

FORM 1

1. Firm (or joint venture) Name & Address	1c. Licensed to do business in the State of Kansas _____ yes _____ no
	1d. Name, Title & Telephone Number of Principal to Contact
	1e. Address of office to perform work, if different from Item 1
1a. Firm is ___ National ___ Regional ___ Local	
1b. Year Firm Established _____	
2. Please list the number of people by discipline that your firm/joint venture will commit to the County's project.	
3. If submittal is by joint venture list participating firms and outline specific areas of responsibility (including administrative, technical, and financial) for each firm:	
3a. Has this joint venture previously worked together? ___ yes ___ no	

FORM 2

4. If respondent is not a joint venture, list outside key consultants/associates that shall be used for the County's project.

Name & Address	Specialty	Worked with prime before (Yes or No)
1)		
2)		
3)		
4)		
5)		
6)		
7)		
8)		
9)		
10)		

FORM 3

5. Brief resume of key persons, specialists and individual consultants that shall be assigned to the County's project.	
a. Name and Title:	a. Name and Title:
b. Project Assignment:	b. Project Assignment:
c. Name of firm with which associated:	c. Name of firm with which associated:
d. Years experience: With this firm____ With other firms____	d. Years experience: With this firm____ With other firms____
e. Education: Degree(s)/Year/School/Specialization	e. Education: Degree(s)/Year/School/Specialization
f. Active Registration: Year First Registered/Discipline	f. Active Registration: Year First Registered/Discipline
g. Other Experience and Qualifications relevant to the proposed project:	g. Other Experience and Qualifications relevant to the proposed project:

FORM 4

Work by firm or joint venture members which best illustrates current qualifications relevant to the County's project that has been/is being accomplished by personnel that shall be assigned to the County's project. List no more than ten (10) projects.

<u>1. Project Name & Location</u>		<u>Project Owners Name & Address</u>
<u>Completion Date (Actual or Estimated)</u>		<u>Project Owner's Contact Person, Title, & Telephone Number</u>
<u>Estimated Cost (In Thousands)</u>		
<u>Entire Project</u>	<u>Work for Which Firm Was/Is Responsible</u>	
\$	\$	

Scope of Entire Project (Please give quantitative indications wherever possible)

Nature of Firm's Responsibility in Project (Please give quantitative indications wherever possible)

Firm's Personnel (Name/Project Assignment) That Worked on the Stated Project That Shall Be Assigned to the County's Project

FORM 5

7. Use this space to provide any additional information or description of resources (including any computer design capabilities) supporting your firm's project.

qualifications for the County's

8. The foregoing is a statement of facts.

Signature _____ Telephone Number: _____

Typed Name and Title: _____

Date: