint Venture for the purpose of executing the work on the Project, they must state their intentions on the Prequalification Questionnaire Form. Each entity of the proposed Joint Venture must submit a separate and independent set of the Prequalification Questionnaire forms. To be considered, each entity must meet the requirements in Item I.D.4, *Rating and Evaluation Procedures*, except for Items I.D.4.A.1 or I.D.4.C.1 which will be scored on the basis of combined strength of the proposed Joint Venture. Item I.D.4.A.4, *Surety*, shall be submitted on one of the two applicants' forms completely documenting the stated requirements by a qualified Surety. Requests of Design Builder (Contractor) Joint Ventures to prequalify for this project will not be considered after close of acceptance of prequalification questionnaires unless the University decides that it is in its best interest to reopen the prequalification process in a manner stated in the prequalification questionnaire.

THIS SPACE LEFT INTENTIONALLY BLANK

**II. PREQUALIFICATION QUESTIONNAIRE**

ALL INFORMATION REQUESTED MUST BE FURNISHED ON THE FORMS PROVIDED BELOW AND MUST BE COMPLETED IN ORDER TO PREQUALIFY.

**A. DESIGN BUILDER (CONTRACTOR) NAME AND ADDRESS**

Company Name: \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Street Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City & State Zip Code

Contact Person #1: \_\_\_\_\_  
 Name, Title Phone No.

\_\_\_\_\_ Email \_\_\_\_\_

Contact Person #2: \_\_\_\_\_  
 Name, Title Phone No.

\_\_\_\_\_ Email \_\_\_\_\_

**B. DESIGN BUILD TEAM COMPOSITION**

1. Design Builder (Contractor): \_\_\_\_\_  
 Company Name

2. Design Firm (Architect): \_\_\_\_\_  
 Company Name

\_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City & State Zip Code

\_\_\_\_\_ Contact Name, Title \_\_\_\_\_ Email \_\_\_\_\_

**Proposed Architect of Record:**

\_\_\_\_\_ Name, Title \_\_\_\_\_ Email \_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Will Design Build Architect work in association with another design firm for this effort? Yes  No   
 If yes, complete the following:

\_\_\_\_\_ Company Name \_\_\_\_\_

\_\_\_\_\_ Telephone \_\_\_\_\_ URL \_\_\_\_\_

\_\_\_\_\_ Street Address \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Street Address City & State Zip Code

\_\_\_\_\_ Name of Principal-in-Charge \_\_\_\_\_ Email \_\_\_\_\_

In what capacity will the design firm work with the Design Build Architect? Clearly delineate the activities of the Design Build Architect and the associated design firm:

**Provide the following information for the Design Builder (Contractor):**

**C. ENTITY SUBMITTING THIS PREQUALIFICATION QUESTIONNAIRE**

Parent Company:  Subsidiary:  Other:  \_\_\_\_\_  
 Branch Office:  Division:

**D. TYPE OF BUSINESS ORGANIZATION**

Corporation:  State of Incorporation: \_\_\_\_\_

Partnership:  Joint Venture:  Sole Proprietorship:

Other:  \_\_\_\_\_

If a **partnership**, provide the following information:

Date of Organization: \_\_\_\_\_ General:  Association:

Name and complete legal address of each general partner:

Partner's Name	Legal Address
Partner's Name	Legal Address

Total number of employees on payroll in the corporation: \_\_\_\_\_

Total number of employees on payroll in the local office submitting this prequalification: \_\_\_\_\_

Principal Office (if different from above): \_\_\_\_\_  
Street Address  
 \_\_\_\_\_  
City, State & Zip Code

President's Name	Vice President's Name
Secretary's Name	Treasurer's Name

**E. YEAR COMPANY WAS ESTABLISHED**

Year established: \_\_\_\_\_

**F. PARENT COMPANY INFORMATION (IF APPLICABLE)**

Company Name: \_\_\_\_\_

Telephone: \_\_\_\_\_ Facsimile: \_\_\_\_\_

Street Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Street Address City & State Zip Code

Contact Person: \_\_\_\_\_  
Name, Title Telephone

**G. LIST ALL FORMER COMPANY NAMES**

\_\_\_\_\_  
 \_\_\_\_\_

**H. LICENSE**

**Design Builder (Contractor)** must have a current and active **General Building (B)** California Contractors State License(s) for this project.

**The entity submitting this Prequalification Questionnaire must be the holder of the requisite license(s).**

Does your firm have the required current and active California State Contractors license(s)? Yes  No

**Name of Licensee** as it appears on record with the California Contractors State License Board:

\_\_\_\_\_

License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\_\_\_\_\_ License Class/Classes \_\_\_\_\_ Certification(s)

**Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years?** Yes  No   
 If yes, please explain:

**Are the Contractor and all Subcontractors, regardless of tier, currently registered with the California Department of Industrial Relations pursuant to California Labor Code Section 1725.5 and 1771.1, or will Contractor and all Subcontractors be registered at time of bid?** Yes  No

**JOINT VENTURE:** List Joint Venture's license information above and license information for all Joint Venture entities below:

**For Joint Venture Entity #1 of 2:**

**Name of Licensee** as it appears on record with the California Contractors State License Board:

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License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Class/Classes: \_\_\_\_\_

Description of Classification(s): \_\_\_\_\_

Description of Certification(s): \_\_\_\_\_

**Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years?** Yes  No

If yes, please explain:

**For Joint Venture Entity #2 of 2:**

**Name of Licensee** as it appears on record with the California Contractors State License Board:

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License No. \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

License Class/Classes: \_\_\_\_\_

Description of Classification(s): \_\_\_\_\_

Description of Certification(s): \_\_\_\_\_

**Has the above contractor license been suspended or revoked by the California Contractors State License Board within the past ten years?** Yes  No

If yes, please explain:

**JOINT VENTURE APPLICANTS:** For Joint Venture applications by two or more licensees, the Joint Venture entities must submit a written commitment to obtain the proper California joint venture license by the Prequalification Questionnaire submittal deadline, and at least one entity of the joint venture must have a proper license that is current and active upon submission of the Design Builder (Contractor) Prequalification Questionnaire. The letter of commitment must include:

1. Name, address, and phone number of the Joint Venture as it will appear on the records of the Contractors State License Board
2. Name, address, and telephone number of each entity comprising the Joint Venture as it appears on the records of the Contractors State License Board
3. Name of the Responsible Managing Officer of the Joint Venture
4. Organizational chart of the Joint Venture
5. Signatures of the Responsible Managing Officers for each entity comprising the Joint Venture

**ALL LICENSES MUST BE CURRENT AND ACTIVE THROUGHOUT THE PROJECT.**

**I. CONTRACTOR'S LICENSE BOARD DISCIPLINARY PROCEEDINGS**

---

Has your company, during the past ten years, received any disciplinary action from the California Contractors State License Board? Yes  No

If yes, give details including dates:

**J. DEBARMENT**

---

Is your company currently debarred by any Federal, State, or local agency? Yes  No

If yes, give details including dates:

**K. LABOR CODE VIOLATIONS**

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Has your company, during the past ten years, received a determination by a court or an administrative agency of any Labor Code violations including, but not limited to laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects?

Yes  No

Determinations by a court or an administrative agency of a violation of laws and/or regulations pertaining to the payment of prevailing wages or employment of apprentices on public works projects due to the mistake, inadvertence or neglect of your organization may be grounds for disqualification if there are three or more such determinations during the past ten years.

