

Request for Qualifications
Cabarrus County Schools & Kannapolis City Schools
(Professional Architectural Services)
September 11, 2015

The Facilities Management Department (FMD), serving Cabarrus County Schools (CCS) and Kannapolis City Schools (KCS), and Construction Department serving CCS are requesting responses from professional architectural firms interested in providing professional design and construction administration services, as needed, for selections occurring during the timeframe of August, 2015 through June, 2017. Such needs will be limited to properties located within Cabarrus County and portions of Rowan County, North Carolina. Professional architectural firms should have experience in school (PK–12), large commercial, and/or governmental type projects. This Request for Qualifications (RFQ) consists of the following parts:

- I** Summary of Projects
- II** Selection Schedule
- III** Contact
- IV** Summary Proposal Content
- V** Summary Evaluation

Exhibits:

- Exhibit A: Consultant Information Form
- Exhibit B: Prior Related Experience Form
- Exhibit C: MWBE Questionnaire - Identification of Minority Business Participation
- Exhibit D: Cabarrus County Schools' Master Architectural Agreement – Template Modified AIA Document B105-2007 Standard Form of Agreement between Architect and Owner

It is the intent of this solicitation process to fully comply with NCGC § 143-64.31 - Procurement of Architectural, Engineering, and Surveying Services, to announce all requirements for architectural and engineering services, to select firms qualified to provide such services on the basis of demonstrated competence and qualification for the type of professional services required without regard to fee other than unit price information at this stage, and thereafter to negotiate a contract for those services at a fair and reasonable fee with the best qualified firm. If a contract cannot be negotiated with the best qualified firm, FMD (for CCS/KCS) shall terminate negotiations with that firm and initiate negotiations with the next best qualified firm. Selection of a firm shall include the use of good faith efforts by FMD to notify minority firms of the opportunity to submit qualifications for consideration by CCS/KCS. FMD (for CCS/KCS) reserves the right to waive technicalities and informalities and, at its sole discretion, to reject any and all responses to the RFQ.

I SUMMARY OF PROJECTS

The scope includes anticipated professional architectural services for miscellaneous type projects, construction projects with an expected construction budget up to \$250,000 and reroofing projects with a construction budget up to \$1,000,000.

II SELECTION SCHEDULE

Official responses to the RFQ will be due at 2:00 p.m. on October 1, 2015.

This RFQ package was made available to be picked up at the reception desk at Cabarrus County Schools, Facilities Building, 4425 Old Airport Road, Concord, N.C., and was available electronically via the CCS website beginning at **1:00 p.m. on September 14, 2015.**

Though interviews are not anticipated, the Owner, at its sole discretion, may determine that it wants to short list and/or interview firms. No single firm is anticipated to be selected to perform all the architectural services related work that may come up during the specified time period and selections may occur at the time the service is required. After selection of a firm, the scope of work and negotiations will begin immediately.

III CONTACT

Firms interested in submitting a proposal are requested to submit it to the attention of:

Charles Taylor
Director of Facilities Management
Cabarrus School System
4425 Old Airport Road
Concord, NC 28025
(T) 704.262.6193
(F) 704.262.6244
charles.taylor3@cabarrus.k12.nc.us

IV SUMMARY PROPOSAL CONTENT

Proposals should include (at a minimum) the following:

1. History of the firm.
2. Qualifications of the firm (Submit completed Consultant Information Form – **Exhibit A**).

3. Management and Staffing - Include brief resumes which list the qualifications and experience of key personnel from the firm expected to perform the above outlined work. An organizational chart of key personnel to be assigned to the project by discipline is required. Include the current registration of the project team's professional architect within the State of North Carolina.
4. Prior Related Experience - Briefly describe **school** specific small project and/or roofing design experience of the firm including a contact person and telephone number for referenced projects. Please use the Prior Related Experience Form set out as **Exhibit B**. Limit total of six (6) pages for Exhibit B.
5. Specific project needs may provide sub-consultant opportunities. At this time, those opportunities are not known. Please provide the DBE status of your firm. At the time of selection, once the scope of work is known, the selected firm will provide a completed MWBE Questionnaire - **Exhibit C** as an amendment to their response.
6. Limit responses to six (6) pages (not inclusive of Exhibits A - C) and be typed on 8 ½"x11" sheets, single spaced, one sided. Proposals containing more than six (6), one sided pages may not be considered. Exhibits A – C may be double sided as noted in their respective sections. Provide (one) 1 electronic copy (CD, flash drive or PDF). Non-PDF submissions shall utilize Microsoft Office Word 2010 (or earlier version). Provide three (3) bound, hard copies.

V SUMMARY EVALUATION

The Review will be a qualifications-based process to select the most qualified respondent. A weighted scoring system will be used as a tool to evaluate proposals on the following criteria:

- **Professional Qualifications (50%)** – The professional qualifications, including the education, certifications, and licensures, and special abilities and experience of the team members to be assigned to the project to perform the necessary services as they relate to the design and construction of miscellaneous type projects, small renovation/repair/retrofit and/or reroofing projects of school type facilities. Resumes should be concise and relevant to the anticipated project scope.
- **Performance and Relationships (40%)** – The performance of the firm, its subconsultants, and team members on previous, similarly scoped school projects in North Carolina, as relevant to the execution of this project.
- **Acceptability of Owner's Master Architectural Agreement (10%)**

Submittals that are incomplete or lacking in the required elements will be disqualified. The cumulative total of all scores will determine the most qualified firm(s) for the project(s).

