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) Lead Firm JV Partner 13. FIRM NAME 14. ADDRESS 15. ROLE IN THIS CONTRACT a ☐ Check if branch office Miles from project site b. ☐ Check if branch office C. ☐ Check if branch office d. ☐ Check if branch office e. ☐ Check if branch office

☐ Check if branch office

f.

ORGANIZATIONAL CHART OF PROPOSED TEAM	(Attached)	
SERT 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 REC	GISTRATIONS (List Discipline)					

22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.)

			(Up to a maximum of 5 samples)			
	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date (Design	Completed Construction	(5) Example Project Key No.
а.	(6) Role (Benefit / Value to Client)			Check if projec	t performed with	current firm
			1	(1) D + (
	(1) Title, Client & Location (City, State)	(2) Building Type, Size & Project Cost / Performance	(3) Type of Construction, Delivery Model & Services	(4) Date (Design	Completed	(5) Example Project Key No.
b.						
	(6) Role (Benefit / Value to Client)			Check if projec	t performed with o	current firm
	(1) Title, Client & Location	(2) Building Type, Size &	(3) Type of Construction,	(4) Date (Completed	(5) Example
	(City, State)	Project Cost / Performance	Delivery Model & Services	Design	Construction	Project Key No.
c.						
	(6) Role (Benefit / Value to Client)			Check if projec	t performed with o	current firm
	(1) Title, Client & Location	(2) Building Type, Size &	(3) Type of Construction,	(4) Date (Completed	(5) Example
	(City, State)	Project Cost / Performance	Delivery Model & Services	Design	Construction	Project Key No.
d.						
	(6) Role (Benefit / Value to Client)			Check if projec	t performed with	current firm
	(1) Title, Client & Location	(2) Building Type, Size &	(3) Type of Construction,	(4) Date (Completed	(5) Example
	(City, State)	Project Cost / Performance	Delivery Model & Services	Design	Construction	Project Key No.
e.						
	(6) Role (Benefit / Value to Client)	1		Check if projec	t performed with	L current firm

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT

24. EXAMPLE PROJECT KEY NUMBER (1 – 10)

(Present as many projects as requested by the Contracting Authority, or a <u>maximum of 10 projects</u>, if not specified. Complete one Section F for each project. <u>Limit one page in length.</u>)

,	an complete one couldn't for		p = g =		
25. TITLE AND LOCATION (City and	d State)	26. YEAR COMPLETED			
			DESIGN (if a	pplicable)	CONSTRUCTION (if applicable)
	27. PROJEC	CT OWNER'S INFORMATION			
a. PROJECT OWNER	b. POINT OF CONTACT NAME	c. POINT OF CONTACT PHONE	NUMBER	d. POINT OF	CONTACT E-MAIL ADDRESS
ON DECODIDITION OF DDO IFOT //	In-1, I		- t t /-!:-		/ (:f:(: (

	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						
С.	(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						
Э.	(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 S	Scope of	Work red	quiremen	ts as ide	ntified in	the proje	ct advert	isement.	
		Scope: Athletic Facility Experience	Scope: Design-Build Delivery Experience	Scope: Design-Builder Staff Experience	Scope: Work within the City of Mount Vernon limits	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:
Exam	ple 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. NAI	MES OF KEY PERSONNEL	31. ROLE IN THIS CONTRACT	32. EXAMPLE PROJECTS LISTED IN S CONTRACT (Fill in "Example Projects Key" section below before, Block 17) Place "X" under project key number for participation						IN SECT	SECTION F efore completing table.				
(From Section E, Block 16)	(From Section E, Block 17)	1	Place "X	" under p	roject key 4	number fo 5	or participa 6	ation in sa 7	me or sim	ilar role.) 9	10			
			EVAMBLE	PD0 150	T0 1/5 /									
NO.	TITLE OF EXAMPLE PRO		EXAMPLE	NO.	1	OF EXAM	PLE PRO	JECT (FR	OM SECT	TION F)				
1				6				•		<u> </u>				
2				7										
3				8										
4				9										
5				10										
J				.0										

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

H. ADDITIONAL INFORMATION

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.

