

Passaic County HFH	PROFESSIONAL SERVICES PREQUALIFICATION APPLICATION	FORM Q
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<p>1. FIRM NAME/BUSINESS ADDRESS:</p> <p>County:</p> <p>Principal Contact: Phone: ()</p> <p>Year Firm Established: Staff Size: Fax: () <i>(Staff size should include full-time licensed & technical staff in this office only.)</i></p> <p>E-Mail Address:</p> <p>1a. SATELITTE FIRM NAME/BUSINESS ADDRESS (if applicable)</p> <p>County:</p>	<p>2. FEDERAL TAX ID NUMBER:</p>	<p>3. DATE PREPARED:</p>
	<p>4. TYPE OF OWNERSHIP:</p> <p><input type="checkbox"/> Individual</p> <p><input type="checkbox"/> Partnership</p> <p><input type="checkbox"/> Professional Corporation</p> <p><input type="checkbox"/> Corporation (list State)</p> <p><input type="checkbox"/> Professional Association</p> <p><input type="checkbox"/> L.L Corporation</p> <p><input type="checkbox"/> L.L Company</p> <p><input type="checkbox"/> Other (Specify)</p>	<p>5a. FILING STATUS:</p> <p><u>Minority Business Enterprise:</u></p> <p><input type="checkbox"/> MBE CERTIFIED (Attach Copy)</p> <p><u>Women Business Enterprise:</u></p> <p><input type="checkbox"/> WBE CERTIFIED (Attach Copy)</p> <p><u>Small Business Enterprise</u></p> <p><input type="checkbox"/> SBE CERTIFIED (Attach Copy)</p> <p>5b. DIV. OF REVENUE FILING (Attach Copy)</p> <p><input type="checkbox"/> BUSINESS REGISTRATION CERTIFICATE</p>
		<p>6. CADD TO PDF CAPABILITY</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>

<p>7. NAME/ADDRESS OF PARENT FIRM (if any): IF NONE, CHECK HERE ⇒ <input type="checkbox"/></p> <p>Principal Contact: Phone: ()</p> <p>E-Mail Address:</p>	<p>8. FORMER FIRM NAME(S) AND YEAR(S) ESTABLISHED: <i>(attach additional sheets as needed)</i> IF NONE, CHECK HERE ⇒ <input type="checkbox"/></p>
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<p>9. Years in Business:</p> <p>Years with Paterson Habitat for Humanity:</p>	<p>10. Davis Bacon Adherence</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p>
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<p>11. ADDITIONAL PRE-QUALIFICATION: List any other public agencies, department, authorities, etc. by which the firm listed in Box 1 is presently prequalified. IF NONE, CHECK HERE ⇒ <input type="checkbox"/></p>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%; border-bottom: 1px solid black; text-align: center;"><u>AGENCY</u></td> <td style="width:50%; border-bottom: 1px solid black; text-align: center;"><u>CONTACT PERSON</u></td> </tr> </table>	<u>AGENCY</u>	<u>CONTACT PERSON</u>
<u>AGENCY</u>	<u>CONTACT PERSON</u>		

12. FIRM'S NEW JERSEY LICENSED STAFF

<u>NAME</u>	<u>ROLE</u>	<u>NJ LICENSE NUMBER</u>	<u>DISCIPLINE</u>	<u>OFFICE</u>

ATTACH AS MANY OF THESE PAGES AS NECESSARY

13. PROFESSIONAL TECHNICAL DATA

INSTRUCTIONS: 1. Place an "X" in Column A for those specialties/disciplines for which the firm is seeking prequalification/offers expertise
 2. Indicate the number of staff members in the appropriate boxes in columns E&F working full time in each specialty/discipline.
 3. Indicate the total Professional/Technical Staff for each Specialty/Discipline in Column "G"
 4. Attach any certifications claimed
 5. In order to receive a prequalification rating for a specific discipline/specialty, qualified staff must be listed in column "E or column "F" if applicable. All staff must be listed in order to submit for bid opportunities if they will be working as part of any awarded opportunity.

