

ATTACHMENT A – CONSULTANT DATA SHEET

Date: _____

Firm Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Federal Employers Tax Identification Number or Social Security Number: _____

Phone No.: _____ Fax No.: _____

Contact Person :

| | | |
|----------------|-------------------|-----------|
| _____ | _____ | _____ |
| Title | First Name | Last Name |
| _____ | _____ | _____ |
| Phone Number | Fax Number | |
| _____ | _____ | |
| E-mail Address | Cell Phone Number | |

Principal(s):

| | | |
|----------------|-------------------|-----------|
| _____ | _____ | _____ |
| Title | First Name | Last Name |
| _____ | _____ | _____ |
| Phone Number | Fax Number | |
| _____ | _____ | |
| E-mail Address | Cell Phone Number | |
| _____ | _____ | |
| License Number | | |

| | | |
|----------------|-------------------|-----------|
| _____ | _____ | _____ |
| Title | First Name | Last Name |
| _____ | _____ | _____ |
| Phone Number | Fax Number | |
| _____ | _____ | |
| E-mail Address | Cell Phone Number | |
| _____ | _____ | |
| License Number | | |

Ownership and Organization Classification
(Check all that apply. Size of firm must be designated.)

Diversity Business Owner Designation

- Woman Owned
- Woman Owned Minority
- Minority
- Disabled Business Owner
- Disabled Veteran
- Disadvantaged
- Non-Profit Government Education

Organization Classification

- Individual
- Small – AZ (Per A.R.S. § 1-1001.8)
- Small – Federal (Per P.L. § 95-507)
- Large
- None Of The Above

Definition of Small Arizona Business – Has less than \$4M in revenues or less than 100 employees

Definition of Small Federal Business – Has revenues less than \$8M

I. DISCIPLINES

(Applies to the submitting firm **only – not** its consultants)

Please check only those that your firm is interested in providing as an independent, in-house service.

| | | | |
|--|-------|--------------------------------------|-------|
| Acoustical/Noise/Vibration Eng (AC) | _____ | LEED Accredited Eng / Architect (LD) | _____ |
| Archaeology (AR) | _____ | Master Planning (MP) | _____ |
| Architecture (A) | _____ | Material Engineering (MG) | _____ |
| Audio Visual Design (AV) | _____ | Materials Testing (MAT) | _____ |
| BioSafety Level Design 1, 2, 3, 4 (BI) | _____ | Mechanical Engineering (ME) | _____ |
| Central Plant/Chiller (CH) | _____ | Parking Consulting (PC) | _____ |
| Civil Engineering (CE) | _____ | Partnering Facilitation (PF) | _____ |
| Commissioning (C) | _____ | Photogrammetry (PH) | _____ |
| Constructability Review (CR) | _____ | Programming / Space Planning (PRG) | _____ |
| Construction Administration (CA) | _____ | Project/Cost Estimating (PE) | _____ |
| Construction Inspection (CI) | _____ | Project Scheduling (PS) | _____ |
| Construction Management (CM) | _____ | Roofing (RFG) | _____ |
| Continuity/Disaster Recovery (DR) | _____ | Security Consulting (SC) | _____ |
| Electrical Engineering (EE) | _____ | Soils Testing (SOIL) | _____ |
| Environmental Eng/Plan (ENV) | _____ | Special Inspections (SI) | _____ |
| Facility Audits / Inspections (FA) | _____ | Specifications (SP) | _____ |
| Fire Alarm Design (FD) | _____ | Structural Engineering (SE) | _____ |
| Fire Protection Consultant (FP) | _____ | Sustainable Design (SD) | _____ |
| Geotechnical Engineering (GEO) | _____ | Telecommunications (TEL) | _____ |
| Hazardous Waste (HW) | _____ | Testing and Balance (TB) | _____ |
| Interior Design (INT) | _____ | Value Engineering (VE) | _____ |
| Land Surveying (LS) | _____ | Others (OTH) | _____ |
| Landscape Architecture (LA) | _____ | | _____ |

