

# **REQUEST FOR QUALIFICATIONS RECREATION AND ATHLETIC FACILITIES MASTER PLAN**

## **PARKS AND RECREATION DEPARTMENT WILBRAHAM, MASSACHUSETTS**

The Wilbraham Parks and Recreation Department (WPRD) for the Town of Wilbraham, Massachusetts is soliciting Requests for Qualifications (RFQ) and proposals from Planning and/or Landscape Architectural Firms, experienced in producing Recreation and Athletic Facilities Master Plans and licensed in the State of Massachusetts, to develop a Comprehensive Recreation and Athletic Facilities Master Plan for 540 Stony Hill Road, Wilbraham, MA 01095 (commonly referred to as the Wilbraham Soccer Complex).

The Town of Wilbraham, located in a suburban setting east of Springfield, MA with an area of approximately 22 square miles, and a population of just over 14,000 residents, will be developing a comprehensive master plan for 540 Stony Hill Road encompassing Pickleball Courts, year round synthetic ice rink, a dog park and biking trails.

This plan will be a working document to guide the community in developing the aforementioned projects at the Wilbraham Soccer Complex. It will also aid the WPRD and Wilbraham Soccer Club in setting and making proposals for future development. The document will consist of existing facility inventory and analysis, a needs assessment, potential improvements to existing facility inventory, potential future facility inventory and analysis and development of same, a prioritization of future development or improvements, along with schematics for each with projected design, development, and annual maintenance costs.

Firms interested in responding may obtain a packet containing the information required for selection at the Parks and Recreation Department, 45C Post Office Park, Wilbraham, MA 01095. Packets will be available on November 17, 2021 at 12:00 p.m., and on the Town's website: [www.wilbraham-ma.gov](http://www.wilbraham-ma.gov), under "Government/Bid Postings." Questions should be directed to Bryan J. Litz, Director of Parks and Recreation, at (413) 596-2816.

All responses to this RFQ must be received, in their entirety, no later than 12:30 pm on December 17, 2021 in the Parks and Recreation Department.

The Wilbraham Board of Selectmen shall be the Awarding Authority. The Board of Selectmen reserves in its sole discretion the right to reject any or all bids, to waive informalities, or to issue new RFQ's, as deemed in the best interest of the Town.

**LEGAL NOTICE**  
**REQUEST FOR QUALIFICATIONS**  
**RECREATION AND ATHLETIC FACILITIES MASTER PLAN**  
**PARKS AND RECREATION DEPARTMENT**  
**WILBRAHAM, MASSACHUSETTS**

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## **I. INTRODUCTION**

The Wilbraham Parks and Recreation Department (WPRD) for the Town of Wilbraham, Massachusetts is soliciting requests for qualifications and proposals from Planning and/or Landscape Architectural Firms (“Consultant”), experienced in producing Recreation and Athletic Facilities Master Plans and licensed in the State of Massachusetts, to develop a Comprehensive Recreation and Athletic Facilities Master Plan for 540 Stony Hill Road, Wilbraham, MA 01095 (commonly referred to as the Wilbraham Soccer Complex).

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## **II. SCOPE OF SERVICES**

The following outline is offered to describe the general extent of the services to be provided by the consultant. This outline is not necessarily all-inclusive and the consultant shall include in the proposal any tasks and services deemed necessary to satisfactorily complete the project.

When referring to “all active existing outdoor recreation, sports, and athletic facilities” those are: Wilbraham Soccer Complex, five (5) soccer fields and two out buildings. The primary focus of the Master Plan is the undeveloped area surrounding the Soccer Fields and development of those areas for Pickleball Courts, year round synthetic ice rink, a dog park and biking trails

### **Part 1          Existing Facility Inventory Analysis**

The consultant shall inventory and assess all active existing outdoor recreation, sports, and athletic facilities, within 540 Stony Hill Road.