If yes, give details including dates:



**L. SURETY**

List below **ALL** Surety companies used by your company **within the past ten years** and state whether the Surety had to complete any part of your work including, but not limited to warranty-related repairs or other defective workmanship on any contract within the past ten years:

**SURETY COMPANY #1:**

_____ Surety's Name		_____ Telephone
Street Address: _____ Street Address	_____ City & State	_____ Zip Code
_____ MM/YYYY	to _____ MM/YYYY	<b>Has listed Surety Company #1 completed work on a project your firm defaulted on?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(Period Covered)</b>		

**SURETY COMPANY #2:**

_____ Surety's Name		_____ Telephone
Street Address: _____ Street Address	_____ City & State	_____ Zip Code
_____ MM/YYYY	to _____ MM/YYYY	<b>Has listed Surety Company #2 completed work on a project your firm defaulted on?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(Period Covered)</b>		

**SURETY COMPANY #3:**

_____ Surety's Name		_____ Telephone
Street Address: _____ Street Address	_____ City & State	_____ Zip Code
_____ MM/YYYY	to _____ MM/YYYY	<b>Has listed Surety Company #3 completed work on a project your firm defaulted on?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(Period Covered)</b>		

**SURETY COMPANY #4:**

_____ Surety's Name		_____ Telephone
Street Address: _____ Street Address	_____ City & State	_____ Zip Code
_____ MM/YYYY	to _____ MM/YYYY	<b>Has listed Surety Company #4 completed work on a project your firm defaulted on?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>(Period Covered)</b>		

**M. FINANCIAL CAPABILITY**

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**Attach** a notarized statement from the surety(ies) that states the following:

1. Current available bonding capacity meets or exceeds the project Estimated Construction Cost;
2. Total bonding capacity;
3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120; and
4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.

**N. FINANCIAL DATA**

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Provide your company's Total Revenue, Net Income, Current Assets, Current Liabilities, Total Long-Term Debt, and Total Net Worth for the past three (3) fiscal years. Specify your company's total and current available bonding capacity.

**1. Total Revenue (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**2. Net Income (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**3. Current Assets (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**4. Current Liabilities (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**5. Total Long-Term Debt (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**6. Total Net Worth (past 3 fiscal years):**

Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_  
 Year Ending \_\_\_\_\_ \$ \_\_\_\_\_

**7. Total Bonding Capacity:**

\_\_\_\_\_ \$ \_\_\_\_\_

**8. Total Available Bonding Capacity:**

\_\_\_\_\_ \$ \_\_\_\_\_

**UPLOAD ONE (1) COPY OF ALL AUDITED FINANCIAL STATEMENTS FOR THE PAST THREE YEARS OF OPERATION TO LINK PROVIDED UNDER A SEPARATE COVER.**

**O. INSURANCE**

The University shall pay for, obtain and maintain a University Controlled Insurance Program (UCIP) providing Workers' Compensation and Employer's Liability Insurance coverage, Commercial General Liability Insurance coverage, and Excess Liability Insurance coverage, to persons and entities enrolled in the UCIP for Work performed on or at the Project site.

The insurance required by Commercial Form General Liability Insurance, Business Automobile Liability Insurance, Contractor's Professional Liability Insurance, Excess Liability insurance and Pollution Liability Insurance shall be (i) issued by companies with a Best rating of A- or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) guaranteed, under terms consented to by the University (such consent to not be unreasonably withheld), by companies with a Best rating of A or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's).

Insurance required for Workers' Compensation and Employer's Liability Insurance shall be issued by companies that have a (i) Best rating of B+ or better, and a financial classification of VIII or better (or an equivalent rating by Standard & Poor or Moody's) or (ii) that are acceptable to the University. Such insurance shall be written to be not less than (as required by Federal and State of California law).

The insurance required for Commercial Form General Liability, Business Automobile Liability, Workers' Compensation and Employer's Liability, Contractor's Professional Liability and Pollution Liability Insurance shall be written for not less than the following:

<b>COMMERCIAL FORM GENERAL LIABILITY INSURANCE – LIMITS OF LIABILITY</b>	<b>MINIMUM REQUIREMENT</b>
<i>Each Occurrence</i> - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000
Products-Completed Operations Aggregate:	\$5,000,000
Personal and Advertising Injury:	\$2,000,000
General Aggregate:	\$10,000,000
<b>CONTRACTOR'S PROFESSIONAL LIABILITY – LIMITS OF LIABILITY</b>	<b>MINIMUM REQUIREMENT</b>
Professional Liability	\$10,000,000
<b>BUSINESS AUTOMOBILE LIABILITY INSURANCE – LIMITS OF LIABILITY</b>	<b>MINIMUM REQUIREMENT</b>
<i>Each Accident</i> - Combined Single Limit for Bodily Injury and Property Damage:	\$5,000,000
<b>POLLUTION LIABILITY INSURANCE – LIMITS OF LIABILITY</b>	<b>MINIMUM REQUIREMENT</b>
Each Occurrence:	\$5,000,000
Products-Completed Operations Aggregate:	\$5,000,000
General Aggregate:	\$5,000,000
<b><u>WORKERS' COMPENSATION</u> – As required by Federal and State of California law</b>	
<b>EMPLOYER'S LIABILITY – LIMITS OF LIABILITY</b>	<b>MINIMUM REQUIREMENT</b>
Each Employee:	\$1,000,000
Each Accident:	\$1,000,000
Policy Limit:	\$1,000,000

1. Is your firm able to obtain the insurance in the required limits and ratings from companies that meet the criteria stated above? Yes  No
2. If "yes," provide declaration(s) from your insurance agent/broker/carrier stating that your firm is able to obtain insurance coverage in the limits and ratings stated above from the insurance companies required for this Project.
3. **Provide a copy of your company's insurance certificate.**

**P. EXPERIENCE MODIFICATION RATE**

List your company's Workers' Compensation Experience Modification Rate for the past ten years:

2010: \_\_\_\_\_ 2011: \_\_\_\_\_ 2012: \_\_\_\_\_ 2013: \_\_\_\_\_ 2014: \_\_\_\_\_  
 2015: \_\_\_\_\_ 2016: \_\_\_\_\_ 2017: \_\_\_\_\_ 2018: \_\_\_\_\_ 2019: \_\_\_\_\_

If the Modification Rate has been above 1.0 for five or more of the past ten years, provide an explanation, including dates:

**Provide a letter from your Workers' Compensation carrier**  
 showing your Experience Modification rate for the past ten years.

**Q. QUALIFICATION HISTORY**

- a. Provide the following information if Design Builder (Contractor) has not qualified to perform work for the **University of California:**

UC Campus Name	Facility's Contact Person
Project Name	Project Number
Reason for Failure to Qualify	Date of Notice of Failure to Qualify

- b. Provide the following information if Design Builder (Contractor) has ever not qualified to perform work for any contracting entity other than the University of California:

Contracting Entity: \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Street Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_

Street Address \_\_\_\_\_ City & State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person: \_\_\_\_\_

Name, Title \_\_\_\_\_ Telephone \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Date of Notice of Failure to Qualify: \_\_\_\_\_

Reason for Failure to Qualify: \_\_\_\_\_

*(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)*

**R. YEARS OF EXPERIENCE**

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Does your company have at least ten years of experience as a **General Building Contractor**?  
Yes  No

**S. PROJECT COMPLETION**

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Has your company failed to complete a Contract or been removed from a project within the past ten years?  
Yes  No

If yes, give details including dates:

**T. SELF-PERFORMANCE**

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Does your company have the ability to self-perform a minimum of 15% of the work of the construction contract?  
Yes  No

If yes, list trades your company self-performs:

_____	_____
_____	_____
_____	_____
_____	_____

**U. LIQUIDATED DAMAGES**

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Has your company been assessed liquidated damages for failing to complete a contract within the time specified in the contract documents since within the past ten years? Yes  No

If yes, give details including dates:

**V. SUPPLEMENTAL COMPANY INFORMATION**

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**1. Safety Program**

- a. Does your company have a written Injury and Illness Prevention Program (IIPP) that complies with California Code of Regulations, Title 8 Sections 1509 and 3203? Yes  No
- b. Does your company have personnel permanently assigned to safety? Yes  No

