

**Central Michigan University**

**University Engineering and Planning**

**Pre Qualification Form (PQF)**

**For Architects/Engineers**

Please submit all Pre-Qualification Forms to:

Central Michigan University

University Engineering & Planning

Combined Services Building 206

Mt. Pleasant, MI 48859

***General Information***

\*Required fields must be filled out completely to be submitted for approval.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | \*Company Name: | | | | | | | | \*Telephone: | | | | | \*Fax: |
|  | \*Street Address: | | | | | | | | \*Mailing Address: | | | | | |
|  | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |
|  | | | | | | | | |  | | | | | |
|  | | | | | | | | | E-Mail Address: | | | | | |
| 1. | \*Number of years in architectural or engineering profession: | | | | | | | | | | | | | |
| 2. | \*Identify the Principals of the Firm: | | | | | | | | | | | | | |
| 3. | \*Form of Business:  □ Partnership □ Sole Owner □ Corporation | | | | | | | | | | | | | |
| 4. | \*Identify those in your Firm who would be responsible for our account and submit copies of their licenses, registrations or certifications. Include educational background of Principals and those who will be working on the project. | | | | | | | | | | | | | |
| 5. | Describe in detail the full scope of in-house services which your Firm is able to provide in the following areas:  \*a) Architectural:  \*b) Civil Engineering:  \*c) Mechanical Engineering:  \*d)Electrical Engineering:  \*e) Educational Consulting:  \*f) Educational Technology Consulting: | | | | | | | | | | | | | |
| 6. | \*Indicate why your Firm should be selected. | | | | | | | | | | | | | |
|  | | | | | |  | | | | | |  | | |
| 7. | | \*Desired Project Size. | | | | | | | | | | | | |
| 8. | | \*What are the major strengths your Firm will bring to our project? | | | | | | | | | | | | |
| 9. | | \*Define your Firm’s role in planning and design of educational facilities. | | | | | | | | | | | | |
| 10. | | Submit a list of all educational buildings your Firm currently has in progress, including location, size, and cost of each. | | | | | | | | | | | | |
| a) Location: | | | | | Size: | | | | | | | Cost: | | |
| b) Location: | | | | | Size: | | | | | | | Cost: | | |
| c) Location: | | | | | Size: | | | | | | | Cost: | | |
| d) Location: | | | | | Size: | | | | | | | Cost: | | |
| e) Location: | | | | | Size: | | | | | | | Cost: | | |
| 11. List five (5) relevant educational projects that your Firm completed in the last five (5) years for  which your Firm was the primary architect. | | | | | | | | | | | | | | |
| **\*a)** Organization: | | | | | | | Completion Date: | | | | | | | |
| Project Scope: | | | | | | | Owner Contact Person:  Telephone: | | | | | | | |
| Square Footage: | | | Final Construction Cost: | | | | | | | Construction Manager/General Contractor: | | | | |
| **\*b)** Organization: | | | | | | | Completion Date: | | | | | | | |
| Project Scope: | | | | | | | Owner Contact Person:  Telephone: | | | | | | | |
| Square Footage: | | | | | | | Final Construction Cost: | | | | | | | |
| Square Footage: | | | Final Construction Cost: | | | | | | | Construction Manager/General Contractor: | | | | |
| **\*c)** Organization: | | | | | | | Completion Date: | | | | | | | |
| Project Scope: | | | | | | | Owner Contact Person:  Telephone: | | | | | | | |
| Square Footage: | | | | | | | Final Construction Cost: | | | | | | | |
| Square Footage: | | | Final Construction Cost: | | | | | | | Construction Manager/General Contractor: | | | | |
| **d)** Organization: | | | | | | | Completion Date: | | | | | | | |
| Project Scope: | | | | | | | Owner Contact Person:  Phone Number: | | | | | | | |
| Square Footage: | | | | | | | Final Construction Cost: | | | | | | | |
| Square Footage: | | | Final Construction Cost: | | | | | | | | Construction Manager/General Contractor: | | | |
| **e)** Organization: | | | | | | | Completion Date: | | | | | | | |
| Project Scope: | | | | | | | Owner Contact Person:  Phone Number: | | | | | | | |
| Square Footage: | | | | | | | Final Construction Cost: | | | | | | | |
| Square Footage: | | | Final Construction Cost: | | | | | | | | Construction Manager/General Contractor: | | | |
| 12. How many change orders did you have on the last five (5) school projects? | | | | | | | | | | | | | | |
| \***a)** Project: | | | | Date: | | | | | | | | | # of Change Orders: | |
| Owner Initiated? | | | | | | | | Total Dollar Amount: | | | | | | |
| \***b)** Project: | | | | Date: | | | | | | | | | # of Change Orders: | |  |
| Owner Initiated? | | | | | | | | Total Dollar Amount: | | | | | | |  |
| \***c)**  Project: | | | | Date: | | | | | | | | | # of Change Orders: | |  |
| Owner Initiated? | | | | | | | | Total Dollar Amount: | | | | | | |  |
| \***d)**  Project: | | | | Date: | | | | | | | | | # of Change Orders: | |  |
| Owner Initiated? | | | | | | | | Total Dollar Amount: | | | | | | |  |
| \***e)**  Project: | | | | Date: | | | | | | | | | # of Change Orders: | |  |
| Owner Initiated? | | | | | | | | Total Dollar Amount: | | | | | | |  |
| 13. Please list up to five (5) repeat educational customers. | | | | | | | | | | | | | | |  |
| \*a) Customer: | | | | | | | | Telephone: | | | | | | |  |