- a. Obtain base mapping, on file with the Engineering Department, and specifications on 540 Stony Hill Road.
- b. Evaluate the condition of 540 Stony Hill Road: This evaluation shall include:
  - Type of facility (soccer fields, trails, or other pertinent usage)
  - Type and condition of surfaces and/or pavement

- Type and condition of related amenities (fencing, backstops, parking, bathrooms, seating, water fountains, pavilions, lighting, trash, utilities, or other related amenities)
  - Drainage and irrigation
  - Age of the facility
  - Estimate repair and maintenance needs for each facility
- c. Evaluate the schedule of use: This shall include who uses each facility, the specific use, what season, how frequently, and for what duration.
- d. Maintenance schedule: Evaluate the maintenance schedule. This shall include:
- Which agency maintains the facility
  - How often the facility is maintained
  - Seasonal maintenance plan
  - Yearly cost of maintenance for each facility

## **Part II        Needs Analysis**

Evaluation of current and future facility needs based upon development of Pickleball Courts, year round synthetic ice rink, a dog park and biking trails.

## **Part III        Potential Improvements to Existing Inventory**

- a. For each facility provide recommendations for potential improvements. These recommendations shall be in text form as well as in graphic form. These improvements shall include, but not be limited to:
- Soil improvements
  - Drainage improvements
  - Site amenities (parking, benches, trash, electricity, pavilions, lighting, backstops, drinking fountains, or other pertinent amenities)
  - Reorganization/Redesign/Reallocation
- b. Maintenance Program: Provide suggested improvements to current maintenance program for each existing facility.

## **Part IV        Potential Development Analysis**

- a. Using information obtained from pertinent parties, identify best locations at 540 Stony Hill Road for Pickleball Courts, year round synthetic ice rink, a dog park and biking trails, along with any and all potential sites for future recreational uses at 540 Stony Hill Road or abutting Town owned parcels. This may include land or buildings currently owned by the Town of Wilbraham, or owned by others.

- b. Opportunities and Constraints Analysis: Evaluate each potential area identified in 'a' (above) for all opportunities and constraints. This analysis shall include items such as:

- General topography of land
- Access conditions (vehicular and pedestrian)
- Wetlands (if applicable)
- Vegetation
- Ownership

As part of this evaluation, consultant shall make recommendations as to which type of use the proposed parcel is best suited for (e.g. Pickleball Courts, year round synthetic ice rink, a dog park and biking trails). Consultant shall provide a sketch plan showing how the parcel could be utilized.

- c. Development Costs: Based on steps 'a' and 'b' (above), provide preliminary estimated costs for each project. Consultant shall include all items necessary to build the facility including, but not limited to:

- Access, parking, roads, pathways, and other considerations
- Demolition/Earthwork
- Construction
- Surfacing
- Lighting
- Seating
- Drainage
- Landscaping & Irrigation
- Site amenities

- d. Development Timetable: Based on 'a', 'b', and 'c' (above), provide:

- Priority for development
- Plan for phased implementation, if feasible
- Determine annual maintenance cost

## **Part V Report Preparation**

- a. Draft Report: Consultant shall prepare a draft report of the findings described in Parts I through IV. As part of this draft report preparation, consultant shall assume two (2) meetings with community groups. These meetings will be used to gather input and to inform the community of the study. The consultant shall secure input/comment from the Board of Selectmen and Town Administrator; and relevant departments such as Parks & Recreation, Wilbraham Public Schools, Sports Associations, Friends of Recreation (F.O.R.), Conservation Commission, Public Works, Planning & Zoning and/or others as designated by the Parks & Recreation Director during the draft report stage and plan to attend at least three (3) meetings as requested, in addition to those mentioned above.

- b. Final Report: Based on all comments, meetings, and input consultant shall prepare the Final Report. Final Report shall include all text and supporting graphics. Consultant shall submit and present a total of three (3) copies of the Final Report to the Playground & Recreation Commission at a date to be determined.