*If yes, state the names of all personnel who are assigned and list their specific duties:*

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

**2. Quality Control Processes**

- a. Does your company have a written QA/QC program? Yes  No
- b. Does your firm have personnel permanently assigned to QA/QC? Yes  No

*If yes, state the names of all personnel who will be permanently assigned and list their specific duties:*

Name: _____	Title: _____
Specific Duties:	

Name: _____	Title: _____
Specific Duties:	

*(If more space is needed, provide the information on your company's letterhead with reference to the project name and number and attach it to this Questionnaire.)*

### III. PROJECT EXPERIENCE

#### A. DESIGN BUILDER (CONTRACTOR) CONSTRUCTION PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)

- a. **Only information, experience and Work performed by the Design Builder’s (Contractor) office that will bid, manage, design, construct, and staff the project will be considered for prequalification unless otherwise indicated below.** Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **five (5) INSTITUTIONAL or HIGHER EDUCATION** projects completed in the past **ten (10) years** that meet the criteria listed below and demonstrate the Design Builder’s (Contractor) ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (**Do not include projects currently under construction**).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:

- At least two (2) **DESIGN BUILD** institutional or higher education projects completed for which the construction cost was at least \$50 million each.
- At least two (2) institutional or higher education projects completed and **LOCATED IN THE STATE OF CALIFORNIA** for which the construction cost was at least \$50 million each.
- At least one (1) institutional or higher education project completed that **ACHIEVED LEED GOLD CERTIFICATION** or higher and for which the construction cost was at least \$50 million.
- At least two (2) institutional or higher education projects that were a minimum of **THREE (3) STORIES ABOVE GRADE**, for which the construction cost was at least \$50 million each.
- At least one (1) institutional or higher education project completed that was **CONSTRUCTED ON A LIMITED AND CONFINED SITE IMMEDIATELY ADJACENT TO OCCUPIED FACILITIES** for which the construction cost was at least \$50 million, that included:
  - Construction on a challenging site: with difficult topography/geotechnical conditions, and heavy infrastructure coordination
  - Construction within 50 ft. of multiple occupied facilities
- At least one (1) higher education project completed that included **CLASSROOM AND OFFICE FACILITIES** with the following criteria (more than one facility may be submitted to demonstrate familiarity with the following features within the five (5) projects submitted) for which the construction cost was at least \$50 million:
  - High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating, video displays for instructional purposes, sound system and power data infrastructure for instructional spaces, etc.
  - Simulation laboratories
  - Active learning classrooms
- At least one (1) institutional or higher education project completed that **ACHIEVED SIGNIFICANT DESIGN AWARDS** conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence.
- At least one (1) institutional or higher education project completed for which your firm **SELF-PERFORMED AT LEAST 15%** of the construction (Design Builder only)

- d. Projects presented for consideration **must be** accompanied by **photograph(s) of the project**.
- e. Submit a list of all institutional or higher education projects completed in the past 10 years for private or public agencies that include some or all of the criteria listed above. **Include the following details:**



- Project Name
- Project Owner (include contact name, title, phone number, and email address)
- Final Construction Amount
- Completion Date

THIS SPACE LEFT INTENTIONALLY BLANK

**DESIGN BUILDER (CONTRACTOR) PROJECT #1**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_  
 Was the Superintendent listed above assigned the job at the start of the project? Yes  No   
 Did the Superintendent listed above complete the project? Yes  No

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_



**DESIGN BUILDER (CONTRACTOR) PROJECT #1**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
 Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office Building  Simulation Laboratories  Active Learning Classrooms   
 Other  Specify: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Building Square Footage:**

Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
Office Spaces:	_____		
Simulation Laboratories:	_____		
Lecture Halls:	_____		
Active Learning Classrooms:	_____		
Other:	_____		

**Total Building SF:** \_\_\_\_\_

**Did this project achieve LEED Certification?** Specify: Silver  Gold  Platinum  None  Yes  No

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**DESIGN BUILDER (CONTRACTOR) PROJECT #1**

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating

Simulation laboratories

Video displays for instructional purposes

Active learning classrooms

Sound system & power data infrastructure for instructional spaces

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

Other  Specify: \_\_\_\_\_

Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_

Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the construction? Yes  No

**Specify the trades you self-performed:**

**Project Description:** *(Provide a brief description)*

**Attach photograph(s) of the project.**

**DESIGN BUILDER (CONTRACTOR) PROJECT #2**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_  
 Was the Superintendent listed above assigned the job at the start of the project? Yes  No   
 Did the Superintendent listed above complete the project? Yes  No

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

**DESIGN BUILDER (CONTRACTOR) PROJECT #2**

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**ARCHITECTURAL FIRM**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address, City, State, Zip Code Telephone

Contact Person: \_\_\_\_\_ , \_\_\_\_\_  
 Name & Title Email

Name of Architect of Record: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D, if applicable:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_



**DESIGN BUILDER (CONTRACTOR) PROJECT #2**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
 Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office Building  Simulation Laboratories  Active Learning Classrooms   
 Other  Specify: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Building Square Footage:**

Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
Office Spaces:	_____		
Simulation Laboratories:	_____		
Lecture Halls:	_____		
Active Learning Classrooms:	_____		
Other:	_____		

**Total Building SF:** \_\_\_\_\_

**Did this project achieve LEED Certification?** Specify: Silver  Gold  Platinum  None  Yes  No

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**DESIGN BUILDER (CONTRACTOR) PROJECT #2**

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the construction? Yes  No

**Specify the trades you self-performed:**

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**

**DESIGN BUILDER (CONTRACTOR) PROJECT #3**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_  
 Was the Superintendent listed above assigned the job at the start of the project? Yes  No   
 Did the Superintendent listed above complete the project? Yes  No

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_



**DESIGN BUILDER (CONTRACTOR) PROJECT #3**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
 Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office Building  Simulation Laboratories  Active Learning Classrooms   
 Other  Specify: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Building Square Footage:**

Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
Office Spaces:	_____		
Simulation Laboratories:	_____		
Lecture Halls:	_____		
Active Learning Classrooms:	_____		
Other:	_____		

**Total Building SF:** \_\_\_\_\_

**Did this project achieve LEED Certification?** Specify: Silver  Gold  Platinum  None  Yes  No

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**DESIGN BUILDER (CONTRACTOR) PROJECT #3**

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the construction? Yes  No

**Specify the trades you self-performed:**

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**

**DESIGN BUILDER (CONTRACTOR) PROJECT #4**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_  
 Was the Superintendent listed above assigned the job at the start of the project? Yes  No   
 Did the Superintendent listed above complete the project? Yes  No

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_



**DESIGN BUILDER (CONTRACTOR) PROJECT #4**

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**ARCHITECTURAL FIRM**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_  
 Street Address, City, State, Zip Code Telephone

Contact Person: \_\_\_\_\_  
 Name & Title Email

Name of Architect of Record: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D, if applicable:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**DESIGN BUILDER (CONTRACTOR) PROJECT #4**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
 Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office Building  Simulation Laboratories  Active Learning Classrooms   
 Other  Specify: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Building Square Footage:**

Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
Office Spaces:	_____		
Simulation Laboratories:	_____		
Lecture Halls:	_____		
Active Learning Classrooms:	_____		
Other:	_____		

**Total Building SF:** \_\_\_\_\_

**Did this project achieve LEED Certification?** Specify: Silver  Gold  Platinum  None  Yes  No

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**DESIGN BUILDER (CONTRACTOR) PROJECT #4**

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the construction? Yes  No

**Specify the trades you self-performed:**

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**

**DESIGN BUILDER (CONTRACTOR) PROJECT #5**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Builder's (Contractor)** Office that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Builder's (Contractor) **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of Design Builder's (Contractor) **Superintendent** for project: \_\_\_\_\_  
 Was the Superintendent listed above assigned the job at the start of the project? Yes  No   
 Did the Superintendent listed above complete the project? Yes  No