| \* b) Customer: | | | | | | | | Telephone: | | | | | | |  |
| \* c) Customer: | | | | | | | | Telephone: | | | | | | |  |
| d) Customer: | | | | | | | | Telephone: | | | | | | |  |
| e) Customer: | | | | | | | | Telephone: | | | | | | |  |
| 14. List up to five (5) historical projects that your firm has worked on in the last five years for which your  firm was the primary architect. | | | | | | | | | | | | | | |  |
| **\* a)** Organization: | | | | Owner Contact: | | | | | | | | | Telephone: | |  |
| Project Scope: | | | | | | | | | | | | | | |  |
| **b)** Organization: | | | | Owner Contact: | | | | | | | | | Telephone: | |  |
| Project Scope: | | | | | | | | | | | | | | |  |
| **c)** Organization: | | | | Owner Contact: | | | | | | | | | Telephone: | |  |
| Project Scope: | | | | | | | | | | | | | | |  |
| **d)** Organization: | | | | Owner Contact: | | | | | | | | | Telephone: | |  |
| Project Scope: | | | | | | | | | | | | | | |  |
| **e)** Organization: | | | | Owner Contact: | | | | | | | | | Telephone: | |  |
| Project Scope: | | | | | | | | | | | | | | |  |
| 15. List up to five (5) projects your firm has worked on that are Certified LEED Projects? | | | | | | | | | | | | | | |  |
| \* a) Project Contact: | | | | Telephone: | | | | | | | | | LEED Project Score: | |  |
| b) Project Contact: | | | | Telephone: | | | | | | | | | LEED Project Score: | |  |
| c) Project Contact: | | | | Telephone: | | | | | | | | | LEED Project Score: | |  |
| d) Project Contact: | | | | Telephone: | | | | | | | | | LEED Project Score: | |  |
| e) Project Contact: | | | | Telephone: | | | | | | | | | LEED Project Score: | |  |
| 16. \*List outside consulting firms and their discipline you frequently use. | | | | | | | | | | | | | | |  |
| 17. \*Describe your customary fee arrangement for architect and engineering services. | | | | | | | | | | | | | | |  |
| 18. \*Describe your company’s policy regarding errors or omissions in plans and specifications. | | | | | | | | | | | | | | |  |
| 19. \* Provide an explanation of how the Firm provides quality control in each phase (schematic design, design development, construction documents, bidding or negotiation, construction) or the project. | | | | | | | | | | | | | | |  |
| 20. \*Describe how your Firm stays up to date on educational codes and regulatory requirements. | | | | | | | | | | | | | | |  |
| 21. \*What are your management strategies for dealing with major and multiple design/construction  issues simultaneously? Identify resources (staff, allocation, consultants, etc.) in place to deal with  multiple issues. | | | | | | | | | | | | | | |  |
| 22. \*Tell us about life cycle cost analysis and if and why you provide this service to your clients. | | | | | | | | | | | | | | |  |
| 23. \*How is CMU assured that your Firm will provide the best quality design services? | | | | | | | | | | | | | | |  |
| 24. \*How do you assure proper and accurate coordination of all design disciplines into a complete  document? | | | | | | | | | | | | | | |  |
| 25. \*What’s your firms underlying philosophy behind educational architecture and product  development? | | | | | | | | | | | | | | |  |
| 26. \* What types of environmental issues has your firm dealt with in school construction programs? How are these issues incorporated in the design documents? | | | | | | | | | | | | | | |  |
| 27. \* What are your firm’s strong points? What is your firm’s weakness? | | | | | | | | | | | | | | |  |
| 28. \* Assuming your firm designs based on current codes, when and what areas would you recommend to the owner to exceed code requirements? | | | | | | | | | | | | | | |  |
| 29. \* List any actions taken by any regulatory agency against or litigation involving the Firm or its agents or employees with respect to any work performed in the last then (10) years. | | | | | | | | | | | | | | |  |
| 30. \*Contact for Application Insurance: | | | | | | | | | | | | | | |  |
| Name: | | | | | | | | Telephone: | | | | | | |  |
| 31. Insurance Carrier(s): | | | | | | | | | | | | | | |  |
| \*a) Name: | | | | Type of Coverage: | | | | | | | | | Telephone: | |  |
| b) Name: | | | | Type of Coverage: | | | | | | | | | Telephone: | |  |
| c) Name: | | | | Type of Coverage: | | | | | | | | | Telephone: | |  |

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Firm Name/Principal

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature/Principal

\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date

Please submit all Pre-Qualification Forms to:

Central Michigan University

University Engineering & Planning

Combined Services Building 206

Mt. Pleasant, MI 48859

***Architect Evaluation***

|  |  |  |
| --- | --- | --- |
| DO NOT FILL OUT - OWNER USE ONLY | | |
| Architect/Engineer is: | | |
| 🞎 | Acceptable for Approved A/E List | |
| 🞎 | Conditionally Acceptable for Approved A/E List | |
|  | Conditions:  🞎 Architectural  🞎 Civil Engineering  🞎 Mechanical Engineering  🞎 Electrical Engineering  🞎 Educational Consulting  🞎 Educational Technology Consulting  Date Firm Notified \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Approved By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  .  Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Reviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |