**INVITATION**

**FOR CONSULTANT SERVICES**

**Skilled Care Unit Expansion**

Project Number 21H1L

## ON BEHALF OF

**Department of Health Services**

**Sand Ridge Secure Treatment Center**

**October 8, 2021**

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## ON BEHALF OF

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**Sand Ridge Secure Treatment Center**

**October 8, 2021**

The State of Wisconsin, Department of Administration (DOA), Division of Facilities Development & Management (DFD) is inviting applications from firms who are interested and qualified in providing Consultant / Architect / Engineer Services for the project referenced above.

PROJECT DESCRIPTION

Sand Ridge Secure Treatment Center (SRSTC), located northwest of the City of Mauston, was constructed in 2001 to house and treat Sexually Violent Person’s (SVP). The cumulative SVP population housed at SRSTC has aged and continues to grow.

The existing Skilled Care Unit (SCU) at SRSTC takes care of the aged residents who have a lack of mobility, diminishing cognitive ability, poor physical health or other impairments that prevent them from being fully independent. The SCU space cannot adequately serve this ageing and increasingly frail population.

This project will remodel the existing SCU in Building E and expand it by constructing a new building addition. This project is required to address the lack of SCU space and additional programming needs of the aging resident population at SRSTC. The SCU expansion will give SRSTC the ability to safely house and treat older and more medically frail residents.

**Please refer to AE Request, Support File 1, for the complete project background, description and scope of services.**

**QUALIFICATION REQUIREMENTS**

Interested candidates must meet the following Wisconsin Administrative Code 20.02(4) (a)-(d) requirements:

1. Have more than one A/E as a responsible member of the firm.
2. Have been in business at least three years.
3. Have a permanent office within Wisconsin where responsible direction of all services will be based.
4. Have acted as the responsible, Prime A/E from design through substantial completion of a
   * SECURE MENTAL HEALTH FACILITY (as defined on page 11) which was substantially complete by October 8, 2021

AND

* + with **a construction value of at least $4.8 Million** or **a size of at least 6,700 GSF.**

NOTE:

To claim credit for Qualification for C above:

1. At a minimum, a principal or project architect/manager or project engineer/manager of a firm or association shall be permanently located at the Wisconsin office for the entire project; programming and/or design through completion of construction of the project.

To claim credit for Qualification D above,

1. Administrative Code 20.02 (6) (d) requires the A/E firm to have experience of “A” project of ½ the size or construction cost of the project under consideration. There are no provisions in the code that indicate more than “A” project may be considered. Therefore, the language “single building or portion of a building” has been included for the definition of “Project” of this code requirement in the Qualification D above. See “Definitions” below.

2. Submitting A/E firms, A/E firms in association (as defined in #4 below, “Definitions”) and individuals formerly with other A/E firms or offices could conceivably claim experience credit for the same Substantially Completed project, however, the individual formerly with another A/E firm or office claiming credit must clearly indicate what their responsibility/experience was while employed with the other firm and:

* 1. the firm(s) must have acted as a Prime, and the individual’s role was clearly defined and maintained through the life of the project, as either project architect/manager, project engineer/manager and/or principal and,
  2. the individual must also clearly define their responsibility as either project architect/manager, project engineer/manager and/or principal from programming and/or design through Substantial Completion of construction of this solicited project.

3. Credit for Substantially Completed projects fulfilling this mandatory requirement will be accepted only for projects where the submitting A/E firm, A/E firms in association, and individuals formerly with other A/E firms provided professional services encompassing the design, construction documents, and construction administration. See Consultant Qualification Questionnaire Instructions for more details.

**SUBMITTAL REQUIREMENTS**

The following documents are attached and are to be correctly completed and received by the time and date indicated:

1. CONSULTANT QUALIFICATION QUESTIONNAIRE

If your firm meets the eligibility requirements above,

* Prepare and **upload your electronic qualification** submittal to this project number on the Department of Administration, Division of Facilities Development Architect/Engineer Invitations for Service site: <http://www.doa.wi.gov/Divisions/Facilities-Development/AE-Design/AE-Results>

Submittals MUST be received by this office and uploaded to WisBuild no later than:

**Monday, November 8, 2021 at 2:30 PM**

1. A/E DATA RECORD

**ALL** submitting firms and associate firms **MUST** have electronically registered with a completed DFD‘s A/E Data Record located on DFD’s [WisBuild Web Site](http://wisbuild.doa.state.wi.us/index.html) **on or before the due date** show above. Firms with multiple offices must have an established A/E Data Record from the office that is listed in Sections 1 and/or 2.

