



Statement of Qualifications (SOQ)
for
Request for Qualifications (RFQ) #01-003-218-SH-181

DEADLINE FOR RECEIPT BY CITY OF CEDAR PARK: February 15, 2018, 3:00 p.m.

Section 1: Certification

Respondent's Legal Firm Name:

Is the Respondent a Historically Underutilized Business (HUB)? ☐ Yes ☐ No

Respondent certifies that it is registered with the Texas Secretary of State office to do business in the state of Texas with the legal firm name as indicated on this form. ☐ Yes ☐ No

Respondent certifies that a Professional Land Surveyor, registered or licensed in Texas, will act as the project manager and will sign and seal the work to be performed under the professional service agreement and that the firm is registered or licensed with the Texas Board of Professional Land Surveying, and will maintain that status while performing any work for the City of Cedar Park if awarded. ☐ Yes ☐ No

By signing below, Respondent Project Manager acknowledges and agrees with the certification statements on this form and certifies that the information contained within this SOQ is true and accurate to the best of his or her knowledge.

Respondent's Project Manager:

Project Manager's Signature: _____ Date:

Respondent's TBPLS Firm Number:

Project Manager's Email Address:

Project Manager's Mailing Address:

Project Manager's Phone Number:

Section 2: Question & Response

Instructions: Provide responses to the questions below. Responses are limited to the spaces provided and may not exceed 1,000 characters, including spaces. All text must be Arial font, size 11 (default). Additional text or text not meeting these requirements will not be reviewed.

Question 1: (5%) Provide a brief history and overview of the firm.

Question 2: (15%) Provide a brief statement of interest for the project, including a narrative describing the firm's specific expertise and unique qualifications.

Question 3: (5%) Provide a statement of the firm's financial responsibility and stability, and the limits of coverage for Commercial General Liability Insurance, Professional Liability Insurance (Including a list of claims for the past five years), Business Automobile, and Worker's Compensation. Attach a certificate of liability insurance following the last page of this SOQ.

Question 4: (15%) Provide a list of personnel who would work on this project, including certification or licensure information and years of experience. Identify the RPLS who would be the primary contact.

Question 5: (30%) Provide examples of 3 similar projects completed in the last 5 years by the firm.

Similar Project #1

Project Name:

Project Location:

Name of RPLS:

Date of completion or project status:

Client name:

Client contact person:

Client contact phone number:

Client contact email address:

Description of project, highlighting services provided, similarities with proposed project, history of achieving the project schedule, and history of accomplishing services within established budget (include planned vs. actual):

Similar Project #2

Project Name:

Project Location:

Name of RPLS:

Date of completion or project status:

Client name:

Client contact person:

Client contact phone number:

Client contact email address:

Description of project, highlighting services provided, similarities with proposed project, history of achieving the project schedule, and history of accomplishing services within established budget (include planned vs. actual):

Similar Project #3

Project Name:

Project Location:

Name of RPLS:

Date of completion or project status:

Client name:

Client contact person:

Client contact phone number:

Client contact email address:

Description of project, highlighting services provided, similarities with proposed project, history of achieving the project schedule, and history of accomplishing services within established budget (include planned vs. actual):

Question 6: (25%) Provide a project schedule, including:

- Calendar days after notice to proceed (NTP) when field effort would begin:
- Calendar days after NTP when initial deliverables would be provided to the City for review:
- Calendar days after NTP when final deliverables would be provided to the City:

Question 7: (5%) Provide a brief statement describing staff availability to perform services and current workload. If firm is headquartered outside the immediate area indicate how staff would be made available.