

**Department of Military Affairs  
Construction Facility Management Office  
PROFESSIONAL QUALIFICATIONS SUPPLEMENT (PQS)**

**PURPOSE:**

The Professional Qualifications Supplement (PQS), FNG Form 5112, is to provide information regarding the qualifications of interested firms to perform Architectural/Engineering services on projects being administered by the Department of Military Affairs in accordance with the requirements of Section 287.055, F.S., "Consultants' Competitive Negotiation Act."

**DEFINITIONS:**

**PRIME FIRM** is the registered Florida firm holding the prime contract and is expected to perform the majority of services within the office listed to accomplish the advertised project scope.

**BILLABLE OFFICE STAFF** is the sum of the firm's billable principals and technical production staff (exclude overhead staff such as receptionist, bookkeeper, non billable principal) within the office address listed per Item 2, or exception to include participating support staff located within other offices.

**PREVIOUS FEE VOLUME FOR DMA AND STATE AGENCY WORK:** Fee paid to the Prime Firm (excluding portion paid to sub-consultants) previously under contract with DMA and other State of Florida Agencies (excluding educational entities) per previous calendar year(s). Include any On Board or Continuing Contract work.

**CURRENT WORKLOAD** is determined by the remaining billable fees (as of advertised submittal date) owed to prime firm's Florida office address listed per Item 2. For multidiscipline firms and/or those with multiple offices, only list fees related to project expertise requested such as architecture or engineering for the identified office. Exception, when participating support staff is not located in the office listed per Item 2 include the added "TOTAL FEES" of the appropriate discipline within respective offices.

**FEES ON HOLD** are for projects that are likely to become active during the design and contract document development portion of this proposed project

**INSTRUCTIONS:**

Type accurately; instruction numbers correspond to the numbers on the form; additional pages corresponding to any of the numbered items may be attached.

1. Insert the Project Number and Project Name as it appears in the Request for Qualifications solicitation posted on Vendor Bid System.
2. Provide the complete Firm Name of the applicant as it appears on the Corporate Seal (if your firm is incorporated). If your firm has two or more office locations, list the address, telephone, fax number and contact name of **managing** office for this project. List the FEIN and DUNS numbers for the office from which the project will be managed throughout the design and construction phases (if different from corporate firm). Payments for services are based upon the FEIN provided by your MyFlorida registration and referenced in contract. List the distance (in miles) from managing office to the project site. (400 West Meadow Street, Leesburg, FL 34748). NOTE: Firms not having an active office within 100 road miles of the project will not be considered.

3. \*For the APPLICANT and the PROPOSED CONSULTANTS enter the firm's appropriate Department of Professional Regulation license number. If the firm is a corporation, enter the Florida Corporate Charter Number as issued by the Division of Corporations, Department of State.  
  
\* Use the license number in accordance with the name of the firm as presented on the firm's letterhead. Use individual license numbers only when applicable.
4. For the APPLICANT firm list all Department of Military Affairs' and other State Agencies' projects for the office location which the project will be managed throughout the design and construction phases (include projects under Continuing Contracts). Indicate total fees paid on contract(s) executed for the periods noted. If none, indicate zero. Enter Total Licensed Staff even if total fees are 0.
5. List, for the APPLICANT firm only [for the office location which the project(s) will be managed], each project currently under contract including contracts as a consultant to another firm. For projects on hold for twelve (12) months or longer, enter the amount of fees remaining (unearned) in the Fees on Hold column. For all of the other projects, enter the fees (unearned) in the Fees Remaining column. Do not include fees to consultants. Enter total Billable Office Staff as defined above.
6. List projects (no more than 6) comparable to this specific project and related experience accomplished by the APPLICANT that were managed throughout the **design** and **construction** phases, as indicated in the solicitation. Indicate name of project, completion date, its location, construction cost of project, current owner contact information and current contractor contact information. Agency must have at least two (2) projects completed within the last three (3) years that are similar in size, scope, & complexity as the project applying for ( i.e. If our project is a renovation, include renovations only) to be considered qualified. Please make sure reference contact information is current.

Additional Evaluation Information:

- Any/ all projects accomplished together by the Team represented would be of interest to the selection panel, any additional information included with project description could be given additional considerations.
  - Projects completed in the same location (county, city or local municipality) could be given additional consideration. Projects with disciplines involving local (city, county) WMD or DEP could be given additional consideration.
  - Projects designed for construction with occupied spaces.
  - Projects completed for the Florida National Guard or any other Military Agency could be given additional consideration.
  - Provide LEED Certified projects and include the certificate in your submittal. If using projects LEED Certified with a consultant, it must be included with your packet. We **MUST** have proof of a LEED Certified project either with a consultant or by firm submitting. Failure to provide a LEED Completed & Certified project will result in disqualification.
7. Designate the proposed project team key personnel of the applicant and consultants. For each individual listed, show each discipline of licensure/training and their City of residence. Please provide resumes for key personnel assigned to this project.
  8. Copy of Map Quest (or like) location of Office in Charge of the Project.
  9. Sign and date the form; type the name and title of the individual signing.

