DESIGN PROFESSIONAL SELECTIONS APPLICATION FOR SPECIFIC PROJECT

Section 1 – Project Information

PROJECT NUMBER:	PROJECT TITLE:

Section 2 – Applicant General Information

THE FIRM EIN NUMBER PROVIDED MUST BE AFFILIATED WITH THE SAP/VENDOR NUMBER PROVIDED AND WILL BE UTILIZED TO DETERMINE THE FIRM'S RECENT DGS PROJECT EXPERIENCE (ACTIVE AND COMPLETE). THE ADDRESS OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK PROVIDED MUST BE A LOCATION OWNED OR LEASED IN THE FIRM'S NAME AT THE TIME OF THIS APPLICATION DUE DATE.

FIRM LEGAL NAME:	SAP/VENDOR NUMBER:	FIRM EIN NUMBER:

PREDECESSOR FIRM AND/OR ADDITIONAL OPERATIONAL NAME AND EIN NUMBER:

PREDECESSOR FIRM AND/OR ADDITIONAL OPERATIONAL NAME AND EIN NUMBER:

CONTACT PERSON:	TITLE:	EMAIL ADDRESS:

STREET ADDRESS:	CITY/STATE:	ZIP CODE:

PHONE NUMBER:	COUNTY:	TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES:	NUMBER OF EMPLOYEES ASSIGNED AT THE OFFICE PERFORMING THE MAJORITY OF WORK:

ADDRESS OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:

DISTANCE FROM OFFICE PERFORMING MAJORITY OF WORK TO PROJECT SITE:

TYPE OF FIRM (Indicate all that apply): ARCHITECT/ENGINEER ☐ ENGINEER/ARCHITECT ☐
ARCHITECT ☐ ENGINEER ☐
JV ☐ OTHER (If Other, please specify):

FIRM'S PAST EXPERIENCE WITH MULTI-PRIME CONSTRUCTION PROJECTS: ☐ YES ☐ NO

Section 3 – Design Team Information

LIST **CONSULTANTS** WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS.

FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

DESCRIBE ANTICIPATED SERVICES AND PROPOSED RESPONSIBILITIES CONSULTANT IS TO PROVIDE FOR THIS PROJECT:

LIST PAST PROJECTS COMPLETED AS TEAM BY BOTH THE CONSULTANT AND THE LEAD FIRM THAT ARE SIMILAR TO THE PROPOSED PROJECT. PROVIDE PROJECT SIZE, YEAR CONSTRUCTION WAS COMPLETED, AND TOTAL CONSTRUCTION COST. (Maximum of Three (3) Projects)

PROJECT TITLE	PROJECT SIZE	YEAR CONSTRUCTION COMPLETE	TOTAL CONSTRUCTION COST

TOTAL NUMBER OF EMPLOYEES POTENTIALLY ASSIGNED PROJECT RESPONSIBILITIES:	NUMBER OF EMPLOYEES AT THE OFFICE PERFORMING THE MAJORITY OF WORK:
TYPE OF FIRM (Indicate all that apply): ARCHITECT ☐ ENGINEER ☐ ARCHITECT/ENGINEER ☐ ENGINEER/ARCHITECT ☐ JV ☐ OTHER (If Other, please specify):	FIRM'S PAST EXPERIENCE WITH MULTI-PRIME CONSTRUCTION PROJECTS: ☐ YES ☐ NO

Section 3 – Design Team Information – CONTINUED

LIST CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS:

FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

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FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

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Section 3 – Design Team Information – CONTINUED

LIST CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS:

FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

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FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

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TYPE OF FIRM (Indicate all that apply): ARCHITECT ☐ ENGINEER ☐ ARCHITECT/ENGINEER ☐ ENGINEER/ARCHITECT ☐ JV ☐ OTHER (If Other, please specify):	FIRM'S PAST EXPERIENCE WITH MULTI-PRIME CONSTRUCTION PROJECTS: ☐ YES ☐ NO

Section 3 – Design Team Information – CONTINUED

LIST CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS:

FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

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FIRM NAME:	LOCATION OF FIRM OFFICE PERFORMING THE MAJORITY OF WORK:
NUMBER OF PROJECTS COMPLETED AS TEAM (within 10 years):	TOTAL DOLLAR VALUE OF PROJECTS COMPLETED AS TEAM (within 10 years):

