

A/E APPLICATION FOR DESIGNER SERVICES

PROJECT SPECIFIC INFORMATION

Date Submitted: _____

1. Awarding Authority and Project:

Somerville Housing Authority _____
Flooring Replacement _____
Federally Assisted Family Housing Developments (31-2), (667-6), (667-3)

2. Firm or Joint Venture Information:

(Name of Firm or Joint Venture)

(Area Code/Telephone)

(Street Address)

(City/Town, State, ZIP)

(Location of Principal Office If Out Of State)

(City/Town, State, ZIP)

(Federal ID #)

(Name of Principal-In-Charge Of Project)

3. SOMWBA Certification: Check Below If Applicable To Your Firm

- SOMWBA Certified Minority Business Enterprise (MBE)
- SOMWBA Certified Woman Business Enterprise (WBE)
- SOMWBA Certified Minority Woman Business Enterprise (M/WBE)

4(a). Key Staff For This Project In Your Firm (Including Partner-In-Charge & Job Captain):

<u>Name and Title</u>	<u>Discipline</u>	<u>Mass. Reg. No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

4(b). Key Persons, Specialists, and Individuals In Consultant Firms To Be Assigned To Project:

<u>Name of Person/Firm/Address</u>	<u>Discipline</u>	<u>Mass. Reg. No.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Full-Time Personnel In Your Firm's Massachusetts Office By Discipline (Average Number Employed Throughout The Proceeding Six-Month Period. Indicate Both The Total Number In Each Discipline AND (Within Brackets) The Total Number Holding Massachusetts Registrations. List Each Person Only Once By Primary Function.):

Admin Personnel	_____ ()	Interior Designers	_____ ()
Architects	_____ ()	Landscape Architects	_____ ()
Acoustical Engrs.	_____ ()	Licensed Site Profs.	_____ ()
Civil Engrs.	_____ ()	Life Safety Code Engrs.	_____ ()
Code Specialists	_____ ()	Mechanical Engrs.	_____ ()
Construction Inspectors	_____ ()	Planners	_____ ()
Cost Estimators	_____ ()	Sanitary Engrs.	_____ ()
Drafters	_____ ()	Soil Engrs.	_____ ()
Ecologists	_____ ()	Specification Writers	_____ ()
Electrical Engrs.	_____ ()	Structural Engineers	_____ ()
Energy Specialists	_____ ()	Surveyors	_____ ()
Environmental Engrs.	_____ ()	Transportation	_____ ()
Fire Protection Engrs.	_____ ()	Writers	_____ ()
Geotech. Engrs.	_____ ()	Other	_____ ()
HVAC Engrs.	_____ ()	Other	_____ ()
Industrial Hygienists	_____ ()	Total Personnel	_____ ()

6. Recent Or Active Projects Best Illustrating Current Qualifications For This Project:

(6a) Project Name _____ Location _____ Principal in Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____

Constr. Costs _____

Fee For Firm's Work _____

\$ _____

\$ _____

(6b) Project Name _____ Location _____ Principal in Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated)

Constr. Costs

Fee For Firm's Work

\$ _____

\$ _____

(6c) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated)

Constr. Costs

Fee For Firm's Work

\$ _____

\$ _____

(6d) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____ Constr. Costs _____ Fee For Firm's Work _____

_____ \$ _____ \$ _____

(6e) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____ Constr. Costs _____ Fee For Firm's Work _____

_____ \$ _____ \$ _____

7. All Work By Firm (Or Joint Venture) Currently Performed Directly For Massachusetts Agencies:

(7a) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____

Constr. Costs _____

Fee For Firm's Work _____

\$ _____

\$ _____

(7b) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____

Constr. Costs _____

Fee For Firm's Work _____

\$ _____

\$ _____

(7c) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____ Constr. Costs _____ Fee For Firm's Work _____

_____ \$ _____ \$ _____

(7d) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____ Constr. Costs _____ Fee for Firm's Work _____

_____ \$ _____ \$ _____

(7e) Project Name _____ Location _____ Principal In Charge _____

Brief Description Of Project And Services (Include Reference To Relevant Experience) _____

Client's Name, Address, Phone Number (Include Name Of Contact Person) _____

Completion Date (Actual Or Estimated) _____ Constr. Costs _____ Fee For Firm's Work _____

_____ \$ _____ \$ _____

8. Professional Liability Insurance:

_____ \$ _____
(Name of Company) (Aggregate Amount)

_____ (Expiration Date)
(Policy Number)

(As condition of the contract, a firm will be required to maintain professional liability insurance in the amount of \$250,000 or ten percent (10%) of the value of the construction cost, whichever is greater.)

9. ATTEST

- (a) I am familiar with the Massachusetts State Building Code and with M.G.L. Chapter 149, Section 44A-H, and Chapter 30, Section 39M.
- (b) The foregoing statements and all statements in the Summary of Qualifications and Experience (SQE), under the penalty of perjury, are true.

(Signature)

(Print Name and Title)

(Date)



(Seal of Registration)