

## DESIGN PROFESSIONAL SELECTION APPLICATION FOR SPECIFIC PROJECT

<b>Section 1 – Project Information</b>					
PROJECT NUMBER:		PROJECT TITLE:			
<b>Section 2 – Firm General Information</b>					
FIRM NAME:			SAP NUMBER:		
PREDESSOR FIRM(S) AND/OR ADDITIONAL OPERATIONAL NAMES (within 5 years):					
CONTACT PERSON:		TITLE:		E-MAIL ADDRESS:	
STREET ADDRESS:			CITY/STATE:		ZIP CODE:
PHONE NUMBER:	COUNTY:	TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES:		NUMBER OF EMPLOYEES ASSIGNED AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK:	
ADDRESS OF THE OFFICE PERFORMING THE MAJORITY OF THE WORK:				FIRM'S PAST EXPERIENCE WITH MULTI-PRIME CONSTRUCTION PROJECTS: <input type="checkbox"/> YES <input type="checkbox"/> NO	
DGS SELF-CERTIFIED SMALL BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO		DGS VERIFIED SMALL DIVERSE BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO		DISTANCE FROM FIRM'S PROJECT OFFICE TO PROJECT SITE:	
TYPE OF FIRM: (Indicate all that apply) <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> ARCHITECT/ENGINEER <input type="checkbox"/> ENGINEER/ARCHITECT <input type="checkbox"/> JV <input type="checkbox"/> OTHER (If Other, please specify):					
<b>Section 3 – Design Team Information</b>					
<b>LIST CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS</b>					
FIRM NAME:			LOCATION OF THE OFFICE PERFORMING THE MAJORITY OF THE WORK:		
NUMBER OF PROJECTS COMPLETED TOGETHER (within 10 years):			TOTAL DOLLAR VALUE OF PROJECTS COMPLETED TOGETHER (within 10 years) : \$		
DESCRIBE ANTICIPATED SERVICES AND PROPOSED RESPONSIBILITIES TO BE PROVIDED FOR THIS PROJECT:					
LIST PAST PROJECTS COMPLETED TOGETHER BY BOTH THE CONSULTANT AND THE LEAD FIRM THAT ARE SIMILAR TO THE PROPOSED PROJECT. PROVIDE PROJECT SIZE, YEAR CONSTRUCTION WAS COMPLETED, AND TOTAL CONSTRUCTION COST (Maximum of Three):					
FIRM'S PAST EXPERIENCE WITH MULTI-PRIME CONSTRUCTION PROJECTS: <input type="checkbox"/> YES <input type="checkbox"/> NO			TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES:		
NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK:			DISTANCE FROM OFFICE PERFORMING THE MAJORITY OF THE WORK TO PROJECT SITE:		
TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK:					
DGS SELF-CERTIFIED SMALL BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO			DGS VERIFIED SMALL DIVERSE BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF FIRM: (Indicate all that apply) <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> ARCHITECT/ENGINEER <input type="checkbox"/> ENGINEER/ARCHITECT <input type="checkbox"/> JV <input type="checkbox"/> OTHER (If Other, please specify):					

LIST CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS – CONTINUED:	
FIRM NAME:	LOCATION OF THE OFFICE PERFORMING THE MAJORITY OF THE WORK:
NUMBER OF PROJECTS COMPLETED TOGETHER (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED TOGETHER (within 10 years): \$
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LIST CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS – CONTINUED:	
FIRM NAME:	LOCATION OF THE OFFICE PERFORMING THE MAJORITY OF THE WORK:
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NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK:	DISTANCE FROM THE OFFICE PERFORMING THE MAJORITY OF THE WORK TO PROJECT SITE:
TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK:	
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NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK:	DISTANCE FROM THE OFFICE PERFORMING THE MAJORITY OF THE WORK TO PROJECT SITE:
TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK:	
DGS SELF-CERTIFIED SMALL BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO	DGS VERIFIED SMALL DIVERSE BUSINESS: <input type="checkbox"/> YES <input type="checkbox"/> NO
TYPE OF FIRM: (Indicate all that apply) <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> ARCHITECT/ENGINEER <input type="checkbox"/> ENGINEER/ARCHITECT <input type="checkbox"/> JV <input type="checkbox"/> OTHER (If Other, please specify)	