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TYPE OF FIRM (Indicate all that apply): ARCHITECT ☐ ENGINEER ☐ ARCHITECT/ENGINEER ☐ ENGINEER/ARCHITECT ☐ JV ☐ OTHER (If Other, please specify):	FIRM'S PAST EXPERIENCE WITH MULTI-PRIME CONSTRUCTION PROJECTS: ☐ YES ☐ NO

Section 4 – Key Personnel

LIST INDIVIDUALS FOR BOTH THE FIRM AND CONSULTANT FIRMS WHO WILL BE RESPONSIBLE FOR LEADING THE DESIGN ON THIS PROJECT. ANYONE WITH A PENNSYLVANIA PROFESSIONAL REGISTRATION MUST COMPLETE THE REGISTRATION INFORMATION. IF NOT REGISTERED IN PA, INDICATE STATE(S) IN WHICH THEY ARE REGISTERED.

LEAD PROJECT MANAGER NAME:	**FIRM:**	
REGISTRATION #:	**REGISTRATION EXPIRATION:**	
OFFICE LOCATION WHILE ON THIS PROJECT:	**NUMBER OF YEARS EMPLOYED BY FIRM:**	**TOTAL NUMBER OF YEARS LICENSED:**
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:		
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:		

SPECIALTY/DISCIPLINE:	**DEGREE/CERTIFICATION:**	**INSTITUTION:**	**YEAR GRADUATED:**

NAME:	**FIRM:**	
REGISTRATION #:	**REGISTRATION EXPIRATION:**	
OFFICE LOCATION WHILE ON THIS PROJECT:	**NUMBER OF YEARS EMPLOYED BY FIRM:**	**TOTAL NUMBER OF YEARS LICENSED:**
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:		
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:		

SPECIALTY/DISCIPLINE:	**DEGREE/CERTIFICATION:**	**INSTITUTION:**	**YEAR GRADUATED:**

NAME:	**FIRM:**	
REGISTRATION #:	**REGISTRATION EXPIRATION:**	
OFFICE LOCATION WHILE ON THIS PROJECT:	**NUMBER OF YEARS EMPLOYED BY FIRM:**	**TOTAL NUMBER OF YEARS LICENSED:**
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:		
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:		

SPECIALTY/DISCIPLINE:	**DEGREE/CERTIFICATION:**	**INSTITUTION:**	**YEAR GRADUATED:**

Section 4 – Key Personnel – CONTINUED

LIST INDIVIDUALS FOR BOTH THE FIRM AND CONSULTANT FIRMS WHO WILL BE RESPONSIBLE FOR LEADING THE DESIGN ON THIS PROJECT. ANYONE WITH A PENNSYLVANIA PROFESSIONAL REGISTRATION MUST COMPLETE THE REGISTRATION INFORMATION. IF NOT REGISTERED IN PA, INDICATE STATE(S) IN WHICH THEY ARE REGISTERED:

NAME:		**FIRM:**	
REGISTRATION #:		**REGISTRATION EXPIRATION:**	
OFFICE LOCATION WHILE ON THIS PROJECT:		**NUMBER OF YEARS EMPLOYED BY FIRM:**	**TOTAL NUMBER OF YEARS LICENSED:**
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:			
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:			
SPECIALTY/DISCIPLINE:	**DEGREE/CERTIFICATION:**	**INSTITUTION:**	**YEAR GRADUATED:**

NAME:		**FIRM:**	
REGISTRATION #:		**REGISTRATION EXPIRATION:**	
OFFICE LOCATION WHILE ON THIS PROJECT:		**NUMBER OF YEARS EMPLOYED BY FIRM:**	**TOTAL NUMBER OF YEARS LICENSED:**
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:			
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:			
SPECIALTY/DISCIPLINE:	**DEGREE/CERTIFICATION:**	**INSTITUTION:**	**YEAR GRADUATED:**

NAME:		**FIRM:**	
REGISTRATION #:		**REGISTRATION EXPIRATION:**	
OFFICE LOCATION WHILE ON THIS PROJECT:		**NUMBER OF YEARS EMPLOYED BY FIRM:**	**TOTAL NUMBER OF YEARS LICENSED:**
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:			
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:			
SPECIALTY/DISCIPLINE:	**DEGREE/CERTIFICATION:**	**INSTITUTION:**	**YEAR GRADUATED:**

