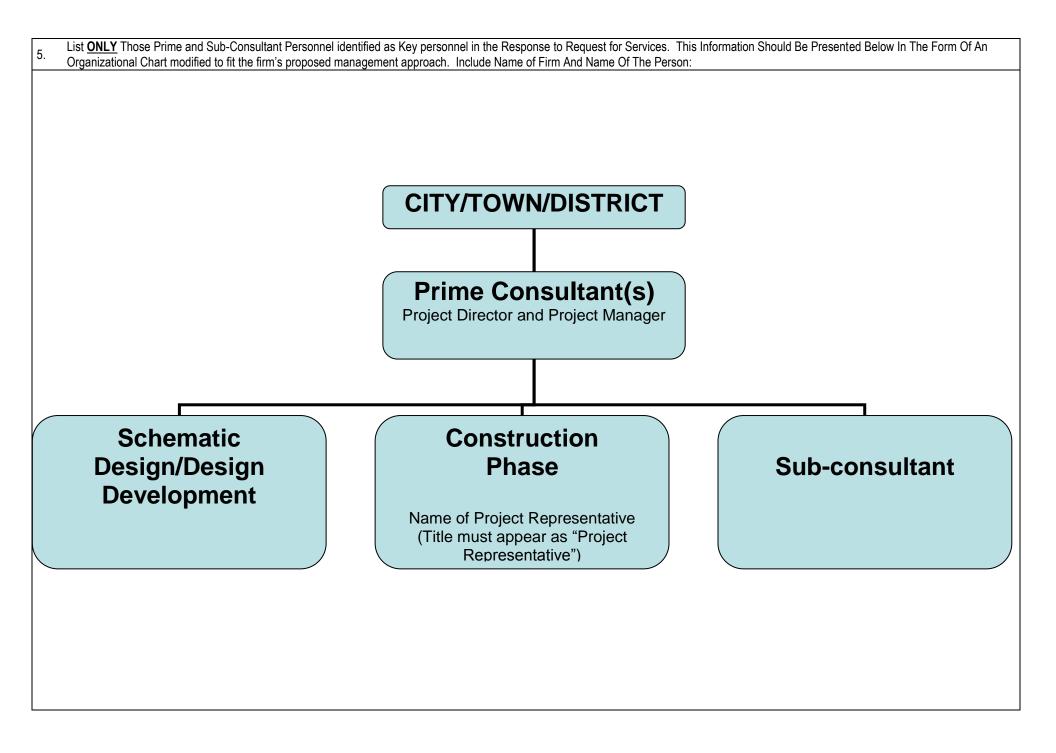
## RFS #ECON-20-Q-001, ATTACHMENT A

Owner's Project Manager Application Form – July 2019	
1.Project Name/Location for Which Firm is Filing:	
2a. Respondent, Firm (Or Joint-Venture) - Name And Address Of Primary Office To Perform The Work:	2b. Name And Address Of Other Participating Offices Of The Prime Applicant, If Different From Item 3a Above:
2c. Date Present And Predecessor Firms Were Established:	2d. Name And Address Of Parent Company, If Any:
2e. Federal ID #:	2f. Name of Proposed Project Director:
3. Personnel From Prime Firm Included In Question #2 Above By Discipline (List Each Person Period. Indicate Both The Total Number In Each Discipline):	n Only Once, By Primary Function Average Number Employed Throughout The Preceding 6 Month
Admin. Personnel Cost Estimators	Other
Architects Electrical Engrs	
Acoustical Engrs.       Environmental Engrs.         Civil Engrs.       Licensed Site Profs.	
Code Specialists Mechanical Engrs.	
Construction Inspectors	Total
<ol> <li>Has this Joint-Venture previously worked together?</li> </ol>	No



