

**REQUEST FOR QUALIFICATIONS
ARCHITECTURAL PROFESSIONAL SERVICES**

July 13, 2017

Dear Firm:

The City is requesting qualification statements from interested firms related to historical architectural services towards a Development Grant from the Texas Historical Commission for restoration of the old Fire Station.

Requests for structural engineering services qualifications will be advertised twice: July 19th & July 26th, 2017. Said RFQs to be opened at 2:00 pm on Wednesday, August 2, 2017 and awarded on Tuesday, August 8, 2017 at the Regular Council Meeting. Responses to the Request for Qualifications should be addressed to:

Mail To:
Lamar Schulz, City Manager
City of Carrizo Springs
PO Box 329
Carrizo Springs, TX 78834-6329

Ship To:
Lamar Schulz, City Manager
City of Carrizo Springs
308 West Pena St.
Carrizo Springs, TX 78834

Responses may be either submitted on paper or online. If submitted by paper, outside envelope must be marked "Old Fire Station Restoration - Engineering" and ten (10) copies and one (1) original set must be included. If submitting online, responses can be submitted at link below. The following link also contains the link for PDF of paper documents.

http://www.cityofcarrizo.org/default.aspx?name=firestation_rfq

Please contact Melissa Guerra, City Clerk at 830-876-2476, if you have any questions about the questionnaire.

DO NOT FAX YOUR QUALIFICATIONS.

Sincerely,

Lamar Schulz, City Manager

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ACKNOWLEDGEMENT OF RECEIPT

**THIS FORM MUST BE COMPLETED AND FAXED UPON RECEIVING THE
REQUEST FOR QUALIFICATIONS**

ACKNOWLEDGEMENT OF RECEIPT

Please fill in the requested information below as acknowledgement that you have received the Request for Qualifications noted above. If your firm is interested in participating, it is highly recommended that this sheet be completed and returned or e-mailed to:

lschulz@Cityofcarrizo.org

Mail To:
Lamar Schulz, City Manager
City of Carrizo Springs
PO Box 329
Carrizo Springs, TX 78834-6329

Ship To:
Lamar Schulz, City Manager
City of Carrizo Springs
308 West Pena St.
Carrizo Springs, TX 78834

By doing this, we will be able to provide notification of any addenda to the RFQ.

Name of Firm: _____

Address: _____

City/State/Zip: _____

Phone: () _____ Fax: () _____

E-Mail: _____

Name: (Print) _____

Title: _____

Signature: _____ Date: _____

Yes, our company does have an interest in responding.

No, our company does not have an interest in responding.

PURPOSE OF STATEMENT OF QUALIFICATIONS

The City Council of the City of Carrizo Springs is in the process of seeking Request for Qualifications, RFQ, from Historical Architects for a project which shall include:

- Restoration of Old Fire Station - Phase I
 - Roofing Design and Replacement

Please note - Project could be broken into two or three stages due to City financial obligation.

Selection Process

In procuring the services of an architect, the City will follow the process below in accordance with Texas Government Code Section 2254.001.

1. First, the City will select the most highly qualified provider of those services on the basis of demonstrated competence and qualifications for each project or series of projects.
2. City will negotiate with the selected provider a contract at a fair and reasonable price.
3. If a satisfactory contract cannot be negotiated with the most highly qualified provider, the City shall formally end negotiations and select the **next** most highly qualified provider.
4. The City of Carrizo Springs will continue the above process until a contract is entered into. The City of Carrizo Springs reserves the following rights, but not limited to:
 - Starting date to be negotiated
 - To terminate contract by giving a 30 day written notice
 - To pay for services on a monthly basis
 - To reject any and all negotiated proposals
 - To waive any technicalities and informalities
 - To negotiate the terms of the proposal
 - Selection will be based on what is determined to be in the best interest and most advantageous to the City of Carrizo Springs.
 - Selection may be made based on past experience

RESPONSE FORMAT AND CONTENTS

The responses to this Request for Qualifications will consist of ten (10) specific information subject areas which *must be completed and returned in the order indicated below with each section divided and number tabbed with the appropriate section title.*

1. Cover Letter

Your packet will include a cover letter at the beginning of the Request Qualifications. The cover letter shall provide a summary of the information presented in the Request for Qualification to include names, telephone and fax numbers of person(s) authorized to provide any clarification required. This cover letter shall also include the name of the person(s) authorized to conduct final contract negotiations on behalf of the company.

2. Company Information

Include in this section your company name, address, telephone number, fax number, company background, year current firm was established, name of parent company (if applicable), principal owners, Texas registration number, type of organization (individual, partnership, corporation, joint venture, etc.)

3. Professional Liability Insurance

Include in this section a copy of your professional liability insurance policy.

