



REQUEST FOR QUALIFICATIONS

#21317

For

**PROVIDING ARCHITECT/ENGINEERING SERVICES FOR EAST TECH CULINARY
PROGRAM**

FOR THE

CLEVELAND METROPOLITAN SCHOOL DISTRICT

1111 SUPERIOR AVENUE E, SUITE 1800
CLEVELAND, OHIO 44114

UNDER THE DIRECTION OF THE CAPITAL PROJECTS OFFICE OF THE BOARD OF EDUCATION OF THE CLEVELAND
METROPOLITAN SCHOOL DISTRICT CUYAHOGA COUNTY, OHIO

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Letter Requesting Statement of Qualifications

Date: April 13, 2021

Subject: RFQ # 21317 - Providing Architect/Engineer Services for East Tech Culinary Program for the Cleveland Metropolitan School District

Dear Vendors:

In order to be considered, all Statements of Qualifications must be received in the Cashier's Office of the Cleveland Metropolitan School District located at 1111 Superior Avenue E, Cleveland, Ohio 44114, on or before **1:00 pm current local time on May 4, 2021**. **Mailing of RFQ responses are encouraged. However, hand deliveries will only be accepted from 11:00 AM to 1:00 PM on May 4, 2021. PPE IS REQUIRED TO BE WORN FOR ENTRANCE TO THE BUILDING.**

Response submittal document must include: One (1) original, with blue ink signatures, and Three (3) copies of the Statement of Qualifications, including supporting documentation must be submitted. Two (2) electronic copies on CDs in PDF format are also requested. The RFQ name and number must be stated on the exterior of the submission envelope(s). This includes shipping labels. All submissions must be received in sealed envelopes. This RFQ will not be publicly opened.

Written questions must be received on or before **12:00 pm April 20, 2021**. No telephone calls will be permitted. Send questions via email to Seletha.Thompson@clevelandmetroschools.org. Under no circumstances should any firm interested in providing services identified in this RFQ, their designees, or any affiliated with their firm, contact any other District employee or official during the RFQ process in an attempt to lobby or influence the selection of a vendor pursuant to this RFQ. RFQ number and title must be included in all correspondence. All questions/concerns with corresponding answers will be sent to every prospective vendor and posted on the District's webpage. Any errors and/or omissions will be addressed via Addenda issued no later than **April 27, 2021**.

The Cleveland Municipal School District has a Diversity Business Enterprise and Affirmative Action Program in effect. Information about this program and forms for compliance are enclosed. All firms submitting a statement must complete the appropriate forms and submit same with their statement. While the District no longer certifies DBE companies, we accept any company certified through the City of Cleveland, Cuyahoga County, or the State "EDGE" program. The Cleveland Municipal School District accepts no obligations for costs incurred by proposers in preparing or submitting a statement and reserves the right to reject any and all statements received.

M. Angela Foraker
Executive Director, Procure to Pay
April 13, 2021

Instructions for Vendors

1. Statements of Qualifications are due at the Cashier's Office of the Cleveland Metropolitan School District, 1111 Superior Avenue E, Suite 1800, Cleveland, Ohio 44114, on or before **1:00 pm current local time on May 4, 2021. Mailing of RFQ responses are encouraged. However, hand deliveries will only be accepted from 11:00 AM to 1:00 PM on May 4, 2021. PPE IS REQUIRED TO BE WORN FOR ENTRANCE TO THE BUILDING.**
2. The Cleveland Metropolitan School District reserves the right to reject any and all Statements of Qualifications, to waive any and all informalities or irregularities, and to disregard all non-conforming responsive conditional Statements.
3. Vendors understand and agree that subsequent to the submission of the Statement, any District resolution authorizing the award of a contract or agreement does not vest any contractual rights in the vendor.
4. Vendor understands and agrees that any such District resolution operates only to encumber funds necessary for the projects and does not create a binding contract.
5. Vendor acknowledges and agrees that it has no vested contractual right until such time as a purchase order and contract have been issued.
6. Vendor further acknowledges and agrees that execution of a contract and issuance of a purchase order is not a ministerial function, but is a formal requirement.
7. Vendor must present evidence to the District, upon request, that they are fully competent and have the necessary facilities, equipment, and financial resources to perform the work required within the time frame required.
8. Vendor's workmen, foremen, other personnel, and subcontractors will be required to meet Cleveland Metropolitan School District security requirement. Vendor must issue personnel identification badges. Any worker not complying with CMSD security requirements will be immediately ordered off the project and without prejudice or recourse to CMSD.
9. Vendor agrees to successfully complete background checks on all of its employees, agents, and subcontractors who provide services under this Agreement to CMSD facilities. Vendor agrees to warrant that it will not at any time hire or utilize any individual to provide services under this Agreement on CMSD premises where such person has been convicted of, or pleaded guilty to, any criminal offense enumerated in O.R.C.3319.39(B).

10. The successful company, their subcontractors, and suppliers of labor and/or materials for this project on behalf of the Cleveland Metropolitan School District, including organizations having personnel, equipment, and vehicles on District property, shall provide evidence of insurance as follows:

- a. Commercial General Liability:** Including limited contractual liability
\$1,000,000.00 Limit of Liability
(Per occurrence)
- b. Automobile Liability:** Including non-owned and hired
\$1,000,000.00 Limit of Liability
(Per occurrence)
- c. Workers Compensation:** Workers compensation and employer's insurance to the full extent as required by applicable law
- d. Professional Liability:** Per occurrence/in the aggregate
\$1,000,000.00/\$3,000,000.00

This requirement must be fulfilled by the successful vendor providing the Purchasing Department CMSD with a current Certificate of Insurance (standard ACORD form), showing the Board of Education of the Cleveland Municipal School District as an additional insured (Certificate holder does not constitute being an additional insured), within five (5) business days of Notice of Intent to Award Agreement. The certificates of insurance shall contain a provision that the policy or policies will not be canceled without thirty (30) days prior written notice to the District.

