



**Diocese of Cleveland
Facilities Services Corporation**

1404 E. 9th 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 (DCFSC) maintains a pre-qualified Architect/Professional Services list that is continuously reviewed and updated. DCFSC 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
1404 East Ninth 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 DCFSC 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"/>	_____	_____



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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