4. Qualified Service Personnel

Include in this section your firm total number of employees, supervisory responsibilities and line of authority, training, certifications that may have a role in this contract.

5. Insurance Policies

Include in this section a copy of the following insurance policies: General Liability, Workmen's Compensation, and Automobile Insurance Policies.

6. Form A

Include in this section FORM A. Complete all sections of this form and sign.

7. Felony

Include in this section the Felony Conviction Notification (attached). Complete all sections of this form and sign

8. Non-Collusion Statement

Include in this section the Non-Collusion Statement and Signature Sheet (attached). Complete all sections of this form and sign.

9. Qualifications Specifications Requirements Form

Include in this section the Proposal Conformance Statement Sheet (attached). Complete all sections of this form and sign.

10. Qualifications Statement Checklist

This section is for informational purpose only and does not have to be a part of the Qualifications Statement Response.

FORM A

Application for Providers of Professional Services General Information

DATE	
FIRM NAME	
ADDRESS	
CITY/ST/ZIP	

Contact Information

NAME	
TITLE	
PHONE	
FAX	
EMAIL	
TEXAS REGISTRATION NUMBER	

Type of Organization

	Sole Proprietorship (Individual)
	Partnership
	Professional Corporation
	Corporation
	Joint Venture
	Other: (Explain)

Firm Background and Staff

Year present firm established:	
Name of parent company (if applicable):	
Address:	
Year parent company established:	
Former company name(s), if any and year(s) Established: Name: Name: Name:	Year: Year: Year:
Number of employees in firm:	
Total employees in firm (all office locations):	

Professional Service (Disciplines) Provided by Firm - Please check all applicable:

<input type="checkbox"/>	Architectural/Planning
<input type="checkbox"/>	Facility Master Planning
<input type="checkbox"/>	Grant Writing Assistance
<input type="checkbox"/>	Design with historically designated facilities
<input type="checkbox"/>	Construction Administration
<input type="checkbox"/>	<p style="text-align: center;">Per Secretary of the Interior's Guidelines for Historic Preservation Projects: Professional Qualification Standards</p> <p>At least one year of graduate study in architectural preservation, American architectural history, preservation planning, or closely related field or At least one year of full time professional experience on historic preservation projects Graduate study or experience shall include detailed investigations of historic structures, preparation of historic structures research reports, and preparation of plans and specifications for preservation projects.</p>
<input type="checkbox"/>	Construction Management
<input type="checkbox"/>	Construction Manager Advisor (CMA)
<input type="checkbox"/>	Construction Manager Contractor (CMC)

	Has your firm worked in conjunction with the Texas Historical Commission on any planning, development, or archeology grants?
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PROFESSIONAL LIABILITY INSURANCE

Does your firm carry professional liability insurance?

Yes No Limit Amount \$ _____

List other insurance policies: General Liability, Workmen’s Compensation, and Automobile Insurance Policies

Specialized Services/Supplemental Services

In space following, provide a list of some of the unique services also provided by your firm. Ex: ADA audit and review, Energy Audits, Landscaping Design, Interior Design, etc.

HISTORICAL EXPERIENCE PROFILE

Please provide information on completed historically related projects and whether it was in conjunction with the Texas Historical Commission (THC).

Project Name	
Entity & Year	
Contact Person	
THC Related	YES NO
Work Performed	

Project Name	
Entity & Year	
Contact Person	
THC Related	YES NO
Work Performed	

Project Name	
Entity & Year	
Contact Person	
THC Related	YES NO

Work Performed	

Current Clients and Projects - Please list three (3) current clients and services provided

Project Name	
Entity & Year	
Contact Person	
THC Related	YES NO
Work Performed	

Project Name	
Entity & Year	
Contact Person	
THC Related	YES NO
Work Performed	

Project Name	
Entity & Year	
Contact Person	
THC Related	YES NO
Work Performed	

The information provided on this application I believe to be true and representative of the firm for which it's submitted.

Signature of Firm Contact Person

Date

HISTORICAL ARCHITECT EVALUATION FORM

Project Name: “Old Fire Station Restoration” - Architectural Services

Firm Name: _____

CATEGORIES	RATING	X	WEIGHT	=	TOTAL
1. Overall Architectural Design Experience	_____	X	4	=	
2. Worked with Texas Historical Commission	_____	X	5	=	
3. Firm's Ability and Capability to perform the work.	_____	X	4	=	
4. Accessibility of Firm to the Project Location	_____	X	2	=	
5. Firm's Unique Qualifications/Services	_____	X	3	=	
6. Firm's Experience with "Historical" Buildings	_____	X	5	=	
7. At lease one year graduate study in architectural preservation, American architectural history, preservation planning, or closely related field.	_____	X	5	=	
8. At least one year of full time professional experience on historic preservation projects.	_____	X	5	=	

GRAND TOTAL =

Rating will be from 1 to 5, with 1 being the worst and 5 being the best.

