



**Statement of Qualifications Submittal Form
for
Agency Representative Construction Manager for Development Special
Assessment District**

This submittal form will be used to provide information for the unranked service category of **Agency Representative Construction Manager**, which is likely to include the plan review, inspection and approval of completed improvements, coordination with developer's engineer of record and testing firms, and reviewing and approving pay requests from the developer. Improvements to be constructed with special assessment funds will include, but not be limited to, Truckee Meadows Water Authority, Nevada Department of Transportation, Washoe County and City of Reno infrastructure. Firms must demonstrate an understanding of NRS 271 related to special assessment districts and the ability to provide services to ensure compliance with all City of Reno adopted codes, ordinances, as well as code-referenced standards in order to be a service provider in this category. Preference will be given to firms that are not engaged in services for private development in the Reno-Sparks area. 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)

Primary type of services provided, and approximate number of plan review/inspection hours used on the contract.

Company's current key employee name and role:

Project Description: Include project overview, company's role in the project, and list other 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)

Primary type of services provided, and approximate number of plan review/inspection hours used on the contract.

Company's current key employee name and role:

Project Description: Include project overview, company's role in the project, and list other 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)

Primary type of services provided, and approximate number of plan review/inspection hours used on the contract.

Company's current key employee name and role:

Project Description: Include project overview, company's role in the project, and list other 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)

Primary type of services provided, and approximate number of plan review/inspection hours used on the contract.

Company's current key employee name and role:

Project Description: Include project overview, company's role in the project, and list other 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)

Primary type of services provided, and approximate number of plan review/inspection hours used on the contract.

Company's current key employee name and role:

Project Description: Include project overview, company's role in the project, and list other 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.