The required insurance must be provided by a company licensed by the State of Ohio, which company must be financially acceptable to the Administration of the Cleveland Municipal School District.

11. The Diversity Business and Vendor Contract Compliance Programs shall make every good faith effort to ensure that certified diversity business enterprises in the Cleveland Metropolitan School's relevant geographic market area shall be afforded the maximum opportunity to compete for contracts, services, and purchases. The general goals for diversity business participation are: 15% for services, 20% for goods and suppliers, and 30% for maintenance, construction, and repair.

The Diversity Business goal for this RFQ is: 15% for services.

Vendor Request Form

VENDOR NUMBER
(IF APPLICABLE)

VENDOR NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

TELEPHONE NO.

FAX NO

(Area Code) Number

(Area Code) Number

E-MAIL ADDRESS

PRIMARY CONTACT PERSON

REMIT TO (IF DIFFERENT FROM ABOVE)

VENDOR NAME

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

TELEPHONE NO.

FAX NO

(Area Code) Number

(Area Code) Number

PRIMARY SERVICE, PRODUCT, OR SPECIALTY:

--

NOTE: VENDOR NAME AND TAX ID NUMBER MUST BE AS FILED WITH THE INTERNAL REVENUE SERVICE.

PLEASE INDICATE WHERE APPLICABLE

DIVERSITY BUSINESS ENTERPRISE:

YES

NO

MINORITY BUSINESS ENTERPRISE:

YES

NO

FEMALE BUSINESS ENTERPRISE:

YES

NO

Taxpayer ID Form

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2> <p style="margin: 0;">▶ Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small> <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requestor's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later. <small>Note: If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.</small>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">or</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																				or										Employer identification number																			
Social security number																																																			
or																																																			
Employer identification number																																																			

Part II Certification Under penalties of perjury, I certify that: <ol style="list-style-type: none"> The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and I am a U.S. citizen or other U.S. person (defined below); and The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct. <small>Certification Instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.</small>	
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Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Certificate of Debarment



Certification Regarding Debarment, Suspension, and Other Responsibility Matters Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 13 CFR Part 145. The regulations were published as Part VII of the May 26, 1988 *Federal Register* (pages 19160-19211). Copies of the regulations are available from local offices of the U.S. Small Business Administration.

(BEFORE COMPLETING CERTIFICATION, READ INSTRUCTIONS ON REVERSE)

- (1) The prospective primary participant certifies to the best of its knowledge and belief that it and its principals:
 - (a) Are not presently debarred, suspended, proposed for disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - (b) Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - (c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and
 - (d) Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.
- (2) Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary participant shall attach an explanation to this proposal.

Business Name _____

Date _____

By _____

Name and Title of Authorized Representative

Signature of Authorized Representative

Certificate of Debarment Pg. 2

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INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the department or agency determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the department or agency to which this proposal is submitted for assistance in obtaining a copy of those regulations (13 CFR Part 145).
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency entering into this transaction.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions," provided by the department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency may terminate this transaction for cause or default.

Conflict of Interest Form

Statement of Potential Conflicts of Interest

Vendor Name:	Primary Contact:
Address 1:	Telephone #:
Address 2:	Fax #:
City:	Email:
State, Zip:	Website:

Cleveland Metropolitan School District (CMSD) adheres to Ohio Ethics Law and strictly follows the opinion of the Ohio Ethics Commission. As such, each vendor is requested to submit this statement declaring any potential conflicts of interest in doing business with the District. Please answer the following two questions providing all requested information.

1. Are any current Cleveland Metropolitan School District (CMSD) employees, Cleveland Board of Education members, or any of their immediate family members, also members of the vendor's board of directors, hold any officer position with the vendor, or own any shares of any stock issued by the vendor?

Yes _____ No _____

If **Yes**, and if the CMSD employee, CMSD board member, or immediately family member is a member of the vendor's board of directors or holds an office with the vendor, please state the person's name and position with the vendor.

Name: _____

Position: _____

If **Yes**, and if the CMSD employee, CMSD board member, or immediate family member owns share of any stock in the vendor organization or company, state the percentage of all outstanding company shares owned by the CMSD employee or board member.

_____ %

2. Are any current CMSD employees, CMSD board members, or any immediate family members also employees of the vendor?

Yes _____ No _____

If **Yes**, please state the person's name and provide a description of their job duties for the provider:

Name: _____

Job Duties: _____

If **Yes**, please describe the contact that the vendor will have with the CMSD employee or CMSD board member in the course of providing services to the District:

CERTIFICATION

I do hereby certify that the foregoing statements are true and accurate, and that my signature below attests to the authenticity of my identity as the person actually signing this form. This document is not a contract. In order for a binding Agreement to exist, a signed Agreement will be required prior to any legally binding commitment by the District.

NOTARIZED STATEMENT

_____ being duly sworn and deposes says

That he/she is the _____ of
(title)

_____, and answers to all the
(organization)

foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this ____ day of _____, 20 ____

Notary Public: _____

My commission expires: _____

Vendor Qualifications Form

Vendor must answer all questions or attach a written explanation for each question.

PROPOSER NAME: _____

ADDRESS: _____

CITY; STATE: _____ ZIP: _____

CONTACT PERSON: _____

TITLE: _____

TELEPHONE: () _____ TOLL FREE: () _____

TAXPAYER IDENTIFICATION NUMBER: _____

1. What type of organization? (i.e. corporation, partnership, etc.)
2. How many years has your organization been in business?
3. How many years has your organization been in business under its current name?
4. List any other aliases your organization has utilized in the last two years and the form of Business
5. If you are currently a corporation, list the following:
 - a. State of incorporation
 - b. Date of incorporation
 - c. President's name
 - d. Secretary's name
 - e. Treasurer's name
 - f. Statutory agent's name

- g. Name of shareholders, if less than 10

 - h. Principal place of doing business
6. If you are currently in a partnership, list the following:
- a. Name and address of all general and limited partners.