### **III. PROPOSAL SUBMISSION**

All responses to this RFQ must be received in a sealed envelope and clearly marked "Wilbraham Parks & Recreation Department Master Plan Proposal" by 12:30 PM, on December 17, 2021 to be eligible for consideration. RFQ responses shall be submitted to:

Wilbraham Parks & Recreation Department  
ATTN: Bryan J. Litz  
45C Post Office Park  
Wilbraham, MA 01095

Please submit seven (7) copies of the RFQ response. The Town of Wilbraham will be employing a quality-based selection process.

The Fee for this service is Not to Exceed \$50,000. The Fee shall be submitted with the RFQ in a separate, sealed envelope. (See V(I)).

### **IV. REVISIONS TO THE REQUEST FOR QUALIFICATIONS--ADDENDA**

Questions regarding this RFQ may be submitted to:

Wilbraham Parks & Recreation Department  
ATTN: Bryan J. Litz  
45C Post Office Park  
Wilbraham, MA 01095

Questions may be submitted no later than December 1, 2021 at 4:30 p.m. The WPRD shall endeavor to respond to questions via Addenda issued no later than December 8, 2021 at 4:30 p.m. Addenda shall be posted on Commbuys and the Town's website:

[www.wilbraham-ma.gov](http://www.wilbraham-ma.gov) under "Government/Bid Postings."

It shall be the responsibility of the consultant to be aware of any Addenda issued.

### **V. FORMAT FOR PROPOSALS**

Proposals are requested to be concise and should include, in order, the following:

- A. Letter of Transmittal;
- B. Executive Summary;

- C. Brief organizational profile, including background and experience of the firm.
- D. Previous project summaries, including reference contact information, for a minimum of two (2) projects, which are similar in scope to the project described herein and which demonstrate pertinent corporate and key personnel experience. Listing of the pertinent projects may be included. (The Town reserves the right to contact any references provided herein or otherwise obtained).
- E. Proposed Operation Plan and potential project schedule including an explanation/discussion of technical approaches and a detailed outline of the proposed services for executing the requirements of the Proposed Scope of Services (please note that the final master plan document as well as all maps and supporting information is expected to be delivered in both hard copy and electronic format).
- F. Project management including:
  - i. Project organizational chart including key staff to be assigned.
  - ii. Location of office from which the management of the project will be performed.
  - iii. Summary/matrix of key personnel's shared project experience.
- G. Standard Forms: Standard Designer Application (Appendix A to this RFQ); Non-Collusion and Tax Compliance (Appendix B to this RFQ)
- H. A sample contract is included with this RFQ (Appendix C to this RFQ)
- I. **FEE:** The fee shall not exceed \$50,000 (fifty-thousand dollars). The Fee shall be submitted with the RFQ in a **separate sealed envelope marked**

**“Fee Proposal: Master Plan for 540 Stony Hill Road.”**

The Fee must only be provided in the separately marked sealed envelope. A form to submit the Fee is provided as Appendix D to this RFQ.

## **VI. SIGNATURE**

The proposal shall be signed by an official authorized to bind the offer and shall contain a statement to the effect that the proposal is a firm offer for a sixty (60) day period from submission. The proposal shall also provide the following information: name, title, address and telephone number of the individual(s) with authority to contractually bind the company and also who may be contacted during the period of proposal evaluation for clarifying submitted information.

## **VII. RFQ EVALUATION AND SELECTION**

RFQ responses will be reviewed using a quality based evaluation process. Qualifications shall be evaluated and ranked by the Playground & Recreation Commission, Parks & Recreation Director and the Director of Facilities and Maintenance. The evaluations will be presented to the Wilbraham Board of Selectmen. Evaluations will be based on the documentation requested herein, utilizing criteria, which includes, but is not necessarily limited to or in the order of, the following:

- A. The proposal's responsiveness to the RFP (format, capabilities, work program, approach, clarity, ability to meet proposed schedule, and/or other pertinent factors);
- B. Apparent specialized experience and technical competence of the firm and its personnel in the required disciplines, including a thorough knowledge of the legal, federal, state, and local land use statutes and regulations;
- C. The qualifications and experience of personnel committed to the project.

