



**PROFESSIONAL SERVICES QUALIFICATIONS**

**CDB 255 FORM**

1. **Prequalification No.:** \_\_\_\_\_

2. **Firm Name, address, phone & fax numbers:** For Joint Venture ("JV"), include information for all members, design discipline of each member, and percentage (of total design team) of services of each member.

Firm Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Fax: \_\_\_\_\_

3. **Contact Person:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

4. **CDB Bulletin Number:** \_\_\_\_\_ **Project Number:** \_\_\_\_\_

**Project Description:** \_\_\_\_\_

5. **Approximate distance to project location:** \_\_\_\_\_ Miles (Enter n/a if location has not been determined.)

6. **Percentage of work to be completed by Prime/JV:** \_\_\_\_\_ **Certified by CMS?:** MBE FBE VOSB SDVOSB N/A

7. **Percentage of work to be performed by Consultants that are CMS Certified MBE/FBE firms:** \_\_\_\_\_ **Percentage of work to be performed by Consultants that are CMS Certified VOSB/SDVOSB (VBE) firms:** \_\_\_\_\_ \*% shall reflect the total of all consultants that are MBE/FBE and VOSB/SDVOSB (VBE) in item 12

8. **Certifications & Disclosures.** **Submit Forms A or B.** Forms A Forms B (only if vendor is registered in the Illinois Procurement Gateway ("IPG")) Approved IPG Registration No.: \_\_\_\_\_

9. **CDB Standard Business Terms and Conditions Enclosed:**

10. **Team personnel, by discipline, to be designated for this project including all consultants. Indicate personnel licensed in Illinois. Submit a résumé for each individual listed below in Item 15. DO NOT include clerical and support staff.**

	# Assigned to this project	# Licensed in Illinois		# Assigned to this project	# Licensed in Illinois
Architects	_____	_____	Mechanical Engineers	_____	_____
Asbestos Project Designers	_____	_____	Structural Engineers	_____	_____
Civil Engineers	_____	_____	Surveyors	_____	_____
Electrical Engineers	_____	_____	Construction Observers	_____	_____
Other: _____	_____	_____	<b>TOTALS</b>	_____	_____

11. Form must be signed by the Firm's President, Vice President, Partner or Sole Owner, Joint Venture Designee or any other person authorized to execute business for the firm/JV.

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

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

Typed: \_\_\_\_\_

12. **CONSULTANTS:** Please list the consultants that will be performing any portion of basic design services for this project. Any firm providing architectural, engineering, asbestos abatement design services or land surveying must be prequalified with CDB. Consultants that are not providing the aforementioned regulated services do not have to be prequalified with CDB, but should be registered with CDB as a sub-consultant. These may include cost consultants, food service consultants, etc. The firms listed below are considered first tier consultants and shall hold a contract directly with the firm submitting this 255 Form.

- Failure of the consultants, providing regulated design services, to be prequalified, will result in rejection of the Prime A/E's submittal(s).

Firm Name & Address	Percentage*	Worked with Prime (Yes or No)	Prequalification or Registration No.	Detailed Scope of Services	Only One Certified by CMS?
					MBE FBE VOSB SDVOSB N/A

**13. RELEVANT PROJECT EXPERIENCE:** (On completed projects within the past 10 years, limit to 8 projects for the submitting firm and 4 for each consultant. One project per page, add additional pages as needed.)

Firm Name:	Level of Responsibility & Detailed Description of Services	Owners Name & Address Prime Contact – Phone & Fax No. (Consultants, identify the Prime A/E)	Date (Actual or Estimated)	Total Project Cost
Project Description & Location				

14. **TEAM PERSONNEL:** Any contract awarded in response to this submittal is conditioned on the qualifications of the firm and the project team individuals as stated below. Therefore, the team listed below shall be assigned to this project if a contract is awarded to the submitting firm

Name	Project Assignment	Associated Firm	Individual Professional License(s) or Certification(s)	Licensed or Certified in Illinois?
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**15. TEAM PERSONNEL RESUMES: (Insert additional copies of this page as needed for each team member)**

<b>(a) Name and Title</b>	<b>(b) Project Assignment</b>
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<b>(c) Complete Office Address for this Individual</b>	<b>(d) Years of Experience with this Firm (with other firms)</b>
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<b>(e) Education: Institution/Field of Study/Degree/Year Obtained</b>	<b>(f) Active Licenses/Certifications/Type/Year</b>
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<b>(g) Specific Relevant Project Experience Including Individual's Level of Responsibility</b>
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