Section 4 – Key Personnel – CONTINUED

LIST INDIVIDUALS FOR BOTH THE FIRM AND CONSULTANT FIRMS WHO WILL BE RESPONSIBLE FOR LEADING THE DESIGN ON THIS PROJECT. ANYONE WITH A PENNSYLVANIA PROFESSIONAL REGISTRATION MUST COMPLETE THE REGISTRATION INFORMATION. IF NOT REGISTERED IN PA, INDICATE STATE(S) IN WHICH THEY ARE REGISTERED:

NAME:		FIRM:	
REGISTRATION #:		REGISTRATION EXPIRATION:	
OFFICE LOCATION WHILE ON THIS PROJECT:		NUMBER OF YEARS EMPLOYED BY FIRM:	TOTAL NUMBER OF YEARS LICENSED:
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:			
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:			
SPECIALTY/DISCIPLINE:	DEGREE/CERTIFICATION:	INSTITUTION:	YEAR GRADUATED:

NAME:		FIRM:	
REGISTRATION #:		REGISTRATION EXPIRATION:	
OFFICE LOCATION WHILE ON THIS PROJECT:		NUMBER OF YEARS EMPLOYED BY FIRM:	TOTAL NUMBER OF YEARS LICENSED:
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:			
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:			
SPECIALTY/DISCIPLINE:	DEGREE/CERTIFICATION:	INSTITUTION:	YEAR GRADUATED:

NAME:		FIRM:	
REGISTRATION #:		REGISTRATION EXPIRATION:	
OFFICE LOCATION WHILE ON THIS PROJECT:		NUMBER OF YEARS EMPLOYED BY FIRM:	TOTAL NUMBER OF YEARS LICENSED:
SPECIFIC ROLE/RESPONSIBILITY FOR THIS PROJECT:			
SIMILAR PROJECT WORK EXPERIENCE & QUALIFICATIONS:			
SPECIALTY/DISCIPLINE:	DEGREE/CERTIFICATION:	INSTITUTION:	YEAR GRADUATED:

Section 5 – Firm's Recent Commonwealth Project Experience (Active and Complete)

LIST ALL NON-DGS COMMONWEALTH PROJECTS IN WHICH THE FIRM APPLYING WAS THE LEAD FIRM AND THE AGREEMENT/CONTRACT EXECUTION DATE IS WITHIN THE LAST 5 YEARS. DO NOT LIST PROJECTS IN WHICH THE FIRM APPLYING DID NOT HOLD THE EXECUTED AGREEMENT.
TOTAL COMPENSATION SHOULD BE TOTAL CONTRACTURAL AMOUNT AND NOT JUST THE FIRM'S PORTION OF THE FEE.
PLEASE REFER TO THE INSTRUCTIONS FOR COMPLETING DESIGN PROFESSIONAL SELECTIONS APPLICATION FOR SPECIFIC PROJECT, INCLUDED IN THE SOLICITATION DOCUMENTS.

PROJECT NUMBER	PROJECT TITLE	PROJECT TOTAL PROFESSIONAL BASIC SERVICES COMPENSATION	AGENCY/INSTITUTION	STATUS

Section 6 – Relevant Experience	
DESCRIBE UP TO 3 PROJECTS, COMPLETED WITHIN THE LAST 10 YEARS, FOR ANY TYPE OF CLIENT THAT BEST ILLUSTRATES YOUR FIRM'S QUALIFICATIONS TO DESIGN THIS SPECIFIC PROJECT. DO NOT LIST PROJECTS PERFORMED ONLY BY CONSULTANTS:	
PROJECT NAME:	
LOCATION:	**CLIENT NAME:**
PROJECT DESCRIPTION:	
SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A CONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM:	
CONSTRUCTION COMPLETION DATE/STATUS:	
TOTAL AWARDED CONSTRUCTION CONTRACTS: $	**TOTAL FINAL CONSTRUCTION CONTRACTS: $**
CLIENT CONTACT NAME:	**TITLE:**
CONTACT TELEPHONE NUMBER:	**CONTACT EMAIL ADDRESS:**

Section 6 – Relevant Experience – CONTINUED	
DESCRIBE UP TO 3 PROJECTS, COMPLETED WITHIN THE LAST 10 YEARS, FOR ANY TYPE OF CLIENT THAT BEST ILLUSTRATES YOUR FIRM'S QUALIFICATIONS TO DESIGN THIS SPECIFIC PROJECT. DO NOT LIST PROJECTS PERFORMED ONLY BY CONSULTANTS:	
PROJECT NAME:	
LOCATION:	**CLIENT NAME:**
PROJECT DESCRIPTION:	
SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A CONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM:	
CONSTRUCTION COMPLETION DATE/STATUS:	
TOTAL AWARDED CONSTRUCTION CONTRACTS: $	**TOTAL FINAL CONSTRUCTION CONTRACTS: $**
CLIENT CONTACT NAME:	**TITLE:**
CONTACT TELEPHONE NUMBER:	**CONTACT EMAIL ADDRESS:**