EVALUATOR

DATE

Legal Disclosures

Has your firm or any person in your firm to be assigned to work with the City been: (1) indicted or convicted of a felony or misdemeanor greater than a Class C in the last five years; (2) terminated (for cause or otherwise) from any work being performed for any Federal, State, or Local Government or private entity; or (3) involved in any claim or litigation with any Federal, State, or Local Government or private entity during the last ten years? Please indicate your willingness to provide additional information on any litigation pending against your firm should the City request it.

Open Records

All Proposals shall be deemed, once submitted, to be the property of the City and subject to the Open Records Act, Tex. Rev. Civ. State Ann., Art. 6252-17a. Proprietary Information: If a firm does not desire proprietary information in the proposal to be disclosed under the Texas Open Records Act or otherwise, it is required to clearly identify (and segregate, if possible) all proprietary information in the proposal, which identification shall be submitted concurrently with the proposal. If such information is requested under the Texas Open Records Act, the firm will be notified and given an opportunity to present its position to the Texas Attorney General, who shall make the final determination. If the firm fails to clearly identify proprietary information, it agrees, by the submission of a proposal, that those sections shall be deemed non-proprietary and made available upon public request after the contract is awarded.

Cost Incurred in Responding

All costs directly or indirectly related to preparation and submission of qualifications, or any oral presentation required to supplement or clarify the request for clarifications which may be required by the City shall be the sole responsibility of, and shall be borne by your firm.

Cancellation

The City reserves the right to accept or reject any proposals under this RFQ. The information contained in this RFQ is intended to serve only as a general description of the services sought by the City. In releasing this RFQ, the City is not obligated to proceed with any action, and may decide it is in the City's best interest to discontinue consideration of services.

City Rights

1. If only one or no RFQ response is received by "submission date", the City has the right to reject, re-propose, accept and/or extend the RFQ by up to an additional two (2) weeks from original submission date.
2. The right to reject any/or all RFQs and to make award as they may appear to be advantageous to the City.
3. The right to hold RFQ for 90 days from submission date without action, and to waive all formalities in RFQ.
4. The right to extend the total RFQ beyond the original 90-day period prior to an award if agreed upon in writing by both parties and if RFQ holds firm.
5. The right to terminate all or any part of the unfinished portion of the work resulting from this solicitation within thirty (30) days written notice; upon default by the firm, for delay or non-performance by the firm, or if it is deemed in the best interest of the City for convenience.
6. The City reserves the right to request additional information or to meet with representatives from responding organizations to discuss points in the RFQ before and after submission, any and all of which may be used in forming a recommendation.
7. The City reserves the right to request additional information or to meet with representatives from responding organizations to discuss points in the RFQ before and after submission, any and all of which may be used in forming a recommendation.
8. The City reserves the right to reject any and all qualification statements, and to accept the RFQ it considers in its best interest based upon the requirements and descriptions outlined in this RFQ.
9. Any interpretation, correction, or change of the RFQ will be made by ADDENDUM.
10. Addenda will be emailed or faxed to all who have returned the RFQ Acknowledgement Form. Addenda

will be issued as expeditiously as possible. It is the responsibility of the firm to determine whether all addenda have been received. It will be the responsibility of all respondents to contact the City prior to submitting a response to the RFQ to ascertain if any addenda have been issued, and to obtain any and/ or all addenda, execute them, and return addenda with the response to the RFQ.

EXECUTION OFFER

In compliance with this RFQ, and subject to all the conditions herein, the undersigned offers and agrees to furnish any or all commodities or services as submitted.

By signature hereon, the Respondent hereby certifies that he/she is not currently delinquent in the payment of any franchise taxes owed the State of Texas under Chapter 171, Tax Code.

By executing this offer, Respondent affirms that he/she has not given, offered to give, nor intends to give at anytime hereafter, any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted offer. Failure to sign the offer, or signing it with a false statement, shall void the submitted offer or any resulting contracts, and the Respondent may be removed from all vendor lists.

By the signature hereon affixed, the Respondent hereby certifies that neither the Respondent nor the firm, corporation, partnership, or institution represented by the Respondent or anyone acting for such firm, corporation, or institution has violated the antitrust laws of this State, codified in Section 15.01, et seq., Texas Business and Commerce Code, or the Federal antitrust laws, nor communicated directly or indirectly the offer made to any competitor or any other person engaged in such line of business. By signing this offer, Respondent certifies that if a Texas address is shown as the address of the Respondent, Respondent qualifies as a Texas Resident Bidder as defined in Rule 1 TAC 113.8.

Failure to manually sign proposal will disqualify it. The person signing the proposal should show title or authority to bind his/her firm in contract.