 - b. Original name and date of organization's inception
7. If you are neither a corporation nor a partnership, please describe your organization and list principals.
8. Are you legally qualified to do business in the State of Ohio?
9. Are you legally qualified to do business in Cuyahoga County and licensed by the City of Cleveland?
10. Has your organization ever been (i) declared by a customer to be in default under a contractor and/or (ii) sued by a customer for failure to completely a contract or properly perform services in a timely manner? If yes, please state where, when, and why.
11. Has your organization ever been cited by a local, county, state, or federal authority for violation of a regulation or statute or failing to timely complete a contract in accordance with specifications? If yes, please state date, agency, and final disposition.
12. Has your organization ever filed for bankruptcy? If yes, please state where, when and why?
13. On a separate sheet, list the major customers for whom your organization has provided this type of equipment or service in the past five years. Include owner's name and type of work performed.

14. Has your organization ever been sued by a supplier for failure to timely pay for materials or equipment provided? If yes, please provide details.

15. What is the dollar limit of your firm's General (CLS) Liability Insurance?

Name of insuring company: _____

Policy number: _____

16. What is the dollar limit of your firm's Automotive Liability Insurance?

Owned vehicles _____

Non-Owned vehicles _____

Name of insuring company _____

Policy number _____

17. List the name and address of every person having an interest in this RFQ.

18. Has any federal, state or local government entity ever cited or taken any action against your organization or any of its principals for failure to pay or remit any taxes including but not limited to income, withholding, sales, franchise, or personal property taxes? If yes, please give name of agency, date and amount of taxes overdue and resolution of the issue.

19. Is your organization and its' principals current in payment of personal property taxes?

20. The prospective lower tier participant certifies, by submission of this RFQ, that neither it nor its principals is presently debarred, suspended, proposed, for debarment or suspension, declared ineligible, or voluntarily excluded from participation in this transaction by any State and/or Federal Department or Agency.

21. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participants shall attach an explanation to this RFQ.

Notarized Statement

_____ being duly sworn and deposes says

that he/she is the _____ of
(title)

_____, and answers to all the
(organization)

foregoing questions and all statements therein contained are true and correct.

(signature)

Subscribed and sworn before me this _____ day of _____, 20____

Notary Public: _____

My commission expires: _____

Non-Collusion Affidavit

This Affidavit must be executed and shall accompany the proposal in order for the proposal to be considered.

NON-COLLUSION AFFIDAVIT
State of Ohio, Cuyahoga County

_____, being first duly sworn, deposes and says that

he/she is _____ of _____

of the party making the foregoing proposal; that such proposal is genuine and not collusive or sham; that said proposer has not colluded, conspired, connived, or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal, or that such other person shall refrain from proposing, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other proposer, to fix any overhead, profit or cost element of said proposal price, or of that of any proposer, or to secure any advantage against the Board of Education of the Cleveland Metropolitan School District, or any person or persons interested in the proposal; and that all statements contained in said proposal are true; and further that such proposer has not, directly or indirectly, submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any Association or to any member or agent thereof.

Affiant

Sworn to and subscribed before me this ____ day of _____, 20__.

Notary Public in and for Cuyahoga County, Ohio

My commission expires: _____

Addendum Acknowledgement Form for RFP #21317

Having read and examined the Request for Proposal Documents, including the specifications, prepared by the Cleveland Metropolitan School District for the above-referenced Project, and the following Addenda:

Addendum Number

Date of Receipt

Bidder: _____.

The undersigned Vendor proposes to perform all work for the applicable contract, in accordance with the contract document for the proposed sums.

Failing to acknowledge a published Addendum may cause your bid to be rejected.

Signature: _____ Date: _____

Diversity Business Enterprise Program and Participation Forms

PROGRAM OVERVIEW

It is the goal of the Diversity Business Enterprise (DBE) program to ensure the firms owned and/or controlled by minorities and women have the opportunity to compete for any expenditure of funds including but not limited to contracts, lease purchase, requisitions, and all forms of equipment, work services, materials, construction, etc.

The DBE program shall make every good faith effort to ensure that certified DBE's in the relevant Cleveland Municipal School District geographic market have the maximum opportunity to proposal for contracts. The Cleveland Municipal School District geographic market is Cuyahoga, Summit, Lake, and Lorain counties.

The District has established goals for DBE participation in all contracts that it awards. The goals range from 15 to 30 percent and vary by the type of contract awarded:

- 15% Service Contracts
- 20% Goods and Supplies
- 30% Maintenance/Construction Repair

A Diversity Business Enterprise encompasses Minority Business Enterprises (MBEs) and Female Business Enterprises (FBEs)

A DBE is an enterprise in which minorities, African Americans, Native Americans, Hispanic or Latin Americans, Asian Pacific Islander Americans, and/or women own at least 51% of the shares of stock or controlling interest.

A FBE is a female-owned enterprise with at least 51% of the shares of stock or controlling interest, which is held by female.

A company may be in compliance with the District's DBE program although the applicable numerical goal is not met if a company makes a good faith commitment to comply with DBE regulations. The Purchasing Director determines whether a company has made a good faith commitment.

DBE requirements under certain circumstances can be waived by the district with convincing proof of good faith efforts.

