



Eastern Michigan University
Purchasing Department
Attn: Travis Temeyer
Physical Plant
875 Ann Street, Suite 122
Ypsilanti, MI 48197
Phone: (734) 487-1200
Fax: (734) 487-4191

Architectural, Engineering and Professional Design and Consulting Services APPLICATION FOR ANNUAL PREQUALIFICATION

PLEASE PRINT OR TYPE ALL INFORMATION

IF AN ITEM DOES NOT APPLY, PLEASE INSERT "N/A" – NOT APPLICABLE.
Incomplete applications may be deemed non-responsive and returned without evaluation.

Please Note: As a public institution in the state of Michigan, the Eastern Michigan University is subject to provisions of the state's Freedom of Information Act (FOIA).

BUSINESS NAME OF APPLICANT: _____

STREET, PO BOX: _____, _____

CITY, STATE, ZIP: _____, _____, _____

TELEPHONE: _____

FAX NUMBER: _____

COMPANY WEBSITE: _____

TAX I.D. or **S.S. NUMBER:** _____

DUNS NUMBER: _____

APPLICANT CONTACT PERSON: _____

CONTACT PERSON'S TITLE: _____

E-MAIL ADDRESS: _____

Vendor ID, Addr Seq No: _____ (For Internal Use Only), _____ (For Internal Use Only)

RETURN TO: EASTERN MICHIGAN UNIVERSITY
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1. BUSINESS ORGANIZATION

(Check all that apply)

- Corporation:
State of Incorporation: _____ Year: _____

- Subsidiary / Division of: _____
Headquarters Address: _____
City, State, Zip: _____
DUNS Number: _____

- Parent to: _____
List Subsidiaries & Divisions: _____

- Partnership
 General Limited
State & County where filed: _____
Date of Organization: _____

- Individual Proprietorship
Date of Organization: _____

- Joint Venture
Date of Organization: _____

Attach a copy of the Joint Venture Agreement if available. Provide the estimated division of work each team member will be responsible for and identify the number of projects you have worked together on as a Joint Venture team. Individual members of joint ventures may be identified.

Years your organization has been in business as a Professional Design or Consulting firm _____

Years your organization has been in business under its present name _____

List other or former names under which your organization has operated:

_____	_____
_____	_____
_____	_____

2. LICENSING INFORMATION

List company or principal registration/license numbers, locations and the states to which they apply.

3. CLASSIFICATION

Type of Business: (check only ONE)

- A Small Business
- B Large Business
- E Labor Surplus Area – Small Business
- S Labor Surplus Area – Large Business
- H Non-Profit Organization
- I Foreign-Based

If you have any questions regarding your size classification (Large or Small Business), contact your local office of the Small Business Administration or check their website at <http://www.sba.gov/size/>.

Ownership: (at least 51%)

- F Women-Owned (WBE)
- J Handicapped / ADA (DBE)
- C Minority/Disadvantaged (MBE)
 - African American
 - Puerto Rican
 - Native American (includes Indians, Aleut & Native Hawaiian)
 - Hispanic American
 - Asian/Indian American (includes India, Pakistan, Bangladesh)
 - Asian/Pacific American (includes Asia, Pacific Islands, etc.)

Ownership Certification: (attach copy of certification letter)

This information is optional and is not required – it may be supplied at the discretion of the applicant.

- MMBDC (Michigan Minority Business Development Council)
- NAWBO (National Association of Women Business Owners)
- MWBC (Michigan Women’s Business Council)
- Other: _____

STATEMENT OF NON-DISCRIMINATION:

Design Professional(s) hired by Eastern Michigan University shall not discriminate against an employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight, marital status, sexual orientation, or gender identity or expression, or disability that is unrelated to the individual’s ability to perform the duties of a particular job or position. A breach of this covenant may be regarded as a material breach of the contract. Submission of this Prequalification Statement shall constitute understanding and acceptance of this Non-Discrimination requirement.

