Engineering Statement of Qualifications
Rural Workforce Housing Initiative
Infrastructure Grant

****

NAME OF FIRM: _____

ADDRESS: _____

_____

1. Years in Business in Present Form: _____

2. Firm's History and Resource Capability to Perform Required Services:

_____

_____

3. Firm's Knowledge of the Community:

_____

_____

4. Titles, Names, and Addresses of all Officers:

_____

_____

_____

5. List categories in which firm is legally qualified to do business. Include Licenses and Registrations where applicable.

_____

_____

6. Does your firm carry Errors and Omissions Insurance? YES _____ NO _____

7. Will your firm be able to provide the necessary documentation for the grant, including cost estimates, preparation of plans & specs & final design, surveying for final project, bid documents, assistance with bid opening, performing bid analysis, management of contractor performance, inspections, preparation of change orders, and approval of contractor's request for payments, as well as prepare and submit all documentation to ONE GA Authority?
   YES _____NO _____

8. If you are awarded the post-award engineering for this project, what would your fee be? _____

9. Has your firm been selected previously to provide engineering services for a Federal or State Grants program? YES _____ NO _____
   If "YES", give specific projects, including project name, location, owner, year, grant/total project amount, contact person(s), and nature of firm's responsibility.

_____

_____

_____

_____

_____

_____

_____

_____

_____

10. What timeframe do you feel you will need to have final plans and specifications ready for approval by any and all applicable agencies? Please provide this information in months, such as 3 months after Notice of Award to your firm, etc.

_____

_____

11. List key personnel (with qualifications) likely to be involved in this project and explain their specific role in the work.

_____

_____

_____

12. List three (3) references for the Firm.

    1. _____
    2. _____
    3. _____

13. Certifying that:

    Mr./Mrs./Ms. _____(Signature) being duly sworn deposes and states that he/she is the _____(title) of _____(name of firm) and that answers to the foregoing questions and all statements herein contained are true and correct.

QUALIFICATION EVALUATION FORM
SELECTION OF ENGINEER
FOR THE CITY OF HAGAN
Rural Workforce Housing Initiative
Infrastructure Grant

OWNER:_____

NAME OF FIRM:_____

FIRM ADDRESS:_____

Evaluate the Engineer and/or Engineering Firm based on the points assigned to each of the following selection criterion. Scoring of RFP's will be as follows:

Poor	Fair	Good	Excellent
1	2	3	4

	CRITERION	*POINTS ASSIGNED*
1.	Engineer and/or Engineering Firms ability to supply all major disciplines necessary to perform the work.	_____
2.	Engineer and/or Engineering Firms experience with this type of construction.	_____
3.	Engineer and/or Engineering Firms knowledge of the community.	_____
4.	Engineer and/or Engineering Firms Staff Expertise.	_____
5.	Has Engineer and/or Engineering Firm had experience with Federal Grants Projects?	_____
6.	Is cost competitive?	_____
	TOTAL SCORE:	_____

Firm carries Errors and Omissions insurance? ____Yes ____No

COMMENTS: _____

_____

_____

_____

NAME OF REVIEWER: _____ DATE OF REVIEW: _____