



9. Do you intend to use outside subconsultants or subcontractors?

yes      no

Name and address of subconsultant or subcontractor	Specialty	Worked with prime before (yes/no)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		

10. Brief resume of key persons anticipated for this project

a. Name and title	a. Name and title
b. Project assignment	b. Project assignment
c. Name of firm by which employed full time and location of office	c. Name of firm by which employed full time and location of office
d. Years experience with this firm                      With other firms	d. Years experience with this firm                      With other firms
e. Education:      Degree(s) / Years / Specialization	e. Education:      Degree(s) / Years / Specialization
f. Active registration: Year first registered/ Discipline Branch _____ LA. License No. _____	f. Active registration: Year first registered/ Discipline Branch _____ LA. License No. _____
g. Experience and qualifications relevant to the proposed project:	g. Experience and qualifications relevant to the proposed project:

11. Work by firm's personnel members to be assigned to this job which best illustrates current qualifications relevant to this project (list not more than 15 projects)

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Comple. Date (Actual or Est.)	Estimated Fee (000's)	
				Entire Project	Firm's Work
1)					
2)					
3)					
4)					
5)					

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Compleat. Date (Actual or Est.)	Estimated Fee (000's)	
				Entire Project	Firm's Work
6)					
7)					
8)					
9)					
10)					

Project Name & Location and Owner's Name	Project Description	Nature of Firm's Responsibilities	Complete Date (Actual or Est.)	Estimated Fee (000's)	
				Entire Project	Firm's Work
11)					
12)					
13)					
14)					
15)					

12. Please provide a list of projects currently being performed by firm's office which will perform this work

Project Name and Location	Nature of Firm's Responsibility	Indicate whether work completed as prime, subconsultant or joint venture	Percent Complete	Professional Fees (000's)	
				Total Fee	Fee Remain.

13. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project. Indicate firm owner(s) as required in section 3. Also indicate firm's computer drafting capabilities

14. The foregoing is a statement of facts.

Signature: \_\_\_\_\_ Typed Name and Title: \_\_\_\_\_ Date: \_\_\_\_\_