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_  
 #2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

**DESIGN BUILDER (CONTRACTOR) PROJECT #5**

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B:**

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**ARCHITECTURAL FIRM**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_  
 Street Address, City, State, Zip Code Telephone

Contact Person: \_\_\_\_\_ , \_\_\_\_\_  
 Name & Title Email

Name of Architect of Record: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D, if applicable:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**DESIGN BUILDER (CONTRACTOR) PROJECT #5**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
 Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$	\$	\$	\$
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office Building  Simulation Laboratories  Active Learning Classrooms   
 Other  Specify: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Building Square Footage:**

Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
Office Spaces:	_____		
Simulation Laboratories:	_____		
Lecture Halls:	_____		
Active Learning Classrooms:	_____		
Other:	_____		
<b>Total Building SF:</b>			

**Did this project achieve LEED Certification?** Specify: Silver  Gold  Platinum  None  Yes  No

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**DESIGN BUILDER (CONTRACTOR) PROJECT #5**

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the construction? Yes  No

**Specify the trades you self-performed:**

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**

**B. DESIGN BUILDER (CONTRACTOR) KEY PERSONNEL EXPERIENCE**

Complete all forms in their entirety **AND** attach resumes. Resumes shall **NOT** be submitted in lieu of these forms.

**1. Construction Project Executive Qualifications**

Name of Proposed Construction Project Executive: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

Classroom  Office Building  Simulation Laboratories

**Type of Facility:** Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation



<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did your firm self-perform 15% of the trade work?** Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify:* Silver  Gold  Platinum

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?**    Yes     No

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**Did your firm self-perform 15% of the trade work?**    Yes     No

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**2. Construction Project Manager Qualifications**

Name of Proposed Construction Project Manager: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces: _____	<b>Number of Stories:</b> _____
	Office Spaces: _____	
	Simulation Laboratories: _____	
	Lecture Halls _____	
	Active Learning Classrooms: _____	
	Other: _____	
<b>Total Building SF:</b> _____		

Did this project achieve LEED Certification? Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

- |   |   |
|---|---|
| Construction on a challenging site <input type="checkbox"/> | Difficult topography/geotechnical conditions <input type="checkbox"/>               |
| Heavy infrastructure coordination <input type="checkbox"/>  | Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/> |

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

- |   |   |
|---|---|
| High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/> | Simulation laboratories <input type="checkbox"/>    |
| Video displays for instructional purposes <input type="checkbox"/>  | Active learning classrooms <input type="checkbox"/> |
| Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>  |   |
| Other <input type="checkbox"/> Specify: _____   | Other <input type="checkbox"/> Specify: _____       |
| Other <input type="checkbox"/> Specify: _____   | Other <input type="checkbox"/> Specify: _____       |

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

#2 Project Name: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did your firm self-perform 15% of the trade work?** Yes  No



**3. Construction Design Manager Qualifications**

Name of Proposed Construction Design Manager: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces: _____	<b>Number of Stories:</b> _____
	Office Spaces: _____	
	Simulation Laboratories: _____	
	Lecture Halls _____	
	Active Learning Classrooms: _____	
	Other: _____	
	<b>Total Building SF:</b> _____	

Did this project achieve LEED Certification? Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

- |   |   |
|---|---|
| Construction on a challenging site <input type="checkbox"/> | Difficult topography/geotechnical conditions <input type="checkbox"/>               |
| Heavy infrastructure coordination <input type="checkbox"/>  | Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/> |

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

- |   |   |
|---|---|
| High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/> | Simulation laboratories <input type="checkbox"/>    |
| Video displays for instructional purposes <input type="checkbox"/>  | Active learning classrooms <input type="checkbox"/> |
| Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>  |   |
| Other <input type="checkbox"/> Specify: _____   | Other <input type="checkbox"/> Specify: _____       |
| Other <input type="checkbox"/> Specify: _____   | Other <input type="checkbox"/> Specify: _____       |

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

#2 Project Name: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did your firm self-perform 15% of the trade work?** Yes  No

**4. Construction Superintendent Qualifications**

Name of Proposed Construction Superintendent: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did your firm self-perform 15% of the trade work?** Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_



---

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?**    Yes     No

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**Did your firm self-perform 15% of the trade work?**    Yes     No

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**5. Construction Quality Assurance Manager Qualifications**

Name of Proposed Construction Quality Assurance Manager: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did your firm self-perform 15% of the trade work?** Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**Did your firm self-perform 15% of the trade work?** Yes  No

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**6. Construction MEP Coordinator Qualifications**

Name of Proposed Construction MEP Coordinator: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

- |   |   |
|---|---|
| Construction on a challenging site <input type="checkbox"/> | Difficult topography/geotechnical conditions <input type="checkbox"/>               |
| Heavy infrastructure coordination <input type="checkbox"/>  | Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/> |

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

- |   |   |
|---|---|
| High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/> | Simulation laboratories <input type="checkbox"/>    |
| Video displays for instructional purposes <input type="checkbox"/>  | Active learning classrooms <input type="checkbox"/> |
| Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>  |   |
| Other <input type="checkbox"/> Specify: _____   | Other <input type="checkbox"/> Specify: _____       |
| Other <input type="checkbox"/> Specify: _____   | Other <input type="checkbox"/> Specify: _____       |

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

#2 Project Name: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation



<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did your firm self-perform 15% of the trade work? Yes  No

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did your firm self-perform 15% of the trade work?** Yes  No

**C. DESIGN FIRM (ARCHITECT) PROJECT EXPERIENCE (COMPARABLY SIZED PROJECTS)**

- a. **Only information, experience and Work performed by the Design Firm’s office that will bid, manage, design, and staff the project will be considered for prequalification unless otherwise indicated below.** Projects presented for consideration must be submitted on the forms attached to this section.
- b. Submit up to **five (5) INSTITUTIONAL or HIGHER EDUCATION** projects completed in the past **10 years** that meet the criteria listed below and demonstrate the Design Firm’s ability to successfully complete the project with respect to project size, cost, use, complexity, etc. Of the five projects submitted, the University is interested in projects in which the listed proposed key personnel have worked on (Do not include projects currently under construction).
- c. The projects submitted will receive points based on the extent to which they meet the criteria below:

- At least two (2) **DESIGN BUILD** institutional or higher education projects completed for which the construction cost was at least \$50 million each.
- At least two (2) institutional or higher education projects completed and **LOCATED IN THE STATE OF CALIFORNIA** for which the construction cost was at least \$50 million each.
- At least one (1) institutional or higher education project completed that **ACHIEVED LEED GOLD CERTIFICATION** or higher and for which the construction cost was at least \$50 million.
- At least two (2) institutional or higher education projects that were a minimum of **THREE (3) STORIES ABOVE GRADE**, for which the construction cost was at least \$50 million each.
- At least one (1) institutional or higher education project completed that was **CONSTRUCTED ON A LIMITED AND CONFINED SITE IMMEDIATELY ADJACENT TO OCCUPIED FACILITIES** for which the construction cost was at least \$50 million, that included:
  - Construction on a challenging site: with difficult topography/geotechnical conditions, and heavy infrastructure coordination
  - Construction within 50 ft. of multiple occupied facilities
- At least one (1) higher education project completed that included **CLASSROOM AND OFFICE FACILITIES** with the following criteria (more than one facility may be submitted to demonstrate familiarity with the following features within the five (5) projects submitted) for which the construction cost was at least \$50 million:
  - High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating, video displays for instructional purposes, sound system and power data infrastructure for instructional spaces, etc.
  - Simulation laboratories
  - Active learning classrooms
- At least one (1) institutional or higher education project completed that **ACHIEVED SIGNIFICANT DESIGN AWARDS** conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence.
- One (1) project that includes the design of a **SIGNATURE OUTDOOR ENVIRONMENT** that includes some of the following characteristics (Add images to illustrate features):
 