The Wilbraham Board of Selectmen will consider the evaluations and rankings and then make the final determination as to which consultant to negotiate the fee and award the contract. The Chairman of the Board of Selectmen, or their designee, shall negotiate the Fee.



**APPENDIX A: STANDARD DESIGNER SELECTION FORM**

**INCLUDED AT END OF DOCUMENT**

## APPENDIX B

### CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person.

As used in this certification, the word person shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Corporate

ATTEST: \_\_\_\_\_

SEAL

### I. CERTIFICATE OF TAX COMPLIANCE

Pursuant to GL c. 62C, section 49A, I certify under penalties of perjury that I, to the best of my knowledge and belief, have filed all state tax returns and paid all state taxes required under law.

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

State Identification Number (or SSN or Federal ID): \_\_\_\_\_

Signature of authorized person: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

Corporate

ATTEST: \_\_\_\_\_

SEAL

## APPENDIX C: SAMPLE PROFESSIONAL SERVICES CONTRACT

### Professional Services Agreement

### *Between THE FIRM*

and the

**Town of Wilbraham, Massachusetts**

Planning and/or Landscape Architectural Firms to develop a Comprehensive Recreation and Athletic Facilities Master Plan for 540 Stony Hill Road, Wilbraham, MA 01095 (commonly referred to as the Wilbraham Soccer Complex),

### II. PARTIES TO THE AGREEMENT

THIS AGREEMENT, is made on December XX, 2021 by and between (Firm Name) hereinafter called the **FIRM**, and the **Town of Wilbraham**, a Massachusetts municipal corporation, hereinafter called the **CLIENT**, with a legal place of business at 45C Post Office Park, Wilbraham, MA 01095, for the provision of professional consulting services in accordance with Town's Request for Qualifications from Planning and/or Landscape Architectural Firms, experienced in producing Recreation and Athletic Facilities Master Plans and licensed in the State of Massachusetts, to develop a Comprehensive Recreation and Athletic Facilities Master Plan for 540 Stony Hill Road, Wilbraham, MA 01095 (commonly referred to as the Wilbraham Soccer Complex), and in response to said RFQ submitted by THE FIRM, dated December XX, 2021, which is attached hereto as Exhibit B and incorporated herein by reference

### GENERAL TERMS AND CONDITIONS

#### Mutual Representations

- 1) The **FIRM** has no liens or encumbrances which would adversely affect the ability of the **FIRM** to perform as stipulated under this agreement, its terms and conditions.
- 2) The **FIRM** certifies that it is in full compliance with all laws relating to taxes and to contributions and payments in lieu of contributions. The tax identification number for THE FIRM is \_\_\_\_\_.
- 3) The **FIRM** certifies that no official or employee of the **CLIENT** has a financial interest in this proposal or in the contract with the **FIRM** or in the expected profits to arise therefrom.
- 4) The **FIRM** certifies that it has not been debarred or suspended, nor will it contract for supplies from a debarred or suspended subcontractor on any public contract.
- 5) The **FIRM** certifies under penalties of perjury that this quote has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club or other organization, entity, or group of individuals.
- 6) The **FIRM'S** consultants assigned to any scope of work or project will remain throughout the duration of that specific scope of work or project.
- 7) The **FIRM** retains the right, and upon thirty (30) days written notice, to remove from the project any of its consultants which it believes can no longer suitably perform under its obligations to this Agreement or any Supplement to it.
- 8) The **CLIENT** represents that sufficient funds have been appropriated so it may retain and compensate the **FIRM** for the services provided for herein.
- 9) The **CLIENT'S** representative is authorized to enter in to this agreement on behalf of the **CLIENT**.

- 10) The **CLIENT** is aware of no action, contemplated action, liability or other encumbrance that would limit or otherwise preclude the **CLIENT** from freely entering into this Agreement and compensating the **FIRM** for the services provided and as further defined in the Supplement(s).
- 11) The **CLIENT**, upon thirty- (30) days written notice and for cause, may request the **FIRM** to remove or replace any of its consultants except the principle responsible for the specific scope of work defined in the Supplement.
- 12) The parties mutually agree to deal with each other in a reasonable and forthright manner to bring about a successful conclusion to the services and/or projects undertaken.
- 13) It is understood and agreed upon by the parties that failure of the Client to implement the recommendations contained in the Firm's final report is not cause for failure to make full payments in accordance with the fee for consulting services as stated in Section V of this Agreement.

