Attachment C

6. List ONLY Those Prime And Sub-Consultant Personnel Specifically Requested In The Advertisement. This Information Should Be Presented Below In The Form Of An Organizational Chart. Include Name Of Firm And Name Of The One Person In Charge Of The Discipline, With Mass. Registration Number, As Well As MBE/WBE Status, If Applicable:



8a. Current and Relevant Work By Prime Applicant Or Joint-Venture Members. Include ONLY Work Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (List Up To 8a. But Not More Than 5 Projects).

| a. Project Name And Location | b. Brief Description Of Project And Services (Include Reference To Relevant Experience) | C. Client's Name, Address And Phone Number (Include Name Of Contact Person) | d. Completion Date (Actual Or Estimated) | e. Project Cost (In Thousands) |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| Principal-In-Charge |  |  |  | Construction <br> Costs (Actual, Or <br> Estimated If Not <br> Completed) | Fee for Work for Which Firm Was Responsible |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
| (5) |  |  |  |  |  |

8b. List Current and Relevant Work By Sub-Consultants Which Best Illustrates Current Qualifications In The Areas Listed In The Advertisement (Up To But Not More Than 5 Projects For Each Sub-
Consultant). Use Additional Sheets Only As Required For The Number Of Sub-Consultants Requested In The Advertisement.

| a. | b. Brief Description Of Project and Services (Include Reference To Relevant Experience | c. Client's Name, Address And Phone Number. Include Name Of Contact Person | d. Completion Date (Actual Or Estimated) | e. Project Cost (In Thousands) |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
|  |  |  |  | Construction Costs (Actual, Or Estimated If Not Completed) | Fee For Work For Which Firm Was/ls Responsible |
| (1) |  |  |  |  |  |
| (2) |  |  |  |  |  |
| (3) |  |  |  |  |  |
| (4) |  |  |  |  |  |
| (5) |  |  |  |  |  |


| 9. List All Projects Within The Past 5 Years For Which Prime Applicant Has Performed, Or Has Entered Into A Contract To Perform, Any Design Services For All Public Agencies Within The Commonwealth. |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| \# of Total Projects: |  |  | \# of Active Projects: | Total Construction Cost (In Thousands) of Active Projects (excluding studies): |  |  |
| Role P, C, JV | Phases <br> St., Sch., D.D., <br> C.D.,A.C.* | Project Name, Location and Principal-In-Charge |  | Awarding Authority (Include Contact Name and Phone Number) | Construction Costs (In Thousands) (Actual, Or Estimated If Not | Completion Date (Actual or Estimated) <br> (R)Renovation or (N)New |
|  |  | 1. |  |  |  |  |
|  |  | 2. |  |  |  |  |
|  |  | 3. |  |  |  |  |
|  |  | 4. |  |  |  |  |
|  |  | 5. |  |  |  |  |
|  |  | 6. |  |  |  |  |
|  |  | 7. |  |  |  |  |
|  |  | 8. |  |  |  |  |
|  |  | 9. |  |  |  |  |
|  |  | 10. |  |  |  |  |
|  |  | 11. |  |  |  |  |
|  |  | 12. |  |  |  |  |

[^0]10. Use This Space To Provide Any Additional Information Or Description Of Resources Supporting The Qualifications Of Your Firm And That Of Your Sub-Consultants For The Proposed Project. If Needed, Up To Three, Double-Sided $81 / 2 "$ X 11 " Supplementary Sheets Will Be Accepted. APPLICANTS ARE ENCOURAGED TO RESPOND SPECIFICALLY IN THIS SECTION TO THE AREAS OF EXPERIENCE REQUESTED IN THE ADVERTISEMENT.

## Be Specific - No Boiler Plate

11. Professional Liability Insurance:
Name of Company
Aggregate Amount
Policy Number
Expiration Date
12. Have monies been paid by you, or on your behalf, as a result of Professional Liability Claims (in any jurisdiction) occurring within the last 5 years and in excess of $\$ 50,000$ per incident? Answer YES or NO. If YES, please include the name(s) of the Project(s) and Client(s), and an explanation (attach separate sheet if necessary).

| 13. | Name Of Sole Proprietor Or Names Of All Firm Partners and Officers: |  |  |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
|  | Name <br> a. <br> b. <br> c. | Title | MA Reg \# | Status/Discipline | Name <br> d. <br> e. <br> f. | Title | MA Reg \# | Status/Discipline |
| 14. | If Corporation, Provide Names Of All Members Of The Board Of Directors: |  |  |  |  |  |  |  |
|  | Name | Title | MA Reg \# | Status/Discipline | Name | Title | MA Reg \# | Status/Discipline |
|  | a. |  |  |  | d. |  |  |  |
|  | b. |  |  |  | e. |  |  |  |
|  | c. |  |  |  | f. |  |  |  |
| 15. | Names Of All Owners (Stocks Or Other Ownership): |  |  |  |  |  |  |  |
|  | Name And Title a. | \% Ownership | MA. Reg.\# | Status/Discipline | Name And Title d. | \% Ownership | MA. Reg.\# | Status/Discipline |
|  | b. |  |  |  | e. |  |  |  |
|  | c. |  |  |  |  |  |  |  |

16. I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. I further certify that this firm is a "Designer", as that term is defined in Chapter 7 C , Section 44 of the General Laws, or that the services required are limited to construction management or the preparation of master plans, studies, surveys, soil tests, cost estimates or programs. The information contained in this application is true, accurate and sworn to by the undersigned under the pains and penalties of perjury.


[^0]:    * P = Principal; C = Consultant; JV = Joint Venture; St. = Study; Sch. = Schematic; D.D. = Design Development; C.D. = Construction Documents; A.C. = Administration of Contract