**TERMS AND CONDITIONS OF NOTICE AND REQUIREMENTS TO ENSURE DIVERSITY BUSINESS ENTERPRISE
(DBE) OPPORTUNITY**

Definition of DBE: A Diversity Business Enterprise (DBE)

“Small Diversity business concern” means a small business concern that is at least fifty-one (51) percent unconditionally owned by one or more individuals who are both socially and economically diverse, or a publicly owned business that has at least fifty-one (51) percent of its stock unconditionally owned by one or more socially and economically diverse individuals and that has its management and daily business controlled by one or more such individuals. This term also means a small business concern that is at least fifty-one (51) percent unconditionally owned by an economically diverse Indian tribe or Native Hawaiian Organization, or a publicly owned business that has at least fifty-one (51) percent of its stock unconditionally owned by one of these entities, that has its management and daily business controlled by members of an economically diverse Indian tribe or Native Hawaiian organization.

1. “Socially diverse individuals” means individuals who have been subjected to racial or ethnic prejudice or culture bias because of their identity as a member of a group without regard to their qualities as individuals.
2. “Economically diverse individuals” means socially diverse individuals whose ability to compete in the free enterprise system is impaired due to diminished opportunities to obtain capital and credit as compared to others in the same line of business who are not socially diverse. Individuals who certify that they are members of named groups (African Americans, Hispanic Americans or Latin Americans, Native Americans, Asian-Pacific Islander Americans, Subcontinent Asian Americans) are to be considered socially and economically diverse.

Definition of FBE: Female Business Enterprise (FBE)

“Female-owned small business concern” means a small business concern:

1. Which is at least fifty-one (51) percent owned by one or more women; or, in the case of any publicly owned business, at least fifty-one (51) percent of the stock of which is owned by one or more women and;
2. Whose management and daily business operations are controlled by one or more woman.

TERMS

1. DBE participation will be counted toward meeting the goals outlined in the notice as follows:
 - a. The total dollar value of a correct contract or subcontractor indirect subcontract awarded toward a certified DBE will be counted toward the applicable goal.
 - b. In the case of a joint venture, certified by the Cleveland Municipal School District, the portion of the total dollar value of the contract equal to the percentage of the ownership and control of the DBE partner in the joint vendor will be counted toward the applicable goal. (PLEASE RETURN DBE FORM E)

- c. Only expenditures to DBE that perform a commercially useful function in the work of a contract or subcontract, or indirect subcontract will be counted toward DBE goals. A DBE is considered to perform a commercially useful function when it is responsible for execution of a distinct element of work of a contract or subcontract and carries out its responsibilities by actually performing, managing, and supervising the work involved. If a DBE contractor subcontracts a significantly greater portion of the work of the contract than would be expected on the basis of normal industry practices, the DBE is presumed not to be performing a commercially useful function. The DBE may present evidence to rebut this presumption.
 - d. The total dollar value of materials and supplies obtained from DBE suppliers and manufacturers will be counted toward DBE goals if the DBE assumes the actual and contractual responsibility for the provision of the materials and supplies.
2. A proposer who fails or refuses to complete and return this Notice may be deemed a non-responsive proposer.
3. The contractor's goals as set forth in this Notice shall express the contractor's commitment to the percentage of DBE utilization during the term of this contract. The contract shall be deemed to have met its commitment for DBE utilization if the DBE utilization rate of the contractor meets the goals established by this Notice.
4. The contractor must receive the approval of the District before making substitutions for any subcontractors listed in the Notice. Substitution of DBE is not allowed unless the contractor receives District approval.
5. The contractor's commitment to a specific goal is to meet the DBE objectives and is not INTENDED and shall not be used to discriminate against any qualified company or group or companies.
6. The contractor's commitment to a specific goal for DBE utilization as required by this Notice shall constitute a commitment to make every good faith effort to meet such goal by subcontracting to or undertaking to joint venture with DBE firms. If the contractor fails to meet the goal, it will carry the burden of furnishing sufficient documentation as part of the proposal response of its good faith efforts to justify a grant of relief from the goals set forth in this Notice. Such justification will take the forms of a detailed report which will document at least the following information:
 - a. Attendance at the pre-proposal meeting, if any, scheduled by the District to inform DBE's of Subcontracting opportunities under a given solicitation.
 - b. Advertisement in general circulation media, trade association publications, and minority-focus media for at least twenty (20) days before bids or proposals are due. If twenty (20) days are not available, publication for a shorter reasonable time is acceptable.
 - c. Written notification to DBE that their interest in the contract is solicited, and follow-up contact to determine whether the DBE's were interested.

- d. Efforts made to select portions of the proposed work to be performed by DBE in order to increase the likelihood of achieving the stated goals.
 - e. Efforts to negotiate with DBE for specific sub-proposal, including at a minimum:
 - i. The names, addresses, and telephone numbers of DBE's that were contacted.
 - ii. A description of the information provided to DBE regarding the plans and specifications for portion of the work to be performed; and
 - iii. A statement of why additional agreements with DBE were not reached.
 - iv. Completion of (Form E) if DBE's are not involved in the ITB.
 - f. Concerning each DBE the supplier/contractor contacted but rejected as unqualified, the reasons for the supplier's/contractor's conclusion.
 - g. Efforts made to help the DBE's contacted that needed assistance in obtaining required bonding, lines of credit, or insurance.
 - h. Use of the services of minority community organizations, minority contractor's groups, governmental minority business assistance offices, and other organizations that assist in the recruitment and placement of DBE's.
7. Suppliers/contractors that fail to meet DBE goals and fail to demonstrate sufficient good faith efforts are not eligible for contract awarded.
8. The District, through its Diversity Officer will review the contractor's minority business enterprise involvement efforts during performance of this contract. Such review will include, but not be limited to, contractor's quarterly statement of income from the District and what portion of said income went to the DBE enterprise(s) as evidenced by affirmation of the DBE enterprise(s) which the contractor hereby agrees to supply each quarter during the term of its contract with the District. If the contractor meets its goal or if the contractor demonstrates that every reasonable effort has been made to meet its goal, the contractor shall be presumed to be in compliance. Where the Diversity Officer finds that the contractor shall be presumed to be in compliance. Where the Diversity Officer finds that the contractor has failed to comply with the requirements of this Notice, said Diversity Officer shall inform the Purchasing Director who shall immediately notify the contractor to take corrective action. If the contractor fails or refuses to comply promptly, then the Purchasing Director, upon approval of the District, shall issue an order stopping all or part of the work until satisfactory corrective action has been taken. No part of the time lost due to any such stop orders shall be made subject of claim for extension of time or for excess costs or damages by the contractor. When the District proceeds with such formal action it has the burden of proving that the contractor has not met the requirements of coming forward