4. EXPERIENCE

Summary of Experience:

Provide a summary list of noteworthy experience relating to your firms professional abilities, expertise, and capabilities. **Information should be current for the past five (5) years only, and should only be considered for the primary firm listed (not for parent companies, partnerships, or similar).** Incorrect or insufficient information may result in the Prequalification Statement being dismissed or voided and removed from the current list of vendors.

- Total # of Completed Projects: _____
- Total # of Current Projects: _____
- # of Completed projects valued less than \$625,000 in Construction Cost: _____
- # of Current projects valued less than \$625,000 in Construction Cost: _____
- # of Completed projects valued \$625,000 to \$2,000,000 in Construction Cost: _____
- # of Current projects valued \$625,000 to \$2,000,000 in Construction Cost: _____
- # of Completed projects Greater than \$2,000,000 in Construction Cost: _____
- # of Current projects Greater than \$2,000,000 in Construction Cost: _____
- # of Completed Higher Education Projects: _____
- # of Current Higher Education Projects: _____
- # of Completed LEED Projects: Certified _____ Silver _____ Gold/Platinum _____
- # of Current LEED Projects: Certified _____ Silver _____ Gold/Platinum _____
- # of Projects Completed with Eastern Michigan University (Total): _____
 Past 5 Years: 2009 _____ 2008 _____ 2007 _____ 2006 _____ 2005 _____
- # of Projects Currently underway with Eastern Michigan University: _____

Project / Work Type Breakdown:

In the last 5 years, what percentage of your total workload was for the following:

Higher Education _____%	Higher Education Subcategories (total to 100%):	Hospital/Healthcare _____%	Sports Facility _____%
K-12 _____%		Science/Research _____%	Food Service _____%
Commercial _____%		Classroom _____%	Support Facility _____%
Residential _____%		Office _____%	Parking / Traffic _____%
Industrial _____%		Performing Arts _____%	Apartment _____%
Municipal _____%		Residence Hall _____%	Public Safety _____%
_____ %		Library _____%	Security _____%
_____ %		_____ %	_____ %
_____ %		_____ %	_____ %
Total: <u>100 %</u>		_____ %	_____ %

Specific Projects:

Provide a Project Resume of noteworthy projects relating to your firms professional abilities, expertise, and capabilities. **Information should be current for the past five (5) years only, and should only be considered for the primary firm listed (not for parent companies, partnerships, or similar).** Incorrect or insufficient information may result in the Prequalification Statement being dismissed or voided and removed from the current list of vendors.

Project Name: _____ Project Location: _____
Client Name: _____ Client Contact: _____
Project Cost: _____ Year of Completion: _____
Project Type: Renovation _____ New Construction: _____ Other: _____
Brief Project Description: _____

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Project Cost: _____ Year of Completion: _____
Project Type: Renovation _____ New Construction: _____ Other: _____
Brief Project Description: _____

Project Specialization Examples:

Provide no more than five (5) examples of projects highlighting the Primary, Secondary, and Specialization services of your firm (refer to page 7 for description). Each project example shall consist of a single page and include all critical information necessary to describe the project name, location, client, scope, cost, contact information, and general description.

Personnel Experience:

Please provide summary resumes (per chart below) of key personnel likely to be assigned to the University. Submit a separate page showing a corporate organizational chart. Individual resumes may be required upon University request, but are not required to be submitted with this form.

<u>Name</u>	<u>Title</u>	<u>Highest Attained Degree</u>	<u>Years with Firm</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total number of full time Personnel in your firm: #_____

Licensed Architects: #_____ Licensed Engineers: #_____

Non-Licensed Architects/Engineers: #_____ Interior Designers: #_____

Executive Management: #_____ Administration & Support: #_____

Professional Services Provided:

Please identify the General, Primary, and Secondary services provided, and specific elements of Specialization / Expertise your firm provides. ***This should reflect internally employed staff only and not include consultants, parent companies, or associated partnerships.***

