CITY OF SAN ANTONIO
P. O. BOX 839966
SAN ANTONIO, TEXAS 78283-3966

FORM 1
SUBMITTAL COVER / SIGNATURE SHEET

RFQ POSTING DATE:	**March 6, 2011**	**Request For Qualification Title:** **ON-CALL LANDSCAPE ARCHITECTURAL SERVICES**
DATE OF CLOSING:	**April 5, 2011**	ID# RFQ – **CIMS0306**
TIME OF CLOSING:	**(No later than)** **2:00 P.M. Local Time**	**DEPARTMENT / DIVISION:** **Capital Improvement Management Services**
SUBMIT TO:	City of San Antonio Office of the City Clerk 100 Military Plaza 2nd Floor, City Hall San Antonio, TX 78205	

READ AND SIGN BELOW. UNSIGNED COVER SHEETS WILL NOT BE ACCEPTED.

Legal Name of Firm:	
Address:	
City:	
State:	Zip Code:
Contact Person:	
Office Phone Number:	Alternate Phone Number:
E-Mail Address:	Fax Number:

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE, information contained in this submittal reflects accurately data regarding my organization/firm, work to be performed, and estimates of planned/delivered services. By signing this cover sheet, the undersigned agrees that, if awarded a contract in response to this RFQ, Respondent will be able and willing to comply with all representations made by Respondent in Respondent's Submittal and during the Solicitation process.

The undersigned certifies that he/she is authorized to bind the organization. All provisions in Respondent's submittal, shall remain valid for 120 days following the deadline date for submissions or, if Respondent is awarded a contract, throughout the entire term of the contract.

Signature of Authorized Individual

Typed Name of Authorized Individual

Date

Typed Title of Authorized Individual

FORM 2
SUBMITTAL CHECKLIST AND TABLE OF CONTENTS

The materials and information listed on this checklist shall be submitted as part of the submittal. Failure to submit any of the requested materials or provide adequate explanation may eliminate the submittal from consideration.

Materials shall be included in the submittal in the order identified on the checklist. Identify the corresponding page numbers in the space provided.

Page No.	Form No.	Form Title
	No Form	Executive Summary
	Form 1	Submittal Cover Sheet / Signature Page – Indexed as Tab "1"
	Form 2	Submittal Checklist (Table of Contents) – Indexed as Tab "2"
	Form 3	General Questionnaire – Indexed as Tab "3"
	Form 4	Discretionary Contracts Disclosure Form – Indexed as Tab "4".
	Form 5	Litigation Disclosure Form – Indexed as Tab "5"
	Form 6	SBEDA Prime Contract Commitment Form labeled as Tab "6" to the submittal
	No Form	Statement of Qualifications in narrative form that addresses items in Section VIII of the RFQ. This portion is limited to 10 pages not including forms and attachments – Indexed as Tab "7"
	No Form	Detailed Team Organizational Chart labeled as Tab "8" to the submittal
	No Form	Proof of Insurability and Bondability – Letters from Insurance Carrier and/or Bonding Company and Insurance Certificate as required by Section IV, Paragraph L of the RFQ, indexed as Tab "9" to the submittal.
	No Form	Resumes of key personnel (optional) labeled as Tab "10" to the submittal
	No Form	Letters of Reference (optional) labeled as Tab "11" to the submittal
Submission includes one (1) **unbound** original proposal signed in ink, seven (7) printed copies (total of 8) and one PDF version of entire submittal on CD. Check Here: _____		

FORM 3
GENERAL QUESTIONNAIRE

1. **Respondent Information:** Provide the following information regarding the Respondent. (NOTE: Co-Respondents are two or more entities proposing as a team or joint venture with each signing the contract, if awarded. Sub-contractors are not Co-Respondents and should not be identified here. If this proposal includes partners of a Joint Venture or Co-Respondents, provide a completed General Questionnaire, Form 3 for each partner of the Joint Venture or Co-Respondent. If a Joint Venture or Partnership exists attach the Joint Venture or Partnership Agreement. If a Joint Venture or Partnership shall be formed after contract award, attach a letter signed by all proposed parties to the Joint Venture stating the firms' intent.

1.1 **Respondent Name:** _____
(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Principal Address:_____

City:_____State:_____Zip Code:_____

Telephone No._____ Fax No: _____

e-mail address: _____

List here, any other names under which Respondent, Joint Venture Party, Team Co-Respondent or Partner has operated within the last 10 years.
(add space as needed)

_____

1.2 **Business Structure:** Check to indicate the business structure of the Respondent.

☐ Individual or Sole Proprietorship

If checked, list Assumed Name, if any:

_____

☐ Partnership

☐ Joint Venture

☐ Corporation If checked, check one: ☐ For-Profit ☐Nonprofit
Also, check one: ☐Domestic ☐ Foreign

☐ Other If checked, list business structure: _____

1.3 **Ownership:** Does Respondent, each joint venture party, team or partner anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months? ☐ Yes ☐ No

1.4 Is Respondent, joint venture party, team or partner authorized and/or licensed to do business in Texas?

☐Yes ☐No If "Yes", list authorizations/licenses for respondent and each joint venture party, team or partner.

_____

_____

1.5 Where is the Respondent's or each joint venture party, team or partner's corporate headquarters located? _____

1.6 **Local Operation:** Does the Respondent or each joint venture party, team or partner have

an office located in San Antonio, Texas?