and showing that it has met the good faith requirements of the Notice, specifically including paragraph 7 hereof. Where the contractor is found to have failed to exert every good faith effort to involve DBE in the work provided, the District may declare that the contractor is ineligible to receive further District funds, whether as a contractor, subcontractor, or as a consultant, for a period of up to three (3) years.

9. The contractor will keep records and documents for three (3) years following performances of this contract to indicate compliance with this Notice. These records and documents, or copies thereof, will be made available at reasonable times and places for inspection by any authorized representative of the District upon request together with any other compliance information which such representative may require.

10. Proposers and contractors are bound by all requirements, terms and conditions of this Notice.

11. Nothing in this Notice shall be interpreted to diminish the present contract compliance review

1: DBE Form A

Name of Firm: _____

Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Type of Business (Product or Service): _____

Date of Proposed Contract Award: _____

Amount of Proposed Contract Award: _____

Diversity Business Enterprise Subcontractor(s):

Dollar Amount Subcontract Award: _____

Percent of Subcontract Award: _____

D.B.E. Participation: _____ \$ _____

F.B.E. Participation: _____ \$ _____

Name of EEO Officer: _____

(Signature of owner, partner, or authorized officer)

Name: _____
(printed)

Dated: _____

Title: _____

DO NOT COMPLETE BELOW THIS LINE

___ Compliant ___ Compliance Pending ___ Non-Compliant

Compliance Date: _____

(signature, DBE Department)

(date)

2: DBE Form B

NOTICE OF REQUIREMENT TO ENSURE

DIVERSITY BUSINESS ENTERPRISE (DBE) OPPORTUNITY

Note: All eligible proposers for award of the contract should comply with the Requirements, Terms, and Conditions of this Notice.

The undersigned proposer hereby agrees that the goal it has established for DBE participation in this project through either subcontracting or entering into a joint Venture with DBEs in conformity with the Requirements. Terms and Conditions of this Notice is a goal of thirty (30%) percent for a construction/repair/ maintenance contract, twenty (20%) percent for a supply contract, and fifteen (15%) for a service contract of the total contract amount of this project. In no event will the absence of goals as stated above be deemed as compliance with the requirements, terms and conditions of this notice.

In addition, the undersigned will complete and attach hereto the DBE (Form C) Schedule for DBE participation, showing all DBE/FBE that will participate as subcontractors or joint ventures in this contract and a DBE (Form D), DBE Letter of Intent form for each DBE/FBE listed on the Schedule.

Proposer: _____

Date: _____

By: _____

Title: _____

Definition of DBE: A Diversity Business Enterprise (DBE)

"Small Diversity business concern" means a small business concern that is at least (51) percent unconditionally owned by one or more individuals who are both socially and economically diverse, or a publicly owned business that has at least (51) percent of its stock unconditionally owned by one or more socially and economically diverse individuals and that has its management and daily business controlled by one or more such individuals. This term also means a small business concern that is at least (51) percent unconditionally owned by an economically diverse Indian tribe or Native Hawaiian Organization, or a publicly owned business that has least (51) percent of its stock unconditionally owned by one of these entities, that has its management and daily business controlled by members of an economically diverse Indian tribe or Native Hawaiian Organization.

3: DBE Form C

SCHEDULE MBE/FBE PARTICIPATION

Project Name: _____

Name of Non-DBE Contractor: _____

Identification Number: _____

Location: _____

Name of Minority Contractor: _____

Address: _____

City, State, Zip: _____

Type of work to be performed and work hours involved:

Projected commencement and completion dates for work:

Agreed price in dollars or percentage:

The undersigned will enter into a formal agreement with DBE for work listed in this schedule conditioned upon execution for a contract with the Cleveland Municipal School District

TO BE RETURNED WITH THE QUALIFICATION SUBMITTAL

Signature of Non-DBE Prime Contractor

Date: _____

4: DBE Form D
DBE LETTER OF INTENT

To: _____
Non-DBE Prime or General Proposer

Project: _____

NON-DBE PRIME OR GENERAL PROPOSER

The Undersigned intends to perform work in connection with the above-referenced project as (check one):

an individual a corporation a partnership a joint venture

DBE status of the undersigned is confirmed in the Cleveland Municipal School District's DBE file of bona fide enterprises with a certification date of: _____

The Undersigned is prepared to perform the following described work in connection with the above referenced project. Specify in detail particular work items or parts thereof to be performed:

at the following price or percent of contract: \$ _____

You have projected the following commencement date of such work, and the undersigned is projecting completion of such work as follows:

Items _____

Projected Commencement Date _____

Projected Completion Date _____

_____ % (percent) of the dollar value of the subcontract will be sublet and/or awarded to NON-DBE contractor (s) and/or NON-FBE SUPPLIERS. The undersigned will enter into a formal agreement for the above work with you conditioned upon your execution of a contract with the Cleveland Municipal School District.