#### **ADMINISTRATION**

In all cases when the **FIRM'S** services are retained in addition to that specified in Section IV of this Agreement, a written Supplement to this Agreement must be prepared which defines the scope of services to be retained and provided, and the billing rates or amounts to be charged by the **FIRM** to the **CLIENT**. Supplements must be executed by the authorized representatives of the respective parties before any billable work being undertaken. The Supplement(s) shall identify:

- 1) The **FIRM'S** principal consultant responsible for the successful delivery of services and/or project completion and the **CLIENT'S** contracting official(s) or officer(s).
- 2) The specific details of the work to be performed.
- 3) The **FIRM'S** consultants to be assigned.
- 4) The basis upon which the **FIRM'S** services are being retained including the cost per task, cost reduction considerations or the agreed upon fee(s) for the personnel assigned and/or the services provided.
- 5) The **CLIENT'S** contact person responsible for administering the Supplement, activities or project and the associated reporting requirements.
- 6) Any special or other conditions such as time deadlines, special reporting requirements, budget limitations or other similar constraints.

#### **FEES AND CHARGES**

- 1) Upon completion of the Professional Consulting Services Supplement and the Scope of Services identified in Section IV below the **FIRM** shall invoice the **CLIENT** during the second week of the month following completion of said work, unless otherwise specified and agreed. The **FIRM** shall provide a detailed description of the Task(s) performed in the form of a written report. The **CLIENT** will make payment within thirty (30) days of receipt of the invoice unless otherwise agreed.

#### **THE FIRM Consulting Company: Professional Consulting Services Supplement**

- I. **Project:** Comprehensive Recreation and Athletic Facilities Master Plan for 540 Stony Hill Road, Wilbraham, MA 01095 (commonly referred to as the Wilbraham Soccer Complex)
- II. **Client:** Wilbraham Recreation Commission, Town of Wilbraham, Massachusetts

**Client's Project Representative(s):**  
Bryan Litz, Recreation Director

#### **III. Project Consultants:**

#### IV. Scope of Work

The project shall be completed as proposed by the **FIRM** in its **Response dated** Xx, 2021, and the Town's RFQ, copies of which are attached as a part of this Agreement.

#### V. Fee

The professional fee for this project shall be \$\_\_\_\_\_. Fees will be invoiced upon the completion of the project as set forth above under "Fees and Charges."

This fee represents all costs associated with the completion of the specified consulting services including all consulting fees, clerical support, travel, printing, and other incidental project-related expenses.

**IN WITNESS WHEREOF**, the parties to these presents has executed this Contract in the year and day first above mentioned.

**For THE FIRM COMPANY:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name & Title

**For the CLIENT:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Chairman, Recreation Commission

**APPENDIX D: FEE**

Consulting Firm and Contact Information (contact name, address, e-mail, telephone):

\_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

TOTAL FEE FOR ALL SERVICES: \$ \_\_\_\_\_

TOTAL FEE FOR ALL SERVICES SPELLED OUT IN WORDS:

