

# STATEMENT OF QUALIFICATIONS

## PART I – CONTRACT SPECIFIC QUALIFICATIONS

### A. CONTRACT INFORMATION

1. PROJECT TITLE AND LOCATION (City and County)  
Warren Commons Toledo, Lucas County

2. ANNOUNCEMENT DATE  
January 18, 2022

3. PROJECT NUMBER

### B. FIRM POINT OF CONTACT

4. PROJECT REPRESENTATIVE NAME AND TITLE

5. PRESIDENT / CEO

6. NAME OF FIRM (LEGAL NAME ON FILE WITH THE OHIO SECRETARY OF STATE)

7. TELEPHONE NUMBER

8. FAX NUMBER

9. E-MAIL ADDRESS

10. COUNTY

11. FTID NUMBER

12. WEB ADDRESS

### C. PROPOSED TEAM

(Complete this section for the lead firm or joint venture partners, and all key consultants.)

	(Check)			13. FIRM NAME	14. ADDRESS	15. ROLE IN THIS CONTRACT
	Lead Firm	JV Partner	Consultant			
a.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office ____ Miles from project site	
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	

f.						
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	

**D. ORGANIZATIONAL CHART OF PROPOSED TEAM**

☐ (Attached)

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INSERT ORGANIZATIONAL CHART BELOW OR ATTACH.

## E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT

(Complete one Section E for each key person. Limit one page per person)

16. NAME	17. ROLE IN THIS CONTRACT	18. YEARS EXPERIENCE	
		a. TOTAL	b. WITH CURRENT FIRM
19. FIRM NAME AND LOCATION (City and State)	20. EDUCATION (Degree and Specialization)	21. CURRENT OH PROF REGISTRATIONS (List Discipline)	

22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.)

### 23. RELEVANT PROJECTS (Up to a maximum of 5 samples)

a.	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date Completed		(5) Example Project Key No.
				Design	Construction	
	(6) Role (Benefit / Value to Client) <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>					
b.	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date Completed		(5) Example Project Key No.
				Design	Construction	
	(6) Role (Benefit / Value to Client) <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>					
c.	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date Completed		(5) Example Project Key No.
				Design	Construction	
	(6) Role (Benefit / Value to Client) <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>					
d.	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date Completed		(5) Example Project Key No.
				Design	Construction	
	(6) Role (Benefit / Value to Client) <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>					
e.	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date Completed		(5) Example Project Key No.
				Design	Construction	
	(6) Role (Benefit / Value to Client) <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>					

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the Contracting Authority, or a <u>maximum of 10 projects</u>, if not specified. Complete one Section F for each project. Limit one page in length.)</i>		24. EXAMPLE PROJECT KEY NUMBER (1 – 10)		
25. TITLE AND LOCATION <i>(City and State)</i>		26. YEAR COMPLETED <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DESIGN (if applicable)</td> <td style="width: 50%; padding: 2px;">CONSTRUCTION (if applicable)</td> </tr> </table>	DESIGN (if applicable)	CONSTRUCTION (if applicable)
DESIGN (if applicable)	CONSTRUCTION (if applicable)			
27. PROJECT OWNER'S INFORMATION				
a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT PHONE NUMBER		
d. POINT OF CONTACT E-MAIL ADDRESS				
28. DESCRIPTION OF PROJECT <i>(Include project info, services, benefit/value, results, relevance, references, photographs/diagrams, awards/certifications, team members)</i>				

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT		
a.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>
		(3) ROLE / RELATIONSHIP

F. RELEVANT PROJECT EXPERIENCE MATRIX

		Major Scope of Work requirements as identified in the project advertisement.									
		Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:
Example Project Name (Place "X" under Project Scope)											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											

## G. KEY PERSONNEL PARTICIPATION IN EXAMPLE PROJECTS

[illegible]

### 33. EXAMPLE PROJECTS KEY

NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)	NO.	TITLE OF EXAMPLE PROJECT (FROM SECTION F)
1		6	
2		7	
3		8	
4		9	
5		10	

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## H. ADDITIONAL INFORMATION

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34a. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. ATTACH ADDITIONAL SHEETS AS NEEDED.



