

<h2 style="margin: 0;">City of Covington</h2> <h3 style="margin: 0;">Professional Services Form</h3>	<p>(Rev. January 31, 2023)</p>
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<b>1. Project Title:</b>  <b>City of Covington Architects, Surveyors &amp; Planners Services Pool 2023-2026</b>	<b>2a. Announcement Date</b>  <b>February 15, 2023</b>	<b>2b. CCE #:</b>  <b>222-103</b>
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<b>3a. Firm (as registered with the Louisiana Secretary of State):</b>	<b>4a. Name, title, telephone number, and e-mail address of the official with signing authority for this firm:</b>
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<b>3b. Firm License Number (as registered with the relevant local professional board):</b>	<b>4b. Name, title, telephone number, and e-mail address of project point of contact (if different from 4a.)</b>
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<b>3c. Mailing address of the office to perform work:</b>	<b>4c. Name, title, and telephone number of full-time LA licensed engineer or architect in charge:</b>
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	Personnel Domiciled in City of Covington	Personnel Domiciled in LA (not in Covington)	Personnel NOT Domiciled in LA
<b>5. Full-time personnel on firm’s payroll:</b>			
a. Civil Engineers, with current Louisiana P.E. registration	_____	_____	_____
b. Architect, with current Louisiana professional license	_____	_____	_____
c. Planner, with current Louisiana professional license	_____	_____	_____
d. Surveyor, with current Louisiana professional license	_____	_____	_____
e. Technical Support Personnel	_____	_____	_____
f. Environmental Personnel	_____	_____	_____
g. Real Estate Professionals (Agents and Certified Appraisers)	_____	_____	_____
h. Other Personnel not included in above categories	_____	_____	_____
Total Personnel (sum of a – h)	_____	_____	_____

6. If one or more sub-consultants will be used, provide the information requested below for each.

Name and Address	Sub-consultant Specialty	Has the firm worked with this sub-consultant before? (Yes/No)
1.		
2.		
3.		

7. Project Staffing Plan – Provide an organizational chart showing all key prime consultant and sub-consultant (if applicable) personnel assigned to each work element of the project, specific duties for each, and immediate supervisors.

Blank area for providing the Project Staffing Plan organizational chart.

8. Use the table below to identify full-time staff (prime/sub-consultant) designated to work on this project meeting the minimum personnel requirements specified in the request for qualifications.

**MINIMUM PERSONNEL REQUIREMENTS**

<b>Requirement (as stated in advertisement) (See RFQ Information Packet Section 3.1)</b>	<b>Personnel Meeting Requirement</b>	<b>Firm by which Employed Full Time</b>	<b>Type of License / Certification Required</b>	<b>License / Certification Expiration Date</b>
<p>The Prime Consultant under consideration shall have at least one principal who is registered as an active professional in good standing with the appropriate local professional board who administers and oversees professional licensure in the field in which they are submitting for qualification with a minimum of 10 years of experience on municipal projects.</p>				
<p>The Prime Consultant must also employ on a full-time basis, or through the use of Sub-Consultant(s), one professional who is registered as an active professional in good standing with the appropriate local professional board who administers and oversees professional licensure in the field in which they are submitting for qualification with a minimum of 5 years of experience on at least three of the project categories list in Section 12 of the Professional Services Form. One professional may be used for all of the listed categories if qualified.</p>				
<p>The Prime Consultant must be able to meet the minimum insurance requirements as included in Section 7.0 of this SOQ at the time of any contract execution. Firm shall include proof of insurance meeting or exceeding the requirements set forth in this SOQ or provide a written acknowledgement that the insurance requirements will be satisfied if selected for a project.</p>				

9. Provide short resumes for project personnel previously identified in Section 8.

a. Name, Title & Domicile

b. Name of firm by which employed full time

c. Years of experience on **relevant projects:**

With this firm: \_\_\_\_\_ With other firms: \_\_\_\_\_

d. Education: Degree(s) / Years / Specialization

e. Active registration:

Year registered: \_\_\_\_\_

Branch: \_\_\_\_\_ State: \_\_\_\_\_

License No.: \_\_\_\_\_

f. Project Roles/Responsibilities (Brief Description)

g. Experience and qualifications **relevant to the proposed project classifications.**

10. Firm's **most** relevant project experience (List **no more than 10 projects** and include no more than **two pages per project**).

**PROJECT NO. 1**

Project Name, Location, Project Manager, and Owner's contact information:		Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.	
Beginning and End Dates (Actual or Estimated):		Estimated Cost:	
Firm Responsibility:		Cost of Firm's Services:	Construction Cost (if applicable):
<input type="checkbox"/> Prime <input type="checkbox"/> Sub			

**PROJECT NO. 2**

Project Name, Location, Project Manager, and Owner's contact information:		Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.	
Beginning and End Dates (Actual or Estimated):		Estimated Cost:	
Firm Responsibility:		Cost of Firm's Services:	Construction Cost (if applicable):
<input type="checkbox"/> Prime <input type="checkbox"/> Sub			

**PROJECT NO. 3**

Project Name, Location, Project Manager, and Owner's contact information:		Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.	