General Services Provided: (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Interior Design |
| <input type="checkbox"/> Planning (space, master, land) | <input type="checkbox"/> Program Statements / Feasibility Studies |
| <input type="checkbox"/> Drafting / CAD | <input type="checkbox"/> Building Information Modeling (BIM) |
| <input type="checkbox"/> Contract Administration | <input type="checkbox"/> Construction Management |
| <input type="checkbox"/> Sustainability / LEED Consulting | <input type="checkbox"/> Program Management |
| <input type="checkbox"/> Energy Consulting | <input type="checkbox"/> Cost Estimating |
| <input type="checkbox"/> Utility Planning | <input type="checkbox"/> Value Engineering |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Construction Auditing |
| <input type="checkbox"/> Environmental Analysis / Testing | <input type="checkbox"/> Construction / Materials Testing |
| <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Storm Water Planning and Design | <input type="checkbox"/> Parking / Traffic Planning |
| <input type="checkbox"/> Electrical Power Distribution | <input type="checkbox"/> Lighting Design |
| <input type="checkbox"/> IT Design / A/V Design | <input type="checkbox"/> Security Technology |
| <input type="checkbox"/> Life Safety (Fire Alarm / Suppression) | <input type="checkbox"/> Structural Engineering |
| <input type="checkbox"/> Mechanical Engineering | <input type="checkbox"/> Steam Generation / Distribution |
| <input type="checkbox"/> Space Planning / Space Utilization | <input type="checkbox"/> Commissioning |
| <input type="checkbox"/> Operational / Maintenance Consulting | <input type="checkbox"/> Facilities Condition Analysis |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Primary Services Provided: (check up to 2)

- | | |
|---|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Structural Engineering |
| <input type="checkbox"/> Site/Civil Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Construction Auditing |
| <input type="checkbox"/> Security Auditing / Design | <input type="checkbox"/> IT Design / A/V Design |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Materials / Construction Testing |
| <input type="checkbox"/> Planning (space, master, land) | <input type="checkbox"/> _____ |

Secondary Services Provided: (check up to 3)

- | | |
|---|---|
| <input type="checkbox"/> Architecture | <input type="checkbox"/> Structural Engineering |
| <input type="checkbox"/> Site/Civil Engineering | <input type="checkbox"/> Landscape Architecture |
| <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Mechanical Engineering |
| <input type="checkbox"/> Construction Management | <input type="checkbox"/> Construction Auditing |
| <input type="checkbox"/> Security Auditing / Design | <input type="checkbox"/> IT Design / A/V Design |
| <input type="checkbox"/> Environmental | <input type="checkbox"/> Materials / Construction Testing |
| <input type="checkbox"/> Planning (space, master, land) | <input type="checkbox"/> _____ |

Specialization / Expertise: (check up to 3. Please note that specific examples of work are required to support this information, as identified on page 6, Project Specialization Examples).

Sustainability / LEED Accreditation Note: Eastern Michigan University does not list Sustainability or LEED Accreditation as a Specialization because the University expects all projects to be designed with "green" principles, including Sustainable elements and achieve LEED Certification when required.

- | | |
|---|---|
| <input type="checkbox"/> Historical Preservation | <input type="checkbox"/> Renovations |
| <input type="checkbox"/> Cost Estimating | <input type="checkbox"/> Value Engineering |
| <input type="checkbox"/> Acoustical Engineering | <input type="checkbox"/> Energy Auditing / Design |
| <input type="checkbox"/> Utilities Infrastructure | <input type="checkbox"/> Planning (space, master, land) |
| <input type="checkbox"/> Security Design | <input type="checkbox"/> Fire Alarm / Fire Suppression |
| <input type="checkbox"/> Heating Plants / Steam Systems | <input type="checkbox"/> Operational / Maintenance Consulting |
| <input type="checkbox"/> Science / Lab / Health Care | <input type="checkbox"/> Academic / Classroom |
| <input type="checkbox"/> Residence Hall / Apartments | <input type="checkbox"/> Dining / Kitchen |
| <input type="checkbox"/> Athletic Facilities | <input type="checkbox"/> Commissioning |
| <input type="checkbox"/> Library / Archive | <input type="checkbox"/> Auditorium / Theater |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |
| <input type="checkbox"/> _____ | <input type="checkbox"/> _____ |

Consultants: (one page only)

Attach a single page listing primary/regularly utilized consultants, with the following information: Consultant's Discipline, Corporate Name, Address, Phone, Fax, Email, Primary Contact Person, how many projects have been collaborated on, and how many years the relationship has been fostered.

