



ARCHITECT / PROFESSIONAL SERVICES QUALIFICATION QUESTIONNAIRE

Firm Name:

Date:

Address:

County:

Contact Persons:

Phone:

(1)

E-mail Address:

Website:

(2)

E-mail Address:

TYPE OF BUSINESS (please check one):

- Corporation
- Partnership
- Individually/Sole Proprietorship
- Joint Venture
- Limited Liability Company
- Other

Date of incorporation or organization:

Tax ID #:

How many years has your firm been in business?

How many years has your firm been in business under its present name?

Under what other or former names has your firm operated?

Names, titles of principals (e.g., CEO, president, partners, owner), and parish affiliation, if any:

TYPE OF PROFESSIONAL SERVICES:

(Please check all that apply)

- Architect
- Engineer:
 - Civil
 - Structural
 - Electrical
 - Mechanical
- Interior Design
- Environmental Consultant
- Building Envelope Consultant
- Landscaping
- Other

Total Number of Staff:

Number of Registered Architects:

Number of Registered Engineers:

REGISTRATION STATUS:

GENERAL STATEMENT OF QUALIFICATIONS:

CLAIMS & SUITS (If the answer to any of the questions below is yes, please attach details.)

Has your organization ever failed to complete any work awarded to it? Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No

Has your organization filed any law suits or requested arbitration with regard to contracts with the last five years? Yes No

Within the last five years, has any officer or principal or your organization ever been an officer or principal of another organization when it failed to complete a contract? Yes No

Has your organization been the subject of or filed for bankruptcy in the past ten (10) years? Yes No

PROJECTS REFERENCES

EXPERIENCE

The following projects are representative of recent work:

| Owner | Project Name | Contract Amount | % Complete | Date |
|-------|--------------|-----------------|------------|------|
|-------|--------------|-----------------|------------|------|

PRIOR DIOCESAN /PARISH PROJECTS:

| Parish Name | Project Type | Date |
|-------------|--------------|------|
|-------------|--------------|------|

After downloading and completing please submit this form via email: facilities@dioceseofcleveland.org

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

If you have any questions or require assistance, please contact Facilities Services at 216-696-6525 or email at facilities@dioceseofcleveland.org.

Thank you for completing the Architect/Professional Services Qualification Questionnaire.

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