



**Statement of Qualifications Submittal Form
for
Sanitary Sewer Lift Station Design and Rehabilitation**

This submittal form will be used to provide information for the unranked service category of **Sanitary Sewer Lift Station Design and Rehabilitation**, which includes, but is not limited to: preliminary design, site layout, civil and structural design, pump and valve selection, wet well design, flow metering, hydraulic design, power supply, instrumentation and control circuitry, emergency power supply, variable speed drives, evaluation of existing lift station, Supervisor Control and Data Acquisition (SCADA) and retrofit of existing station and force main design.

Firms must perform the majority of the work in this category with in-house staff under direction of a Registered Professional Engineer Licensed in the State of Nevada.

This form must be completed and submitted according to the guidelines set forth in the "Request for Statement of Qualifications". Any manipulation of this form is forbidden and may result in disqualification.

I. Company Information

Company Name: _____

Company Address (office location where work for this service will be performed):

Primary Contact Name: _____

Title: _____

Phone Number: _____

Email: _____

II. Firm Registration

Is your firm currently registered with Nevada Board of Professional Engineers and Land Surveyors?

III. Subconsultants

List the types of work relevant to this service category for which you may engage subconsultants. The response is limited to the space provided below.

IV. Company Overview and Expertise

Response is limited to the space below.

V. Key Personnel

Identify a project manager or team leader for this service category and provide a brief narrative of their relevant qualifications and experience. You may list up to five (5) additional current key personnel with experience specifically relevant to this service category. Responses are limited to the spaces provided below.

Project Manager or Team Leader Name and Title _____

Professional License Number/State _____

Home Office Location (City, State) _____

Length of Employment at this Company _____

Qualifications, Experience, and Certifications

1. Employee Name and Title _____

Professional License Number/State _____

Home Office Location (City/State) _____

Length of Employment at this company _____

Qualifications, Experience, and Certifications

2. Employee Name and Title _____

Professional License Number/State _____

Home Office Location (City/State) _____

Length of Employment at this company _____

Qualifications, Experience, and Certifications

3. Employee Name and Title _____

Professional License Number/State _____

Home Office Location (City/State) _____

Length of Employment at this company _____

Qualifications, Experience, and Certifications

4. Employee Name and Title _____

Professional License Number/State _____

Home Office Location (City/State) _____

Length of Employment at this company _____

Qualifications, Experience, and Certifications

5. Employee Name and Title _____

Professional License Number/State _____

Home Office Location (City/State) _____

Length of Employment at this company _____

Qualifications, Experience, and Certifications

VI. PROJECT EXAMPLES

List up to five (5) projects completed by your company that are relevant to this service category. Each project listed shall have at least one (1) key employee from Section V of this form who either managed or played a key role in the project. Responses are limited to the spaces provided below

1. Project Name _____

Project Location _____

Start Date _____ Your Company's Total Consultant Fee _____

Complete Date _____ Total Construction Cost _____

Client name and contact information (Include phone number and email address)

List Capacity of Lift Station (flow rate, number of pumps, discharge pressure, etc.), force main installed (pipe length, diameter, material, velocity, etc.), type of Lift Station (e.g., wet/dry well, submersible, suction lift, etc.), SCADA system software and hardware used, Backup equipment (e.g., holding tank, generator, diesel pump, etc.)

Company's current key employee name and role:

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

2. Project Name _____

Project Location _____

Start Date _____ Your Company's Total Consultant Fee _____

Complete Date _____ Total Construction Cost _____

Client name and contact information (Include phone number and email address)

List Capacity of Lift Station (flow rate, number of pumps, discharge pressure, etc.), force main installed (pipe length, diameter, material, velocity, etc.), type of Lift Station (e.g., wet/dry well, submersible, suction lift, etc.), SCADA system software and hardware used, Backup equipment (e.g., holding tank, generator, diesel pump, etc.)

Company's current key employee name and role:

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

3. Project Name _____

Project Location _____

Start Date _____ Your Company's Total Consultant Fee _____

Complete Date _____ Total Construction Cost _____

Client name and contact information (Include phone number and email address)

List Capacity of Lift Station (flow rate, number of pumps, discharge pressure, etc.), force main installed (pipe length, diameter, material, velocity, etc.), type of Lift Station (e.g., wet/dry well, submersible, suction lift, etc.), SCADA system software and hardware used, Backup equipment (e.g., holding tank, generator, diesel pump, etc.)

Company's current key employee name and role:

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

4. Project Name _____

Project Location _____

Start Date _____ Your Company's Total Consultant Fee _____

Complete Date _____ Total Construction Cost _____

Client name and contact information (Include phone number and email address)

List Capacity of Lift Station (flow rate, number of pumps, discharge pressure, etc.), force main installed (pipe length, diameter, material, velocity, etc.), type of Lift Station (e.g., wet/dry well, submersible, suction lift, etc.), SCADA system software and hardware used, Backup equipment (e.g., holding tank, generator, diesel pump, etc.)

Company's current key employee name and role:

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.

5. Project Name _____

Project Location _____

Start Date _____ Your Company's Total Consultant Fee _____

Complete Date _____ Total Construction Cost _____

Client name and contact information (Include phone number and email address)

List Capacity of Lift Station (flow rate, number of pumps, discharge pressure, etc.), force main installed (pipe length, diameter, material, velocity, etc.), type of Lift Station (e.g., wet/dry well, submersible, suction lift, etc.), SCADA system software and hardware used, Backup equipment (e.g., holding tank, generator, diesel pump, etc.)

Company's current key employee name and role:

Project Description: Include project description and overview with details such as, new lift station or rehabilitation of existing, odor control system, SCADA system, electrical, standby/emergency power, on-site emergency storage, noise, coating product, company's role in the project, and list key personnel currently employed by the company that worked on the project. If subconsultants were utilized, list the company names and describe the nature of their involvement, including what percentage of the consulting fee stated above is comprised of their work.