



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

Or if preferred, email to:

facilities@dioceseofcleveland.org; dmartin@dioceseofcleveland.org

Be sure to provide all requested details to prevent any delay in the pre-qualification process. If you have any questions or require assistance, please contact DCFS at 216.696.6525 or email at facilities@dioceseofcleveland.org.

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

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: _____

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"/>	_____	_____
_____	_____	<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

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

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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Cleveland, Ohio 44114