

**NEW YORK CITY SCHOOL
CONSTRUCTION AUTHORITY**

Tax ID# or SS# _____

Date of Submission: _____

Construction Management & Related Service Qualification Statement

All information should be current to date of submission.

1. Home Office Information:

Firm Name: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Principal/Officer contact: _____

2. New York State Office, if different:

Firm Name: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Principal/Officer contact: _____

3. It is the SCA's policy to require firms to aggressively pursue professional collaborations with MBE/WBE/LBE firms on all projects. Consequently, the SCA encourages construction management firms submitting qualifications as primes to solicit

associations or joint ventures with MBE/WBE/LBE construction management firms.

Is this an association or joint venture? Yes No

If yes, provide the following information on the firm with which you are collaborating and submit a letter signed by both firms indicating intent to joint venture/associate:

(Note: Each firm is required to independently submit this form.)

Associate or Joint Venture Firm:

Name: _____

Address: _____

Phone #: (____) _____ Fax #: (____) _____

Principal/Officer contact: _____

4. Is your company A: Partnership Professional Corporation Sole Proprietorship?

B: MBE WBE LBE

5. Please provide a brief resume of current Principals/Officers in the New York office. This page may be photocopied for additional professionals, though the number of supplemental sheets should be indicated.

Name: _____	Years of Experience:
Title: _____	This firm: _____
	Other firms: _____
Education:	
(degrees/years/specializations)	Professional Affiliations:
_____	_____
_____	_____
_____	_____
Personal awards/recognition:	Experiences and qualifications relevant to
_____	school/educational facilities or projects similar in scope:
_____	_____
_____	_____
_____	_____
Professional role within firm:	_____
_____	_____
_____	_____
_____	_____
_____	_____

Name: _____	Years of Experience:
Title: _____	This firm: _____
	Other firms: _____
Education:	
(degrees/years/specializations)	Professional Affiliations:
_____	_____
_____	_____
_____	_____
Personal awards/recognition:	Experiences and qualifications relevant to
_____	school/educational facilities or projects similar in scope:
_____	_____
_____	_____
_____	_____
Professional role within firm:	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Professional/Technical Staff by Discipline:

a. Indicate the number of professionals in each specialty at New York and Home Offices. Total the numbers at the bottom of each column. List individuals only once by area of discipline.

Professional Discipline or Specialty	In New York Office	In Home Office
	Number of Technical/Professionals	Number of Technical/Professionals
Project Managers		
Estimators		
Schedulers		
Expeditors		
Inspection Personnel		
General Construction		
Mechanical		
Electrical		
Safety Personnel		
Purchasing Personnel		
TOTALS		

Comments:

CERTIFICATION

This certification must be completed by an officer or principal of the firm identified in the questionnaire.

A MATERIAL FALSE STATEMENT OR OMISSION MADE IN CONNECTION WITH THIS QUESTIONNAIRE IS SUFFICIENT CAUSE FOR REVOCATION OF A PRIOR APPROVAL THEREBY PRECLUDING THE FIRM FROM DOING BUSINESS WITH THE SCA FOR A PERIOD OF THREE YEARS. IN ADDITION, SUCH FALSE SUBMISSION MAY SUBJECT THE PERSON AND/OR ENTITY MAKING THE FALSE STATEMENT TO CRIMINAL CHARGES, INCLUDING NEW YORK STATE PENAL LAW SECTIONS 175.35 (OFFERING A FALSE STATEMENT FOR FILING) AND 210.40 (SWORN FALSE STATEMENT) AND/OR TITLE 18 U.S.C. SECTIONS 1001 (FALSE OR FRAUDULENT STATEMENT) AND 1341 (MAIL FRAUD)

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

I certify that to the best of my knowledge the responses to all questions and the information given are full, complete and truthful.

I acknowledge that the New York City School Construction Authority (the "Authority") may, by means it deems appropriate, determine the accuracy and truth of the statements made in the questionnaire.

I recognize that all information submitted is for the express purpose of inducing the Authority to award a contract.

I authorize the Authority to contact any entity named in the questionnaire for purposes of verifying the information supplied.

_____/_____
Name (print) Date

_____/_____
Signature Title

Sworn to before me
this ___ day of ___ 200__
Notary Public