\_\_\_\_\_

Proposed Fee Payment Schedule: List dates/Milestones and relevant Fees\*

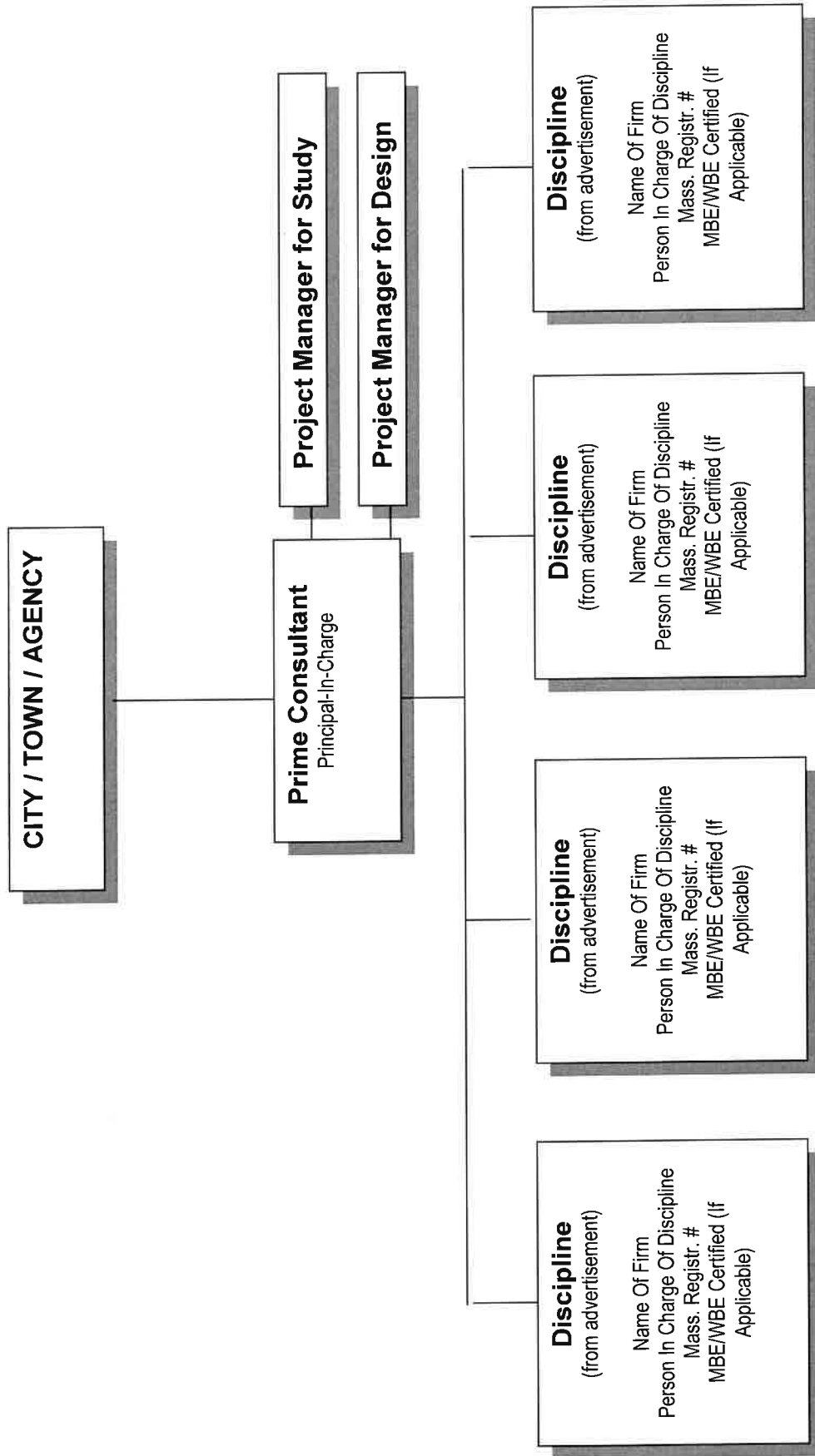
_____	\$ _____
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_____	\$ _____
<b>Date/Milestone</b>	<b>Fee</b>
_____	\$ _____
<b>Date/Milestone</b>	<b>Fee</b>

\*The total of all "Milestone" fees shall not exceed the Total Fee for All Services.  
Milestone schedule shown is an example. Bidders may propose their own specific Milestone schedule.

