



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 2 nd 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: |
| <p>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.</p> <p>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.</p> | |

 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, six (6) printed copies (total of 7) 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
SBE Prime Contract Program Commitment Form

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

Respondent Name:

Initial each statement and sign below.

I understand that certified Small Business Enterprises (SBE) with a Significant Business Presence within the San Antonio Metropolitan Statistical Area are eligible to receive **15** evaluation criteria percentage Points by responding as an eligible SBE Prime Contractor to this solicitation.

I understand and affirm that if an eligible SBE Prime's response receives the **15** evaluation criteria percentage Points mentioned above and is awarded a contract resulting from this solicitation, the eligible SBE Prime or certified 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 the awarded eligible SBE Prime 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