A	B	C	D	E OFFICE TO BE PRE-QUALIFIED (LISTED IN BOX 1, PAGE 1)		F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	SPECIALTY/DISCIPLINE	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	00	AFFORDABLE HOUSING	ANY					
<input type="checkbox"/>	01	GREEN BUILDING AND SUSTAINABILITY	ANY					
<input type="checkbox"/>	1a	CERTIFICATION EXPERIENCE: ENERGY STAR, LEED, OTHER: Please indicate specific experience.	CERTIFIED AS APPLICABLE Please indicate specific certification.					
<input type="checkbox"/>	1b	INDOOR AIR QUALITY	ANY Please indicate specific certification.					
<input type="checkbox"/>	1c	SUSTAINABLE COMMUNITIES	ARCHITECTS/PLANNERS					
<input type="checkbox"/>	1d	RENEWABLE ENERGY CONSULTANT	RENEWABLE ENERGY SPECIALISTS					
<input type="checkbox"/>	02	ARCHITECTURE	ARCHITECTS					
<input type="checkbox"/>	03	ELECTRICAL ENGINEERING	ELECTRICAL ENGINEERS					
<input type="checkbox"/>	04	PLUMBING ENGINEERING	PLUMBING ENGINEERS					
<input type="checkbox"/>	05	HVAC ENGINEERING	HVAC ENGINEERS					
<input type="checkbox"/>	5a	TESTING & BALANCING (HVAC)	HVAC ENGINEERS (CERTIFICATION BY NEBB)					
<input type="checkbox"/>	5b	BUILDING COMMISSIONING	ENGINEERS/TECHNICIANS					

13. PROFESSIONAL TECHNICAL DATA, continued...

A	B	C	D	E OFFICE TO BE PRE-QUALIFIED (LISTED IN BOX 1, PAGE 1)		F SATELLITE OFFICE (LISTED IN BOX 9, PAGE 1)		G
REQSTD <input checked="" type="checkbox"/>	CODE	SPECIALTY/DISCIPLINE	TITLES OF PROFESSIONAL/TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	# OF STAFF WITH A NJ LICENSE	# OF ADDITIONAL TECHNICAL STAFF	(E+F) TOTAL STAFF
<input type="checkbox"/>	06	CIVIL ENGINEERING STRUCTURAL ENGINEERING	CIVIL ENGINEERS STRUCTURAL ENGINEERS					
<input type="checkbox"/>	07	SOILS ENGINEERING	SOILS ENGINEERS					
<input type="checkbox"/>	08	FIRE PROTECTION ENGINEERING	FIRE PROTECTION ENGINEERS					
<input type="checkbox"/>	09	LANDSCAPE DESIGN	LANDSCAPE ARCHITECTS					
<input type="checkbox"/>	10	PLANNING	PLANNERS					
<input type="checkbox"/>	11	LAND SURVEYING	SURVEYORS					
<input type="checkbox"/>	12	BARRIER FREE/ADA DESIGN	ARCHITECTS/ENGINEERS					
<input type="checkbox"/>	13	HISTORICAL PRESERVATION/ RESTORATION	ARCHITECTS/PLANNERS					
<input type="checkbox"/>	14	ACOUSTICS	ARCHITECTS /ACOUSTICIANS					
<input type="checkbox"/>	15	ASBESTOS SAFETY CONTROL MONITORING	ASBESTOS SAFETY TECHNICIANS (FIRM & AST MUST BE CERTIFIED BY DCA)					
<input type="checkbox"/>	16	SITE PLANNING	PLANNERS/ARCHITECTS/ ENGINEERS					
<input type="checkbox"/>	17	HISTORIC PRESERVATION CONSULTANT	ARCHITECTURAL HISTORIANS/ RESEARCHERS					
<input type="checkbox"/>	18	STORMWATER MANAGEMENT	CIVIL/SANITARY ENGINEERS					
<input type="checkbox"/>	19	ENVIRONMENTAL CONSULTANT	ENVIRONMENTAL SPECIALISTS					
<input type="checkbox"/>	20	UNDERGROUND STORAGE TANK REMOVAL OR INSTALLATION	DEP CERTIFIED SPECIALISTS (SSE) AND DEP CERTIFIED FIRM					
<input type="checkbox"/>	21	PERIMETER SECURITY FENCING	SECURITY SYSTEM SPECIALISTS					
<input type="checkbox"/>	22	LEAD PAINT EVALUATION/ INSPECTION	DOH CERTIFIED TECH (DCA FIRM CERTIFIED)					
<input type="checkbox"/>	23	<i>OTHER: Please identify other certifications held but not covered in this list; attach extra sheets if required.</i>						

