

ATTACHMENT A - STATEMENT OF QUALIFICATIONS

Check all appropriate Types of Services your firm will directly provide:

- | | | |
|-----------------------------------------------------------------|-------------------------------------------------|------------------------------------------|
| <input type="checkbox"/> Planning | <input type="checkbox"/> Electrical Engineering | <input type="checkbox"/> Cost Estimating |
| <input type="checkbox"/> Space Programing | <input type="checkbox"/> Structural Engineering | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Architectural Design | <input type="checkbox"/> Civil Engineering | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mechanical and
Plumbing Engineering | <input type="checkbox"/> Landscape Architecture | <input type="checkbox"/> Other: _____ |
| | <input type="checkbox"/> Medical Equipment | <input type="checkbox"/> Other: _____ |

1. Firm Name: _____

2. Business Address: _____

a. Business Phone Number: _____

3. Contact Person: _____

a. Direct Phone Number: _____

b. Email address: _____

4. Firm Established (Year): _____

5. Employer Identification Number (EIN): _____

6. Type of Organization: (check all that apply)

- Sole Proprietorship Partnership Corporation Joint Venture

7. Average staff employed (average of past 5 years) and proposed staffing:
(Count each staff under only one category.)

	Staff	Average Staff		Proposed Staff		Comments
		Project Office	Other Offices	Project Office	Other Offices	
a.	Architects					
b.	Engineers					
c.	CAD Techs					
d.	Administrative					
e.	Other: _____					
	Total					

8. List all Key Personnel to be assigned to the project:

	Name, Title	Role (DPOR, PM, SEOR, ...)	Firm Name, Office Location	License, Degree, or certification	% of time dedicated to this project
a.					
b.					
c.					
d.					
e.					
f.					
g.					
h.					
i.					
j.					

9. Briefly describe the experience your Key Personnel have in rural hospital design that make your team uniquely qualified for this project:

By: _____
Signature

_____ Print Name

_____ Position

_____ Date