



**Diocese of Cleveland  
Facilities Services Corporation**

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1404 E. 9<sup>th</sup> Street, Cleveland, Ohio 44114 (tel): 216.696.6525 (fax): 216.902.1314

## **Architect/Professional Services Qualification Questionnaire**

To better serve our clients, the Diocese of Cleveland Facilities Services Corporation (DCFS) maintains a pre-qualified Architect/Professional Services list that is continuously reviewed and updated. DCFS requires that all new design professionals submit a response to our “Architect/Professional Services Qualification Questionnaire.” All submitted information is held in strict confidence.

- Print out this document
- Fill out the form completely
- Mail the completed form along with other required documents to the following address:

Diocese of Cleveland Facilities Services Corporation  
Attn: Director of Property Services  
1404 E. 9<sup>th</sup> Street  
Cleveland, Ohio 44114

Be sure to provide all requested details to prevent any delay in the qualification process.

If you have any questions or require assistance, please contact DCFS at 216.696.6525.



# Architect/Professional Services Qualification Questionnaire

Date: \_\_\_\_\_

Name of Project (if applicable): \_\_\_\_\_

## 1. BASIC INFORMATION

Type

- Architect
- Engineer:                       Civil                       Structural                       Electrical
- Designer
- Asbestos
- Roofing Consultant
- Landscaping
- Other: \_\_\_\_\_

Architect (Firm Name and Legal Status): \_\_\_\_\_

Business Address: \_\_\_\_\_  
\_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Person(s): (1) \_\_\_\_\_ (2) \_\_\_\_\_

E-mail Address: (1) \_\_\_\_\_ (2) \_\_\_\_\_

Tax ID Number: \_\_\_\_\_

Type of Organization (*please check one*)

- Individual or Sole Proprietorship
- Professional Corporation/Association
- Corporation
- Partnership
- Joint Venture\* \_\_\_\_\_
- Other\* \_\_\_\_\_

\*If Joint Venture or Other, give details

## 2. GENERAL STATEMENT OF QUALIFICATIONS



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**3. GENERAL INFORMATION** *(This information may be provided via the Architect/Professional Services brochure which may be attached and listed in Section 8)*

Date of incorporation or organization: \_\_\_\_\_

Please provide names & titles of principals (e.g., CEO, president, partners, owner) and parish affiliation if any:

<u>Name:</u>	<u>Title:</u>	<u>Parish Affiliation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Professional History:**

**Registration Status:**

<u>Registration Type:</u>	<u>Issued by:</u>	<u>Expiration Date:</u>
_____	_____	_____
_____	_____	_____

**Professional Affiliations:**

**Key Personnel:**

<u>Key Personnel Name:</u>	<u>Title:</u>
_____	_____
_____	_____
_____	_____
_____	_____

Total Number of Staff: \_\_\_\_\_

Number of Registered Architects: \_\_\_\_\_



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**Prior Diocesan/Parish Projects:**

<u>Parish/Entity Name</u>	<u>Project Type</u>	<u>Date</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**4. RELATED PROFESSIONAL SERVICES** (*List in-house or proposed consultants, if applicable.*)

	<u>In-House</u>	<u>Sub-Contracted</u>	<u>Firm (if sub-contracted):</u>
Structural	<input type="checkbox"/>	<input type="checkbox"/>	_____
Mechanical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Electrical	<input type="checkbox"/>	<input type="checkbox"/>	_____
Interior Design	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other	<input type="checkbox"/>	<input type="checkbox"/>	_____

**5. PROJECTS** (*Projects for which personnel of this firm had responsible charge while associated with other firms are indicated by an asterisk.*)

The following projects are representative of the Architect's recent work. A brief description of each project is attached.

Please list projects completed within the past two years. **Asterisk (\*) representative projects.**

<u>Owner</u>	<u>Project Name</u>	<u>Prime</u>	<u>Assoc</u>	<u>Contract Amount</u>	<u>% Complete</u>
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____



**6. REFERENCES**

Company Name: \_\_\_\_\_  
 Contact Person/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 Size: \_\_\_\_\_ Cost: \_\_\_\_\_ Completion Date \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Owner Contact: \_\_\_\_\_  
 Contractor/Construction Manager: \_\_\_\_\_  
 Brief Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Person/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 Size: \_\_\_\_\_ Cost: \_\_\_\_\_ Completion Date \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Owner Contact: \_\_\_\_\_  
 Contractor/Construction Manager: \_\_\_\_\_  
 Brief Description: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Company Name: \_\_\_\_\_  
 Contact Person/Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 PROJECT: \_\_\_\_\_  
 Size: \_\_\_\_\_ Cost: \_\_\_\_\_ Completion Date \_\_\_\_\_  
 Owner: \_\_\_\_\_  
 Owner Contact: \_\_\_\_\_  
 Contractor/Construction Manager: \_\_\_\_\_  
 Brief Description: \_\_\_\_\_  
 \_\_\_\_\_



**7. STATEMENT OF POTENTIAL CONFLICTS OF INTEREST**

[Empty box for statement of potential conflicts of interest]

**8. ADDITIONAL INFORMATION** *(If attachments are provided, list them here.)*

[Empty box for additional information]

**ARCHITECT/PROFESSIONAL SERVICES:** \_\_\_\_\_

**By:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I hereby certify that, as of the above date, the information provided in this Architect/ Professional Services Qualification Questionnaire is true and sufficiently complete so as not to be misleading.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Printed name and title)*

The Architect/Professional Services Qualification Questionnaire **must** be filled out completely. For confidential purposes, please send all completed forms and attachments in a sealed envelope to:

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