**SUBMISSION INFORMATION:**

1. A Letter of Interest describing your firm's capabilities, accomplishments and specialized staff must be included in the submission package.
2. Attach proof of Myfloridamarketplace.com registration.
3. Submit as stated in the original RFQ, an original and three (3) copies of completed submittal, signed and dated, along with required copies of all Professional Licenses listed in Items 3 and 7 above to:

Robert F. Ensslin, Jr. National Guard Armory  
Attention: Contract Management Branch  
2305 State Road 207  
St. Augustine, Florida 32086

**State of Florida**

**Department of Military Affairs**

**CFMO Contract Management Branch**

**Professional Qualification Supplement (PQS)**

- 1. PROJECT NUMBER: 218036  
 Project Name: Leesburg National Guard Armory Renovation
- 2. NAME OF PRIME FIRM: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 City, Florida, Zip Code \_\_\_\_\_  
 Phone/ Fax Numbers: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 E-Mail Address: \_\_\_\_\_  
 FEIN NUMBER: \_\_\_\_\_  
 DUNS NUMBER: \_\_\_\_\_  
**Distance from site.** \_\_\_\_\_
- 3. SERVICES TO BE PROVIDED: (Refer to definitions above)

SERVICES TO BE PROVIDED	PRIME FIRM			PROPOSED CONSULTANTS		
	Service(s) Offered:	FL License No.	Corporate Charter No.	Name of Consultant	FL License No.	Corporate Charter No.
	Architecture					
	Landscape					
	Site Civil					
	Structural					
	Mechanical					
	Electrical					
	Surveying					
	Geotechnical					
Interior Design						
LEED AP						
Other						

4. PREVIOUS FEE VOLUME FOR DMA AND STATE AGENCY WORK: (Refer to definitions above)

	Period	Total Fee Paid	Factor	Factored Fee
1	From January 1 to submission date		1	\$ -
2	First calendar year past (1/1 to 12/31)		0.8	\$ -
3	Second calendar year past		0.6	\$ -
4	Third calendar year past		0.4	\$ -
5	Fourth calendar year past		0.2	\$ -
		Total Factored Fee Paid:		\$ -
		Total Licensed Staff:		

**Factored Fee / Billable Office Staff**

**FEES FOR CURRENT PROJECTS**

Projects

Fees on Hold

Fees Remaining

5.	CURRENT WORKLOAD FOR PRIME FIRM: (Refer to definitions above)			
<b>CURRENT WORKLOAD (fees from office submitting)</b>				
	Active Projects:		Fees on Hold	Fees Remaining
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
17				
18				
19				
20				
	<b>SUBTOTAL:</b>		\$ -	\$ -
	<b>TOTAL FEES:</b>			\$ -
	<b>Billable Office Staff:</b>			

6. **SPECIFIC RELEVANT RELATED EXPERIENCE** Projects **MUST** be of comparable type (**renovation**), size, scope and complexity. Only projects successfully completed within the previous **3** years by the proposed office in charge of project count as relevant related experience. You may attach color photos or extra pages for further description and detail of reference projects. This form **MUST** be included in your submittal.

PROJECT NAME & BRIEF DESCRIPTION	LEED Yes/No	COMPLETION DATE	LOCATION (City & State)	FINAL CONSTRUCTION COST	CURRENT OWNER CONTACT INFORMATION	CURRENT CONTRACTOR CONTACT INFORMATION

**7. KEY PERSONNEL OF PROPOSED TEAM TO BE USED ON THE PROJECT:**

(This form must be included in your submittal)

---

<u>NAME</u>	<u>DISCIPLINE OF</u> <u>LICENSE/TRAINING</u>	<u>CITY OF RESIDENCE</u>
-------------	---	--------------------------

---

APPLICANT'S

Principal(s)-in-charge

Professional/Technical Staff

---

CONSULTANT(S) or in-house staff

Principal(s)-in-charge

Professional/Technical Staff

8. Attach a copy of Map Quest (or like) showing location of Office in Charge of Project and relative location to Project. Use street address of Office in Charge and street address of Project as stated in the Request for Qualification.

9. INFORMATION CONFIRMATION:

As the managing principal of the submitting Florida office, I pledge, to the best of my knowledge, that the PQS response information submitted above is complete and accurate.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Principal Signature: \_\_\_\_\_