Beginning and End Dates (Actual or Estimated):	Firm Responsibility:	Estimated Cost:	
		Cost of Firm's Services:	Construction Cost (if applicable):
	<input type="checkbox"/> Prime <input type="checkbox"/> Sub		

**PROJECT NO. 4**

Project Name, Location, Project Manager, and Owner's contact information:		Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.	

Beginning and End Dates (Actual or Estimated):	Firm Responsibility:	Estimated Cost:	
		Cost of Firm's Services:	Construction Cost (if applicable):
	<input type="checkbox"/> Prime <input type="checkbox"/> Sub		



**PROJECT NO. 7**

Project Name, Location, Project Manager, and Owner's contact information:	Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.

Beginning and End Dates (Actual or Estimated):	Firm Responsibility:	Estimated Cost:	
	<input type="checkbox"/> Prime <input type="checkbox"/> Sub	Cost of Firm's Services:	Construction Cost (if applicable):

**PROJECT NO. 8**

Project Name, Location, Project Manager, and Owner's contact information:	Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.

Beginning and End Dates (Actual or Estimated):	Firm Responsibility:	Estimated Cost:	
	<input type="checkbox"/> Prime <input type="checkbox"/> Sub	Cost of Firm's Services:	Construction Cost (if applicable):



<b>PROJECT NO. 9</b>			
Project Name, Location, Project Manager, and Owner's contact information:		Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.	
Beginning and End Dates (Actual or Estimated):	Firm Responsibility:	Estimated Cost:	
		Cost of Firm's Services:	Construction Cost (if applicable):
	<input type="checkbox"/> Prime <input type="checkbox"/> Sub		
<b>PROJECT NO. 10</b>			
Project Name, Location, Project Manager, and Owner's contact information:		Describe the project including the firm's role, members involved (highlight members to be utilized in work for the City of Covington) and % of work performed in Louisiana.	
Beginning and End Dates (Actual or Estimated):	Firm Responsibility:	Estimated Cost:	
		Cost of Firm's Services:	Construction Cost (if applicable):
	<input type="checkbox"/> Prime <input type="checkbox"/> Sub		

11. List any current and/or past prime or sub-consultant work performed by all of your firm's offices, either directly for or via award by the City of Covington.

a. City project number, name, and location		b. Contract Details		c. Contract fees (by phase/type of work)	
City Project # (if applicable):	Project Name and Location	Project Manager / Contact Person	% Complete and/or Date of Work Completion	Total	Remaining

12. Firm's current professional service capabilities. (Fill in all areas that apply)

	Number of Personnel with Experience	Average Years of Experience	Name of Senior Experienced Personnel	Senior Personnel's Years of Experience	Average Time of Completion
<b>SURVEYING</b>					
Boundary Surveying					
Topographic Surveying					
Land/Site Planning Surveying					
Hydrographic Surveying					
Bathymetric Surveying					
Property Surveying					
Global Positioning Surveying (GPS)					
Land Records Research/Abstracting					
Utility Surveying					
Digital Laser Scanning					
Lidar Mapping					
Construction Layout					
Other (Please list)					
Other (Please list)					
Other (Please list)					
<b>PLANNING</b>					
Green Design					
Stormwater Management					
Community Planning					
Urban Design					
Land-Use and Development Planning					
Transportation Planning					
ADA Transition Planning					
Corridor Area Planning					
Comprehensive Plans					
Parks Planning					
Recreation Planning					
Other (Please list)					
Other (Please list)					
Other (Please list)					

	Number of Personnel with Experience	Average Years of Experience	Name of Senior Experienced Personnel	Senior Personnel's Years of Experience	Average Time of Completion
<b>ARCHITECTURE</b>					
Commercial Buildings					
Municipal Buildings					
Bathroom Facilities					
Building Rennovations					
Open-Air Buildings/Pavilions					
Event Centers					
Arts Facilities					
Recreation Facilities					
Sports Facilities					
Landscape Architecture					
Other (Please list)					
Other (Please list)					
Other (Please list)					
<b>MISCELLANEOUS</b>					
Hurricane Ratings					
Aerial Imagery					
ADA Paths & Ramps					
GIS					
Cartography					
Other (Please list)					
Other (Please list)					
Other (Please list)					

13. Provide a summary supporting your firm's qualifications with the five selection criteria. **NOTE:** This section response shall be limited to four pages or less (written letters of recommendation not included in page count limit).

(1) **Firm Experience on Similar Projects**

(2) **Qualifications of Assigned Staff**

(3) **Firm's Ability to Complete Work**

(4) **Local Involvement and Knowledge**

(5) **Provide a minimum of 3 written recommendations from other municipalities, regulatory agencies, state agency or government, or other local government or agency for which your firm has completed similar projects as a Prime Consultant (other than the City of Covington) and provide a point of contact for each.**

14. This is to certify that all information contained herein is accurate and true, and that I presently have sufficient staff to perform these services within the designated time frame. (NOTE: A FACSIMILE OR SCANNED SIGNATURE WILL BE ACCEPTED FOR SUBCONSULTANTS ONLY)

Signature of Official (same as 4a) : \_\_\_\_\_ Date: \_\_\_\_\_