Respondent/Company: _____

Signature: _____

Name (Typed/Printed): _____

Title: _____

Street: _____

City/State/Zip: _____

Telephone No.: () _____ Fax No.: () _____

THIS SHEET MUST BE COMPLETED, SIGNED, AND RETURNED WITH
RESPONDENT'S PROPOSAL. FAILURE TO SIGN AND RETURN THIS SHEET MAY
RESULT IN THE REJECTION OF YOUR PROPOSAL.

FELONY CONVICTION NOTIFICATION

THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH PROPOSAL

State of Texas legislative Bill No. 1 Section 4.034, Notification of Criminal History, Subsection (a) states “a person or business entity that enters into a contract with the City must give advance notice to the City if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony.”

THIS NOTICE IS NOT REQUIRED OF A PUBLICLY-HELD CORPORATION

I, the undersigned agent for the firm named below, certify; that the information concerning notification of felony convictions has been reviewed by me and the information furnished is true to the best of my knowledge.

VENDOR’S NAME: _____

AUTHORIZED COMPANY OFFICIAL’S NAME (PRINTED): _____

SIGNATURE OF COMPANY OFFICIAL _____

Please check off one box and sign the form in the appropriate space

- A. My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.
- B. My firm is not owned nor operated by anyone who has been convicted of a felony.
- C. My firm is owned and/or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): _____

Details of Conviction(s): _____

W-9

If submitting online - this form must be either emailed to Mr. Lamar Schulz (lschulz@cityofcarrizo.org) or mailed.

Form **W-9**
(Rev. January 2005)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

Give form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2:

Name (as shown on your income tax return)	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number								

or

Employer identification number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

Name of person doing business with local governmental entity.

OFFICE USE ONLY

Date Received

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

CONFLICT OF INTEREST QUESTIONNAIRE

For vendor or other person doing business with local governmental entity - Form CIQ

Page 2

**Name of local government officer with whom filer has affiliation or business relationship.
(Complete this section only if the answer to A, B, or C is YES.)**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes No

D. Describe each affiliation or business relationship.

Describe any other affiliation or business relationship that might cause a conflict of interest.

Signature of person doing business with the governmental entity

Date

NON-COLLUSION STATEMENT

The undersigned Proposer, by signing and executing this proposal, certifies and represents to the City of Carrizo Springs that Proposer has not offered, conferred or agreed to confer any pecuniary benefit, as defined by Section 1.07 (a)(6) of the Texas Penal Code, or any other thing of value, as consideration for the receipt of information or any special treatment or advantage relating to this proposal; the Proposer also certifies and represents that Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other things of value as consideration for the recipient's decision, opinion, recommendation, vote or other exercise of discretion concerning this proposal; the Proposer certifies and represents that Proposer has neither coerced nor attempted to influence the exercise of discretion by any officer, trustee, agent or employee of the City of Carrizo Springs concerning this proposal on the basis of any consideration not authorized by law; the Proposer also certifies and represents that Proposer has not received any information not available to other proposers so as to give the undersigned a preferential advantage with respect to this proposal; the Proposer further certifies and represents that Proposer has not violated any state, federal or local law, regulation or ordinance relating to bribery, improper influence, collusion or the like and that Proposer will not in the future, offer, confer, or agree to confer any pecuniary benefit or other thing of value of any officer, trustee, agent or employee of the City of Carrizo Springs in return for the person having exercised the person's official discretion, power or duty with respect to this proposal; the Proposer certifies and represents that it has not now and will not in the future offer, confer, or agree to confer a pecuniary benefit or other thing of value to any office, trustee, agent or employee of the City of Carrizo Springs in connection with information regarding this proposal, the submission of this proposal, the award of this proposal or the performance, delivery or sale pursuant to this proposal.

FIRM NAME

ADDRESS

CITY/STATE/ZIP

TELEPHONE/FAX NUMBER

TYPED NAME OF REPRESENTATIVE(S)

SIGNATURE OF REPRESENTATIVE(S)

DATE

ACCEPTANCE FORM

We _____ have reviewed all of the documents provided in connection with the RFQ and agree to all terms, conditions, criteria and specifications set forth in any of the documents provided by the City of Carrizo Springs in connection with the Request for Qualifications pursuant to this RFQ. Accordingly, we submit our Qualifications Statement as requested. All costs involved in submitting this Qualifications Statement to the City of Carrizo Springs will be liable in full by the proposing firm.

FIRM NAME

ADDRESS

CITY/STATE/ZIP+4

TELEPHONE NUMBER

FAX NUMBER

AUTHORIZED SIGNATURE

PRINTED NAME

POSITION WITH COMPANY

SIGNATURE OF COMPANY OFFICIAL AUTHORIZING THIS QUALIFICATIONS STATEMENT

COMPANY OFFICIAL (PRINT NAME)

OFFICIAL POSITION