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## H. ADDITIONAL INFORMATION

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34b. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. ATTACH ADDITIONAL SHEETS AS NEEDED.

### PROPOSER AFFIRMATION AND DISCLOSURE

The Lead Firm or Joint Venture ("Proposer") acknowledges that by signing this Statement of Qualifications, that it affirms, understands, and will abide by the requirements of Executive Order 2011-12K. If awarded a Contract, the Proposer affirms that both the Proposer and its Consultants and Subcontractors (as applicable) shall perform no services requested under the Contract outside of the United States.

The Proposer shall provide the locations where services under the Contract will be performed in the spaces provided below or by attachment. Failure to provide this information as part of its Statement of Qualifications will cause the Proposer to be deemed non-responsive and no further consideration will be given to its Statement of Qualifications. If the Proposer will not be using Consultants or Subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Principal business location of the Proposer:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

2. Location where services will be performed by Proposer:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Locations where services will be performed by Consultants and Subcontractors:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

3. Location where state data will be stored, accessed, tested, maintained, or backed-up, by Proposer:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

Locations where state data will be stored, accessed, tested, maintained, or backed-up by Consultants and Subcontractors:

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

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## H. ADDITIONAL INFORMATION

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34c. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. USE THE NEXT PAGE OR ATTACH ADDITIONAL SHEETS AS NEEDED.

### COMMITMENT TO PARTICIPATE IN THE EDGE BUSINESS ASSISTANCE PROGRAM

#### Mark only one option.

Use "✓" or "X" to mark option included in contract award amount.

If marking Option B, also show percentage of proposed participation.

If the Proposer intends to receive points for exceeding the EDGE Participation Goal, it must provide completed Certified Statement of Intent To Contract and To Perform forms signed by both parties with its Statement of Qualifications.

#### ☐ Option A

The Lead Firm or Joint Venture ("Proposer") commits to *meet or exceed* the advertised EDGE Participation Goal of the award amount, calculated as a portion of the Basic Fee (including Direct Personnel Expense) plus all accepted Additional Service Fees and Reimbursable Expenses, by using EDGE-certified Business Enterprise(s). For CM at Risk and Design-Build contracts, this is the contract amount for preconstruction and construction stage compensation excluding subcontracts, self-performed work and contingency.

The Proposer agrees that if selected for consideration of the Contract, it shall provide to the Contracting Authority, at the location required within the time identified in the Request for Proposal, its Proposal, including a *Certified Statement of Intent To Contract and To Perform* form for each EDGE-certified Business Enterprise proposed for use by the Proposer if awarded the Contract for this Project.

#### ☐ Option B (also indicate percentage – see text )

The Proposer acknowledges it understands the requirement for it to provide and agrees to provide to the Contracting Authority, if selected for consideration of the Contract, within the time identified in the Request for Proposal, a letter requesting a waiver of the EDGE participation goal percentage on the Proposer's letterhead with a detailed *Demonstration of Good Faith* form describing its efforts undertaken prior to submitting its Statement of Qualifications to meet the advertised EDGE Participation Goal percentage for the Contract for this Project, and full documentation to substantiate its efforts.

The Proposer *does not meet* the advertised EDGE Participation Goal percentage, but, if awarded the Contract for this Project, *commits to provide* \_\_\_\_\_ **percent of the Contract award amount**, calculated as a portion of the Basic Fee (including Direct Personnel Expense) plus all accepted Additional Service Fees and Reimbursable Expenses, by using EDGE-certified Business Enterprise(s).

The Proposer commits to provide to the Contracting Authority at the location required within the time identified in the Request for Proposal, its Proposal, including a *Certified Statement of Intent To Contract and To Perform* form for each EDGE-certified Business Enterprise proposed for use by the Proposer if awarded the Contract for this Project.

#### ☐ Option C

The Proposer declares that it is an EDGE-certified Business Enterprise and that if awarded the Contract, the EDGE Participation percentage will be 100% of the award amount.

