**ATTACHMENT E**

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| **Owner’s Project Manager Application Form for the Accelerated Repair Program**  |  |  |
| 1a. | Respondent Firm Or Joint Venture - Name And Address Of Primary Office To Perform The Work:  | 1b. | Name And Address Of Other Participating Offices: |
|  |  |  |  |
|  |  |
| 1c. | Date Present And Predecessor Firms Were Established: |  | 1d. | Name And Address Of Parent Company, If Any: |
|  |
| 1e. | Federal ID #: |  | 1f. | Name of Proposed Project Director: |
| 2. | Personnel From Prime Firm Included In Question 2a Above By Discipline (List Each Person Only Once, By Primary Function - Average Number Employed Throughout The Preceding Six Month Period. Indicate Both The Total Number of Employees and the Number In Each Discipline: |
| Admin. Personnel |  |  |  |  |  | Cost Estimators |  |  |  |  |  | Other |  |  |  |  |  |  |  |  |  |  |  |
| Architects |  |  |  |  |  | Electrical Engrs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Acoustical Engrs. |  |  |  |  |  | EnvironmentalEngrs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Civil Engrs. |  |  |  |  |  | Licensed Site Profs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Code Specialists |  |  |  |  |  | Mechanical Engrs. |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Construction Inspectors |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| 3. | Has this Joint Venture previously worked together? | q Yes |  | q No |  |

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| 4. | Key Personnel: Using the organization chart below, show the names, titles, and firms of **ONLY** the Key Personnel who are proposed for each project phase. As specified in the Request for Responses Key Personnel include the **Project Director, Project Manager(s), Project Representative(s), and named subconsultants, if any**. The chart may be modified to fit the Respondent’s proposed management approach.  |
| **CITY/TOWN/DISTRICT****Construction****Phase**Name of Project Representative(s)(Number of years of experience for each Project Representative)**Subconsultant****Prime Consultant**Name of Project DirectorName of Project Manager(s)  |

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| **5**. | **Key Personnel**: List and provide the following information for **ONLY** the **Key Personnel** specified in the Request for Services: **Project Director, Project Manager(s), Project Representative(s), and named subconsultants, if any**. Additional sheets should be provided only as required for these key personnel and must be in the format provided below. By including a firm as a subconsultant, the Respondent certifies that the listed subconsultant has agreed to work on this project, should the team be selected.  |
|  |  |  |  |
| a. | Name And Title Within Firm: | a. | Name And Title Within Firm: |
|  |  |  |  |
| b. | Project Assignment: **Project Director**  | b. | Project Assignment: **Project Manager**  |
|  |  |  |  |
| c. | Name And Address Of Office In Which Individual Identified In “a” Works**:** | c. | Name And Address Of Office In Which Individual Identified In “a” Works: |
|  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| d. | Years of Experience: With This Firm: |  | With Other Firms: |  |  | d. | Years of Experience: With This Firm: |  | With Other Firms: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| e. | Education: Degree(s) /Institution/Year/Specialization | e. | Education: Degree(s) /Institution/Year/Specialization |
|  |  |  |  |
| f. | MCCPO Certification:  q Yes(submit copy of certificate) q No (submit copy of registration form, if applicable) | f. | MCCPO Certification:  q Yes(submit copy of certificate) q No (submit copy of registration form, if applicable) |
| g. | Applicable Registrations and Certifications:  | g. | Applicable Registrations and Certifications:  |
|  |  |  |  |
| h. | Current Work Assignments And Availability. Indicate the **hours per week** committed to current work assignments as well as the scheduled project completion dates.  | h. | Current Work Assignments And Availability For This Project. Indicate the **hours per week** committed to current work assignments as well as the scheduled project completion dates.  |
| i. | Other Experience And Qualifications Relevant To The Proposed Project (Identify Firm By Which Employed, If Not Current Firm): | i. | Other Experience And Qualifications Relevant To The Proposed Project: **(**Identify Firm ByWhichEmployed , If Not Current Firm): |

