

FORM

115

**STATE OF MONTANA**

**DEPARTMENT OF ADMINISTRATION**

ARCHITECTURE AND ENGINEERING DIVISION

1520 EAST SIXTH AVENUE • P.O. BOX 200103 • HELENA MT 59620

406.444.3104 • DOAAEDivision@mt.gov • architecture.mt.gov

# STATEMENT OF QUALIFICATIONS FOR SPECIFIC PROJECTS

**PROJECT FOR WHICH THE FIRM IS SUBMITTING**

|  |  |
| --- | --- |
| A/E Project Name & Location (list only one project; provide separate Form 115 for each project): | A/E Project #: |
|  |  |

**PRIME FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**CATEGORIES OF WORK FOR CONSIDERATION BY *PRIME* FIRM *PRIME* FIRM PROFILE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ARCHITECTURAL: |  |  | ENGINEERING: |  |  | Year Firm was established: |  |
| General Practice |  |  | Mechanical |  |  | # of Offices in Montana (provide address & contact list if more than one): |  |
| Historic Restoration |  |  | Electrical |  |  | TOTAL PROFESSIONALS/PERSONNEL (provide total & location-specific list): |
| Exterior Envelope |  |  | Structural |  |  | Architects |  |  | Mechanical |  |
| Master Planning/Programming |  |  | Civil |  |  | A.I.T. |  |  | Electrical |  |
| Interior Design |  |  | Environmental |  |  | Interior Designer |  |  | Structural |  |
|  |  |  | AV/Comm/Data/IT |  |  | Landscape Architect |  |  | Civil |  |
|  |  |  |  |  |  | Specification Writer |  |  | E.I.T. |  |
| SPECIALTY/OTHER: |  |  | LANDSCAPE ARCH: |  |  | Cost Estimator |  |  | Environmental |  |
| Acoustics |  |  | General Practice |  |  | Construction Administrator |  |  | Energy Analysis |  |
| Commissioning |  |  | Master Planning |  |  | Production Staff |  |  | Commissioning |  |
| Construction Management |  |  | Environmental |  |  | Accounting |  |  | Other (provide list) |  |
| Geotechnical/Materials Testing |  |  |  |  |  | Administrative Support |  |  |  |  |
| Haz Materials Testing/Mitigation |  |  |  |  |  |  |  |  |  |  |

**LIST THE FIRM NAME AND ADDRESS FOR EACH OF THE CONSULTANTS ON THIS PROJECT (if different from PRIME above).**

**ARCHITECT FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**MECHANICAL ENGINEER FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**ELECTRICAL ENGINEER FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**STRUCTURAL ENGINEER FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**CIVIL ENGINEER FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**SPECIALTY CONSULTING FIRM INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Firm Name: |  | Contact(s)Principal:Project Mgr:Project A/E: | Name | Email Address |
|  |  |
| Address:(provide mailing addressalso, if different) |  |
| Phone #:Fax #: |  |

**PROVIDE BRIEF RESUMÉ OF KEY PERSONS OF PRIME FIRM ASSIGNED TO THIS PROJECT (add tables as required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

**PROVIDE BRIEF RESUMÉ OF KEY PERSONS OF CONSULTING FIRMS ASSIGNED TO THIS PROJECT (add tables as required)**

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name:Title:Firm Name:Role on This Project:Years w/ This Firm:Education (degree/year):Active Registrations: |  | Experience & Qualifications Relevant to This Project: |  |

**PROJECTS BY PRIME FIRM THAT BEST ILLUSTRATE QUALIFICATIONS RELEVANT TO THIS PROJECT (limit of 5 projects)**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name & Location: | Brief Project Description: | GSF, Cost/SF, & Year Completed: | Owner Contact Info: |
|  |  |  |  |
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**PROJECTS BY PRIMARY CONSULTANT(S) THAT BEST ILLUSTRATE QUALIFICATIONS RELEVANT TO THIS PROJECT (limit of 3 projects/firm)**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name & Location: | Brief Project Description: | GSF, Cost/SF, & Year Completed: | Owner Contact Info: |
|  |  |  |  |
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**ADDITIONAL RELEVANT INFORMATION** (additional attachments, firm information, photos, and/or personnel resumes are acceptable)

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| --- |
|  |

**SIGNATURE** (signature should be that of the firm’s principal/owner)

|  |
| --- |
|  |
| NAME | SIGNATURE |
|  |
| TITLE | DATE |

*The state of Montana makes reasonable accommodations for any known disability that may interfere with an applicant’s ability to compete in the application and selection process or that may interfere with an applicant’s ability to perform the essential duties of the job.  In order for the state to make such accommodations, applicants must make known any needed accommodation to the individual project managers or agency contacts listed.  Persons using TDD may call the Montana Relay Service at 1-800-253-4091.*

Form is available at <http://architecture.mt.gov/>.

If you experience problems with this form, please contact the A&E Division at AEDivision@mt.gov or (406) 444-3104.