<ul style="list-style-type: none"> <li>▪ Urban public plazas / terraces that create a sense of place and identity</li> <li>▪ Engaging outdoor event spaces with an emphasis on indoor-outdoor connections</li> <li>▪ Sustainable landscape design features</li> </ul>	<ul style="list-style-type: none"> <li>▪ Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)</li> </ul>
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- d. Projects presented for consideration **must be** accompanied by **photograph(s) of the project**.
- e. Submit a list of all institutional or higher education projects completed in the past 10 years for private or public agencies that include some or all of the criteria listed above. **Include the following details:**
  - Project Name
  - Project Owner (include contact name, title, phone number, and email address)
  - Final Construction Amount
  - Completion Date

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<b>DESIGN FIRM (ARCHITECT) PROJECT #1</b>			
<b>Contract Time:</b>			
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year		
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____		
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)			
<b>Contract Amount:</b>			
\$ _____ Base Amount	\$ _____ Adjustment Due to Design Builder Change Orders	\$ _____ Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	\$ _____ Final Contract Amount
<b>Project Information:</b>			
<b>Completed For:</b> Institutional Client <input type="checkbox"/> Higher Education Client <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Type of Facility:</b> Classroom <input type="checkbox"/> Office Building <input type="checkbox"/> Simulation Laboratories <input type="checkbox"/> Active Learning Classrooms <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Project Delivery:</b> Design Build <input type="checkbox"/> Traditional <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Construction Type:</b> New <input type="checkbox"/> Renovation <input type="checkbox"/>			
<b>Building Square Footage:</b>	Classroom Spaces: _____	<b>Number of Stories:</b> _____	
	Office Spaces: _____		
	Simulation Laboratories: _____		
	Lecture Halls: _____		
	Active Learning Classrooms: _____		
	Other: _____		
	<b>Total Building SF:</b> _____		
<b>Did this project achieve LEED Certification? Specify: Silver</b> <input type="checkbox"/> <b>Gold</b> <input type="checkbox"/> <b>Platinum</b> <input type="checkbox"/> <b>None</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Was this an institutional or higher education project that was a minimum of three stories above grade?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>Did this project include the following? (Check all the boxes that apply)</b>			
Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>		
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>		

**DESIGN FIRM (ARCHITECT) PROJECT #1**

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did this project include the design of a signature outdoor environment?** Yes  No

**Specify characteristics: (Check all the boxes that apply)** (Add images to illustrate features):

Urban public plazas / terraces that create a sense of place and identity <input type="checkbox"/>	Sustainable landscape design features <input type="checkbox"/>
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections <input type="checkbox"/>	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.) <input type="checkbox"/>

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**



**DESIGN FIRM (ARCHITECT) PROJECT #2**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Firm's (Architect) Office** that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes  No   
 Did the Principal-in-Charge listed above complete the project? Yes  No

Name of Design Firm's **Project Manager** for project: \_\_\_\_\_

Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No

Name of **Architect of Record** for project: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

**DESIGN FIRM (ARCHITECT) PROJECT #2**

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**GENERAL CONTRACTOR**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_  
 Street Address, City, State, Zip Code Telephone

Contact Person: \_\_\_\_\_ , \_\_\_\_\_  
 Name & Title Email

Name of Contractor's Project Manager: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B, if applicable:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

<b>DESIGN FIRM (ARCHITECT) PROJECT #2</b>			
<b>Contract Time:</b>			
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year		
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____		
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)			
<b>Contract Amount:</b>			
\$ _____ Base Amount	\$ _____ Adjustment Due to Design Builder Change Orders	\$ _____ Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	\$ _____ Final Contract Amount
<b>Project Information:</b>			
<b>Completed For:</b> Institutional Client <input type="checkbox"/> Higher Education Client <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Type of Facility:</b> Classroom <input type="checkbox"/> Office Building <input type="checkbox"/> Simulation Laboratories <input type="checkbox"/> Active Learning Classrooms <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Project Delivery:</b> Design Build <input type="checkbox"/> Traditional <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Construction Type:</b> New <input type="checkbox"/> Renovation <input type="checkbox"/>			
<b>Building Square Footage:</b>	Classroom Spaces: _____	<b>Number of Stories:</b> _____	
	Office Spaces: _____		
	Simulation Laboratories: _____		
	Lecture Halls: _____		
	Active Learning Classrooms: _____		
	Other: _____		
	<b>Total Building SF:</b> _____		
<b>Did this project achieve LEED Certification? Specify: Silver</b> <input type="checkbox"/> <b>Gold</b> <input type="checkbox"/> <b>Platinum</b> <input type="checkbox"/> <b>None</b> <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was this an institutional or higher education project that was a minimum of three stories above grade?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Did this project include the following? (Check all the boxes that apply)</b>			
Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>		
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>		

**DESIGN FIRM (ARCHITECT) PROJECT #2**

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_

Organization conferring the award: \_\_\_\_\_

**Did this project include the design of a signature outdoor environment?** Yes  No

**Specify characteristics: (Check all the boxes that apply) (Add images to illustrate features):**

Urban public plazas / terraces that create a sense of place and identity <input type="checkbox"/>	Sustainable landscape design features <input type="checkbox"/>
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections <input type="checkbox"/>	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.) <input type="checkbox"/>

**Project Description: (Provide a brief description)**

---

**Attach photograph(s) of the project.**

**DESIGN FIRM (ARCHITECT) PROJECT #3**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Firm's (Architect) Office** that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_  
 Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes  No   
 Did the Principal-in-Charge listed above complete the project? Yes  No   
 Name of Design Firm's **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of **Architect of Record** for project: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

**DESIGN FIRM (ARCHITECT) PROJECT #3**

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**GENERAL CONTRACTOR**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_  
 Street Address, City, State, Zip Code Telephone

Contact Person: \_\_\_\_\_ , \_\_\_\_\_  
 Name & Title Email

Name of Contractor's Project Manager: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B, if applicable:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

<b>DESIGN FIRM (ARCHITECT) PROJECT #3</b>			
<b>Contract Time:</b>			
Start Date: _____ Month/Day/Year	Scheduled Completion Date: _____ Month/Day/Year		
Actual Completion Date: _____ Month/Day/Year	Days Extended due to Unexcused Delays: _____		
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)			
<b>Contract Amount:</b>			
\$ _____ Base Amount	\$ _____ Adjustment Due to Design Builder Change Orders	\$ _____ Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	\$ _____ Final Contract Amount
<b>Project Information:</b>			
<b>Completed For:</b> Institutional Client <input type="checkbox"/> Higher Education Client <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Type of Facility:</b> Classroom <input type="checkbox"/> Office Building <input type="checkbox"/> Simulation Laboratories <input type="checkbox"/> Active Learning Classrooms <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Project Delivery:</b> Design Build <input type="checkbox"/> Traditional <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____			
<b>Construction Type:</b> New <input type="checkbox"/> Renovation <input type="checkbox"/>			
<b>Building Square Footage:</b>	Classroom Spaces: _____	<b>Number of Stories:</b> _____	
	Office Spaces: _____		
	Simulation Laboratories: _____		
	Lecture Halls: _____		
	Active Learning Classrooms: _____		
	Other: _____		
	<b>Total Building SF:</b> _____		
<b>Did this project achieve LEED Certification? Specify: Silver</b> <input type="checkbox"/> <b>Gold</b> <input type="checkbox"/> <b>Platinum</b> <input type="checkbox"/> <b>None</b> <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was this an institutional or higher education project that was a minimum of three stories above grade?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Did this project include the following? (Check all the boxes that apply)</b>			
Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>		
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>		