☐Yes ☐ No If "Yes", respond to **a.** and **b.** below:

a. How long has the Respondent or each joint venture party, team or partner conducted business from its San Antonio office?

Years _____ Months_____

b. State the number of full-time employees of Respondent or each joint venture party, team or partner at the San Antonio office. _____

1.7 **County Operation:** If the Respondent or any joint venture party, team or partner does not have a San Antonio office, does the Respondent or any joint venture party, team or partner have an office located in Bexar County, Texas?

☐Yes ☐No If "Yes", respond to **a.** and **b.** below:

a. How long has the Respondent or any joint venture party, team or partner conducted business from its Bexar County office?

Years _____ Months_____

b. State the number of full-time employees of the Respondent or any joint venture party, team or partner at the Bexar County office. _____

1.8 **Firm's Availability**: When can firm start work? _____
Please provide a list of all Contracts in effect through December 2011 and the value of each (add additional space as necessary):

_____

_____

1.9 List the value in dollars of all Contracts/projects of Respondent and or each joint venture party, team or partner completed in the Previous 5 years:

	Respondent	Joint Venture Party/Team/Partner	Joint Venture Party/Team/Partner
2011	_____	_____	_____
2010	_____	_____	_____
2009	_____	_____	_____
2008	_____	_____	_____
2007	_____	_____	_____
2006	_____	_____	_____

1.10 **Debarment/Suspension Information:** Has the Respondent, any joint venture party, team or any partner or any of its principals been debarred or suspended from contracting with any public entity?

☐Yes ☐No

If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

_____

_____

1.11 **Disciplinary Action:** Has the Respondent ever received any disciplinary action, or any pending disciplinary action, from any regulatory bodies or professional organizations? If "Yes", state the name of the regulatory body or professional organization, date and reason for disciplinary or impending disciplinary action.

_____

_____

1.12 **Bankruptcy Information:** Has the Respondent or any joint venture party, team or partner ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

☐Yes ☐ No

If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets.

_____

_____

2. General Experience:

2.1 How many years has Respondent and each joint venture party, team or partners been doing business? _____years.

2.2 How many years has Respondent and each joint venture party, team or partners been doing business under previous business name(s)? _____years

3. Previous Contracts:

3.1 Has the Respondent, any joint venture party, team or partner ever failed to complete any contract awarded?

Yes ☐ No ☐

If "Yes", state the name of the organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

_____

_____

3.2 Has any officer or partner proposed for this assignment ever been an officer or partner of some other organization that failed to complete a contract?
Yes ☐ No ☐

If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

_____

_____

3.3 Has any officer or partner proposed for this assignment ever failed to complete a contract handled in his or her own name?
Yes ☐ No ☐

If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

_____

_____

FORM 4
City of San Antonio
DISCRETIONARY CONTRACTS DISCLOSURE*
For use of this form, see Section 2-59 through 2-61 of the City Code (Ethics Code)
Attach additional sheets if space provided is not sufficient.

Discretionary Contracts Disclosure Form may be downloaded at:
https://www.sanantonio.gov/eforms/atty/DiscretionaryContractsDisclosure.pdf.

Instructions for completing the Discretionary Contracts Disclosure form are listed below:

1. Download form and complete all fields. Note: All fields must be completed prior to submitting the form.

2. Click the "Print" button and place the copy in submittal response as indicated in the Submittal Checklist. Completed forms should not be submitted electronically.

FORM 5
LITIGATION DISCLOSURE

Respond to each of the questions below by checking the appropriate box. Failure to fully and truthfully disclose the information required by this Litigation Disclosure form may result in the disqualification of your proposal from consideration or termination of the contract, once awarded.

1. Have you or any member of your Firm or Team to be assigned to this engagement ever been indicted or convicted of a felony or misdemeanor greater than a Class C in the last five (5) years?

   Yes ☐ No ☐

2. Have you or any member of your Firm or Team to be assigned to this engagement been terminated (for cause or otherwise) from any work being performed for the City of San Antonio or any other Federal, State or Local Government, or Private Entity?

   Yes ☐ No ☐

3. Have you or any member of your Firm or Team to be assigned to this engagement been involved in any claim or litigation with the City of San Antonio or any other Federal, State or Local Government, or Private Entity during the last ten (10) years?

   Yes ☐ No ☐

If you have answered "Yes" to any of the above questions, please indicate the name(s) of the person(s), the nature, and the status and/or outcome of the information, indictment, conviction, termination, claim or litigation, as applicable. Any such information should be provided on a separate page, attached to this form and submitted with your proposal.

FORM 6
(attached below)

City of San Antonio
SBEDA Prime Contract Program Commitment Form

Solicitation Name: **On-Call Landscape Architectural Services**

Respondent Name: _____

Initial each statement and sign below.

☐ I understand that as a certified Small Business Enterprise (SBE) with a Significant Business Presence within the San Antonio Metropolitan Statistical Area, my firm's response is eligible to receive **15** evaluation criteria percentage Points by responding as a Prime Contractor to this solicitation.

☐ I understand and affirm that if my firm's response receives the **15** evaluation criteria percentage Points mentioned above, and my firm is awarded a contract resulting from this solicitation, my firm or certified Small Business Enterprise (SBE) subcontractors with a Significant Business Presence within the San Antonio Metropolitan Statistical Area,will perform no less than 51% of this contract.

☐ I understand and affirm that my firm will be required to submit a Subcontractor/Supplier Utilization Plan upon determination of the scope of services to be performed.

_____ _____

Signature Date

_____

Printed Name and Title