**APPENDIX B**

**DESIGN PROFESSIONAL SELECTION APPLICATION FOR PROFESSIONAL SERVICES**

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| **Section 1 - Project Information** | | | | | | | | | | |
| PROJECT NUMBER: | | | PROJECT TITLE: | | | | | | | |
| **Section 2 - Firm General Information** | | | | | | | | | | |
| FIRM NAME: | | | | | | | | | SAP NUMBER: | |
| PREDECESSOR 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:  YES  NO | | | |
| DGS SELF-CERTIFIED SMALL BUSINESS:  YES  NO | | DGS VERIFIED SMALL DIVERSE BUSINESS:  YES  NO | | | | | |  | | |
| TYPE OF FIRM (Indicate all that apply):  ARCHITECT  ENGINEER  ARCHITECT/ENGINEER  ENGINEER/ARCHITECT  JV  OTHER (If Other, please specify): | | | | | | | | | | |
| **Section 3 - Design Team Information** | | | | | | | | | | |
| **LIST SUBCONSULTANTS WHO WILL BE RETAINED IN THE DESIGN PROCESS** | | | | | | | | | | |
| 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:  YES  NO | | | | | | TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES: | | | | |
| NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | | | | | | LOCATION OF OFFICE PERFORMING THE MAJORITY OF THE WORK: | | | | |
| TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | | | | | | | | | | |
| DGS SELF-CERTIFIED SMALL BUSINESS:  YES  NO | | | | | | DGS VERIFIED SMALL DIVERSE BUSINESS:  YES  NO | | | | |
| TYPE OF FIRM (Indicate all that apply):  ARCHITECT  ENGINEER  ARCHITECT/ENGINEER  ENGINEER/ARCHITECT  JV  OTHER (If Other, please specify): | | | | | | | | | | |

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| **LIST SUBCONSULTANTS WHO WILL BE RETAINED 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): |
| 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:  YES  NO | TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES: |
| NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | LOCATION OF OFFICE PERFORMING THE MAJORITY OF THE WORK: |
| TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | |
| DGS SELF-CERTIFIED SMALL BUSINESS:  YES  NO | DGS VERIFIED SMALL DIVERSE BUSINESS:  YES  NO |
| TYPE OF FIRM (Indicate all that apply):  ARCHITECT  ENGINEER  ARCHITECT/ENGINEER  ENGINEER/ARCHITECT  JV  OTHER (If Other, please specify): | |
| 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:  YES  NO | TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES: |
| NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | LOCATION OF OFFICE PERFORMING THE MAJORITY OF THE WORK: |
| TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | |
| DGS SELF-CERTIFIED SMALL BUSINESS:  YES  NO | DGS VERIFIED SMALL DIVERSE BUSINESS:  YES  NO |
| TYPE OF FIRM (Indicate all that apply):  ARCHITECT  ENGINEER  ARCHITECT/ENGINEER  ENGINEER/ARCHITECT  JV  OTHER (If Other, please specify): | |

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| **LIST SUBCONSULTANTS WHO WILL BE RETAINED 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): |
| 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:  YES  NO | TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES: |
| NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | LOCATION OF OFFICE PERFORMING THE MAJORITY OF THE WORK: |
| TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | |
| DGS SELF-CERTIFIED SMALL BUSINESS:  YES  NO | DGS VERIFIED SMALL DIVERSE BUSINESS:  YES  NO |
| TYPE OF FIRM (Indicate all that apply):  ARCHITECT  ENGINEER  ARCHITECT/ENGINEER  ENGINEER/ARCHITECT  JV  OTHER (If Other, please specify): | |
| 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:  YES  NO | TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES: |
| NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | LOCATION OF OFFICE PERFORMING THE MAJORITY OF THE WORK: |
| TELEPHONE NUMBER FOR THE OFFICE PERFORMING THE MAJORITY OF THE WORK: | |
| DGS SELF-CERTIFIED SMALL BUSINESS:  YES  NO | DGS VERIFIED SMALL DIVERSE BUSINESS:  YES  NO |
| TYPE OF FIRM (Indicate all that apply):  ARCHITECT  ENGINEER  ARCHITECT/ENGINEER  ENGINEER/ARCHITECT  JV  OTHER (If Other, please specify): | |

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| **Section 4 - Key Personnel** | | | | |
| **LIST INDIVIDUALS FOR BOTH THE FIRM AND SUBCONSULTING 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.** | | | | |
| NAME: | | FIRM: | | | |
| REGISTRATION #: | | REGISTRATION EXPIRATION: | | | |
| OFFICE LOCATION WHILE ON THIS PROJECT: | NUMBER OF YEARS EMPLOYED BY FIRM: | | | TOTAL NUMBER OF YEARS LICENSED: | |
| SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT: | | | | | |
| SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS: | | | | | |
| SPECIALTY/DISCIPLINE: | | | | | |
| DEGREE/CERTIFICATION: | YEAR GRADUATED: | | INSTITUTION: | | |
| NAME: | | FIRM: | | | |
| REGISTRATION #: | | REGISTRATION EXPIRATION: | | | |
| OFFICE LOCATION WHILE ON THIS PROJECT: | NUMBER OF YEARS EMPLOYED BY FIRM: | | | TOTAL NUMBER OF YEARS LICENSED: | |
| SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT: | | | | | |
| SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS: | | | | | |
| SPECIALTY/DISCIPLINE: | | | | | |
| DEGREE/CERTIFICATION: | YEAR GRADUATED: | | INSTITUTION: | | |
| NAME: | | FIRM: | | | |
| REGISTRATION #: | | REGISTRATION EXPIRATION: | | | |
| OFFICE LOCATION WHILE ON THIS PROJECT: | NUMBER OF YEARS EMPLOYED BY FIRM: | | | TOTAL NUMBER OF YEARS LICENSED: | |
| SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT: | | | | | |
| SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS: | | | | | |
| SPECIALTY/DISCIPLINE: | | | | | |
| DEGREE/CERTIFICATION: | YEAR GRADUATED: | | INSTITUTION: | | |