II. EXPERIENCE EMPHASIS

(For each EXPERIENCE EMPHASIS category below, please indicate number of years of experience of your most experienced employee (may use different employees for each category)).

| | Years | | Years |
|-------------------------------------|-------|---|-------|
| ADA Compliance/Surveys (ADA) | _____ | Masonry (MY) | _____ |
| ADOT Approved Signage (ADT) | _____ | Medical Care / Medical Facilities (MED) | _____ |
| Agricultural Facilities (AG) | _____ | Metrocology (MET) | _____ |
| Athletic Facilities / Phys Ed (ATH) | _____ | Museums (MUS) | _____ |
| Auditorium / Theatre (AUD) | _____ | Music Facilities (MF) | _____ |
| Bookstore (BK) | _____ | NCAA Cert Athletic Facilities (NCAA) | _____ |
| Bridges (BR) | _____ | Observatories (OBS) | _____ |
| Clean Room (CL) | _____ | Office Facilities (OF) | _____ |
| Device Characterization (DC) | _____ | Outdoor Recreation (OR) | _____ |
| Elevators and Escalators (ELV) | _____ | Parking Structures (PS) | _____ |
| Engineering Buildings (ENG) | _____ | Partnering Workshops (PW) | _____ |
| Ergonomics (ERG) | _____ | Pedestrian/Bicycle Thoroughfare (PB) | _____ |
| Facilities Programming (FP) | _____ | Photo Surveying (PH) | _____ |
| Feasibility Studies (FE) | _____ | Recreation / Activity Centers (REC) | _____ |
| Fine Arts / Public Art (FA) | _____ | Renovation / Remodeling (RR) | _____ |
| Food Services (FS) | _____ | Research Labs (RL) | _____ |
| Forensics / Bio Investigation (FBI) | _____ | Residence Halls (RH) | _____ |
| General Classroom (GC) | _____ | Retail Restaurants/Shops (RT) | _____ |
| Graphics (GR) | _____ | Roofing / Reroofing (RFG) | _____ |
| Hazardous Waste Facilities (HW) | _____ | Signage / Graphics (SG) | _____ |
| Heating & Refrigeration (HR) | _____ | Site Planning / Design (SP) | _____ |

| | | | |
|------------------------------|-------|------------------------------------|-------|
| Historic Conservation (HC) | _____ | Solar Energy (SE) | _____ |
| Hospitality (HO) | _____ | Stadiums (STA) | _____ |
| Hydrology Studies (HS) | _____ | Streets (STR) | _____ |
| Imaging (IM) | _____ | Swimming Pools and Facilities (SP) | _____ |
| Information Technology (IT) | _____ | Teaching Labs (TL) | _____ |
| Infrastructure (INF) | _____ | Traffic Engineering (TE) | _____ |
| Landscape Design (LN) | _____ | Utilities (UTL) | _____ |
| Libraries (LIB) | _____ | Water Systems (WS) | _____ |
| Lighting (LIT) | _____ | Other (OTH) | _____ |
| Maintenance Facilities (MNT) | _____ | | _____ |

III. ARIZONA PROFESSIONAL LICENSES & LEED ACCREDITED PROFESSIONALS

Please indicate **Yes** or **No** and how many individuals for the following:

| | Y / N | # Individuals | | Y / N | # Individuals |
|--------------|-------|---------------|------------|-------|---------------|
| Architecture | _____ | _____ | Structural | _____ | _____ |
| Civil | _____ | _____ | Surveying | _____ | _____ |
| Electrical | _____ | _____ | LEED | _____ | _____ |
| Landscape | _____ | _____ | Other | _____ | _____ |
| Mechanical | _____ | _____ | Other | _____ | _____ |

IV. INSURANCE

Please indicate the current dollar amount and carrier for each of the following:

| | Amount | Name of Carrier |
|------------------------|--------|-----------------|
| Automobile | _____ | _____ |
| Comprehensive | _____ | _____ |
| Professional Liability | _____ | _____ |
| Workman's Compensation | _____ | _____ |

Can these be increased? Yes No

NOTE: Please do not submit insurance certificates with this ARQ response; however a sample certificate is attached for your reference.