14 PROJECT REFERENCES:

PLEASE LIST A MINIMUM OF THREE (3) PROJECTS TWO (2) OF WHICH HAVE BEEN COMPLETED AND OCCUPIED. IN THE CASE OF STUDIES OR MASTER PLANS, LIST A MINIMUM OF THREE (3) PROJECTS WITH THE CONSTRUCTION COST ESTIMATE OR THE FEE YOUR FIRM RECEIVED FOR THIS SERVICE. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST TEN (10) YEARS. PRINCIPALS OR PARTNERS IN THE APPLICANT FIRM MAY ONLY INCLUDE EXPERIENCE GAINED IN A PREVIOUS FIRM IF THEY WERE A PRINCIPAL IN THAT FIRM. **LIST ONLY INDIVIDUAL PROJECTS (District wide, various locations, indefinite or term contracts will not be considered.)**

A/E Indicates services performed as the Architect or Engineer of record

S/C Indicates services performed as a Sub-Consultant to an A/E of record

JV Indicates services as part of a Joint Venture

CM Indicates services performed as the owner's representative managing & monitoring project design & construction

DISCIPLINE/ SPECIALTY TYPE (use codes from box 13, column B)	A/E, S/C JV, CM	PROJECT NAME LOCATION & BRIEF DESCRIPTION	PROJECT OWNER, CONTACT PERSON & PHONE NUMBER (for Reference follow-up)	ESTIMATED COST		MONTH & YEAR WORK COMPLETED
				ENTIRE PROJECT	WORK FOR WHICH FIRM RESPONSIBLE	

15. IDENTIFY INSURANCES CURRENTLY HELD BY YOUR FIRM:		
TYPE	CARRIER, AGENT ADDRESS, NAME AND PHONE NUMBER	POLICY LIMITS
Workers Compensation		
Multiple Peril		
Vehicle		
General Liability		
Medical		
Professional Liability		
Other:		

16. CERTIFICATION OF PRINCIPALS:

CERTIFICATION

Each **Principal** identified in Box 14 must complete this certification. **Certifications must be notarized when signed.**

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS APPLICATION WILL SUBJECT THE APPLICANT FIRM TO CIVIL AND CRIMINAL PENALTIES AVAILABLE AT LAW.

I _____, being duly sworn, state that I am _____ of _____, and that I
(full name) *(title)* *(firm name)*
have read and understood the questions contained in the attached application and its appendices.

I certify that to the best of my knowledge the information given in response to each question and the appendices is full, complete and truthful.

I acknowledge that the Paterson Habitat for Humanity may, by means it deems appropriate, determine the accuracy and truth of the statements made in the application.

I recognize that all the information submitted is for the express purpose of inducing Paterson Habitat for Humanity to pre-qualify the applicant, award a contract and/or allow the applicant to participate in professional consultant services contracts.

I agree and warrant that truthfully answering the questions on this application is an event entirely within my control.

I understand and agree that the application and all supporting documentation filed with the Paterson Habitat for Humanity shall become the property of the Paterson Habitat for Humanity.

I authorize the Paterson Habitat for Humanity to contact any entity or person named in the application for purposes of verifying the information supplied by the applicant.

Sworn to before

This _____ day of _____

_____/_____
Name (print) / Date

_____/_____
Original Signature / Title

Original Signature _____
NOTARY PUBLIC

17. CERTIFICATION BY PREPARER (COMPLETE IF NOT PREPARED BY PRINCIPAL AS IDENTIFIED IN 16)

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge that the Paterson Habitat for Humanity is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Paterson Habitat for Humanity to notify the Paterson Habitat for Humanity in writing of any changes to the answers or information contained herein. A material false statement or omission made in connection with this application will subject the applicant firm and me to civil and criminal penalties available at law. I authorize the Paterson Habitat for Humanity to verify any answer(s) contained herein, to investigate my background and credit worthiness and of the firm stated herein and to enlist the aid of third parties in its investigative process.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge.

ATTESTED: Sworn and subscribed to before me

on the _____ day of _____

Original Signature: _____ **Date:** _____

PRINT OR TYPE Name: _____

Original Signature: _____

Title: _____

NOTARY PUBLIC