To establish an A/E Data Record or ask questions pertaining to your WisBuild log in and password, please e-mail your company name and address to the following email address:  [wisbuild@doa.state.wi.us](mailto:wisbuild@doa.state.wi.us).

**OTHER REQUIREMENTS**

A/E firms desiring to do business with the State of Wisconsin are required to comply with the laws, policies and requirements governing A/E practices for State of Wisconsin design and construction projects as indicated below. The A/E is strongly encouraged to become familiar with these documents PRIOR to determining the feasibility of submitting their qualifications. The A/E will be expected to follow these requirements without exception, should be the A/E be selected for a project,

1. WISCONSIN ADMINISTRATIVE CODE 20: For more information on the Wisconsin laws pertaining to A/E eligibility requirements, solicitation, selection, contracting and performance evaluation requirements, please refer to [Wisconsin Administrative Code Chapter 20](http://www.legis.state.wi.us/rsb/code/adm/adm020.pdf).

2. POLICIES AND PROCEDURES MANUAL: For more information pertaining to the A/E’s responsibilities on a project from selection through construction completion, please refer to the [Policy and Procedure Manual for Architects/Engineers and Consultants.](https://doa.wi.gov/DFDM_Documents/Forms-Templates/DOA-4518P-AE-PPM.pdf)

3. DFD Building Information Modeling (BIM) Guidelines and Standards are now applicable to projects greater than $2.5 million.  Please refer to the following link for additional information: <http://www.doa.state.wi.us/divisions/facilities-development/document-library/>

4. STATE OF WISCONSIN A/E CONTRACTS: If selected, and pending A/E fee negotiations, the State of Wisconsin will issue a contract to the A/E. Refer to the sample contract for the Terms and Conditions for A/E Contracts: A/E Contract (DOA-4519P) (See Support File 2). The State will not accept modifications, changes or deleted language from the State contract. The A/E is once again strongly encouraged to review the contract prior to submitting their qualifications for a project.

5. MINORITY BUSINESS INVOLVEMENT: Wisconsin legislation includes a goal for minority involvement in both the design and construction of state projects. In response to that legislation, the Division of Facilities Development & Management requests all firms responding to this invitation include minority involvement as part of the design team through the use of certified minority-consulting firms. This involvement goal is at least 5% of the contracted A/E fee. For more information about the supplier diversity program, please visit their website at: <http://www.doa.state.wi.us/Divisions/Enterprise-Operations/Supplier-Diversity-Program>

6. DISABLED VETERAN BUSINESS (DVB) INVOLVEMENT: 2013 Wisconsin Act 192 requires the Department of Administration to attempt to ensure that at least 1 percent of the total amount of A/E fees expended each fiscal year be paid to disabled veteran-owned businesses (DVB). In order to assist the department in this endeavor we encourage the use of DVBs as sub-consultants on your teams. For more information about the supplier diversity program, please visit their website at:

[http://www.doa.state.wi.us/Divisions/Enterprise-Operations/Supplier-Diversity-Program](http://www.doa.state.wi.us/Divisions/Enterprise-Operations/Supplier-Diversity-Program )

7. WOMAN-OWNED BUSINESS ENTERPRISES: Woman-Owned Business Enterprises (WBE) do not currently count towards minority involvement goals.

8. ASSOCIATION: Those firms that are party to an association that are invited to interview shall submit at the interview an executed draft Association Agreement-In-Principal between the parties. Selected firms that are party to an association shall submit a final executed Association Agreement between the parties **prior** to execution of a contract. The association agreement shall indicate how responsibilities will be shared, how tasks will be divided and the firms or individuals that will be assigned the responsibilities and tasks.

Language in the Association Agreement shall indicate that DFD’s A/E contract language overrides any conditions of the Association Agreement and that all parties to the Association are jointly and severally liable in the event of default by any of the parties. All parties of the Association must sign the A/E Contract with DFD unless the Association Agreement expressly stipulates one firm or individual with the authority to bind all parties of the Association Agreement to the terms and conditions of the A/E Contract with DFD.

