

M55 Architect-Engineer Related Services for Specific Project Questionnaire	1. Project Name/Location for which Firm is Filing:	2a.	2b. Project Identification Number, if any:
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3. Firm (or Joint Venture) Name & Address:	3a. Name, Title & Telephone Number of Principal to Contract:
	3b. Address of office to perform work, if different from Item 3:

4. Personnel by Discipline: *(List each person only once, by primary function.)*

<input type="checkbox"/> Administrative <input type="checkbox"/> Architects, Registered <input type="checkbox"/> Chemical Engineers <input type="checkbox"/> Civil Engineers <input type="checkbox"/> Construction Inspectors <input type="checkbox"/> Draftsmen <input type="checkbox"/> Ecologist <input type="checkbox"/> Economists	<input type="checkbox"/> Electrical Engineers <input type="checkbox"/> Estimators <input type="checkbox"/> Geologists <input type="checkbox"/> Hydrologists <input type="checkbox"/> Interior Designers <input type="checkbox"/> Landscape Architects <input type="checkbox"/> Mechanical Engineers <input type="checkbox"/> Mining Engineers	<input type="checkbox"/> Oceanographers <input type="checkbox"/> Planners: Urban/Regional <input type="checkbox"/> Sanitary Engineers <input type="checkbox"/> Soils Engineers <input type="checkbox"/> Specification Writers <input type="checkbox"/> Structural Engineers <input type="checkbox"/> Surveyors <input type="checkbox"/> Transportation Engineers	<input type="checkbox"/> Architects, Intern <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Total Personnel
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5. If submittal is by JOINT-VENTURE list participating firms and outline specific areas of responsibility *(including administrative, technical and financial)* for each firm: *(Attach M54 for each)*

<u>Firm</u>	<u>Area</u>	<u>Firm</u>	<u>Area</u>	

5a. Has this JOINT-VENTURE previously worked together? ()Yes ()No

6. List outside key Consultants/Associates anticipated for this Project. *(Attach M54 for Consultants/Associates listed)*

Name & Address	Specialty	Is this an Additional Fee? How much?
1)		\$
2)		\$
3)		\$
4)		\$
5)		\$
6)		\$
7)		\$
8)		\$
9)		\$
10)		\$

				\$	\$
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10. Use this space to provide any additional information or description of resources (including any computer design capabilities) supporting your Firm's qualifications for the proposed project. For any project listed in Blocks 8 or 9, list consultants who required additional fees and services performed.

11. Please provide the following information below. *(Using Block 10, if necessary)*

- a. Errors and omissions insurance coverage limits.
- b. Do you see a need for special consultants on this Project? If so, who do you recommend and what will be the scope of the service?
- c. How many other jobs per design professional are currently under contract by your Firm?
- d. Have you ever been offered a state job and declined to enter into a contract?

12. Provide a written proposal for this Project detailing objectives, outcomes, complete scope of work and deadlines. Such proposal may, at the discretion of the Department of Finance and Administration, become part of the professional contract. *(Can be included as appendix if required.)*

13. Include a firm brochure.

14. I hereby certify that the foregoing is a true and correct statement of facts.

Signature

Name & Title

Date: mm/dd/yyyy