Date

Name of DBE Firm (where applicable)

Signature of DBE (where applicable)

Signature of MBE Firm

Name of FBE Firm

Signature of FBE Firm

5: DBE Form E
DBE Unavailability Certification

I, _____,
Name Title

Of _____, certify that on _____
Date

I contacted the following DBE to obtain a Proposal for work items to be performed on:

Board Project: _____

Minority Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

Female Contractor: _____

Work Items Sought: _____

Form of Proposal Sought: _____

To the best of my knowledge and belief said minority business enterprise was unavailable (exclusive of the unavailability due to lack of agreement on price) for work on this project or unable to prepare a proposal for the following reason (s):

Signature, Non-DBE prime Proposer Date

_____ was offered an opportunity to proposal on the above-referenced work on

_____ by _____
Date Non-DBE Prime Proposer

Signature, Non-DBE Prime Proposer

The above statement is a true and accurate account of why I did not submit a Proposal on this project.

Signature, Non-DBE prime Proposer

6: DBE Form F

Non-Minority Prime Affidavit For DBE

STATE OF }

COUNTY OF } SS.

AFFIDAVIT

The undersigned swear that the foregoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each party in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual subcontract work and the payments thereof, and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records and files of the subcontract or those of each party relevant to the subcontract, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Name of Firm: _____

Signature: _____

Name and Title: _____

Date: _____

STATE OF }

COUNTY OF } SS.

On this _____ day of _____ 20____, before me appeared _____

_____, to me personally known, who being duly sworn,

did execute the foregoing affidavit, and did state that they were properly authorized by

_____ to execute the affidavit and did so as their free act and deed.

(Seal)

Notary Public _____

Commission expires _____

7: DBE Form G

This form need not be completed if all joint venture firms are diversity business enterprises

1. Name of Joint Venture: _____

2. Address of Joint Venture: _____

3. Phone Number of Joint Venture: _____

4. Identify the firms which comprise this joint venture. (The DBE partner must complete DBE Form A or have current DBE Certification)

a. Describe the roll of the DBE firm in the joint venture: _____

b. Describe briefly the experience and business qualifications of each non-DBE Joint Venture: _____

5. Nature of Joint Venture's Business: _____

6. Provide a copy of the Joint Venture Agreement.

7. What is the percentage of DBE Ownership? DBE _____% FBE _____%

8. Ownership of Joint Venture: (This need not be completed if described in the Joint Venture agreement provided in response to question 6).

a. Profit and loss sharing: _____

b. Capital contributions, including equipment: _____

c. Other applicable ownership interest: _____

9. Control of and participation in this contract. Identify by name, race, and "firm" those individuals and their titles who are responsible for day-to-day management and policy decision making, including, but not limited to, those prime responsibility form:

a. Financial decisions: _____

b. Management decisions, such as:

i. Estimating: _____

ii. Marketing and Sales: _____

iii. Hiring and firing of management personnel: _____

iv. Purchasing of major items or supplies: _____

c. Supervision of field operations: _____

Note: If after complete the DBE Form B and before the completion of the joint venture's work on any contract awarded, there is any significant change in the information submitted, the joint venture must inform the Cleveland Municipal School District, either directly or through the non-DBE prime subcontractor if the joint vendor is a subcontractor.

8: DBE Form H

Non-Minority Prime Affidavit (Joint Venture)

STATE OF OHIO

CUYAHOGA COUNTY

AFFIDAVIT

The undersigned swear that the forgoing statements are correct and include all material information necessary to identify and explain the items and operation of our subcontract and the intended participation by each joint venture in the undertaking. Further, the undersigned covenant and agree to provide to the Cleveland Municipal School District current, complete, and accurate information regarding actual joint venture work and the payments thereof and any proposed changes in any of the subcontract arrangements and to permit the audit and examination of the books, records and files of the joint venture or those of each party relevant to the joint venture, by authorized representatives of the Cleveland Municipal School District. Any material misrepresentation will be grounds for terminating any contract which may be awarded and for initiating action under federal and state laws concerning false statements.

Name of Firm (Prime) Name of Firm (DBE)

Signature Signature

Name and Title Name and Title

Date Date

STATE OF]

COUNTY OF]SS.

On this ___ day of ___ 20 __, before me appeared ___, to me personally known, who being duly sworn, did execute the foregoing affidavit, and did state that they were properly authorized by ___ to execute the affidavit and did so as their free act and deed.

(Seal)

Notary Public

Commission expires

Overview, Scope of Work

REQUEST FOR QUALIFICATIONS

Request for Qualifications (Architect/Engineer)

Administration of Project: Local Agency

Project Name	<u>East Tech Culinary Program</u>	Response Deadline	<u>May 4, 2021 1:00 PM local time</u>
Project Location	<u>2439 E 55th St</u>	Project Number	<u></u>
City / County	<u>Cleveland / Cuyahoga County</u>	Project Manager	<u>Hollie Dellisanti</u>
Owner	<u>Cleveland Municipal School District</u>	Contracting Authority	<u>CMSD</u>
Delivery Method	<u>General Contracting</u>	Prevailing Wage	<u>Davis Bacon Act</u>
No. of paper copies requested (stapled, not bound)	<u>4</u>	No. of electronic copies requested on CD (PDF)	<u>2</u>

Submit the requested number of Statements of Qualifications (Form F110-330) to Cashier's Office Cleveland Metropolitan School District, 1111 Superior Avenue, Suite 1800, Cleveland, Ohio 44114.

Submit all questions regarding this RFQ in writing to Seletha.thompson@clevelandmetroschools.org (no phone calls please) no later than April 20, 2021. Questions will be answered and distributed via Addendum no later than April 27, 2021, to those on record as receiving this RFQ. The name of the party submitting a question will not be included on the Q&A document.

Project Overview

A. Project Description

- The District maintains approximately 100 buildings. At any given time, it is in the process of analyzing, planning or implementing a major improvement to at least one of those buildings.
- The improvements at each school may include stabilizing the building envelope, improving building systems, enhancements to security, improvements to facilitate educational programming including student-centered /technology and energy conservation measures.
- Improvements will generally be consistent with the Ohio School Design Manual (though for demonstrated reasons the District may deviate from the OSDM). The energy conservation design work may be included in the Architect's scope of work but calculations for demonstrated savings will not be in the scope of work.
- The first project will be renovating East Tech High School to accommodate a culinary career tech program.
 - Kitchen equipment for this program will need to be purchased before June 30, 2021.

