**NYS OGS LETTER OF INTEREST SUPPLEMENT**

The New York State Office of General Services uses this form to obtain additional information from architectural/engineering (A/E) firms about their professional qualifications. OGS selects firms for A/E contracts on the basis of professional qualifications, and this form should be submitted when responding to advertisements for consultant procurements.

The information used to evaluate firms for selection is from their Letter of Interest and this form as well as other sources,including references, performance evaluations, any additional data requested by the agency, and interviews with the most highly qualified firms.

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1. **CONTRACT INFORMATION**
2. CONTRACT/PROJECT TITLE:
3. CONTRACT ID NUMBER:

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1. **ARCHITECT-ENGINEER POINT OF CONTACT**
2. NAME, TITLE, NYS LICENSE NO.:
3. NAME OF PRIME FIRM (as registered with the New York Department of State):
4. DUNS NO.:
5. BUSINESS ADDRESS OF OFFICE TO PERFORM WORK:
6. FORMER PARENT COMPANY NAME (s), if any, and YEAR(s) ESTABLISHED:
7. FEDERAL I.D. NO.:
8. NYS CERTIFICATION (Minority, Women, Minority Women-Owned, or Service Disabled Veteran Owned):
9. TELEPHONE NUMBER:
10. FAX NUMBER:
11. E-MAIL ADDRESS:
12. ROLE IN THIS CONTRACT:

In order to be considered for this procurement, professional firms defined as any individual or sole proprietorship, partnership, corporation, association or other legal entity permitted by law to practice the professions of architecture, engineering, or surveying must demonstrate that they are licensed in   
New York State.

1. Respond to one (1) of the following:
   1. *For those firms practicing architecture and/or engineering as an individual or a partnership,* list all the names and license numbers of each owner as currently registered with the NYS Department of Education.

* 1. *For those firms practicing architecture and/or engineering as a business corporation*, identify the corporate name and the registration number on file with the NYS Department of Education.

* 1. *For those firms practicing architecture and/or engineering as a Professional Corporation (P.C.),* list the names of the stockholders and officers of the P.C. and the license number for each registered with the NYS Department of Education.

* 1. *For those firms practicing architecture and/or engineering as an other authorized legal entity*, list all the names and license numbers of the members as currently registered with the NYS Department of Education.

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| **C. EMPLOYEES BY DISCIPLINE** | 16. Anticipated Project Requirements No. of Personnel | | 17. Office filing this form | | 18. Other branch offices available to work on this contract | | | 19. Identify Subs by name where use is anticipated. Use "M" or "W" after name if MWBE firm. |
| 15. Discipline Description | No. of Employees | No. Licensed in NYS | No. of Employees | | No. Licensed in NYS |
| Acoustical Engineer |  | |  |  |  | |  |  |
| Administrative |  | |  |  |  | |  |  |
| Aerial Photographer |  | |  |  |  | |  |  |
| Archeologist |  | |  |  |  | |  |  |
| Architect |  | |  |  |  | |  |  |
| Biologist |  | |  |  |  | |  |  |
| CADD Technician |  | |  |  |  | |  |  |
| Chemical Engineer |  | |  |  |  | |  |  |
| Civil Engineer |  | |  |  |  | |  |  |
| Communications Engineer |  | |  |  |  | |  |  |
| Construction Inspector |  | |  |  |  | |  |  |
| Construction Manager |  | |  |  |  | |  |  |
| Corrosion Engineer |  | |  |  |  | |  |  |
| Cost Engineer/Estimator |  | |  |  |  | |  |  |
| Ecologist |  | |  |  |  | |  |  |
| Economist |  | |  |  |  | |  |  |
| Electrical Engineer |  | |  |  |  | |  |  |
| Electronics Engineer |  | |  |  |  | |  |  |
| Elevator Designer |  | |  |  |  | |  |  |
| Elevator Inspector |  | |  |  |  | |  |  |
| Environmental Engineer |  | |  |  |  | |  |  |
| Environmental Scientist |  | |  |  |  | |  |  |
| Fire Protection Engineer |  | |  |  |  | |  |  |
| Forensic Engineer |  | |  |  |  | |  |  |
| Foundation/Geotechnical Engineer |  | |  |  |  | |  |  |
| Geodetic Surveyor |  | |  |  |  | |  |  |
| Geographic Information System Specialist |  | |  |  |  | |  |  |
| Geologist |  | |  |  |  | |  |  |
| Health Facility Planner |  | |  |  |  | |  |  |
| Hydraulic Engineer |  | |  |  |  | |  |  |
| Hydrographic Surveyor |  | |  |  |  | |  |  |
| Hydrologist |  | |  |  |  | |  |  |
| Industrial Engineer |  | |  |  |  | |  |  |
| Industrial Hygienist |  | |  |  |  | |  |  |
| Interior Designer |  | |  |  |  | |  |  |
| Land Surveyor |  | |  |  |  | |  |  |
| Landscape Architect |  | |  |  |  | |  |  |
| Materials Engineer |  | |  |  |  | |  |  |
| Mechanical Engineer |  | |  |  |  | |  |  |
| Photo Interpreter |  | |  |  |  | |  |  |
| Photogrammetrist |  | |  |  |  | |  |  |
| Planner: Urban/Regional |  | |  |  |  | |  |  |
| Project Manager |  | |  |  |  | |  |  |
| Risk Assessor |  | |  |  |  | |  |  |
| Safety/Occupational Health Engineer |  | |  |  |  | |  |  |
| Sanitary Engineer |  | |  |  |  | |  |  |
| Scheduler |  | |  |  |  | |  |  |
| Security Specialist |  | |  |  |  | |  |  |
| Soils Engineer |  | |  |  |  | |  |  |
| Specification Writer |  | |  |  |  | |  |  |
| Structural Engineer |  | |  |  |  | |  |  |
| Technician/Analyst |  | |  |  |  | |  |  |
| Toxicologist |  | |  |  |  | |  |  |
| Value Engineer |  | |  |  |  | |  |  |
| Water Resources Engineer |  | |  |  |  | |  |  |
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| **Total** |  | |  |  |  | |  |  |
| Use an \* to indicate discipline will be covered by an employee in another title. | |  | | |  |  | |  |