**DESIGN FIRM (ARCHITECT) PROJECT #3**

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_

Organization conferring the award: \_\_\_\_\_

**Did this project include the design of a signature outdoor environment?** Yes  No

**Specify characteristics: (Check all the boxes that apply) (Add images to illustrate features):**

Urban public plazas / terraces that create a sense of place and identity <input type="checkbox"/>	Sustainable landscape design features <input type="checkbox"/>
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections <input type="checkbox"/>	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.) <input type="checkbox"/>

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**



**DESIGN FIRM (ARCHITECT) PROJECT #4**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Firm's (Architect) Office** that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_  
 Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes  No   
 Did the Principal-in-Charge listed above complete the project? Yes  No   
 Name of Design Firm's **Project Manager** for project: \_\_\_\_\_  
 Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No   
 Name of **Architect of Record** for project: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Responsibilities: \_\_\_\_\_



<b>DESIGN FIRM (ARCHITECT) PROJECT #4</b>			
<b>Contract Time:</b>			
Start Date: _____		Scheduled Completion Date: _____	
Month/Day/Year		Month/Day/Year	
Actual Completion Date: _____		Days Extended due to Unexcused Delays: _____	
Month/Day/Year			
If project is not complete, specify percentage of completion: _____ % (Total cost of work in place)			
<b>Contract Amount:</b>			
\$ _____	\$ _____	\$ _____	\$ <input style="width: 50px;" type="text"/>
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount
<b>Project Information:</b>			
<b>Completed For:</b>	Institutional Client <input type="checkbox"/> Higher Education Client <input type="checkbox"/> Private Agency <input type="checkbox"/> Public Agency <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
<b>Type of Facility:</b>	Classroom <input type="checkbox"/> Office Building <input type="checkbox"/> Simulation Laboratories <input type="checkbox"/> Active Learning Classrooms <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
<b>Project Delivery:</b>	Design Build <input type="checkbox"/> Traditional <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____		
<b>Construction Type:</b>	New <input type="checkbox"/> Renovation <input type="checkbox"/>		
<b>Building Square Footage:</b>	Classroom Spaces: _____ Office Spaces: _____ Simulation Laboratories: _____ Lecture Halls: _____ Active Learning Classrooms: _____ Other: _____	<b>Number of Stories:</b> _____	
<b>Total Building SF:</b> _____			
<b>Did this project achieve LEED Certification? Specify: Silver</b> <input type="checkbox"/> <b>Gold</b> <input type="checkbox"/> <b>Platinum</b> <input type="checkbox"/> <b>None</b> <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was this an institutional or higher education project that was a minimum of three stories above grade?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?</b>			Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Did this project include the following? (Check all the boxes that apply)</b>			
Construction on a challenging site <input type="checkbox"/>	Heavy infrastructure coordination <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**DESIGN FIRM (ARCHITECT) PROJECT #4**

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_

Organization conferring the award: \_\_\_\_\_

**Did this project include the design of a signature outdoor environment?** Yes  No

**Specify characteristics: (Check all the boxes that apply) (Add images to illustrate features):**

Urban public plazas / terraces that create a sense of place and identity <input type="checkbox"/>	Sustainable landscape design features <input type="checkbox"/>
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections <input type="checkbox"/>	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.) <input type="checkbox"/>

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**

**DESIGN FIRM (ARCHITECT) PROJECT #5**

*Verify all contacts prior to submittal. Do not leave any spaces blank. Responses such as "N/A" are not acceptable. If not applicable, state "Not Applicable" and explain why. If none, state "NONE."*

Project Name: \_\_\_\_\_  
 Project or Contract Number: \_\_\_\_\_  
 Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Owner Information: \_\_\_\_\_  
Owner's Name  
 Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 \_\_\_\_\_  
Telephone Facsimile Email

Address of **Design Firm's (Architect) Office** that Performed the Work:  
 \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code  
 Contact Person: \_\_\_\_\_  
Name & Title  
 Email: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name of Design Firm's **Principal-in-Charge** for project: \_\_\_\_\_

Was the Principal-in-Charge listed above assigned the job at the start of the project? Yes  No   
 Did the Principal-in-Charge listed above complete the project? Yes  No

Name of Design Firm's **Project Manager** for project: \_\_\_\_\_

Was the Project Manager listed above assigned the job at the start of the project? Yes  No   
 Did the Project Manager listed above complete the project? Yes  No

Name of **Architect of Record** for project: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**DESIGN FIRM (ARCHITECT) PROJECT #5**

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Design Firm's proposed Key Personnel listed in III.D:**

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_  
 \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**GENERAL CONTRACTOR**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address, City, State, Zip Code Telephone

Contact Person: \_\_\_\_\_ , \_\_\_\_\_  
 Name & Title Email

Name of Contractor's Project Manager: \_\_\_\_\_

Provide the name, position, primary office location, and brief description of responsibilities specific to this project below for any of the **Contractor's proposed Key Personnel listed in III.B, if applicable:**

#1 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#2 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#3 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

#4 Name: \_\_\_\_\_ Position: \_\_\_\_\_

Office Address: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
 Street Address City & State Zip Code

Responsibilities: \_\_\_\_\_

**DESIGN FIRM (ARCHITECT) PROJECT #5**

**Contract Time:**

Start Date: \_\_\_\_\_ Scheduled Completion Date: \_\_\_\_\_  
 Month/Day/Year Month/Day/Year

Actual Completion Date: \_\_\_\_\_ Days Extended due to Unexcused Delays: \_\_\_\_\_  
 Month/Day/Year

If project is not complete, specify percentage of completion: \_\_\_\_\_ % (Total cost of work in place)

**Contract Amount:**

\$ _____	\$ _____	\$ _____	\$ _____
Base Amount	Adjustment Due to Design Builder Change Orders	Adjustment due to Owner Initiated & Unforeseen Condition Change Orders	Final Contract Amount

**Project Information:**

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other  Specify: \_\_\_\_\_

**Type of Facility:** Classroom  Office Building  Simulation Laboratories  Active Learning Classrooms   
 Other  Specify: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces: _____	<b>Number of Stories:</b> _____
	Office Spaces: _____	
	Simulation Laboratories: _____	
	Lecture Halls: _____	
	Active Learning Classrooms: _____	
	Other: _____	
	<b>Total Building SF:</b> _____	

**Did this project achieve LEED Certification?** Specify: Silver  Gold  Platinum  None  Yes  No

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

- |   |   |
|---|---|
| Construction on a challenging site <input type="checkbox"/> | Difficult topography/geotechnical conditions <input type="checkbox"/>               |
| Heavy infrastructure coordination <input type="checkbox"/>  | Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/> |

**DESIGN FIRM (ARCHITECT) PROJECT #5**

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/> <hr/> Video displays for instructional purposes <input type="checkbox"/> <hr/> Sound system & power data infrastructure for instructional spaces <input type="checkbox"/> <hr/> Other <input type="checkbox"/> Specify: _____ <hr/>	Simulation laboratories <input type="checkbox"/> <hr/> Active learning classrooms <input type="checkbox"/> <hr/> Other <input type="checkbox"/> Specify: _____ <hr/>
---	---

**Did this project achieve a significant design awards conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did this project include the design of a signature outdoor environment?** Yes  No

**Specify characteristics: (Check all the boxes that apply) (Add images to illustrate features):**

Urban public plazas / terraces that create a sense of place and identity <input type="checkbox"/> <hr/> Engaging outdoor event spaces with an emphasis on indoor-outdoor connections <input type="checkbox"/> <hr/>	Sustainable landscape design features <input type="checkbox"/> <hr/> Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.) <input type="checkbox"/> <hr/>
---	--

**Project Description: (Provide a brief description)**

**Attach photograph(s) of the project.**



**D. DESIGN FIRM (ARCHITECT) KEY PERSONNEL EXPERIENCE**

Complete all forms in their entirety **AND** attach resumes. Resumes shall **NOT** be submitted in lieu of these forms.

