Attachment IV

ASCENSION PUBLIC SCHOOLS
Every Child Successful In An Ever-Changing World

STANDARD FORM - APSB DR

July 1, 2024

Disaster Recovery/Grants Management Services Portion

Statement of Qualifications

1. Project title **Indefinite Deliveries Contract for Disaster Recovery/Grants Management Professional Services Portion**	2. Project number **RFP-5172**
3a. Firm (as registered with the Louisiana Secretary of State) and mailing address of the office to perform work	3b. Name, title, telephone number, and e-mail address of the official with **signing authority** for this contract
	3c. Name, Title, telephone number, e-mail address and registration number of full-time LA licensed engineer in responsible charge of the project (not required for non-engineering projects)

3d. I certify that the following information is accurate and complete to the best of my knowledge (must be same person as 3b):

Signature:_____ Date:_____

4. Full-time personnel on firm's payroll who are located at the primary work location identified in 3a above:

a. Architects, with current LA Architect's registration _____

b. Engineers, with current LA Professional Licenses _____

c. Principals _____

d. Project Managers _____

e. Project and Document Control Specialists _____

f. Accounting/Audit Specialists _____

g. Insurance Specialists _____

h. Damage Assessment Lead _____

i. Subject Matter Experts _____

j. Construction Managers _____

k. Cost Estimators _____

l. Schedulers _____

m. Administrative/Data Entry _____

n. Other personnel not included in above categories _____

Total personnel at primary work location (sum of a – n)

5. Full-time personnel on firm's payroll, not located at the primary work locations, to be used on this project:

a. Architects _____

b. Engineers & EITs _____

c. Principals _____

d. Program/Project Managers _____

e. Document Accounting/Audit Specialists _____

f. Schedulers/Estimators/Controls Managers/Specialists _____

g. Damage Assessors _____

h. Construction Managers _____

Other personnel not included in above categories _____

6. Do you presently have sufficient staff to perform these services? (Yes/No)

7. Do you intend to use a sub-consultant(s)? _____ yes _____ no
(For use by the Prime Consultant only)

Name and address	Identify the element of work (as defined in the advertisement), and the % of the element to be performed by the sub-consultant Also, identify the % of work for the overall project to be performed by the sub-consultant.	Worked with prime before? (Yes/No)
1.		
2.		

3.		
4.		
5.		

8. Staffing Plan – A Diagram showing all personnel specifically assigned to each work element of the project, their duties, and immediate supervisors. The Staffing Plan should also include the same information for Sub-consultants (if applicable).

9. Brief résumé of key persons anticipated to work on this project.

a. Name, title & domicile	b. Position or Assignment for this project
c. Name of firm by which employed full time	d. Years experience: With this firm: _____ With other firms: _____
e. Education: Degree(s) / Years / Specialization	f. Active registration: Year registered: _____ Branch:_____ State: _____ License No.: _____

g. Specific experience and qualifications relevant to the proposed project:

10. Work by firm which best illustrates project experience relevant to the proposed services described in the RFP-5132 Narrative (List not more than 10 Projects)

a. Project name & location	b. Project description	c. Nature of firm's responsibility & firm members involved	d. Client's name, address, and telephone number	e. Completion date or Percent Complete & cost in thousands

11. All work by firm (all offices) currently being performed for or selected by Ascension Parish School Board (as Prime or Sub-consultant)				
a. Project name, and location*	b. Nature of your firm's responsibility (also identify if prime or sub-consultant)	c. Percent complete (by phase/type of work)	d. Contract fees (in thousands)** (by phase/type of work)	
			Total	Remaining
* For master contracts, list open task orders individually ** Do not include sub-consultant's fees		Total		

12. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project. A maximum of two (2) additional sheets may be utilized to answer this question. All other sheets not specifically requested shall be excluded.