Section 4 – Key Personnel		
<b>LIST INDIVIDUALS FOR BOTH THE FIRM AND CONSULTING FIRMS WHO WILL BE RESPONSIBLE FOR LEADING THE DESIGN OF THIS PROJECT. ANYONE WITH A PENNSYLVANIA PROFESSIONAL REGISTRATION MUST COMPLETE THE REGISTRATION INFORMATION; IF NOT REGISTERED IN PA., INDICATE STATE(S) IN WHICH THEY ARE REGISTERED.</b>		
<b>NAME:</b>	<b>FIRM:</b>	
<b>REGISTRATION #:</b>	<b>REGISTRATION EXPIRATION:</b>	
<b>OFFICE LOCATION WHILE ON THIS PROJECT:</b>	<b>NUMBER OF YEARS EMPLOYED BY FIRM:</b>	<b>TOTAL NUMBER OF YEARS LICENSED:</b>
<b>SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:</b>		
<b>SIMILAR PROJECT WORK EXPERIENCE &amp; QUALIFICATIONS:</b>		
<b>SPECIALTY/DISCIPLINE:</b>		
<b>DEGREE/CERTIFICATION:</b>	<b>YEAR GRADUATED:</b>	<b>INSTITUTION:</b>
<b>NAME:</b>	<b>FIRM:</b>	
<b>REGISTRATION #:</b>	<b>REGISTRATION EXPIRATION:</b>	
<b>OFFICE LOCATION WHILE ON THIS PROJECT:</b>	<b>NUMBER OF YEARS EMPLOYED BY FIRM:</b>	<b>TOTAL NUMBER OF YEARS LICENSED:</b>
<b>SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:</b>		
<b>SIMILAR PROJECT WORK EXPERIENCE &amp; QUALIFICATIONS:</b>		
<b>SPECIALTY/DISCIPLINE:</b>		
<b>DEGREE/CERTIFICATION:</b>	<b>YEAR GRADUATED:</b>	<b>INSTITUTION:</b>
<b>NAME:</b>	<b>FIRM:</b>	
<b>REGISTRATION #:</b>	<b>REGISTRATION EXPIRATION:</b>	
<b>OFFICE LOCATION WHILE ON THIS PROJECT:</b>	<b>NUMBER OF YEARS EMPLOYED BY FIRM:</b>	<b>TOTAL NUMBER OF YEARS LICENSED:</b>
<b>SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:</b>		
<b>SIMILAR PROJECT WORK EXPERIENCE &amp; QUALIFICATIONS:</b>		
<b>SPECIALTY/DISCIPLINE:</b>		
<b>DEGREE/CERTIFICATION:</b>	<b>YEAR GRADUATED:</b>	<b>INSTITUTION:</b>

**LIST INDIVIDUALS FOR BOTH THE FIRM AND CONSULTING FIRMS WHO WILL BE RESPONSIBLE FOR LEADING THE DESIGN OF THIS PROJECT. ANYONE WITH A PENNSYLVANIA PROFESSIONAL REGISTRATION MUST COMPLETE THE REGISTRATION INFORMATION; IF NOT REGISTERED IN PA., INDICATE STATE(S) IN WHICH THEY ARE REGISTERED.**

<b>NAME:</b>		<b>FIRM:</b>	
<b>REGISTRATION #:</b>		<b>REGISTRATION EXPIRATION:</b>	
<b>OFFICE LOCATION WHILE ON THIS PROJECT:</b>	<b>NUMBER OF YEARS EMPLOYED BY FIRM:</b>	<b>TOTAL NUMBER OF YEARS LICENSED:</b>	
<b>SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:</b>			
<b>SIMILAR PROJECT WORK EXPERIENCE &amp; QUALIFICATIONS:</b>			
<b>SPECIALTY/DISCIPLINE:</b>			
<b>DEGREE/CERTIFICATION:</b>	<b>YEAR GRADUATED:</b>	<b>INSTITUTION:</b>	

<b>NAME:</b>		<b>FIRM:</b>	
<b>REGISTRATION #:</b>		<b>REGISTRATION EXPIRATION:</b>	
<b>OFFICE LOCATION WHILE ON THIS PROJECT:</b>	<b>NUMBER OF YEARS EMPLOYED BY FIRM:</b>	<b>TOTAL NUMBER OF YEARS LICENSED:</b>	
<b>SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:</b>			
<b>SIMILAR PROJECT WORK EXPERIENCE &amp; QUALIFICATIONS:</b>			
<b>SPECIALTY/DISCIPLINE:</b>			
<b>DEGREE/CERTIFICATION:</b>	<b>YEAR GRADUATED:</b>	<b>INSTITUTION:</b>	