5. INSURANCE

Liability:

Limits your firm is able to obtain:

General Liability: \$ _____ per occurrence \$ _____ aggregate
Automobile Liability: \$ _____
Professional Liability: \$ _____

Name of agent: _____ Phone: _____
Address: _____ Contact: _____

6. FINANCIAL INFORMATION

State total worth of work currently in progress and under contract: \$ _____

What size project does your firm prefer? Minimum \$ _____ Maximum \$ _____

State annual amount of Architectural/Engineering services performed during the past five years:

Year: _____
Amount: \$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

Has your organization ever defaulted on a contract? Yes No
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No
Has your organization filed any lawsuits or claims with regard to Professional Services contracts within the last five years? Yes No

7. AFFIRMATIVE ACTION

This information is optional and is not required – it may be supplied at the discretion of the applicant.

Does your firm have an Affirmative Action Program? Yes No

If the request is made by the University, the firm shall provide a copy of the Affirmative Action program/statement. Also include a percentage breakdown of the firm and the key personnel.

8. QUALITY ASSURANCE

Does your firm have a Quality Assurance Program? Yes No

If the request is made by the University, the firm shall provide a copy of the Quality Policy Statement and Table of Contents from your Quality Manual. Furthermore, if certified (ISO, Q1, etc.), provide a copy of your firm's quality certification document(s). Lastly, if requested provide a copy of your most recent Customer Satisfaction Survey produced from the program.

9. SIGNATURE

Dated this __ day of __, 20__.

Name of Organization: _____

By: _____
Signature

Title: _____

_____, being duly sworn, deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Public:

My Commission Expires:

10. COMMENTS

COMPLETENESS / CORRECTNESS OF INFORMATION FOR PREQUALIFICATION STATEMENT

Firms are required to complete, sign, and notarize this Prequalification Statement and file with the Purchasing Department in order to be included on the prequalified list. Firms shall fill out all appropriate sections, and include only the information requested and/or required. Do not include peripheral or impertinent information. Failure to properly complete this document, or inclusion of unnecessary information may result in a rejection of the Prequalification Statement and will require the firm to resubmit an accurate form.

Eastern Michigan University reserves the right to reject any and all proposals received in conjunction with the Prequalification Statement, to waive any defects or irregularities therein, and negotiate Contract terms where it is in the University's interest. All bidders must agree that these actions shall be without liability on the part of the University for any damage or claim brought by any bidder because of such actions, nor shall the bidders seek any recourse of any kind against Eastern Michigan University. The filing of any response to this invitation shall constitute and agreement of the Bidder to these conditions.

ATTACHMENT CHECKLIST *(Check N/A if item is not applicable or not available)*

<input type="checkbox"/> Joint Venture Agreement (Sect. 1) <input type="checkbox"/> N/A <input type="checkbox"/> Diversity Certification Letter (Sect. 3) <input type="checkbox"/> N/A <input type="checkbox"/> Registration / Licenses (Sect. 4) <input type="checkbox"/> N/A	<input type="checkbox"/> Project Resume List – 5 Max. (Sect. 4) <input type="checkbox"/> N/A <input type="checkbox"/> Consultants List - 1 Page (Sect. 4) <input type="checkbox"/> N/A <input type="checkbox"/> Claims and Suits (Sect. 6) <input type="checkbox"/> N/A
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END OF PREQUALIFICATION STATEMENT