Culinary Program

Career Pathways

Chef/ Cook
Dietary Assistant
Host/Hostess
Institutional Kitchen Employee
Restaurateur
Event Planning
Waiter/Waitress

Program Highlights

Attain knowledge & prep of a variety of food & dressings in a commercial kitchen
Correctly handle and store food
Familiarity and use of culinary equipment for cooking and baking
Learn to identify and use spices, herbs and seasonings
Learn to manage food costs
Learn the health, safety and sanitation practices
Learn menu and event planning
Plan food purchases
Master the dining room operation & customer service

Program Description

Students gain real life culinary experience through the operation of the Executive Grille located at the school and open to the public and have served as many as 100 meals a day. They have also reached 225 meals at special events. Currently there are 126 students enrolled in the program, and in previous years, 15% continue in this field post-graduation. Students also have the opportunity to acquire PIC, ProStart, Rise Up Customer Service and Serv Safe certifications.

Request for Qualifications (Architect/Engineer)

B. Scope of Services

The selected Architect/Engineer (A/E), as a portion of its required Scope of Services and prior to submitting its proposal for services, will discuss and clarify with the Owner, the cost breakdown of the Architect/Engineer Agreement detailed cost components to address the Owner's project requirements. Participation in the District's Community Inclusion Program is required by the Agreement (a copy of that program is included as if fully re-written herein).

It is anticipated that the parties will agree to a scope definition document and then proceed to Construction Document Preparation, Bid and Award Support, Conformed Documents, Construction Administration and Post-Construction.

Refer to the *Ohio School Design Manual* for additional information about the type and extent of services required for each. A copy of the standard Agreement is attached.

During the construction period, provide not less than 4 hours (excluding travel time) on-site construction administration services each week per school, including (1) attendance at progress meetings, (2) a written field report of each site visit, (3) on-site representation comprised of the A/E and its consultant staff involved in the primary design of the project, all having relevant and appropriate types of construction administration experience.

Request for Qualifications (Architect/Engineer) continued

For purposes of completing the Relevant Project Experience Matrix in Section F of the Statement of Qualifications (Form F110-330), below is a list of relevant scope of work requirements for this RFQ:

1. Project Delivery Method (MP, GC,CMR, DB)
2. Role on Project (CMA, OA, CMR, DB, GC, Trade)
3. Academic Facility
4. K-12 Facility
5. Elementary School (K-5) or High School (9-12)
6. Renovation while occupied
7. Construction on Occupied Site
8. LEED Certification (Reg., Cert., Silver, Gold, Plat.)
9. Ohio Capital Improvement Process (State of Ohio Contracts/OAKS CI)
10. 21st Century School Design

For scope items 1, 2, 5, 7, and 8 listed above, insert one of the noted abbreviations in the Relevant Project Experience Matrix instead of using an " x " when applicable to one of the 10 Example Projects.

C. Funding / Estimated Budget

Total Project Cost	<u>Not determined</u>	State Funding	<u>\$0</u>
			<u>PI/Maintenance Levy and other</u>
Construction Cost	<u>Not determined</u>	Other Funding	<u></u>
Estimated A/E Fee	<u>6% to 7%</u>		<u></u>

NOTE:The A/E fee percentage for this project includes all professional design services, and consultant services necessary for proper completion of the Basic Services for the successful completion of the project, including but not limited to: review and verification of the Program of Requirements provided by the Owner, validation of existing site conditions (but not subsurface or hidden conditions), preparation of cost estimates and design schedules for the project. Fees may be negotiated and allocated for Additional Services (e.g., creation of a Program Requirements, extensive evaluation or validation of site conditions, extensive pre-design investigations, code-required special inspection and testing, Quality Assurance testing during the construction period, and testing due to unforeseen conditions).

D. Services Required (see note below)

Primary	<u>Architecture</u>
Secondary	<u>Mechanical/Electrical/Plumbing Eng.</u>
	<u>Civil Engineering</u>
	<u>Structural Engineering</u>
	<u>Interiors/Furniture Design</u>
	<u>Technology Design</u>
	<u>Landscape Architecture</u>
Others	<u>Food Service / Acoustical Consulting</u>

E. Anticipated Schedule

Professional Services Start (mm/yy)	<u>05/10</u>
Construction Stage Start (mm/yy)	<u>09/13</u>
Construction Stage Completed (mm/yy)	<u>11/19</u>
Professional Services Completed (mm/yy)	<u>12/17</u>

F. Community Inclusion Goal

Percent of <i>initial</i> TOTAL A/E Fee	<u>See plan</u>
---	-----------------

NOTE:The primary A/E shall be (1) a registered architect holding a license and certificate of authorization issued by the Ohio Architects Board pursuant to ORC Chapter 4703, (2) a landscape architect holding a license and certificate of authorization issued by the Ohio Landscape Architects Board pursuant to ORC Chapter 4703, or (3) a professional engineer or professional surveyor holding a license and certificate of authorization issued by the Ohio Engineers and Surveyors Board pursuant to ORC Chapter 4733.

G. Evaluation Criteria for Selection

- Demonstrate ability to meet Owner's scope, budget, and schedule on previous projects.
- Previous experience compatible with the proposed project (e.g., \$250,000 to \$5,000,000).
- Relevant past work of prospective firm's proposed consultants.
- Past performance of prospective firm and its proposed consultants.
- Qualifications and experience of individuals directly involved with the project.
- Proposer's previous experience (number of projects, sizes of projects) when working with its proposed consultants.
- Specification writing credentials and experience.
- Experience and capabilities of creating or using Critical Path Method (CPM) schedules and of using CPM schedules as a project management resource.
- Approach to and success of using partnering and Alternative Dispute Resolution.