**1. Principal-In-Charge Qualifications**

Name of Proposed Principal-In-Charge: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

**Education:**

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

**Project Management Training / Tools (i.e. Computer Software Applications):**

List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**2. Design Architect Qualifications**

Name of Proposed Design Architect: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

**Education:**

Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____
License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____
Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

**Project Management Training / Tools (i.e. Computer Software Applications):**

List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:**

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_



**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**3. Project Manager Qualifications**

Name of Proposed Project Manager: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

  

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

  

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**4. Architect of Record Qualifications**

Name of Proposed Architect of Record: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation



<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**5. Landscape Architect Qualifications**

Name of Proposed Landscape Architect: \_\_\_\_\_

Years of Experience in the Industry: \_\_\_\_\_

Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

Current Firm: \_\_\_\_\_

Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

#1 Project Name: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

Building Construction  Landscape

**Type of Project:** Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum**

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site  Difficult topography/geotechnical conditions   
 Heavy infrastructure coordination  Construction within 50 ft. of multiple occupied facilities

Was this a higher education project that included classroom and office facilities? Yes  No

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

Did this project include the design of a signature outdoor environment? Yes  No

Specify characteristics: (Check all the boxes that apply) - (Add images to illustrate features):

Urban public plazas / terraces that create a sense of place and identity  Sustainable landscape design features   
 Engaging outdoor event spaces with an emphasis on indoor-outdoor connections  Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

#2 Project Name: \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

Project Delivery: Design Build  Traditional  Other  Specify: \_\_\_\_\_

Completed For: Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

Type of Project: Building Construction  Landscape   
 Other  Specify: \_\_\_\_\_

Construction Type: New  Renovation

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site  Difficult topography/geotechnical conditions   
 Heavy infrastructure coordination  Construction within 50 ft. of multiple occupied facilities

Was this a higher education project that included classroom and office facilities? Yes  No

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**Did this project include the design of a signature outdoor environment?** Yes  No

**Specify characteristics: (Check all the boxes that apply) - (Add images to illustrate features):**

Urban public plazas / terraces that create a sense of place and identity <input type="checkbox"/>	Sustainable landscape design features <input type="checkbox"/>
Engaging outdoor event spaces with an emphasis on indoor-outdoor connections <input type="checkbox"/>	Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.) <input type="checkbox"/>

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Project:** Building Construction  Landscape   
 Other  Specify: \_\_\_\_\_

**Construction Type:** New  Renovation

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

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**Did this project include the design of a signature outdoor environment?**      Yes  No

---

**Specify characteristics: (Check all the boxes that apply) - (Add images to illustrate features):**

---

Urban public plazas / terraces that create a sense of place and identity

Sustainable landscape design features

Engaging outdoor event spaces with an emphasis on indoor-outdoor connections

Landscape / hardscape design that enhances functionality and appearance of service spaces (loading docks etc.)

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**ADDITIONAL REQUIREMENTS:**

- a. Submit photograph(s) of projects referenced above completed by proposed Landscape Design Architect.
- b. Submit a list of similar projects completed in the past 5 years by the Landscape Architect firm. Include the following details:
  - Project name
  - Project owner, include contact information
  - Final construction amount
  - Completion date



**6. Mechanical Engineer Qualifications**

Name of Proposed Mechanical Engineer: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

  

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

  

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**7. Electrical Engineer Qualifications**

Name of Proposed Electrical Engineer: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

Education:			
Degree Received	Institution/School	Major/Discipline	Year
_____	_____	_____	_____
_____	_____	_____	_____

License Received	State Agency/Licensing Body	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Certificate Received	Organization	Specialty Area	Year
_____	_____	_____	_____
_____	_____	_____	_____

Project Management Training / Tools (i.e. Computer Software Applications):	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**

**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_



**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify:* Silver  Gold  Platinum

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

---

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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**9. Structural Engineer Qualifications**

Name of Proposed Structural Engineer: \_\_\_\_\_  
 Years of Experience in the Industry: \_\_\_\_\_  
 Years of Experience with Current Employer: \_\_\_\_\_

<b>Education:</b>			
<b>Degree Received</b>	<b>Institution/School</b>	<b>Major/Discipline</b>	<b>Year</b>
_____	_____	_____	_____
_____	_____	_____	_____
<b>License Received</b>	<b>State Agency/Licensing Body</b>	<b>Specialty Area</b>	<b>Year</b>
_____	_____	_____	_____
_____	_____	_____	_____
<b>Certificate Received</b>	<b>Organization</b>	<b>Specialty Area</b>	<b>Year</b>
_____	_____	_____	_____
_____	_____	_____	_____

<b>Project Management Training / Tools (i.e. Computer Software Applications):</b>	
List all Project Management Training / Tools	Years of Experience
_____	_____
_____	_____

**Project Experience:**  
**Begin with your most recent experience.** List all project experience that demonstrates the experience and background required to fulfill the assigned project responsibilities for the School of Medicine Education Building II project.

**Current Firm:** \_\_\_\_\_  
 Current Job Title: \_\_\_\_\_ Years of Employment: \_\_\_\_\_ through \_\_\_\_\_

**PROJECT EXPERIENCE WITH CURRENT FIRM LISTED ABOVE**

**#1 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning	_____		
	Classrooms:	_____		
	Other:	_____		
<b>Total Building SF:</b>		_____		

Did this project achieve LEED Certification? Yes  No  If yes, specify: Silver  Gold  Platinum

Was this an institutional or higher education project that was a minimum of three stories above grade? Yes  No

Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities? Yes  No

Did this project include the following? (Check all the boxes that apply)

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

Was this a higher education project that included classroom and office facilities? Yes  No

Did the project include the following criteria? (Check all the boxes that apply)

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____
Other <input type="checkbox"/> Specify: _____	Other <input type="checkbox"/> Specify: _____

Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#2 Project Name:** \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_

Job Title used on this project: \_\_\_\_\_

Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence?** Yes  No

If yes, please specify the type of award: \_\_\_\_\_  
 Organization conferring the award: \_\_\_\_\_

**PROJECT EXPERIENCE WITH \_\_\_\_\_ (List Firm)**

**#3 Project Name:** \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Contract Amount: \_\_\_\_\_ \$ Completion Date: \_\_\_\_\_  
 Job Title used on this project: \_\_\_\_\_  
 Project Responsibilities: \_\_\_\_\_

**Project Delivery:** Design Build  Traditional  Other  Specify: \_\_\_\_\_

**Completed For:** Institutional Client  Higher Education Client  Private Agency  Public Agency   
 Other

**Type of Facility:** Classroom  Office Building  Simulation Laboratories   
 Active Learning Classrooms   
 Other

**Construction Type:** New  Renovation

<b>Building Square Footage:</b>	Classroom Spaces:	_____	<b>Number of Stories:</b>	_____
	Office Spaces:	_____		
	Simulation Laboratories:	_____		
	Lecture Halls:	_____		
	Active Learning Classrooms:	_____		
	Other:	_____		
	<b>Total Building SF:</b>	_____		

**Did this project achieve LEED Certification?** Yes  No  *If yes, specify: Silver*  *Gold*  *Platinum*

**Was this an institutional or higher education project that was a minimum of three stories above grade?** Yes  No

**Was this an institutional or higher education project that was constructed on a limited and confined site immediately adjacent to occupied facilities?** Yes  No

**Did this project include the following? (Check all the boxes that apply)**

Construction on a challenging site <input type="checkbox"/>	Difficult topography/geotechnical conditions <input type="checkbox"/>
Heavy infrastructure coordination <input type="checkbox"/>	Construction within 50 ft. of multiple occupied facilities <input type="checkbox"/>

**Was this a higher education project that included classroom and office facilities?** Yes  No

**Did the project include the following criteria? (Check all the boxes that apply)**

High quality teaching classrooms/lecture halls that included acoustical panel partition system with at least a STC-50 rating <input type="checkbox"/>	Simulation laboratories <input type="checkbox"/>
Video displays for instructional purposes <input type="checkbox"/>	Active learning classrooms <input type="checkbox"/>
Sound system & power data infrastructure for instructional spaces <input type="checkbox"/>	

Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_ Other  Specify: \_\_\_\_\_

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**Did this project achieve a significant design award conferred by the state, regional or national DBIA, recognized national or international societies for architecture, or other distinguished organizations committed to conferring awards for design excellence? Yes  No**

If yes, please specify the type of award: \_\_\_\_\_  
Organization conferring the award: \_\_\_\_\_

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## IV. CLAIMS HISTORY

### A. OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

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Provide the information requested below for the entity listed in Section II.A.