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| **5.** | **Key Personnel (continued).**  |
|  |  |  | **Subconsultant** |
| a. | Name And Title Within Firm: | a. | Name And Title Within Firm: |
|  |  |  |  |
| b. | Project Assignment: **Project Representative**  | b. | Project Assignment: |
|  |  |  |  |
| c. | Name And Address Of Office In Which Individual Identified In “a” Works**:** | c. | Name And Address Of Office In Which Individual Identified In “a” Works: |
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|  |  |  |  |  |  |  |  |  |  |  |  |
| d. | Years of Experience: With This Firm: |  | With Other Firms: |  |  | d. | Years of Experience: With This Firm: |  | With Other Firms: |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |
| e. | Education: Degree(s) /Institution/Year/Specialization | e. | Education: Degree(s) /Institution/Year/Specialization |
|  |  |  |  |
| f. | MCCPO Certification:  q Yes(submit copy of certificate) q No (submit copy of registration form, if applicable) | f. | MCCPO Certification:  q Yes(submit copy of certificate) q No (submit copy of registration form, if applicable) |
| g. | Applicable Registrations and Certifications:  | g. | Applicable Registrations and Certifications:  |
|  |  |  |  |
| h. | Current Work Assignments And Availability For This Project. Indicate the **hours per week** committed to current work assignments as well as the scheduled project completion dates. | h. | Current Work Assignments And Availability For This Project. Indicate the **hours per week** committed to current work assignments as well as the scheduled project completion dates.  |
| i. | Other Experience And Qualifications Relevant To The Proposed Project (Identify Firm By Which Employed, If Not Current Firm): | i. | Other Experience And Qualifications Relevant To The Proposed Project **(**Identify Firm ByWhichEmployed , If Not Current Firm): |

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| **6** | **Key Personnel’s Past Performance** |
| **6A** | **Past Performance – Project Director:** List and provide the required information on projects with total project costs of $1,000,000 or more for which the **Project Director** has performed Owner’s Project Management Services for any public or private owner within the past seven (7) years. Indicate whether the project 1) entailed energy efficient renovations consisting of roofing (replacement or restoration), windows/doors replacement, and/or heat pump conversion in existing building, 2) was MSBA funded, and/or 3) qualified under the Massachusetts Stretch Energy Code and/or the International Energy Conservation Code.  |
|  | a. Project name, location, owner, and owner contact (name, title, telephone, and email) | b. Brief description of project and role of proposed Project Director | c. Total Project Budget | d. Completion date | e. On time | f. Original construction bid value | g. Change Orders and Claims | h. Accidents and Safety Violations | i. Legal Actions | j. Check all that apply |
| (1) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (2) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (3) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (4) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (5) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (6) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (7) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacement or restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (8) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacement or restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| **6B** | **Past Performance – Project Manager:** List and provide the required information on projects with total project costs of $1,000,000 or more for which the **Project Manager** has performed Owner’s Project Management Services for any public or private owner within the past seven (7) years. Indicate whether the project 1) entailed energy efficient renovations consisting of roofing (replacement or restoration), windows/doors replacement, and/or in existing buildings, 2) was MSBA funded, and/or 4) qualified under the Massachusetts Stretch Energy Code and/or the International Energy Conservation Code.  |
|  | a. Project name, location, owner, owner contact (name, title, telephone, and email) | b. Brief description of project, role of proposed Project Manager, and identity of Project Director.  | c. Total Project Budget | d. Completion date | e. On time | f. Original construction bid value | g. Change Orders and Claims | h. Accidents and Safety Violations | i. Legal Actions | j. Check all that apply |
| (1) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (2) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (3) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (4) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (5) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (6) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (7) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (8) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (9) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| **6C** | **Past Performance – Project Representative:** List and provide the required information on projects with total project costs of $1,000,000 or more for which the **Project Representative** has performed Owner’s Project Management Services for any public or private owner within the past seven (7) years. Indicate whether the project 1) entailed energy efficient renovations consisting of roofing (replacement or restoration), windows/doors replacement, and/or heat pump conversion in existing buildings, 2) was MSBA funded, and/or 3) qualified under the Massachusetts Stretch Energy Code and/or the International Energy Conservation Code. |
|  | a. Project name, location, owner, owner contact (name, title, telephone, and email) | b. Brief description of project, role of proposed Project Representative**,** and identity of Project Director and Project Manager | c. Total Project Budget | d. Completion date | e. On time | f. Original construction bid value | g. Change Orders and Claims  | h. Accidents and Safety Violations | i. Legal Actions | j. Check all that apply |
| (1) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (2) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (3) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (4) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (5) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (6) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (7) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (8) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (9) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (10) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (11) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |

