# FORM A - ADDENDA ACKNOWLEDGMENT

(To be attached to Statement Of Qualifications cover letter)

Submitter (Team) Name:

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| Addendum Number: |  | Dated: |  |
| Addendum Number: |  | Dated: |  |
| Addendum Number: |  | Dated: |  |
| Addendum Number: |  | Dated: |  |
| Addendum Number: |  | Dated: |  |

The undersigned acknowledges receipt and incorporation of the above addenda to the RFQ.

|  |  |  |
| --- | --- | --- |
| Signature |  | Date |
| Printed Name |  | Title |

# FORM B - SUBMITTER’S ORGANIZATION INFORMATION

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| **SUBMITTER** | | | | | | | | | |
| Name of Entity: Address:  Contact Name: Title: Telephone: Facsimile: \_ E-mail: | | | | | | | | | |
| **LOCAL/REGIONAL CONTACT (if different from above)** | | | | | | | | | |
| Name: Address:  Telephone: Facsimile: E-mail: | | | | | | | | | |
| **NAME(S) OF SUBMITTER ENTITY(IES)** | | | | | | | | | |
| Company Name |  |  | Address and Telephone and Facsimile Numbers |  |  | State of Inc. |  |  | Lead Principal Part. (include percent) Yes No |
| Principal Participant(s) |  |  |  |  |  |  |  |  |  |
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| Design-Builder’s Project |  |  |  |  |  |  |  |  |  |
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| Quality Control Manager |  |  |  |  |  |  |  |  |  |
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| LEED Accredited Professional (Construction) |  |  |  |  |  |  |  |  |  |
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# FORM B - SUBMITTER’S ORGANIZATION INFORMATION (CON’T)

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| **SUBMITTER** | | | | | | | | | |
| Name of Entity: Address:  Contact Name: Title: Telephone: Facsimile: \_ E-mail: | | | | | | | | | |
| **LOCAL/REGIONAL CONTACT (if different from above)** | | | | | | | | | |
| Name: Address:  Telephone: Facsimile: E-mail: | | | | | | | | | |
| **NAME(S) OF SUBMITTER ENTITY(IES)** | | | | | | | | | |
| Company Name |  |  | Address and Telephone and Facsimile Numbers |  |  | State of Inc. |  |  | Lead  Principal Part. (include percent) Yes No |
| Project Superintendent |  |  |  |  |  |  |  |  |  |
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| Design Manager |  |  |  |  |  |  |  |  |  |
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| Lead Architect |  |  |  |  |  |  |  |  |  |
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| Lead Engineer (Civil) |  |  |  |  |  |  |  |  |  |
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| LEED Accredited Professional (Design) |  |  |  |  |  |  |  |  |  |
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# FORM B - SUBMITTER’S ORGANIZATION INFORMATION (CON’T)

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| **SUBMITTER** | | | | | | | | | |
| Name of Entity: Address:  Contact Name: Title: Telephone: Facsimile: \_ E-mail: | | | | | | | | | |
| **LOCAL/REGIONAL CONTACT (if different from above)** | | | | | | | | | |
| Name: Address:  Telephone: Facsimile: E-mail: | | | | | | | | | |
| **NAME(S) OF SUBMITTER ENTITY(IES)** | | | | | | | | | |
| Company Name |  |  | Address and Telephone and Facsimile Numbers |  |  | State of Inc. |  |  | Lead  Principal Part. (include percent) Yes No |
| Lead Engineer (Mechanical) |  |  |  |  |  |  |  |  |  |
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| Lead Engineer (Electrical) |  |  |  |  |  |  |  |  |  |
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| Lead Engineer (Structural) |  |  |  |  |  |  |  |  |  |
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| Other Firm (s) |  |  |  |  |  |  |  |  |  |
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| Other Firm (s) |  |  |  |  |  |  |  |  |  |
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**FORM C - PRINCIPAL PARTICIPANTS AND DESIGN CERTIFICATION**

**Name of Submitter**:

Complete a separate Form C for each Principal Participant, Design Manager, Lead Engineers, and Lead Architect.

* + 1. Has the firm2 ever failed to complete any work it agreed to perform or had a contract terminated because it was in default? If yes, describe.
    2. Has the firm\* or any officer thereof been indicted or convicted of bid or other contract related crimes or violations or any felony or misdemeanor related to performance under a contract? If yes, describe.
    3. Has the firm\* ever sought protection under any provision of any bankruptcy act? If yes, describe.
    4. Has the firm\* ever been debarred or suspended from performing work for the federal government or any state or local government? If yes, describe.

(Must be signed by an officer of the firm) Firm Name:

Name of Officer:

Title:

Signature:

2 (Note: \*“Firm” includes any Affiliate, including a parent company or subsidiary companies.)

# FORM D - PAST PROJECT DESCRIPTION

**Name of Submitter**:

|  |
| --- |
| Name of Firm and DUNS Number: |
| Principal Participant Project Role: Lead Engineer  Other (Describe): Lead Architect |
| Years of Experience:  Commercial Office Buildings: DoD Projects: |
| Project Name, Location, Description, and Nature of Work for which the Firm was responsible: |
|  |
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|  |
| Describe Building & Site Conditions: (Use additional sheets as necessary to describe project and site conditions) |
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| List any awards, citations, and/or commendations received for the project: |
|  |
| Name of Client (Owner/Agency or Contractor): Address:  Contact Name: Telephone number: Owner’s Project or Contract No.: Facsimile number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Original Contract Value (US$): Final Contract Value (US$): Percent of Total Work Performed by Firm: Commencement Date: Planned Completion Date: Actual Completion Date: Amount of Claims: Any Litigation? Yes No |

# FORM E - PAST PERFORMANCE

(Form Required for Each Firm)

**Name of Submitter**:

**Firm Name**:

**Litigation, Claims, Dispute Proceedings and Arbitration**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Project/Issue** | **Owner/Agency Initiated Action** | **Resolution/Outcome** | **Action Unresolved or Outstanding?** | **Current Owner Contact Name, Phone & Fax Nos.** |
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**Liquidated Damages**

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| --- | --- | --- | --- | --- |
| **Project Name** | **Cause of Delay(s)** | **Amount Assessed** | **Describe Outstanding Damage Claims by Any Owner** | **Current Owner Contact Name, Phone & Fax Nos.** |
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FORM E - PAST PERFORMANCE

(page 2 of 2)

**Termination for Cause**

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| **Project Name** | **Describe Reason for Termination** | **Dollar Amount Involved** | **Current Owner Contact Name, Phone & Fax Nos.** |
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**Disciplinary Action**

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| **Project Name** | **Describe Action Taken** | **Current Owner Contact Name, Phone & Fax Nos.** |
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