**SHORTLISTING INFORMATION**

The screening and shortlisting process is generally defined in the Wisconsin Administrative Code Chapter 20, ADM 20.04, 20.06 - 20.07 and the [Policy and Procedure Manual for Architects/Engineers and Consultants.](https://doa.wi.gov/DFDM_Documents/Forms-Templates/DOA-4518P-AE-PPM.pdf) Qualification submittals will be evaluated based on the following criteria, also identified on the **A/E Screening Form** (See Support File 3):

* Submitting A/E firms or submitting A/E firms in association with other firms meet the mandatory qualifications of the project as defined in ADM 20.02(6)
* Performance evaluation scores of the submitting A/E firms or submitting A/E firms in association with other firms. Past performance evaluation is equated to a score ranging from 0 to 3, multiplied by the weight “3”. If a firm has no pre-established rating, the firm will be assigned a “1.5 NR (no rating)”, based on 50% (or one-half the maximum value of 100%). Performance evaluation scores of A/E firms in association with other A/E firms are averaged. If an A/E has a performance score, their score (only) can be viewed through the A/E’s WisBuild login.
* Experience: The overall experience of all the team members, number of similar projects and key persons to work on the project are evaluated based on what is contained in the qualification submittal.
* Geographic proximity: If two or more **Wisconsin** firms are in association, the points are averaged. If two or more firms are in association and only one is a Wisconsin firm, the Wisconsin points will be used.
* Design and Production Capabilities: The engineering and architectural abilities of the team are evaluated, based on what is contained in the qualification submittal and review of the performance evaluation scores of the subconsultants. Number of staff assigned to the project is also considered.
* Submitting A/E firms which currently have projects with the DFD will be deducted points based on the total dollar value of fees, including change orders, divided by 100,000. However, if the status of the project is in construction or beyond, the value of the points will be discounted by 80%. The intent of this section is to provide a greater opportunity for firms with fewer projects to undertake new projects.

NOTE: Performance scores of proposed subconsultants, by discipline, are also considered as subjective. As the performance scores of a firm are not provided to other firms, ask your proposed subconsultant to provide their DFD performance evaluation scores.

STATUS POINTS: All firms and team members are responsible for reviewing their firm’s performance evaluation scores and status points, including project status. **Questions pertaining to these data points should be immediately referred to the appropriate assigned DFD project manager**. Performance evaluation, status points and project status used will be those in effect at the date of prescreening.

**It is intended that up to four firms will be shortlisted.**

**SITE VISIT INFORMATION**

Date, time, and location details will be given to the shortlisted firms at the time of notification.

**INTERVIEW INFORMATION**

1. The interview process is generally defined in the Wisconsin Administrative Code Chapter 20, ADM 20.04, 20.08 and the Policy and Procedure Manual for Architects/Engineers. Firms shortlisted in the shortlisting process will be invited to participate in an interview. The interview will consist of a forty-five (45) minute presentation with a ten (10) minute question and answer session by the selection committee.
2. The format for the interviews will generally follow the format described in the **Interview Questionnaire** (To be provided to Short Listed Firms) for the project and will require the A/E team to address project specific questions including the approach to the project, the program, budget, schedule, construction administration, project closeout, examples of similar projects. The media used to make the presentation is entirely at the discretion of the A/E team.
3. The A/E firm will be required to complete and submit a **Fee Rate Sheet** (See Support file 4) indicating a detailed breakdown of the A/E’s anticipated fees. The Fee Rate Sheet submittal shall be completed and submitted in a sealed envelope at the interview. When an A/E firm has been selected, the Fee Rate Sheet envelope shall be opened and used as a basis for fee negotiation.
4. In the event the ranking of firms ends in a tie for either first or second place, the tie breaker method will be as follows:
5. The firm with the most #1 rankings will be the higher ranked
6. In the event a tie remains despite the number of #1 rankings, higher performance ratings with the State at the time of the tie breaker for the Wisconsin firm(s) will be the second tie breaker.
7. DATE FOR INTERVIEWS**:**

**Wednesday, December 8, 2021**

Between 8:00 AM to 4:00 PM local time

The time and date will be confirmed via separate E-mail.

