Attachment IV

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| STANDARD FORM - CoBSS DR July 1, 2024**Disaster Recovery/Grants Management Services Portion**Statement of Qualifications |
| 1. Project title**Indefinite Deliveries Contract for Disaster Recovery/Grants Management Professional Services Portion** | 2. Project number**RFP-5172** |
| 3a. Firm (as registered with the Louisiana Secretary of State) and mailing address of the office to perform work | 3b. Name, title, telephone number, and e-mail address of the official with **signing authority** for this contract |
| 3c. Name, Title, telephone number, e-mail address and  registration number of full-time LA licensed engineer in  responsible charge of the project (not required for non-  engineering projects) |
| 3d. I certify that the following information is accurate and complete to the best of my knowledge (must be same person as 3b): Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4. Full-time personnel on firm’s payroll who are located at the primary work location identified in 3a above: |
| 1. Architects, with current LA Architect’s registration
2. Engineers, with current LA Professional Licenses
3. Principals
4. Project Managers
5. Project and Document Control Specialists
6. Accounting/Audit Specialists
7. Insurance Specialists
8. Damage Assessment Lead
9. Subject Matter Experts
10. Construction Managers
11. Cost Estimators
12. Schedulers
13. Administrative/Data Entry
14. Other personnel not included in above categories

 Total personnel at primary work location (sum of a – n) |                                                                                                                  \_\_\_\_\_\_\_ \_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_  |
| 5. Full-time personnel on firm’s payroll, not located at the primary work locations, to be used on this project:a. Architectsb. Engineers & EITsc. Principalsd. Program/Project Managerse. Document Accounting/Audit Specialists f. Schedulers/Estimators/Controls Managers/Specialistsg. Damage Assessorsh. Construction ManagersOther personnel not included in above categories |                                                                                                                 \_\_\_\_\_\_\_ |
| 6. Do you presently have sufficient staff to perform these services? (Yes/No) |
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| 7. Do you intend to use a sub-consultant(s)? yes no (For use by the Prime Consultant only)   |
| Name and address | Identify the element of work (as defined in the advertisement), and the % of the element to be performed by the sub-consultant Also, identify the % of work for the overall project to be performed by the sub-consultant. | Worked with prime before?(Yes/No) |
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| 8. Staffing Plan – A Diagram showing all personnel specifically assigned to each work element of the project, their duties, and immediate supervisors. The Staffing Plan should also include the same information for Sub-consultants (if applicable). |
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| 9. Brief résumé of key persons anticipated to work on this project. |
| a. Name, title & domicile | b. Position or Assignment for this project |
| c. Name of firm by which employed full time | d. Years experience:With this firm:        With other firms:              |
| e. Education: Degree(s) / Years / Specialization | f. Active registration: Year registered:          Branch: State: .License No.:               |
| g. Specific experience and qualifications relevant to the proposed project: |

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| 10. Work by firm which best illustrates project experience relevant to the proposed services described in the RFP-5132 Narrative (List not more than 10 Projects) |
| a. Project name & location  | b. Project description | c. Nature of firm’s responsibility & firm members involved | d. Client’s name, address, and telephone number | e. Completion date or Percent Complete & cost in thousands |
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| 11. All work by firm (all offices) currently being performed for or selected by City of Baker School System (as Prime or Sub-consultant) |
| a. Project name, and location\* | b. Nature of your firm’s responsibility (also identify if prime or sub-consultant) | c. Percent complete (by phase/type of work) | d. Contract fees (in thousands)**\*\***(by phase/type of work) |
| Total | Remaining  |
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|  **\*** For master contracts, list open task orders individually **\*\*** Do not include sub-consultant’s fees Total |  |  |

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| 12. Use this space to provide any additional information or description of resources supporting your firm’s qualifications for the proposed project. A maximum of two (2) additional sheets may be utilized to answer this question. All other sheets not specifically requested shall be excluded. |
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