



COLUMBUS METROPOLITAN HOUSING AUTHORITY REQUEST FOR QUALIFICATIONS

ARCHITECTURAL SERVICES

Each firm must completely fill these forms for full consideration.

1	RFQ for: Project name & number:	
2	Company's full name, address & telephone/ fax numbers:	
3	Principal name:	
4	Other contact person:	
5	Company's main field of expertise:	



II	Services provided for this project will be done 100% in-house. <u>IF NO</u> , sub-consultant used: Name: Address: Tel. #:	Yes ___ No ___ _____ _____ _____ _____															
12	List the key personnel you propose to assign to this project. * Attach Resumes	<table border="1"><thead><tr><th data-bbox="602 779 756 863"><u>Name</u></th><th data-bbox="756 779 1268 863"><u>Title/Profession</u></th><th data-bbox="1268 779 1557 863"><u>Years Of Exp.</u></th></tr></thead><tbody><tr><td data-bbox="602 863 756 978">1.)</td><td data-bbox="756 863 1268 978"></td><td data-bbox="1268 863 1557 978"></td></tr><tr><td data-bbox="602 978 756 1094">2.)</td><td data-bbox="756 978 1268 1094"></td><td data-bbox="1268 978 1557 1094"></td></tr><tr><td data-bbox="602 1094 756 1209">3.)</td><td data-bbox="756 1094 1268 1209"></td><td data-bbox="1268 1094 1557 1209"></td></tr><tr><td data-bbox="602 1209 756 1367">4.)</td><td data-bbox="756 1209 1268 1367"></td><td data-bbox="1268 1209 1557 1367"></td></tr></tbody></table>	<u>Name</u>	<u>Title/Profession</u>	<u>Years Of Exp.</u>	1.)			2.)			3.)			4.)		
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4.)																	
13	Additional Information																



SIMILAR PREVIOUS EXPERIENCE

<p>Client name: Project name: Construction cost: Year completed: Contact person: Tel. number: Scope of services provided by firm (check as appropriate)</p>	<p>_____ _____ \$ _____ _____ _____ _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feasibility study: <input type="checkbox"/> Schematic drawings: <input type="checkbox"/> Construction document: <input type="checkbox"/> Bidding phase: <input type="checkbox"/> Construction administration: <input type="checkbox"/> Warranty inspection:
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Additional Remarks: _____

<p>Client name: Project name: Construction cost: Year completed: Contact person: Tel. number: Scope of services provided by firm (check as appropriate)</p>	<p>_____ _____ \$ _____ _____ _____ _____</p> <ul style="list-style-type: none"> <input type="checkbox"/> Feasibility study: <input type="checkbox"/> Schematic drawings: <input type="checkbox"/> Construction document: <input type="checkbox"/> Bidding phase: <input type="checkbox"/> Construction administration: <input type="checkbox"/> Warranty inspection:
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Additional Remarks: _____

SIMILAR PREVIOUS EXPERIENCE (contd.)

<p>Client name: Project name: Construction cost: Year completed: Contact person: Tel. number: Scope of services provided by firm (check as appropriate)</p>	<p>_____</p> <p>_____</p> <p>\$ _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p> <input type="checkbox"/> Feasibility study: <input type="checkbox"/> Schematic drawings: <input type="checkbox"/> Construction document: <input type="checkbox"/> Bidding phase: <input type="checkbox"/> Construction administration: <input type="checkbox"/> Warranty inspection: </p>
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Additional Remarks: _____



CERTIFICATION OF INFORMATION PROVIDED

The information provided herein is to the best of my knowledge accurate and can be accepted as a true representation of:

Firm: _____

Signature: _____

Name: _____

Position: _____

Date: _____