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| **LIST INDIVIDUALS FOR BOTH THE FIRM AND SUBCONSULTING 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.** | | | | |
| NAME: | | FIRM: | | | |
| REGISTRATION #: | | REGISTRATION EXPIRATION: | | | |
| OFFICE LOCATION WHILE ON THIS PROJECT: | NUMBER OF YEARS EMPLOYED BY FIRM: | | | TOTAL NUMBER OF YEARS LICENSED: | |
| SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT: | | | | | |
| SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS: | | | | | |
| SPECIALTY/DISCIPLINE: | | | | | |
| DEGREE/CERTIFICATION: | YEAR GRADUATED: | | INSTITUTION: | | |
| NAME: | | FIRM: | | | |
| REGISTRATION #: | | REGISTRATION EXPIRATION: | | | |
| OFFICE LOCATION WHILE ON THIS PROJECT: | NUMBER OF YEARS EMPLOYED BY FIRM: | | | TOTAL NUMBER OF YEARS LICENSED: | |
| SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT: | | | | | |
| SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS: | | | | | |
| SPECIALTY/DISCIPLINE: | | | | | |
| DEGREE/CERTIFICATION: | YEAR GRADUATED: | | INSTITUTION: | | |
| NAME: | | FIRM: | | | |
| REGISTRATION #: | | REGISTRATION EXPIRATION: | | | |
| OFFICE LOCATION WHILE ON THIS PROJECT: | NUMBER OF YEARS EMPLOYED BY FIRM: | | | TOTAL NUMBER OF YEARS LICENSED: | |
| SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT: | | | | | |
| SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS: | | | | | |
| SPECIALTY/DISCIPLINE: | | | | | |
| DEGREE/CERTIFICATION: | YEAR GRADUATED: | | INSTITUTION: | | |

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| **Section 5 - Firm’s Recent Commonwealth Project Experience (Active and Complete)** | | | | | |
| **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** | |
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| **Section 6 - Relevant Experience** | |
| **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 SUBCONSULTANTS.** | |
| PROJECT NAME: | |
| LOCATION: | CLIENT NAME: |
| SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A SUBCONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM: | |
| PROJECT DESCRIPTION: | |
| CONSTRUCTION COMPLETION DATE/STATUS: | |
| TOTAL AWARDED CONSTRUCTION CONTRACTS: $ | TOTAL FINAL CONSTRUCTION CONTRACTS: $ |
| CLIENT CONTACT NAME: | TITLE: |
| CONTACT TELEPHONE NUMBER: | CONTACT E-MAIL ADDRESS: |
| COMMENTS: | |
| PROJECT NAME: | |
| LOCATION: | CLIENT NAME: |
| SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A SUBCONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM: | |
| PROJECT DESCRIPTION: | |
| CONSTRUCTION COMPLETION DATE/STATUS: | |
| TOTAL AWARDED CONSTRUCTION CONTRACTS: $ | TOTAL FINAL CONSTRUCTION CONTRACTS: $ |
| CLIENT CONTACT NAME: | TITLE: |
| CONTACT TELEPHONE NUMBER: | CONTACT E-MAIL ADDRESS: |
| COMMENTS: | |
| PROJECT NAME: | |
| LOCATION: | CLIENT NAME: |
| SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A SUBCONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM: | |
| PROJECT DESCRIPTION: | |
| CONSTRUCTION COMPLETION DATE/STATUS: | |
| TOTAL AWARDED CONSTRUCTION CONTRACTS: $ | TOTAL FINAL CONSTRUCTION CONTRACTS: $ |
| CLIENT CONTACT NAME: | TITLE: |
| CONTACT TELEPHONE NUMBER: | CONTACT E-MAIL ADDRESS: |
| COMMENTS: | |

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| **Section 7 - 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 professional services for the project identified in Section 1 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 Subconsultants 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 of the 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 the federal government; and**

**5. The Firm has not, under separate contract with DCNR or any other agency, made any recommendations to DCNR 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 DCNR there is no legal and valid contract, in law or in equity.**

**I state that \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Name of Firm) submits this form and understands and acknowledgesthat the above representations are material and important, and will be relied upon by the Selections Committee and the Department of Conservation and Natural Resources 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 Conservation and Natural Resources of the true facts relating to the submission of this application. A misrepresentation shall be punishable under 18 Pa. C.S. § 4904.**

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| **Business is an Individual or General Partnership:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Business is a Limited Partnership:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Business is a Corporation:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Business is a Limited Liability Company:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Business is a Limited Liability Partnership:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Business is a Foreign General Partnership:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Business is a Joint Venture:** | | |
| **Witness:** | **Owner:** | **Date:** |
| **Witness:** | **Owner:** | **Date:** |