Principal business location of th	ne Proposer:	
Address	City, State, Zip	
Location where services will be	e performed by Proposer:	
Address	City, State, Zip	
Locations where services will be	be performed by Consultants and Subcontractors:	
Address	City, State, Zip	—
Address	City, State, Zip	—
Address	City, State, Zip	
Address	City, State, Zip	—
Location where state data will be	pe stored, accessed, tested, maintained, or backed-up, by Propo	oser:
Address	City, State, Zip	
Locations where state data will I Subcontractors:	be stored, accessed, tested, maintained, or backed-up by Cons	sulta
Address	City, State, Zip	
Address	City, State, Zip	—
Address	City, State, Zip	
Address	City, State, Zip	—

H. ADDITIONAL INFORMATION

H. ADDITIONAL INFORMATION

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

DISCLOSURE OF PAST PERFORMANCE

35. SIGN	TURE	36. DATE
All of the	I. AUTHORIZED REPRESENTATIVE oregoing in Part I is a statement of facts.	
	In the past five years, has the company or organization been requested by a public owner to ret construction workmanship, performance, or installation issues. If yes, please state the project at contract, and describe your response to the request. I. AUTHORIZED REPRESENTATIVE	
1.	List any lawsuits, claims, or demands, related to the company or organization's participation on contract, during the past 5 years, whether the lawsuit, claim or demand was initiated by the pub the company or organization or initiated against the company or organization in its capacity as a	lic owner against
by pub	ad Firm or Joint Venture and all Consultants identified in Section C shall disclose any lawsuits or ic owners or requests to address issues on past projects by responding to the following question member firms on one page. Please indicate "none" for each firm when appropriate.	

37. NAME AND TITLE

TATEMENT OF QUALIFICATIONS	PROJECT NUMBER (If all all all all all all all all all al

	45 5					ICATIONS					
	(If a firr	n has branch offic	es, complete to	r each specifi	ic branch office	seeking work. <mark>Lir</mark>	nit one page per office.)				
2a. FIRM (C	OR BRANCH OFFICE) NAM	E (LEGAL NAME	ON FILE WITH	THE OHIO S	SECRETARY C	F STATE)	3. YR ESTABLISHED	4. FTID NUMBER			
2b. STREE	Т						5. OWNERSHIP				
							a. TYPE				
2c. CITY		2d. STATE	2e. ZIP COD	E 2f.	COUNTY		b. EDGE STATUS				
6a. POINT	6a. POINT OF CONTACT NAME AND TITLE			ENT / CEO			7. NAME OF FIRM (If Block 2a is a branch office.)				
6c. TELEPH	HONE NUMBER	6d. E-MAIL AD	DRESS								
8. FORMER	R FIRM NAME(S) (If any)										
9. EMPLOY	YEES BY DISCIPLINE					10. PROFI	LE OF FIRM'S EXPERIEN	ICE AND			
						ANNUAL AVE	RAGE REVENUE FOR LA	ST 5 YEARS			
a. Function	b. Discipline		c. No. of Emp	oloyees	a. Profile Code	b. Experience		c. Revenue Index Number			
Code		(1) LICENSED	(2) NON-	Code			(see below)				

					ANNUAL AVERAGE REVENUE FOR LAST 5 YEARS			
a. Function Code	b. Discipline	c. No. of Em	c. No. of Employees		b. Experience	c. Revenue		
		(1) LICENSED	(2) NON- LICENSED	Code		Index Number (see below)		
-								
				1				
				1				
		_						
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				1				
				1				
				1				
				1				
				1				
		+						
-								
	Other Employees							
	Tota	ı						

11. TOTAL REVENUES FOR LAST 2 YEARS (Insert revenue index number shown at right) *For OFCC administration, include contracts administered by OFCC, SAO, and OSFC

REVENUE INDEX NUMBER

a. Work for this Contracting Authority*	1. Less than \$50,000 2. \$50,000 to less than \$100,000	6. \$1,000,000 to less than \$2,000,000 7. \$2,000,000 to less than \$5,000,000						
b. Other State Work (see instructions)	3. \$100,000 to less than \$200,000 4. \$200,000 to less than \$500,000	8. \$5,000,000 to less than \$10,000,000 9. \$10,000,000 to less than \$20,000,000						
c. Total State Work	5. \$500,000 to less than \$1,000,000	10. \$20,000,000 to less than \$50,000,000						
12. AUTHORIZED REPRESENTATIVE								

The foregoing is a statement of facts. a. SIGNATURE b. DATE c. NAME AND TITLE