Section 6 – Relevant Experience – CONTINUED	
DESCRIBE UP TO 3 PROJECTS, COMPLETED WITHIN THE LAST 10 YEARS, FOR ANY TYPE OF CLIENT THAT BEST ILLUSTRATES YOUR FIRM'S QUALIFICATIONS TO DESIGN THIS SPECIFIC PROJECT. DO NOT LIST PROJECTS PERFORMED ONLY BY CONSULTANTS:	
PROJECT NAME:	
LOCATION:	**CLIENT NAME:**
PROJECT DESCRIPTION:	
SERVICES PERFORMED BY THE FIRM ON THIS PROJECT. DIFFERENTIATE BETWEEN WORK COMPLETED AS A CONSULTANT TO ANOTHER FIRM AND WORK PERFORMED AS THE LEAD DESIGN FIRM:	
CONSTRUCTION COMPLETION DATE/STATUS:	
TOTAL AWARDED CONSTRUCTION CONTRACTS: $	**TOTAL FINAL CONSTRUCTION CONTRACTS: $**
CLIENT CONTACT NAME:	**TITLE:**
CONTACT TELEPHONE NUMBER:	**CONTACT EMAIL ADDRESS:**

Section 7 – Other Relevant Information
APPLICANTS MAY USE THIS SPACE TO PROVIDE ANY ADDITIONAL COMMENTS OR DESCRIPTIONS OF RELEVANT INFORMATION SUPPORTING THE FIRM'S QUALIFICATIONS

CERTIFICATION AND SIGNATURE

My Firm believes we have the qualifications and capacity to provide Design Professional Services for the project identified on Page 1. All information set forth on this form is accurate and true as of this date.

1. The Firm consents to the evaluation of its performance by the Department and understands any such evaluation may be used in future selections. Furthermore, the Firm has notified our Consultants that their performance will be evaluated and they have consented to this evaluation; and
2. To the best knowledge of the person signing this form, the Firm, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last four (4) years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as disclosed on this form; and
3. To the best knowledge of the person signing this form, the Firm, except as otherwise disclosed, has no outstanding, delinquent obligations to the Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the Firm that is owed to the Commonwealth; and
4. The Firm is not currently under suspension or debarment by the Commonwealth, or any other state or federal government; and
5. The Firm has not, under separate contract with DGS or any other agency, made any recommendations to DGS or any other agency concerning the need for the services described for this project; and
6. The Firm, by submitting this form, authorizes all Commonwealth agencies to release to the Commonwealth information related to liabilities to the Commonwealth, including, but not limited to, taxes, unemployment compensation, and workers' compensation liabilities; and
7. Until the Firm receives a fully executed contract from DGS there is no legal and valid contract, in law or in equity; and
8. The Firm agrees that we have familiarized ourselves with the Commonwealth of Pennsylvania contract provisions set forth throughout the Agreement for Professional Services and the General Conditions to the Agreement for Professional Services, some of which are located on the DGS website.

I state that _____ (Name of Firm) submits this form and understands and acknowledges that the above representations are material and important and will be relied upon by the Selections Committee and the Department of General Services in determining whether my Firm is selected for a design contract with the Commonwealth. I understand and my Firm understands that any written false statement in this application which we do not believe to be true is and shall be treated as fraudulent concealment from the Selections Committee and the Department of General Services of the true facts relating to the submission of this application. A misrepresentation shall be

Business is an Individual or General Partnership:		
Witness:	**Owner:**	**Date:**
Business is a Limited Partnership:		
Witness:	**Owner:**	**Date:**
Business is a Corporation:		
Witness:	**Owner:**	**Date:**
Business is a Limited Liability Company:		
Witness:	**Owner:**	**Date:**
Business is a Limited Liability Partnership:		
Witness:	**Owner:**	**Date:**
Business is a Foreign General Partnership:		
Witness:	**Owner:**	**Date:**
Business is a Joint Venture:		
Witness:	**Owner:**	**Date:**