



RFQ for Planning Services

Project Name Ohio Village Master Plan Proposer Firm _____ Evaluation Scoring Sheet

Project Number CP2125 City, State, Zip _____

Selection Criteria		Value	Score
1. Primary Firm Location, Workload and Size (Maximum 15 points)			
a. Proximity of firm to project site	Less than 50 miles	5	
	50 miles to 150 miles	2	
	More than 150 miles	0	
b. Amount of fees awarded by Contracting Authority	Less than \$100,000	5	
	\$100,000 to \$1,000,000	2	
	More than \$1,000,000	0	
c. Number of relevant professionals	Fewer than 5 planning professionals	5	Max = 5
	5 to 9 professionals	3	
	More than 9 professionals	1	
2. Primary Firm Qualifications (Maximum 30 points)			
a. Master planning lead	Experience / ability of lead master planner to manage visioning / capital improvement plans	0-10	
b. Assessment lead	Experience / ability of lead to manage assessors of various disciplines	0-5	Max = 30
c. Planning staff	Experience / ability of planning staff to develop long range master plans	0-20	
d. Technical staff	Experience / ability of assessors to accurately collect data and evaluate systems and components	0-5	
3. Key Consultant Qualifications (Maximum 15 points)			
a. Key discipline leads	Experience / ability of all key discipline leads to effectively perform the services	0 - 10	
b. Proposed EDGE-certified consultant participation	One point for every 2 percent increase in professional services over the EDGE participation goal	0 - 5	
4. Overall Team Qualifications (Maximum 15 points)			
a. Previous team collaboration	Fewer than 3 projects	0	Max = 5
	3 to 6 sample projects	2	
	More than 6 sample projects	5	
b. LEED Registered / Certified consultant participation	None	0	Max = 5
	Registered projects	2	
	Certified projects	5	
c. Team organization	Clarity of responsibility / communication demonstrated by table of organization	0 - 5	
5. Overall Team Experience (Maximum 30 points)			
a. Criteria development and prioritization	Past performance in establishing owner criteria for capital improvement plans	0 - 10	
b. Experience with similar planning projects	Fewer than 3 projects	0 - 3	
	3 to 6 projects	4 - 6	
	More than 6 projects	7 - 10	
c. Past performance	Level of performance as indicated by past evaluations / letters of reference	0 - 10	
		subtotal	

Notes:

Evaluator:
name

signature

date

STATEMENT OF QUALIFICATIONS

PART I – CONTRACT SPECIFIC QUALIFICATIONS

A. CONTRACT INFORMATION

1. PROJECT TITLE AND LOCATION (City and County)	
2. ANNOUNCEMENT DATE	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"/> 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"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	
c.	<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"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	
e.	<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"/> Check if EDGE certified	<input type="checkbox"/> Check if branch office	

D. ORGANIZATIONAL CHART OF PROPOSED TEAM

(Attached)

RFQ for Planning Services

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)

	(1) Title, Owner & 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	Constructio n	
a.						
(6) Role (Benefit / Value to Owner)				<input type="checkbox"/> Check if project performed with current firm		
b.						
(6) Role (Benefit / Value to Owner)				<input type="checkbox"/> Check if project performed with current firm		
c.						
(6) Role (Benefit / Value to Owner)				<input type="checkbox"/> Check if project performed with current firm		
d.						

RFQ for Planning Services

(6) Role (Benefit / Value to Owner) <input type="checkbox"/> Check if project performed with current firm					
(1) Title, Owner & 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	
e.					
(6) Role (Benefit / Value to Owner) <input type="checkbox"/> Check if project performed with current firm					

<p align="center">F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</p> <p><i>(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project. Limit one page in length.)</i></p>			24. EXAMPLE PROJECT KEY NUMBER (1 – 10)		
25. TITLE AND LOCATION (City and State)			26. YEAR COMPLETED		
			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 (Include project info, services, benefit/value, results, relevance, references, photographs/diagrams, awards/certifications, team members)

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

F. RELEVANT PROJECT EXPERIENCE MATRIX

	Major Scope of Work requirements as identified in the project advertisement.
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RFQ for Planning Services

		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

30. NAMES OF KEY PERSONNEL (From Section E, Block 16)	31. ROLE IN THIS CONTRACT (From Section E, Block 17)	32. EXAMPLE PROJECTS LISTED IN SECTION F (Fill in "Example Projects Key" section below before completing table. Place "X" under project key number for participation in same or similar role.)								
		1	2	3	4	5	6	7	8	9

RFQ for Planning Services

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	

H. ADDITIONAL INFORMATION

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

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



RFQ for Planning Services

Address

City, State, Zip

Address

City, State, Zip

H. ADDITIONAL INFORMATION

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
37. NAME AND TITLE	