**MEMBERS OF THE SELECTION COMMITTEE**

**The following members, or substitutes, comprise the Selection Committee:**

DFD Bureau Director of Capital Budget and Construction Administration, Chairperson

DFD Deputy Division Administrator

DFD Bureau of Architecture and Engineering Director

DFD Bureau of Architecture and Engineering Technical Services Section Chief

DFD Project Manager

Two Agency Representatives from the Department of Health Services

**The list of these members is tentative and subject to change, based on member’s availability.**

**RESPONSIBILITIES OF THE A/E**

**Completeness and Accuracy**

It is the sole responsibility of the submitting A/E firm(s), including A/E firms in association, to validate the completeness and accuracy of the information provided on their qualification and the timeliness of the submittal. In fairness to all submitting firms, DFD will review the submittal at its face value and presume that quality checks for errors and omissions were provided by the A/E prior to submission. Those submittals not meeting the qualification requirements will disqualify the A/E firm(s) and the submittal will not be considered for further review.

**Clarifications, Meaning, Intent**

It is also the sole responsibility of the submitting A/E firm to ask for clarification of meaning or intent of any of the documents or requirements up to a period of **5 business days** prior to the submittal deadline, to allow for a reasonable time to research a response, if necessary, and respond to the A/E firm prior to the submittal deadline.

Please direct your questions via e-mail to:

**Audra Jervey**

[audra.jervey@wisconsin.gov](mailto:audra.jervey@wisconsin.gov)

**STATE OF WISCONSIN**

**DIVISION OF FACILITIES DEVELOPMENT & MANAGEMENT**

CONSULTANT QUALIFICATION QUESTIONNAIRE

INSTRUCTIONS

#### ELIGIBILITY

Before proceeding with the application process make certain that your firm meets the eligibility criteria as outlined in the State of Wisconsin, Department of Administration, Administrative Code Chapter 20.02 (4) (a) – (d).

#### PURPOSE

The purpose of this form is to provide information regarding the qualifications of interested firms to undertake a specific state building project. Responses should be as complete, clear and accurate as possible, contain data specific and relevant to the specified project for which you wish to be considered, and should be mailed and provided by the due date and time to: The Department of Administration, Division of Facilities Development & Management, 101 East Wilson St. 7th Floor, P.O. Box 7866, Madison, Wisconsin 53707-7866.

**DEFINITIONS:**

**“PROJECT”:** means new construction, addition(s), remodeling or any combination thereof in a single building or portion of a single building.

**“SECURE MENTAL HEALTH FACILITY”:** means a facility for the detention, evaluation, and institutional care of sexually violent persons in a secure environment on a 24-hour, 7 days/week basis.  Secure treatment facilities where patients are treated in a temporary basis or treatment facilities which are not secure do not meet this requirement.

**“PRINCIPALS”:** individuals in a firm who possess legal responsibility for its management. They may be owners, partners, corporate officers, associates, administrators, etc.

**“DISCIPLINE”:** the primary technological capability of individuals in the responding firm. Possession of an academic degree, professional registration, certification, or extensive experience in particular field of practice normally reflects an individual’s primary technical discipline.

**“KEY PERSONS, SPECIALISTS, AND INDIVIDUAL CONSULTANTS”:** individuals who will have MAJOR project responsibility or will provide UNUSUAL OR UNIQUE capabilities for the project under construction.

**“SUBSTANTIAL COMPLETION”:** the stage in the progress of the work when the work or designated portion thereof is sufficiently complete in accordance with the Contract Documents so the Project, or designated portion thereof, can be occupied and used for its intended purpose.

**“ASSOCIATION”:** two or more architect/engineer firms organized for the purposes of furnishing professional services as a single entity, providing the assignment of and provisions for continuity of the various responsibilities within the association and that the combination of the qualifications of the individual firms constituting the association makes the team eligible for selection (ADM 20.07 (4). **A Prime/Subconsultant arrangement DOES NOT meet this definition.**

**“PRIME”:** The submitting A/E firm or the submitting A/E firm in association must have performed as the Prime responsible A/E for that Substantially Completed, and similar project for which they are claiming experience.

