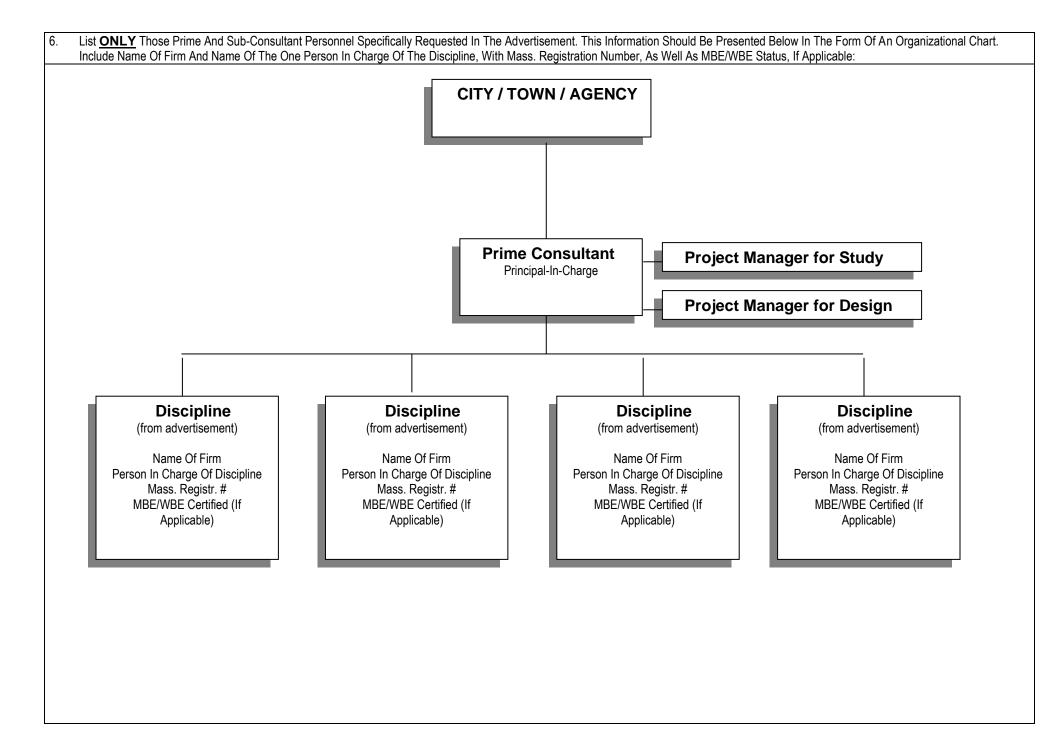
Attachment C

Commonwealth of Massachusetts 1. Project Name/Location For Which Firm Is Film Standard Designer Application Form for Municipalities and Public Agencies not within DSB Jurisdiction (Updated July 2016)	2. Project # This space for use by Awarding Authority only.				
3a. Firm (Or Joint-Venture) - Name and Address Of Primary Office To Perform The Work:	3. Name Of Proposed Project Manager: For Study: (if applicable) For Design: (if applicable)				
3b. Date Present and Predecessor Firms Were Established:	3f. Name and Address Of Other Participating Offices Of The Prime Applicant, If Different From Item 3a Above:				
3c. Federal ID #: 3d. Name and Title Of Principal-In-Charge Of The Project (MA Registration Required):	3g. Name and Address Of Parent Company, If Any:				
Email Address: Telephone No: Fax No.:	3. Check Below If Your Firm Is Either: (1) SDO Certified Minority Business Enterprise (MBE) (2) SDO Certified Woman Business Enterprise (WBE) (3) SDO Certified Minority Woman Business Enterprise (M/WBE) (4) SDO Certified Service Disabled Veteran Owned Business Enterprise (SDVOBE) (5) SDO Certified Veteran Owned Business Enterprise (VBE)				
4. Personnel From Prime Firm Included In Question #3a Above By Discipline (List Each Person Month Period. Indicate Both The Total Number In Each Discipline And, Within Brackets, The fourth of the text of tex of text of text of tex of text of tex of text of text of tex of	on Only Once, By Primary Function Average Number Employed Throughout The Preceding 6				
5. Has this Joint-Venture previously worked together?	No No				