Request for Qualifications (Architect/Engineer) continued

- Proximity of prospective firms to the project site.
- Proposer's apparent resources and capacity to meet the needs of this project.
- Past experience with Design-Assist.
- See rating form at end of this RFQ.

Interested A/E firms are required to submit the Commitment to Participate in the EDGE Business Assistance Program (assuming compliance with the District's Community Inclusion Program instead of EDGE) form in its Statement of Qualifications (Form F110-330) submitted in response to the RFQ, to indicate its intent to contract with and use DBE certified Business Enterprise(s), as a part of the A/E's team.

For all Statement of Qualifications, please identify the DBE certified Business Enterprises, by name, which will participate in the delivery of the proposed professional services solicited in the RFQ.

H. Submittal Instructions

Firms are required to submit the current version of Statement of Qualifications (Form F110-330).

Paper copies of the Statement of Qualifications should be stapled only. Do not use special bindings or coverings of any type. Cover letters and transmittals are not necessary.

Electronic submittals should be combined into one PDF file named with the project number listed on the RFQ and your firm's name. Use the "print" feature of Adobe Acrobat Professional or similar software for creating a PDF rather than using a scanner. If possible, please reduce the file size of the PDF. In Adobe Acrobat Professional, go to Advanced, then PDF Optimizer. Also, please label the CD and the CD cover with the project number and firm name.

Facsimile or e-mailed copies of the Statement of Qualifications will not be accepted.

Firms are requested to identify professional registrations and credentials including but not limited to: LEED GA, LEED AP, LEED AP+, CCCA, CCM, CCS, CDT, DBIA, CPE, and any other appropriate design and construction industry credentials. Identify that information on the resume page for individual in Block 22, Section E of the F110-330 form.

LEED Credentials: Leadership in Energy & Environmental Design (Green Building Certificate Institute)

GA: Green Associate

AP: LEED AP (Legacy LEED Accredited Professional without specialty)

AP +: (see below)

LEED AP BD+C (Building Design and Construction)

LEED AP ID+C (Interior Design and Construction specialty)

LEED AP O+M (Operations and Maintenance specialty)

LEED AP ND (Neighborhood Development specialty)

LEED AP Homes (Specialty for residential LEED construction)

Other Industry Credentials

ACEC: American Council of Engineering Companies

AIA or FAIA: American Institute of Architects

CCCA: Certified Construction Contract Administrator (CSI)

CCM: Certified Construction Manager (CMAA)

CCS: Certified Construction Specifier (CSI)

CDT: Construction Document Technologist (CSI)

CMAA: Construction Management Association of America

CPE: Certified Professional Estimator (American Society of Professional Estimators)

CSI or FCSI: Construction Specifications Institute

DBIA or Associate DBIA: Design-Build Institute of America (list credentials, not memberships)

NCARB: National Council of Architectural

Registration Boards (list certification only)

NCIDQ: National Council for Interior Design

Qualifications

NSPE: National Society of Professional Engineers

Architect/Engineer Selection Form

Project Name CMSD Proposal Firm _____
 Project Number TBD City, State, Zip _____

SelectionCriteria		Value	Score
1. Primary Firm Location, Workload and Size (Maximum 10 points)			
a. Proximity of firm to project site	Less than 20 miles	5	
	20 miles to 50 miles	2	
	More than 50 miles	0	
b. Amount of fees awarded by CMSSD in previous 24 months	Less than \$500,000	2	
	\$500,000 to \$2,000,000	1	
	More than \$2,000,000	0	
c. Number of licensed professionals	Less than 3 professionals	Max = 3	
	3 to 10 professionals		
	More than 10 professionals		
2. Primary Firm Qualifications (Maximum 30 points)			
a. Project management lead	Experience / ability of project manager to manage scope / budget/ schedule / quality	0 – 10	Max = 20
b. Project design lead	Experience / creativity of project designer to achieve owner's vision and requirements	0 – 10	
c. Technical staff	Experience / ability of technical staff to create fully coordinated construction documents	0 – 5	
d. Construction administration staff	Experience / ability of field representative to identify and solve issues during construction	0 – 5	
3. Key Consultant Qualifications (Maximum 20 points)			
a. Key discipline leads	Experience / ability of key consultants to perform effectively and collaboratively	0 -15	
b. Proposed EDGE-certified Consultant participation*	One additional point for every 2 percent increase in professional services over the advertised EDGE participation goal	0 – 5	
4. Overall Team Qualifications (Maximum 10 points)			
a. Previous team collaboration	Less than 3 sample projects	1	Max = 3
	3 to 9 sample projects	2	
	More than 9 sample projects	3	
b. LEED** Registered / Certified project experience	Registered projects	1	Max = 2
	Certified projects	2	
c. BIM project experience	Training and knowledge	1	Max = 3
	Direct project experience	3	
d. Team organization	Clarity of responsibility / communication demonstrated by table of organization	0 - 2	
5. Overall Team Experience (Maximum 30 points)			
a. Previous team performance	Past performance as indicated by evaluations and letters of reference	0 - 10	
b. Experience with similar projects / delivery methods	Less than 3 projects	0 - 3	
	3 to 9 projects	4 - 6	
	More than 9 projects	7 – 10	
c. Budget and schedule management	Performance in completing projects within original construction budget and schedule	0 - 5	
d. Knowledge of Ohio Capital Improvements	Less than 3 projects	0 -1	
	3 to 9 projects	2 - 3	
	More than 9 projects	4 - 5	
*Must be comprised of professional design services consulting firm(s) and NOT the primary firm **Leadership in Energy & Environment Design administered by the Green Building Certification Institute		Subtotal	

Notes:

Evaluator:

Name _____

Signature _____ Date _____