6.	Brief Resume for Key Personnel <u>ONLY</u> as indicated in the Request for Services. Resumes S Additional Sheets Should Be Provided Only As Required For The Number Of Key Personnel An Applicant Certifies That The Listed Firm Has Agreed To Work On This Project, Should The Tea	nd The	ey Must Be In The Format Provided. By Including A Firm As A Subconsultant, The Prime
a.	Name And Title Within Firm:	a.	Name And Title Within Firm:
b.	Project Assignment:	b.	Project Assignment:
C.	Name And Address Of Office In Which Individual Identified In 6a Resides:	C.	Name And Address Of Office In Which Individual Identified In 6a Resides:
d.	Years Experience: With This Firm: With Other Firms:	d.	Years Experience: With This Firm: With Other Firms:
e.	Education: Degree(s) /Year/Specialization	e.	Education: Degree(s) /Year/Specialization
f.	Date of MCPPO Certification:	f.	Date of MCPPO Certification:
g.	Applicable Registrations and Certifications :	g.	Applicable Registrations and Certifications:
h.	Current Work Assignments And Availability For This Project (availability should be identified as a percentage: eg: "As of 5/30, 50% available"):	h.	Current Work Assignments And Availability For This Project (availability should be identified as a percentage: eg: "As of 5/30, 50% available"):
i.	Other Experience And Qualifications Relevant To The Proposed Project: (Identify OPM Firm By Which Employed, If Not Current Firm. Please distinguish between OPM work and any design work performed by the firm.):	i.	Other Experience And Qualifications Relevant To The Proposed Project: (Identify OPM Firm By Which Employed, If Not Current Firm. Please distinguish between OPM work and any design work performed by the firm.):

7a	Past Performance: List all Services for all Public Agen	Completed Projects, in excess of \$1.5 cies within the Commonwealth within t	million, for which the he past 10 years.	e Prime Applicant h	nas performed,	or has entered	into a contract	to perform Ow	ner's Project M	anagement
a.	Project Name And Location Project Director	b. Brief Description Of Project And Services (Include Reference To Areas Of Similar Experience)	c. Project Dollar Value	d. Completion Date (Actual Or Estimate)	e. On Time (Yes Or No)	f. Original Construction Contract Value	g. Change Orders	h. Number of Accidents and Safety Violations	i. Dollar Value of any Safety fines	j. Number And Outcome Of Legal Actions
(1)										
(2)										
(3)										
(4)										
(5)										

7b.	7b. Past Performance: Provide the following information for those completed Projects listed above in 7a for which the Prime Applicant has performed, or has entered into a contract to perform (cont) Owner's Project Management Services for all Public Agencies within the Commonwealth within the past 10 years.							
	Owner's Project Manageme	nt Services for all Pu	blic Agencies with	hin the Commonwealth within the past 10	/ears.			
a.	Project Name And Location Project Director	b. Original Project Budget	C. Final Project Budget	d. If different, provide reason(s) for variance	e. Original Project Completion	e. Actual Project Completion	f. If different, provide reason(s) for variance.	
						On Time (Yes or No)		
(1)								
(2)								
(2)								
(3)								
(0)								
(4)								
(-)								
(5)								

<ul> <li>involving the project participants identified in the response.</li> <li>Project Name And</li> <li>b. Brief Description Of</li> <li>c. Original</li> <li>d. Current</li> <li>d. Project</li> <li>e. Current</li> <li>f. Original</li> <li>g. Number and</li> <li>h. Number and dollar value</li> </ul>								
Project Name And Location Project Director	b. Brief Description Of Project And Services (Include Reference To Areas Of Similar Experience)	c. Original Project Budget	a. Current Project Budget	d. Project Completion Date	e. Current forecast completion date On Time (Yes Or No)	Construction Contract Value	g. Number and dollar value of Change Orders	of claims
1.								
2.								
3.								
4.								
5.								
6.								
7.								
8.								

9.	References: Provide the following information for completed and current Projects listed above in 7 and 8 for which the Prime Applicant has performed, or has entered into a contract to perform Owner's Project Management Services for all Public Agencies within the Commonwealth within the past 10 years.							
a.	Project Name And Location Project Director	Client's Name, Address and Phone Number. Include Name of Contact Person	Project Name And Location Project Director	Client's Name, Address and Phone Number. Include Name of Contact Person	Project Name And Location Project Director	Client's Name, Address and Phone Number. Include Name of Contact Person		
1)			5)		9)			
2)			6)		10)			
3)			7)		11)			
4)			8)		12)			

9.	Use This Space To Provide Any Additional Information Or Description Of Resources Support Double-Sided 8 ½" X 11" Supplementary Sheets Will Be Accepted. <u>APPLICANTS ARE REC</u> <u>REQUESTED</u> .		
10.	I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or C undersigned under the pains and penalties of perjury.	Officer of Firm. The information contained in this application is true, accura	te and sworn to by the
	Submitted By (Signature)	Printed Name And Title	Date