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| **6D** | **Past Performance – Subconsultant:** List and provide the required information on projects with total project costs of $1,000,000 or more, for which each **Subconsultant** has provided services for any public or private owner within the past seven (7) years. Indicate whether the project 1) entailed energy efficient renovations consisting of roofing (replacement or restoration), windows/doors replacement, and/or heat pump conversion in existing buildings, 2) was MSBA funded, and/or 3) qualified under the Massachusetts Stretch Energy Code and/or the International Energy Conservation Code. |
|  | a. Project name, location, owner, owner contact (name, title, telephone, and email) | b. Brief description of project and role of proposed subconsultant**.** Please indicate whether subconsultant worked with prime Respondent on the project. | c. Total Project Budget | d. Completion date | e. On time | f. Original construction bid value | g. Change Orders and Claims | h. Accidents and Safety Violations | i. Legal Actions | j. Check all that apply |
| (1) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (2) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (3) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (4) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (5) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (6) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (7) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (8) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (9) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (10) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |

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| **7** | **Respondent’s Past Performance:** List and provide the required information on projects with total project costs of $1,000,000 or more, for which the **Respondent** firm has performed, or has entered into a contract to perform Owner’s Project Management Services for any public or private owner within the past seven (7) years. Indicate whether the project 1) entailed energy efficient renovations consisting of roofing (replacement or restoration), windows/doors replacement, and/or heat pump conversion in existing buildings, 2) was MSBA funded, and/or 3) qualified under the Massachusetts Stretch Energy Code and/or the International Energy Conservation Code. |
|  | a. Project name, location, owner, owner contact (name, title, telephone, and email) | b. Brief description of project and services | c. Total Project Budget | d. Completion date | e. On time | f. Original construction bid value | g. Change Orders and Claims | h. Accidents and Safety Violations | i. Legal Actions | j. Check all that apply |
| (1) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (2) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (3) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (4) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (5) |  |  |  |  **/ /**q Actualq Estimated  | q Yesq No |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Energy efficient renovationsq MSBA fundedq Multi-phase renovation project in occupied buildingq Qualified under Energy Codes |
| (6) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (7) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (8) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (9) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |
| (10) |  |  |  |  **/ /**q Actualq Estimated  | q Yes q No  |  | Number:Value: | Number:Value of fines: | Number:Outcomes: | q Qualified under energy codeq MSBA fundedq Roof replacementq Roof restorationq Windows/doors replacementq Heat pump conversion (air source)q Heat pump conversion (geothermal) |

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| **8** | **Respondent’s Capacity**: Identify all current/ongoing work by the Respondent, Joint Venture Members, or Subconsultants. Identify the role of any proposed Key Personnel. |

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| a. Project name, location, and owner contact (name, title, telephone, and email) | b. Brief Description Of Project And Services | c. Role of any proposed Key Personnel  | d. Current Project Budget | e. Provide current forecastcompletion date and Indicate whether project is on time  |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
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| 7. |  |  |  |  |
| 8. |  |  |  |  |

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| --- | --- |
| 9. | References: Provide the following information for completed and current Projects listed above in 7 and 8 for which the Prime Applicant has performed, or has entered into a contract to perform, Owner’s Project Management Services for all Public Agencies within the Commonwealth within the past 10 years. |
| a. | Project Name And LocationProject Director | Client’s Name, Address and Phone Number. Include Name of Contact Person | Project Name And LocationProject Director | Client’s Name, Address and Phone Number. Include Name of Contact Person | Project Name And LocationProject Director | Client’s Name, Address and Phone Number. Include Name of Contact Person |
| 1) |  |  | 5) |  | 9) |  |
| 2) |  |  | 6) |  | 10) |  |
| 3) |  |  | 7) |  | 11) |  |
| 4) |  |  | 8) |  |  12) |  |

|  |  |
| --- | --- |
| 10. | I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. The information contained in this application is true, accurate, and sworn to by the undersigned under the pains and penalties of perjury.  |
|  | Submitted By (Signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name And Title |  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_  |