

**Florida Gulf Coast University
Professional Qualifications Supplement (PQS) Form**

1. Project No: **TBD** _____ Project Name: _____

2. Applicant Name: _____

Address: _____ Zip: _____ Fax No: _____ Telephone No: _____

Federal I.D. No: _____ Professional License No: _____ FLA. Corp. Charter No: _____ Insurer: _____

3. Services to be Provided	Consultant Name/Registration No., if applicable	# of Projects w/Consultant
Architecture		
Mechanical Engineering		
Electrical Engineering		
Civil Engineering		
Structural Engineering		
Landscape Architecture		
Cost Estimating		
(list additional disciplines required, but do not list consultants by name)		

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4a. Work in Progress		
Projects	Work on Hold (Fee Remaining)	Fee Remaining
TOTAL		

4b. Professional and Technical Staff, Excluding Consultants	
Number	Category
	Registered Architects
	Registered Engineers
	Technical Staff (Graduate Design Professionals, Spec.Writers, Estimators, Interior Designers, Landscape Designers, etc.)
	Drafters (including CADD operators)
	TOTAL Professional and Technical Personnel

4c. Fee Per Person
<p>Total Fee (5a) divided by Total Staff (5b) = Fee Per Person</p> <p style="text-align: center; margin-top: 20px;">/ =</p>

5a. Volume of State University System Work			
Contract Date	Total Fee	Factor	Adjusted Fee Amount
(1) From July 1 to Current Date	\$	x 1.0	= \$
(2) First Year Past (July 1 – Jun 30)	\$	x 0.8	= \$
(3) Second Year Past (July 1 – Jun 30)	\$	x 0.6	= \$
(4) Third Year Past (July 1 – Jun 30)	\$	x 0.4	= \$
(5) Fourth Year Past (July 1 – Jun 30)	\$	x 0.2	= \$
Total Fee Considered:			\$

5b. State University System Fee Per Person			
Total Fee Considered (5a) divided by Total Staff (4b)	\$	/	= (Fee Per Person)

6. Related Experience (No more than 10 projects of comparable type, size and complexity)

In the line below each listed project, list members of the proposed team who worked on that project and describe the extent of their involvement.

Project	Public/Private Client	Completion Date	Location	Construction Cost	Role in Project (see instruct.)
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					

7. Key Members of Proposed Team by Name				
7a. Applicant				
Role	Name	Registered?	Disc. of Reg./Training	City of Residence
Principle in Charge				
Project Manager				
Project Architect (or Engineer)				
Project Const. Administrator				
Other Key Member ()				
Other Key Member ()				

7b. Consultants				
Role	Name	Registered?	Disc. of Reg./Training	City of Residence
Architecture*				
Mechanical Engineering				
Electrical Engineering				
Structural Engineering				
Civil Engineering				
Landscape Architecture				

*only for use when Applicant is not an architectural firm

8. References – for each project listed in response to Question No. 6, provide the following information:				
Project	Owner	Owner's Rep.(name and phone no.)	Completion Date	Construction Cost
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				

9. I CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED IN THIS PQS IS ACCURATE IN ACCORDANCE WITH THE 5-page PQS INSTRUCTIONS WHICH CORRESPOND TO THIS FORM. (Subject to Perjury laws, Chapter 837, Florida Statutes) I understand that the provision of false information could be cause for my firm's disqualification from applying for other FGCU work for a period of up to three years.

Signature _____ Type Name and Title of Signer _____ Date _____