

TEC Professional Services Questionnaire

A. Project Name and Advertisement Resolution Number:

B. Firm Name & Address:

C. Name, title and contact information of Principal, as defined in Section 2-926 of the Jefferson Parish Code of Ordinances, who is a registered, licensed architect, professional engineer, or surveyor in the State of Louisiana:

D. Name and contact information of employee who is a registered and licensed architect, professional engineer, or surveyor in the State of Louisiana in the applicable discipline. A subcontractor may be substituted here only if the advertised Project requires more than one discipline.

E. Please provide the number of employees whose primary function corresponds with each category:

<input type="checkbox"/> Administrative	<input type="checkbox"/> Estimators	<input type="checkbox"/> Specification Writers
<input type="checkbox"/> Architects (Licensed)	<input type="checkbox"/> Geologists	<input type="checkbox"/> Structural Engineers
<input type="checkbox"/> Chemical Engineers	<input type="checkbox"/> Geotechnical Engineers	<input type="checkbox"/> Graduate Engineers
<input type="checkbox"/> Civil Engineers	<input type="checkbox"/> Interior Designers	<input type="checkbox"/> Project Managers
<input type="checkbox"/> Construction Inspectors	<input type="checkbox"/> Landscape Architects	<input type="checkbox"/> Clerical
<input type="checkbox"/> Ecologists	<input type="checkbox"/> Land Surveyor	<input type="checkbox"/> Grant/Funding Specialist
<input type="checkbox"/> Electrical Engineers	<input type="checkbox"/> Mechanical Engineers	<input type="checkbox"/> Sanitary Engineers
<input type="checkbox"/> Engineer Intern	<input type="checkbox"/> Environmental Engineers	
<input type="checkbox"/> Professional Land Surveyors		<input type="checkbox"/> TOTAL

F. Is this submittal by a JOINT-VENTURE? Please check: YES NO

If marked "No" skip to Section I. If marked "yes" complete Sections G-H.

TEC Professional Services Questionnaire

G. If submittal is by JOINT-VENTURE, list the firms participating and outline specific areas of responsibility (including administrative, technical, and financial) for each firm. Please attach additional pages if necessary.

1.

2.

H. Has this JOINT-VENTURE previously worked together? Please check:
YES NO

I. List all subcontractors anticipated for this Project. Please note that all subcontractors must submit a fully completed copy of this questionnaire, applicable licenses, and any other information required by the advertisement. See Jefferson Parish Code of Ordinances, Sec. 2-928(a)(3). Please attach additional pages if necessary.

Name & Address:	Specialty:	Worked with Firm Before (Yes or No):
1.		
2.		
3.		

J. Please specify the total number of support personnel that may assist in the completion of this Project:

TEC Professional Services Questionnaire

K. List the professional in charge, key persons, specialists, and individual consultants anticipated for this Project and provide their relevant information below. If necessary, please attach additional documentation (i.e. resume) that demonstrates the employment history and experience of the Firm's key persons that may assist in the completion of this Project. Please attach additional pages if necessary.

PROFESSIONAL IN CHARGE OF PROJECT:

Name & Title:

Project Assignment:

Name of Firm with which associated:

Years' experience with this Firm:

Education: Degree(s)/Year/Specialization:

Active registration: Year first registered/discipline:

Other experience and qualifications relevant to the proposed Project:

TEC Professional Services Questionnaire

KEY PERSON, SPECIALIST, OR INDIVIDUAL CONSULTANT:
Name & Title:
Project Assignment:
Name of Firm with which associated:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Active registration: Year first registered/discipline:
Other experience and qualifications relevant to the proposed Project:

TEC Professional Services Questionnaire

KEY PERSON, SPECIALIST, OR INDIVIDUAL CONSULTANT:
Name & Title:
Project Assignment:
Name of Firm with which associated:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Active registration: Year first registered/discipline:
Other experience and qualifications relevant to the proposed Project:

TEC Professional Services Questionnaire

KEY PERSON, SPECIALIST, OR INDIVIDUAL CONSULTANT:
Name & Title:
Project Assignment:
Name of Firm with which associated:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Active registration: Year first registered/discipline:
Other experience and qualifications relevant to the proposed Project:

TEC Professional Services Questionnaire

KEY PERSON, SPECIALIST, OR INDIVIDUAL CONSULTANT:
Name & Title:
Project Assignment:
Name of Firm with which associated:
Years' experience with this Firm:
Education: Degree(s)/Year/Specialization:
Active registration: Year first registered/discipline:
Other experience and qualifications relevant to the proposed Project:

TEC Professional Services Questionnaire

L. Work by Firm or Joint-Venture members which best illustrates current qualifications relevant to this Project. Please include any and all work performed for Jefferson Parish. Please attach additional pages if necessary.

PROJECT NO. 1

Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

PROJECT NO. 2

Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

TEC Professional Services Questionnaire

PROJECT NO. 3		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility	
Completion Date (Actual or estimated)	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

PROJECT NO. 4		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

TEC Professional Services Questionnaire

PROJECT NO. 5		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

PROJECT NO. 6		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

TEC Professional Services Questionnaire

PROJECT NO. 7		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

PROJECT NO. 8		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

TEC Professional Services Questionnaire

PROJECT NO. 9		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

PROJECT NO. 10		
Project Name, Location and Owner's contact information:	Nature of Firm's Responsibility:	
Completion Date (Actual or estimated):	Estimated Cost:	
	Entire Project:	Work for which Firm was Responsible:

TEC Professional Services Questionnaire

M. List all prior and/or on-going litigation between Firm and Jefferson Parish. Please attach additional pages if necessary.

Parties:		Status/Result of Case:
Plaintiff:	Defendant:	
1.		
2.		
3.		
4.		

N. Use this space to provide any additional information or description of resources supporting Firm's qualifications for the proposed project.

Jefferson Parish
State of Louisiana

O. To the best of my knowledge, the foregoing is an accurate statement of facts.

Signature: W. Reich Print Name: _____

Title: _____ Date: _____