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## H. ADDITIONAL INFORMATION

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34d. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. USE THE NEXT PAGE OR ATTACH ADDITIONAL SHEETS AS NEEDED.

### EDGE PARTICIPATION STATEMENT OF INTENT TO CONTRACT AND PERFORM

Project Name \_\_\_\_\_ Project Number \_\_\_\_\_  
Vendor Name \_\_\_\_\_

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#### EDGE-certified Business Enterprise ("EBE")

EBE Name	_____	Phone	_____
Address	_____	Fax	_____
City, State ZIP	_____	E-mail	_____
EBE Certification Number	_____		

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**Briefly describe services, work or supplies to be provided by the EBE (may use industry codes):**

**Percentage of proposed EBE participation:\*** \_\_\_\_\_ % **Anticipated cost or fee payable to EBE firm:** \$ \_\_\_\_\_

\*If indicating less than the advertised EDGE participation, the Vendor must request a waiver and provide a "Demonstration of Good Faith Effort" form and supporting documentation that the Vendor attempted to meet the advertised participation goal established for this project by the Director of the Ohio Department of Administrative Services pursuant to Section 123.152 of the Ohio Revised Code.

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#### Certified by EBE and by the Vendor

The Vendor certifies that it intends to contract with the EBE for the portion of the agreement described above related to this project. The named EBE certifies that it intends to contract with the named Vendor and intends to provide the portion of the Vendor's scope of services as described above and for the anticipated cost or fee as indicated above.

If the Vendor is not selected to provide services for this Project, this Statement of Intent shall be null and void.

For CM at Risk and Design-Build contracts, please indicate Stage(s) of Project that EDGE services will be performed:

☐ Preconstruction Stage Services    ☐ Construction Stage Services    ☐ Construction Stage Subcontracted Work

#### EDGE-certified Business Enterprise

#### Vendor

Name \_\_\_\_\_

Name \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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H. ADDITIONAL INFORMATION	
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34e. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. ATTACH ADDITIONAL SHEETS AS NEEDED.

## DISCLOSURE OF PAST PERFORMANCE

The Lead Firm or Joint Venture and all Consultants identified in Section C shall disclose any lawsuits or claims initiated by public owners or requests to address issues on past projects by responding to the following questions. Summarize all team member firms on one page. Please indicate “none” for each firm when appropriate.

1. List any lawsuits, claims, or demands, related to the company or organization's participation on any public contract, during the past 5 years, whether the lawsuit, claim or demand was initiated by the public owner against the company or organization or initiated against the company or organization in its capacity as a subcontractor.
2. In the past five years, has the company or organization been requested by a public owner to return to address construction workmanship, performance, or installation issues. If yes, please state the project and type of contract, and describe your response to the request.

## I. AUTHORIZED REPRESENTATIVE

All of the foregoing in Part I is a statement of facts.

35. SIGNATURE	36. DATE
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36. DATE
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37. NAME AND TITLE	
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## 1. PROJECT NUMBER (If any)

*(If a firm has branch offices, complete for each specific branch office seeking work. Limit one page per office.)*

[illegible]

<b>11. TOTAL REVENUES FOR LAST 2 YEARS</b> <i>(Insert revenue index number shown at right)</i> <i>*For OFCC administration, include contracts administered by OFCC, SAO, and OSFC</i>		<b>REVENUE INDEX NUMBER</b>	
<b>a. Work for this Contracting Authority*</b>		1. Less than \$50,000 2. \$50,000 to less than \$100,000	6. \$1,000,000 to less than \$2,000,000 7. \$2,000,000 to less than \$5,000,000
<b>b. Other State Work</b> <i>(see instructions)</i>		3. \$100,000 to less than \$200,000 4. \$200,000 to less than \$500,000 5. \$500,000 to less than \$1,000,000	8. \$5,000,000 to less than \$10,000,000 9. \$10,000,000 to less than \$20,000,000 10. \$20,000,000 to less than \$50,000,000
<b>c. Total State Work</b>			

The foregoing is a statement of facts.

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Provide a separate Part II form for each firm or branch office participating on the proposed project team.