<b>NAME:</b>		<b>FIRM:</b>	
<b>REGISTRATION #:</b>		<b>REGISTRATION EXPIRATION:</b>	
<b>OFFICE LOCATION WHILE ON THIS PROJECT:</b>	<b>NUMBER OF YEARS EMPLOYED BY FIRM:</b>	<b>TOTAL NUMBER OF YEARS LICENSED:</b>	
<b>SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:</b>			
<b>SIMILAR PROJECT WORK EXPERIENCE &amp; QUALIFICATIONS:</b>			
<b>SPECIALTY/DISCIPLINE:</b>			
<b>DEGREE/CERTIFICATION:</b>	<b>YEAR GRADUATED:</b>	<b>INSTITUTION:</b>	

**Section 5 – Firm’s Recent Commonwealth Project Experience (Active and Complete)**

**LIST ALL DGS CAPITAL PROJECTS IN THE LAST 5 YEARS:**

DGS PROJECT NUMBER	PROJECT TITLE	BID TYPE (Low Bid/Best Value, etc.)	TOTAL PROJECT DESIGN FEE	AGENCY/ INSTITUTION	STATUS

**LIST ALL OTHER RELEVANT COMMONWEALTH PROJECTS WITHIN THE LAST 5 YEARS:**

PROJECT NUMBER	PROJECT TITLE	BID TYPE (Low Bid/Best Value, etc.)	TOTAL PROJECT DESIGN FEE	AGENCY/ INSTITUTION	STATUS

<b>Section 6 – Relevant Experience</b>	
<b>DESCRIBE UP TO 3 PROJECTS, COMPLETED WITHIN THE LAST 10 YEARS, FOR ANY TYPE OF CLIENT THAT BEST ILLUSTRATES YOUR FIRM'S QUALIFICATIONS TO DESIGN THIS SPECIFIC PROJECT. DO NOT LIST PROJECTS PERFORMED ONLY BY CONSULTANTS:</b>	
<b>PROJECT NAME:</b>	
<b>LOCATION:</b>	<b>CLIENT NAME:</b>
<b>SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A CONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM:</b>	
<b>PROJECT DESCRIPTION:</b>	
<b>CONSTRUCTION COMPLETION DATE/STATUS:</b>	
<b>TOTAL AWARDED CONSTRUCTION CONTRACTS: \$</b>	<b>TOTAL FINAL CONSTRUCTION CONTRACTS: \$</b>
<b>CLIENT CONTACT NAME:</b>	<b>TITLE:</b>
<b>CONTACT TELEPHONE NUMBER:</b>	<b>CONTACT E-MAIL ADDRESS:</b>
<b>COMMENTS:</b>	
<b>PROJECT NAME:</b>	
<b>LOCATION:</b>	<b>CLIENT NAME:</b>
<b>SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A CONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM:</b>	
<b>PROJECT DESCRIPTION:</b>	
<b>CONSTRUCTION COMPLETION DATE/STATUS:</b>	
<b>TOTAL AWARDED CONSTRUCTION CONTRACTS: \$</b>	<b>TOTAL FINAL CONSTRUCTION CONTRACTS: \$</b>
<b>CLIENT CONTACT NAME:</b>	<b>TITLE:</b>
<b>CONTACT TELEPHONE NUMBER:</b>	<b>CONTACT E-MAIL ADDRESS:</b>
<b>COMMENTS:</b>	
<b>PROJECT NAME:</b>	
<b>LOCATION:</b>	<b>CLIENT NAME:</b>
<b>SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A CONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM:</b>	
<b>PROJECT DESCRIPTION:</b>	
<b>CONSTRUCTION COMPLETION DATE/STATUS:</b>	
<b>TOTAL AWARDED CONSTRUCTION CONTRACTS: \$</b>	<b>TOTAL FINAL CONSTRUCTION CONTRACTS: \$</b>
<b>CLIENT CONTACT NAME:</b>	<b>TITLE:</b>
<b>CONTACT TELEPHONE NUMBER:</b>	<b>CONTACT E-MAIL ADDRESS:</b>
<b>COMMENTS:</b>	

**Section 7 - Small Diverse (SDB) and Small Business (SB) Participation.**

**ON ATTACHMENT A - LIST AND SUBMIT WITH THIS APPLICATION THE PERCENTAGE OF SMALL BUSINESS (SB) AND SMALL DIVERSE BUSINESS (SDB) PARTICIPATION COMMITMENT LEVELS AND SB AND SDB CONSULTANTS NAMES.**

**Section 8- Other Relevant Information**

*YOU MAY USE THIS SPACE TO PROVIDE ANY ADDITIONAL COMMENTS OR DESCRIPTIONS OF RELEVANT INFORMATION SUPPORTING YOUR QUALIFICATIONS.*



## CERTIFICATION AND SIGNATURE

My Firm believes we have the qualifications and capacity to provide Design Services for the project identified on Page 1. All of the information set forth on this form is accurate and true as of this date.