Complete a separate **FORM A – OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM** tabulation sheet for all claims: a) in excess of \$30,000 for poor workmanship, incomplete performance, defective work, or b) in excess of \$30,000 for unexcused delays in completion, asserted by Owner and/or Performance/Payment Bond sureties against the Design Builder (Contractor) within the past five (5) years which were resolved with the result that Design Builder (Contractor), its surety or insurer was required to pay to Owner, or was assessed a deduction in the contract price by Owner, an amount exceeding 40% of the highest amount claimed. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration, or lawsuit or by negotiated settlement with Owner or third party.

***A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form A. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.***

### B. DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

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Provide the information requested below for the entity listed in Section II.A.

Complete a separate **FORM B – DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM** tabulation sheet for all claims (including false claims) in excess of \$30,000 for extra compensation or damages asserted by Design Builder (Contractor) against Owners within the past five (5) years, which were resolved with the result that Design Builder (Contractor) received less than 60% of the highest amount claimed. Claims, as used in the preceding sentence, includes claims for extra compensation or damages and includes subcontractor claims ("pass through" claims) even if the Design Builder (Contractor) had no interest in those claims. Claims, as used in the preceding sentence, means all claims adjudicated by a final decision of mediation, arbitration, or lawsuit or by negotiated settlement with Owner or third party. Do not include stop notices or causes of action to enforce stop notices.

***A signature by the Design Builder's (Contractor) sole proprietor, general partner, or corporate officer is required on Form B. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.***

### C. OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

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Provide the information requested below for the entity listed in Section II.B.2.

Complete a separate **FORM C – OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM** tabulation sheet for all claims in excess of \$30,000 for either excessive Change Orders, lack of coordination or design errors and omissions asserted by Owner over the past five (5) years which were resolved with the result that the Design Firm (Architect) or its insurer was required to pay to Owner, or was assessed a deduction in fee by Owner, an amount exceeding 40% of the highest amount claimed.

***A signature by the Design Firm's sole proprietor, general partner, or corporate officer is required on Form C. Attach original notarized power of attorney or corporate resolution if not signed by sole proprietor, a general partner, or corporate officer.***



# FORM A

## OWNER AGAINST DESIGN BUILDER (CONTRACTOR) CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.A of this statement? Yes  No   
If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title

Highest Amount Sought for All Claims: \_\_\_\_\_ \$  
(Amount in Figures)

Amount Recovered: \_\_\_\_\_ \$  
(Amount in Figures)

Method of Resolution (Check One): Judgment:  Arbitration Award:  Litigation:   
Settled by Contracting Parties without Litigation or Arbitration:   
Other:  List: \_\_\_\_\_

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an owner against Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor):

My signature below signifies my declaration that the answers provided on this **Form A** are true and correct.

Design Builder (Contractor)  
Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.**

## FORM B

### DESIGN BUILDER (CONTRACTOR) AGAINST OWNER CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.B of this statement? Yes  No   
If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title

Highest Amount Sought for All Claims: \_\_\_\_\_ \$  
(Amount in Figures)

Amount Recovered: \_\_\_\_\_ \$  
(Amount in Figures)

Method of Resolution (Check One): Judgment:  Arbitration Award:  Litigation:   
Settled by Contracting Parties without Litigation or Arbitration:   
Other:  List: \_\_\_\_\_

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

If the lawsuit or arbitration was resolved for less than **60%** of the highest amount sought for all claims, state why the lawsuit or arbitration should be considered a meritorious lawsuit or arbitration filed by the Design Builder (Contractor) and/or persons or entities associated with Design Builder (Contractor) against an Owner:

My signature below signifies my declaration that the answers provided on this **Form B** are true and correct.

Design Builder (Contractor)  
Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.**

# FORM C

## OWNER AGAINST DESIGN FIRM (ARCHITECT) CLAIM

Use one Form per Lawsuit or Arbitration (Make Copies as Needed)

Are there claims that meet the criteria in Section IV.C of this statement? Yes  No   
If yes, please complete the form and sign below:

Case Name and Number including Name and Location of Court or Arbitration Service:

Date Arbitration or Litigation Commenced: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project or Contract Number: \_\_\_\_\_

Project Location: \_\_\_\_\_ , \_\_\_\_\_ , \_\_\_\_\_  
Street Address City & State Zip Code

Name of Owner: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Name & Title

Highest Amount Sought for All Claims: \_\_\_\_\_ \$  
(Amount in Figures)

Amount Recovered: \_\_\_\_\_ \$  
(Amount in Figures)

Method of Resolution (Check One): Judgment:  Arbitration Award:  Litigation:   
Settled by Contracting Parties without Litigation or Arbitration:   
Other:  List: \_\_\_\_\_

Date of Claim Resolution: \_\_\_\_\_

Basis for Claim:

If the lawsuit or arbitration was resolved for more than **40%** of the highest amount sought for all claims, state why the lawsuit or arbitration should not be considered a meritorious lawsuit or arbitration filed by an Owner against the Design Firm (Architect) and/or persons or entities associated with Design Firm (Architect):

My signature below signifies my declaration that the answers provided on this **Form C** are true and correct.

Design Firm's  
Authorized Signature: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

**If signed by other than the sole proprietor, a general partner or corporate officer, attach original notarized power of attorney or corporate resolution.**

**V. REQUIRED COMPLETED ATTACHMENTS**

- Notarized Statement from Surety stating (reference Section II.M – Financial Capacity):
  1. Current available bonding exceeds the project Estimated Construction Cost;
  2. Total bonding capacity;
  3. Surety(ies) proposed to be used on the project is an admitted surety insurer as defined in the California Code of Civil Procedure Section 995.120;
  4. Surety(ies) acknowledges its intent to provide bonding of the Project in the event Design Builder (Contractor) is awarded the Project.
- One (1) copy** of all Audited Financial Statements (reference Section II.N – Financial Data).
- Written declaration from your insurance agent/broker/carrier stating that your firm can obtain insurance coverage in the required limits and ratings for the project (reference Section II.O – Insurance).
- Insurance Certificate (reference Section II.O – Insurance).
- Letter from Workers’ Compensation carrier evidencing your EMR for the past ten years (reference Section II.P – Experience Modifier Rate).
- Resumes of all proposed Key Personnel (reference Sections III.B and III.D).
- Signatures declaring the answers on Forms A, B, and C are true and correct (reference Section IV – Claims History).

**VI. DECLARATION**

I, \_\_\_\_\_ hereby declare that I am the \_\_\_\_\_  
 Printed Name Title

of \_\_\_\_\_ submitting this Prequalification Questionnaire;  
 Company Name

that I am duly authorized to execute this Questionnaire on behalf of Design Builder (Contractor); and that all information set forth in this Questionnaire and all attachments hereto are, to the best of my knowledge, true, accurate, and complete as of its submission date.

I declare, under penalty of perjury, that the foregoing is true and correct, and that this declaration was executed at \_\_\_\_\_ County of \_\_\_\_\_  
 Location and City County

State of \_\_\_\_\_ on \_\_\_\_\_  
 State Date

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Printed Name

**If signed by other than the sole proprietor, a general partner, or corporate officer, attach original notarized power of attorney or corporate resolution.**