EXHIBIT A

Consultant Information Form

The Undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.

SUBMITTED BY:
NAME: _____

ADDRESS: _____

PRINCIPAL OFFICE: _____

- Corporation
- Partnership
- Limited Liability Company
- Joint Venture
- Other _____

NAME OF PROJECT: **Professional Architectural Services, as needed, for the term May 2013 – April 2015.**

§ 1 ORGANIZATION

§ 1.1 How many years has your organization been in business as an Architectural firm? _____

§ 1.2 How many years has your organization been in business under its present business name? _____

§ 1.2.1 Under what other or former names has your organization operated?

§ 1.3 If your organization is a corporation, answer the following:

- § 1.3.1** Date of incorporation: _____
- § 1.3.2** State of incorporation: _____
- § 1.3.3** President's name: _____
- § 1.3.4** Vice-president's name(s) : _____
- § 1.3.5** Secretary's name: _____
- § 1.3.6** Treasurer's name: _____

§ 1.4 If your organization is a partnership, answer the following:

- § 1.4.1** Date of organization: _____
- § 1.4.2** Type of partnership (if applicable): _____
- § 1.4.3** Name(s) of general partner(s): _____

§ 1.5 If your organization is individually owned, answer the following:

- § 1.5.1** Date of organization: _____
- § 1.5.2** Name of owner: _____

§ 1.6 If the form of your organization is other than those listed above, describe it and name the principals:

§ 2 LICENSING

§ 2.1 List jurisdictions in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

§ 3 EXPERIENCE

§ 3.1 List the categories of professional design services that your organization normally performs with its own forces.

§ 3.2 Claims and Suits. (If the answer to any of the questions below is yes, please attach details – Caption name, name of parties, date, amount at issue, nature of dispute and final disposition.)

§ 3.2.1 Has your organization ever failed to complete a project to which it was under contract?

§ 3.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

§ 3.2.3 Has your organization, as a plaintiff or defendant, been a party to any law suits or arbitration with regard to design or construction contracts within the last five years?

§ 3.2.4 Has your organization, as a claimant or respondent, participated in any mediation settlement conferences as a party with regard to design or construction contracts within the last five years?

§ 3.3 Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a design or construction contract? (If the answer is yes, please attach details.)

§ 3.4 On one separate sheet (front and back if necessary), list design related projects your organization has in progress, giving the name of project, owner, contractor, contract amount, percent complete and scheduled completion date.

§ 3.5 On one separate sheet (front and back if necessary), list the major projects your organization has designed in the past five years, giving the name of project, owner, contractor, contract amount, and date of completion.

§ 5 INSURANCE

§ 5.1 Professional liability insurance carrier:

§ 5.2 Professional liability insurance coverage amount: _____, on the basis of
[] Claims made
[] Occurrence

§ 5.3 Have any claims been made under your professional liability insurance policy during the current reporting period? If so, explain: _____

§ 6 SIGNATURE

§ 6.1 Dated at this _____ day of _____, _____

Name of Organization:

By: _____

Title: _____

§ 6.2 NOTARIZATION

_____, being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as not to be misleading.

Subscribed and sworn before me this _____ day of _____, _____

Notary Public: _____

My Commission Expires: _____

EXHIBIT B

Prior School Related Experience Form

Cabarrus County Schools Facilities Management Department

Name of Firm _____ Principal Name _____

Address _____

Phone # _____ Fax # _____

Please complete requested information for the most recent **Schools** that you have provided design consultation services within the past two to five years. Use one form for each project.

Project No. _____

Name & Address of School: _____

School Contact Person: _____ Phone #: _____

Year project was bid: _____ Year project completed: _____

Type of consulting services provided:

Comments regarding this particular project: _____



Project No. _____

Name & Address of School: _____

School Contact Person: _____ Phone #: _____

Year project was bid: _____ Year project of completed: _____

Type of consulting services provided:

Comments regarding this particular project: _____

Project No. _____

Name & Address of School: _____

School Contact Person: _____ Phone #: _____

Year project was bid: _____ Year project of completed: _____

Type of consulting services provided:

Comments regarding this particular project: _____

Project No. _____

Name & Address of School: _____

School Contact Person: _____ Phone #: _____

Year project was bid: _____ Year project of completed: _____

Type of consulting services provided:

Comments regarding this particular project: _____

***This form must be included in each information packet.
Copy as needed. Photos may be included.***

EXHIBIT C

MWBE Questionnaire

**IDENTIFICATION OF MINORITY BUSINESS PARTICIPATION
Cabarrus County Schools**

I _____,

(Name of Proposer)

do hereby certify that on this project, we will use the following minority business enterprises as construction subcontractors, vendors, suppliers or providers of professional services.

Firm Name, Address and Phone #	Work type	*Minority Category

*Minority categories: Black, African American (**B**), Hispanic (**H**), Asian American (**A**)
American Indian (**I**), Female (**F**) Socially and Economically Disadvantaged (**D**)

The total value of minority business contracting may be approximately (\$) _____.

Or,

Please declare if all work will be self-performed _____

(signature of authorized agent)

EXHIBIT D

**Cabarrus County Schools' Master Architectural Agreement – Template Modified AIA
Document B105-2007 Standard Form of Agreement between Architect and Owner**

[See attached Cabarrus County Schools' Master Architectural Agreement]