# APPENDIX A: STANDARD DESIGNER SELECTION FORM

<b>Commonwealth of Massachusetts</b>  <b>Standard Designer Application</b> <b>Form for Municipalities and Public</b> <b>Agencies not within DSB</b> <b>Jurisdiction (Updated July 2016)</b>	1. Project Name/Location For Which Firm Is Filing:		2. Project #  This space for use by Awarding Authority only.																																																																																																																																																																																																																																						
3a. Firm (Or Joint-Venture) - Name and Address Of Primary Office To Perform The Work:	3. Name Of Proposed Project Manager: For Study: (if applicable) For Design: (if applicable)																																																																																																																																																																																																																																								
3b. Date Present and Predecessor Firms Were Established:	3f. Name and Address Of Other Participating Offices Of The Prime Applicant, If Different From Item 3a Above:																																																																																																																																																																																																																																								
3c. Federal ID #:	3g. Name and Address Of Parent Company, If Any:																																																																																																																																																																																																																																								
3d. Name and Title Of Principal-In-Charge Of The Project (MA Registration Required):  Email Address:  Telephone No.:  Fax No.:	3. Check Below If Your Firm Is Either: (1) SDO Certified Minority Business Enterprise (MBE) <input type="checkbox"/> (2) SDO Certified Woman Business Enterprise (WBE) <input type="checkbox"/> (3) SDO Certified Minority Woman Business Enterprise (M/WBE) <input type="checkbox"/> (4) SDO Certified Service Disabled Veteran Owned Business Enterprise (SDVOBE) <input type="checkbox"/> (5) SDO Certified Veteran Owned Business Enterprise (VBE) <input type="checkbox"/>																																																																																																																																																																																																																																								
4. <b>Personnel From Prime Firm Included In Question #3a Above By Discipline (List Each Person Only Once, By Primary Function -- Average Number Employed Throughout The Preceding 6 Month Period. Indicate Both The Total Number In Each Discipline And, Within Brackets, The Total Number Holding Massachusetts Registrations):</b>  <table border="0" style="width:100%"> <tr> <td>Admin. Personnel</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Architects</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Acoustical Engrs.</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Civil Engrs.</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Code Specialists</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Construction Inspectors</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Cost Estimators</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Drafters</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Ecologists</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Electrical Engrs.</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Environmental</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Fire Protection</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> <td>( )</td> </tr> <tr> <td>Geotech. 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5. Has this Joint-Venture previously worked together? <input type="checkbox"/> Yes <input type="checkbox"/> No																																																																																																																																																																																																																																									

6. List **ONLY** Those Prime And Sub-Consultant Personnel Specifically Requested In The Advertisement. This Information Should Be Presented Below In The Form Of An Organizational Chart. Include Name Of Firm And Name Of The One Person In Charge Of The Discipline, With Mass. Registration Number, As Well As MBE/WBE Status, If Applicable:





<p>7. Brief Resume of ONLY those Prime Applicant and Sub-Consultant personnel requested in the Advertisement. Include Resumes of Project Managers. Resumes should be consistent with the persons listed on the Organizational Chart in Question # 6. Additional sheets should be provided only as required for the number of Key Personnel requested in the Advertisement and they must be in the format provided. By including a Firm as a Sub-Consultant, the Prime Applicant certifies that the listed Firm has agreed to work on this Project, should the team be selected.</p>	
a.	Name and Title Within Firm:
b.	Project Assignment:
c.	Name and Address Of Office In Which Individual Identified In 7a Resides: <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div> <input type="checkbox"/> MBE  <input type="checkbox"/> WBE  <input type="checkbox"/> SDVOBE  <input type="checkbox"/> VBE         </div> <div> <input type="checkbox"/> MBE  <input type="checkbox"/> WBE  <input type="checkbox"/> SDVOBE  <input type="checkbox"/> VBE         </div> </div>
d.	Years Experience: With This Firm: _____ With Other Firms: _____
e.	Education: Degree(s) /Year/Specialization
f.	Active Registration: Year First Registered/Discipline/Mass Registration Number
g.	Current Work Assignments and Availability For This Project:
h.	Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):

