

Department of Military Affairs

PROFESSIONAL QUALIFICATIONS SUPPLEMENT (PQS)

FORM DBC 5112, revised June 17, 2010

PURPOSE:

The Professional Qualifications Supplement (PQS), Form DBC5112, is to provide information regarding the qualifications of interested firms to perform Engineering services on projects being administered by the Department of Military Affairs in accordance with the requirements of Section 287.055, F.S., "Consultants' Competitive Negotiation Act."

INSTRUCTIONS:

Type accurately; instruction numbers correspond to the numbers on the form; additional pages corresponding to any of the numbered items may be attached.

1. Check discipline for appropriate Statewide Continuing Term Contract submission (one only).
2. Provide the complete Firm Name of the applicant as it appears on the Corporate Seal (if your firm is incorporated), the address, telephone and fax number of your office, and contact name. If your firm has two or more office locations, then list the address and FEIN of the principle (billing) office where payments will be sent.
3. For the APPLICANT: Enter the firm's appropriate Department of Professional Regulation license number.* If the firm is a corporation, enter the Florida Corporate Charter Number as issued by the Division of Corporations, Department of State.

* Use the license number in accordance with the name of the firm as presented on the firm's letterhead. Use individual license numbers only when applicable.

4. List, for the APPLICANT firm only, each project currently under contract including contracts as a consultant to another firm. For projects on hold for twelve (12) months or longer, enter the amount of fees remaining (unearned) in the Fees on Hold column. For all of the other projects, enter the fees (unearned) in the Fees Remaining column.

Do not include fees to consultants. Projects shown as "On Hold," but for which a letter from the owner is not submitted, will be added to the Fees Remaining column. Divide the sum of these fees by the number of licensed personnel, graduate design professionals, lead draftsmen, specification writers and designers, but do not include draftsmen and CADD operators in the number of technical staff. Indicate the total number of current projects.

- 5a. For the APPLICANT: list all active Department of Military Affairs commissions for ALL offices. Indicate total commissions on contract(s) executed for the periods noted. If none, indicate zero.

- 5b. Indicate the total number of Florida licensed personnel employed by your firm (this data is to be entered whether or not you have or have had contracts with DMA). Indicate the fee per person (licensed personnel) by dividing the Total Fee Considered in 5a by the number of licensed personnel. If 5a is zero enter zero. However, if total fees are zero, you must still enter the number of Florida licensed personnel in all firm locations.
6. List **ALL** successfully completed projects, **for the last three years**, accomplished by the applicant relative to the area of discipline in submission. Indicate name of project, completion date, its location, construction cost of project, owner contact information and contractor contact information.
7. Designate the principles and professional/technical staff for the applicant. For each individual listed, show their discipline(s) of licensure/training and their residence.
8. Sign and date the form; type the name and title of the individual signing.

SUBMISSION INFORMATION:

A Letter of Interest describing your firm's capabilities, accomplishments and specialized staff should be included in the submission package.

Attach proof of Myfloridamarketplace.com registration.

Submit one (1) original and four (4) copies of completed, signed and dated form (along with five (5) sets of copies of all Professional Licenses listed to:

Department of Military Affairs
Construction & Facility Management Office
Robert F. Ensslin, Jr. National Guard Armory
Attention: Contracting Branch
2305 State Road 207
St. Augustine, Florida 32086

PROJECT NAME: STATEWIDE CONTINUING TERM CONTRACT FOR ENGINEERING 2010-16

1. DESIGNATE CONTINUING CONTRACT SUBMISSION (**Check One**):

_____MECHANICAL ENG _____ELECTRICAL ENG _____CIVIL ENG

2. FIRM NAME (AS SHOWN ON CORPORATE SEAL) _____

FEIN#_____ COUNTY OF PRINCIPLE (BILLING) OFFICE: _____

(For DMA use only) MBE: Certified _____ Non Certified _____ ZONE NUMBER: _____

ADDRESS OF PRINCIPLE (BILLING) OFFICE: _____

PHONE NO: _____ FAX NO: _____

CONTACT NAME: _____

3. INDICATE SERVICES TO BE PROVIDED ON THE PROJECT:

<u>APPLICANT ONLY (No Consultants)</u>		
Service(s) Offered	Florida State License Number	Corporate Charter No.
Electrical Engineering		
Mechanical Engineering		
Civil Engineering		
Other		

4.

WORKLOAD FOR APPLICANT FIRM ONLY:

Define each project for all firm locations the APPLICANT is handling as of the deadline for the submittal on this project (exclude portions of fees paid to Consultants). Specify number of all principals and technical staff in the firm (excluding staff drafting/CADD operators personnel and consultants).

FEEES FOR CURRENT PROJECTS

Projects	Fees on Hold	Fees Remaining
TOTALS	\$	\$

Total Persons in all firm locations (Principals & Technical Staff):_____

Total divided by Total Persons = \$_____

Number of Current Projects: _____

5a. Fees of Applicant (excluding portions of fees paid to Consultants) under contract(s) with the Department of Military Affairs listed according to date of agreements for the periods noted as of July 1 of the current year.

<u>Period</u>	<u>Total Fee</u>	<u>Factor</u>	<u>Portion of Fee Considered</u>
(1) From July 1 to current date	\$_____	x 1.0	\$_____
(2) First year past (July 1 - June 30) date	\$_____	x 0.8	\$_____
(3) Second year past (July 1 - June 30) date	\$_____	x 0.6	\$_____
(4) Third year past (July 1 - June 30) date	\$_____	x 0.4	\$_____
(5) Fourth year past (July 1 - June 30) date	\$_____	x 0.2	\$_____
Total Fee Considered: \$_____			

5b. Number of Florida licensed personnel _____ Fee Per Person: \$_____

from all firm locations.

(Required even if \$0 fees)

6. **SPECIFIC RELATED EXPERIENCE** (list **ALL** successfully completed projects only, for **last three years**): Additional sheets/info can be added:

PROJECT NAME & FULL DESCRIPTION	COMPLETION DATE	LOCATION	PROJECT COST	OWNER CONTACT INFORMATION	CONTRACTOR CONTACT INFORMATION

7. **KEY PERSONNEL CURRENTLY ON STAFF:**

<u>NAME</u>	<u>DISCIPLINE OF LICENSE/TRAINING</u>	<u>CITY OF RESIDENCE</u>
-------------	---	--------------------------

APPLICANT'S

Principal(s)-in-charge

a.

b.

c.

d.

Professional/Technical Staff

e.

f.

g.

h.

i.

j.

k.

l.

m.

n.

8.

Signature

Type Name and Title of Signer

Date