7.	Brief Resume of ONLY those Prime Applicant and Sub-Consultant personnel requested in the Applicant service of the Organizational Chart in Question # 6. Additional sheets should be provided in the format provided and the Drive of Sub-Consultant the Drive Applicant service of the Organizational Chart in Question # 6.	d only	as required for the number of Key Personnel requested in the Advertisement and they must be
a.	in the format provided. By including a Firm as a Sub-Consultant, the Prime Applicant certifies the Name and Title Within Firm:	at the a.	Name and Title Within Firm:
b.	Project Assignment:	b.	Project Assignment:
C.	Name and Address Of Office In Which Individual Identified In 7a Resides:	C.	Name and Address Of Office In Which Individual Identified In 7a Resides:
	MBE		MBE 🔲
	WBE		WBE
	SDVOBE		SDVOBE
	VBE 🔲		VBE 🔲
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.	Active Registration: Year First Registered/Discipline/Mass Registration Number	f.	Active Registration: Year First Registered/Discipline/Mass Registration Number
g.	Current Work Assignments and Availability For This Project:	g.	Current Work Assignments and Availability For This Project:
h.	Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):	h.	Other Experience and Qualifications Relevant To The Proposed Project: (Identify Firm By Which Employed, If Not Current Firm):
	which Employed, if Not Current Firm).		which Employed, it not current Firm).

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

Sub	o-Consultant Name:	···· / · ···	Consultants Requested In The Advertisement.				
a.	Project Name and Location Principal-In-Charge	b. Brief Description Of Project and	c. Client's Name, Address And Phone	d. Completion	e. Project Cost (Ir	e. Project Cost (In Thousands)	
		Services (Include Reference To Relevant Experience	Number. Include Name Of Contact Person	Date (Actual Or Estimated)	Construction Costs (Actual, Or Estimated If Not Completed)	Fee For Work For Which Firm Was/Is Responsible	
(1)							
(2)							
(3)							
(4)							
(5)							

# of Total Projects: # of Active Projects:			# of Active Projects:	Total Construction Cost (In Thousands) of Active Projects (excluding studies):					
Role P, C, JV *	Phases St., Sch., D.D., C.D.,A.C.*	Project Name, I	_ocation 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) (R)Renovation or (N)New			
		1.							
		2.							
		3.							
		4.							
		5.							
		6.							
		7.							
		8.							
		9.							
		10.							
		11.							
		12.							

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

10.	If Needed, Up To Three, AREAS OF EXPERIENC	Double-Sided 8 1/2" >	(11" Supplementary She	ets Will Be Accepted.		Your Firm And That Of Yo OURAGED TO RESPON		
11.	Professional Liability Insu	urance:						
	Name of Company		Aggregate Amount		Policy Number		Expiration Date	
12.	Have monies been paid I YES or NO. If YES, plea						and in excess of \$50,	000 per incident? Answer
13.	Name Of Sole Proprietor	Or Names Of All Fire	m Partners and Officers:					
	Name a. b. c.	Title	MA Reg #	Status/Discipline	Name d. e. f.	Title	MA Reg #	Status/Discipline
14.	If Corporation, Provide N Name	ames Of All Member Title	s Of The Board Of Direct MA Reg #	ors: Status/Discipline	Name	Title	MA Reg #	Status/Discipline
	a. b. c.	The	MA Key #	Status/Discipline	d. e. f.	nue	MA Key #	Status/Discipline
15.	Names Of All Owners (S	tocks Or Other Owne	ership):					
	Name And Title a. b. c.	% Ownership	MA. Reg.#	Status/Discipline	Name And Title d. e. f.	% Ownership	MA. Reg.#	Status/Discipline
16.		al Laws, or that the se	ervices required are limite	ed to construction manag	ement or the preparatio			s defined in Chapter 7C, ost estimates or programs.
	Submitted by (Signature) —				Printed Name and Title			Date