8a. Current and Relevant Work By Prime Applicant Or Joint-Venture Members. Include <b>ONLY</b> Work Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (List Up To But Not More Than 5 Projects).					
a. Project Name And Location Principal-In-Charge	b. Brief Description Of Project And Services (Include Reference To Relevant Experience)	c. Client's Name, Address And Phone Number (Include Name Of Contact Person)	d. Completion Date (Actual Or Estimated)	e. Project Cost (In Thousands) Construction Costs (Actual, Or Estimated If Not Completed)	Fee for Work for Which Firm Was Responsible
(1)					
(2)					
(3)					
(4)					
(5)					

8b. List Current and Relevant Work By Sub-Consultants Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (Up To But Not More Than 5 Projects For Each Sub-Consultant). Use Additional Sheets Only As Required For The Number Of Sub-Consultants Requested In The Advertisement.					
Sub-Consultant Name:					
a. Project Name and Location Principal-In-Charge	b. Brief Description Of Project and Services (Include Reference To Relevant Experience	c. Client's Name, Address And Phone Number. Include Name Of Contact Person	d. Completion Date (Actual Or Estimated)	e. Project Cost (In Thousands) Construction Costs (Actual, Or Estimated If Not Completed)	Fee For Work For Which Firm Was/Is Responsible
(1)					
(2)					
(3)					
(4)					
(5)					

9. List All Projects Within The Past 5 Years For Which Prime Applicant Has Performed, Or Has Entered Into A Contract To Perform, Any Design Services For All Public Agencies Within The Commonwealth.					
# of Total Projects:		# of Active Projects:			
Role P, C, JV *	Phases St., Sch., D.D., C.D., A.C.*	Project Name, Location and Principal-In-Charge	Total Construction Cost (In Thousands) of Active Projects (excluding studies):		Completion Date (Actual or Estimated) (R)Renovation or (N)New
		Awarding Authority (Include Contact Name and Phone Number)	Construction Costs (In Thousands) (Actual, Or Estimated If Not		
		1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
		9.			
		10.			
		11.			
		12.			

\* P = Principal; C = Consultant; JV = Joint Venture; St. = Study; Sch. = Schematic; D.D. = Design Development; C.D. = Construction Documents; A.C. = Administration of Contract

10. Use This Space To Provide Any Additional Information Or Description Of Resources Supporting The Qualifications Of Your Firm And That Of Your Sub-Consultants For The Proposed Project. If Needed, Up To Three, Double-Sided 8 1/2" X 11" Supplementary Sheets Will Be Accepted. **APPLICANTS ARE ENCOURAGED TO RESPOND SPECIFICALLY IN THIS SECTION TO THE AREAS OF EXPERIENCE REQUESTED IN THE ADVERTISEMENT.**

## Be Specific – No Boiler Plate

11.	Professional Liability Insurance:					
	Name of Company	Aggregate Amount	Policy Number	Expiration Date		
12.	Have monies been paid by you, or on your behalf, as a result of Professional Liability Claims (in any jurisdiction) occurring within the last 5 years and in excess of \$50,000 per incident? Answer YES or NO. If YES, please include the name(s) of the Project(s) and Client(s), and an explanation (attach separate sheet if necessary).					
13.	Name Of Sole Proprietor Or Names Of All Firm Partners and Officers:					
	Name	Title	MA Reg #	Status/Discipline	Name	Title
	a.				d.	
	b.				e.	
	c.				f.	
14.	If Corporation, Provide Names Of All Members Of The Board Of Directors:					
	Name	Title	MA Reg #	Status/Discipline	Name	Title
	a.				d.	
	b.				e.	
	c.				f.	
15.	Names Of All Owners (Stocks Or Other Ownership):					
	Name And Title	% Ownership	MA. Reg.#	Status/Discipline	Name And Title	% Ownership
	a.				d.	
	b.				e.	
	c.				f.	
16.	I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. I further certify that this firm is a "Designer", as that term is defined in Chapter 7C, Section 44 of the General Laws, or that the services required are limited to construction management or the preparation of master plans, studies, surveys, soil tests, cost estimates or programs. The information contained in this application is true, accurate and sworn to by the undersigned under the pains and penalties of perjury.					
	Submitted by (Signature)			Printed Name and Title		Date