1. The Firm consents to the evaluation of its performance by the Department and understands that any such evaluation may be used in future selections. Furthermore, the Firm has notified our Consultants that their performance will be evaluated and they have consented to this evaluation; and
2. To the best knowledge of the person signing this form, the Firm, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last four (4) years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as disclosed on this form; and
3. To the best knowledge of the person signing this, the Firm, except as otherwise disclosed, has no outstanding, delinquent obligations to the Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the Firm that is owed to the Commonwealth; and
4. The Firm is not currently under suspension or debarment by the Commonwealth, or any other state, or federal government; and
5. The Firm has not, under separate contract with DGS or any other agency, made any recommendations to DGS or any other agency concerning the need for the services described for this project; and
6. The Firm, by submitting this form, authorizes all Commonwealth agencies to release to the Commonwealth information related to liabilities to the Commonwealth, including, but not limited to, taxes, unemployment compensation, and workers' compensation liabilities; and
7. Until the Firm receives a fully executed contract from DGS there is no legal and valid contract, in law or in equity; and
8. The Firm agrees that we have familiarized ourselves with the Commonwealth of Pennsylvania contract provisions set forth throughout the Agreement for Professional Services and the General Conditions to the Agreement for Professional Services some of which are located on the DGS website.

I state that \_\_\_\_\_ (Name of Firm) submits this form and understands and acknowledges that the above representations are material and important, and will be relied upon by the Selections Committee and the Department of General Services in determining whether my Firm is selected for a design contract with the Commonwealth. I understand and my Firm understands that any written false statement in this application which we do not believe to be true is and shall be treated as fraudulent concealment from the Selections Committee and the Department of General Services of the true facts relating to the submission of this application. A misrepresentation shall be punishable under 18 Pa. C.S. §4904.

<b>Business is an Individual or General Partnership:</b>		
Witness:	Owner:	Date:
<b>Business is a Limited Partnership:</b>		
Witness:	Owner:	Date:
<b>Business is a Corporation:</b>		
Witness:	Owner:	Date:
<b>Business is a Limited Liability Company:</b>		
Witness:	Owner:	Date:
<b>Business is a Limited Liability Partnership:</b>		
Witness:	Owner:	Date:
<b>Business is a Foreign General Partnership:</b>		
Witness:	Owner:	Date:
<b>Business is a Joint Venture:</b>		
Witness:	Owner:	Date:
Witness:	Owner:	Date:

**Attachment A**

**SMALL DIVERSE BUSINESS (SDB) AND SMALL BUSINESS (SB)  
PARTICIPATION SUBMITTAL**

**Project:** \_\_\_\_\_

**Applicant Firm:** \_\_\_\_\_

**Applicant Firm Contact Name:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_ **Telephone Number:** \_\_\_\_\_

**APPLICANT INFORMATION:**

**Is your firm a DGS-Verified Small Diverse Business?**  Yes  No **(MUST check one)**

**Is your firm a DGS-Self-Certified Small Business?**  Yes  No **(MUST check one)**

**CONSULTANT INFORMATION:**

**Percentage Commitment for SDB and SB Consultant Participation**

After examination of the Project Program, which is made a part hereof as if fully set forth herein, the Applicant commits to the following percentages of its total compensation toward Small Diverse Business and Small Business consultant participation. These consulting percentage commitments will become contractual obligations upon execution of the Agreement for Professional Services.

**Small Diverse Business Consulting percentage commitment:**

(Do not include any commitments made to consultants that only qualify as Small Businesses)

\_\_\_\_\_ %    \_\_\_\_\_ **Percent**  
(Figure)    (Written)

**Small Business Consulting percentage commitment:**

(Do not include any commitments made to consultants that qualify as Small Diverse Businesses)

\_\_\_\_\_ %    \_\_\_\_\_ **Percent**  
(Figure)    (Written)