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1. **RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT**
2. If not already included in the Letter of Interest, supply resumes for each key person. Provide: (a) Name and Title; (b) Role on Project Team; (c) Name of Firm with which associated; (d) Years of experience with this firm \_\_\_\_ with other firms\_\_\_\_; (e) Education: Degree(s)/Specialization; (f) Current Professional Registration: State/Discipline; and (g) Experience and Qualifications relevant to the proposed project.

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1. **EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM’S QUALIFICATIONS FOR THIS PROJECT**
2. If not already included in the Letter of Interest, present as many projects as requested in the ad, or six (6) projects, if not specified. Include: (a) Project name and location; (b) Completion dates: Professional Services/Construction; (c) Proposed Team’s involvement with the project; and (d) Brief description of project and relevance to this contract (include scope, size, and cost).

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1. **ASSOCIATED or BRANCH OFFICES**
2. List all associated or branch offices available to provide A/E or Land Surveying services for this contract. List: (a) location, city, state; (b) phone; (c) fax; and (d) number of personnel at each office.

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1. **SUB-CONSULTANTS**
2. Will New York State Businesses be used in the performance of this contract? Yes  No  
   If yes, identify the New York State Business(es) that will be used on the following question.
3. List sub-consultants intended to be utilized for this contract including: (a) firm name (as registered with the New York Department of State);  
   (b) Federal ID No.; (c) address; (d) phone; (e) fax; (f) number of personnel; (g) MWBE designation, if any; and (h) role in the contract.

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1. **ADDITIONAL INFORMATION** *(Use the REMARKS section and/or additional attachment(s), when further explanation is required.)*
2. Has the firm been involved in any litigation in the previous ten (10) years?  
   *(If yes, explain the nature and current status of each action in the remarks section below.)*
3. Has the firm ever failed to complete a project in the previous ten (10) years?  
   *(If yes, identify the project, the party with whom your firm contracted for the work and reasons why the project was not completed.)*
4. Has the firm been assessed any damages or penalties for any project with which it has been involved in the previous ten (10) years?  
   *(If yes, identify the project, the owner, the amount and type of damages and reasons for the assessment.)*
5. Has the firm or any of its officers, principals, partners, members or managers been indicted and/or convicted in any jurisdiction for any misdemeanor or felony?
6. Has the firm had its application of certification by New York State as a Minority or Woman-Owned Business rejected in the past twelve (12) months?

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| 1. **REMARKS** |

1. **CERTIFICATION**

The undersigned recognizes that this questionnaire is submitted for the express purpose of inducing the State of New York of its agencies and instrumentalities to award a contract; acknowledges that the State or its agencies and instrumentalities may in its discretion, by means which it may choose, determine the truth and accuracy of all statements made herein. Intentional submission of false or misleading information may constitute a crime.

The undersigned further recognizes New York State Finance Law §139-j and §139-k and understands and agrees to comply with all of its requirements and procedures.

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| DATE: | | |
| AUTHORIZED REPRESENTATIVE: | *Signature* |  |
| TITLE: | | |