**“NON MANDATORY”:** projects, as referenced in Section 5 of this qualification, means that projects that are listed in this Section are not required to meet the mandatory requirements set for the project and listed in Section 4 of this qualification. Section 5 is required to be completed for the qualification, however.

**INSTRUCTIONS FOR FILING**

The forms provided indicate what information is desired and the format in which it is to be presented. Please feel free to use your preferred computer application for creating this document while maintaining the outline and required information. Numbered paragraphs below correspond to numbers contained in the form.

**THE NUMBER OF PAGES FOR THE COMPLETED QUALIFICATION SOLICITATION SUBMITTAL MAY NOT EXCEED SEVENTEEN (17) PAGES, MINIMUM FONT SIZE OF 8.**

## PRIME FIRM(S) – INCLUDING ASSOCIATION FIRM(S)

Indicate firm name, address, city, state, and zip code of the Prime firm(s) which is (are) submitting this qualification for the project as well as a firm’s contact name, title, telephone and e-mail address.

If the Prime firm(s) has (have) more than one office, indicate all offices involved as well as the main office from which project direction will be provided. Verify that the office taking credit for the qualifying project in Section 4 is indicated here.

Firms in association must also fill out this section.

Add additional blocks or rows for additional Prime firms and offices as needed.

## TEAM ORGANIZATIONAL CHART SHOWING FIRMS, LEAD STAFF AND DISCIPLINES

Graphically show the individual members of the team, the services, disciplines, and responsibilities they will provide and how they relate to each other. Verify that the individuals and disciplines shown correspond to the individuals and disciplines indicated in all other parts of the qualification submittal. Graphic representation may be an organizational chart or another representation that best expresses individuals, discipline, responsibilities and relationships.

## TEAM MATRIX

FIRM INFORMATION.

Indicate firm name, address, city, State and Wisconsin MBE status of each of the firm(s) on the team. Indicate offices of the same firm in different cities separately.

STAFF NAME AND REGISTRATION / CREDENTIAL.

Indicate **ALL** key personnel expected to participate on this project under the office from which they will be providing services. Care should be taken to limit the listing to only those personnel and specialists who will have major project responsibilities. Additional rows may be added to accommodate various staff assigned to the project for the corresponding office.

PROJECT DISCIPLINE / ROLE FOR THIS PROJECT

**Discipline Key Role Key**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| A | Architect |  | PIC | Principal in Charge |
| C | Civil Engineer |  | PM | Project Manager |
| E | Electrical Engineer |  | PA  PE | Project Architect  Project Engineer |
| FP | Fire Protection Engineer |  | DA  DE | Design Architect  Design Engineer |
| LA | Landscape Architect |  | CA | Construction Administration |
| M | Mechanical Engineer |  |  |  |
| P | Plumbing Engineer |  |  |  |
| S | Structural Engineer |  |  |  |

Indicate each individual’s role and responsibility for the project from beginning to substantial completion of construction of the project experience referenced. Indicate the discipline referring to the “Discipline Key” and the role referring to the “Role Key” above. If the Disciplines or Roles for the individual are not indicated in these keys, please type the Discipline and / or Role directly on the form on the corresponding line.

YEARS WITH CURRENT FIRM / YEARS WITH OTHER FIRM(S)

Indicate each individual’s years with the current firm and years with other firm(s).

TEAM MEMBER PROJECTS EXPERIENCE AND ROLE

Section 4 Title, Cost, SF, Year (Qualifying Project)

Indicate the project title, construction cost, square footage and year of substantial completion for the qualifying project further described in Section 4, in the heading where the text is rotated

Indicate the staff on the team that participated in the project by indicating the Role.

Section 5 Title(s), Cost, SF, Year (Related Projects)

Indicate the project title, construction cost, square footage and year of substantial completion for a maximum of FOUR (4) related projects described in Section 5, in the headings where the text is rotated

Indicate the staff on the team that participated in the project by indicating the Role.

ADDITIONAL TEAM MEMBER PROJECTS (maximum of 4 examples)

Additional projects may be described by indicating the project title, construction cost, square footage, and year of substantial completion for a maximum of FOUR (4) projects in the headings where the text is rotated. NOTE THAT THESE PROJECTS ARE NOT DESCRIBED IN ANY OTHER SECTIONS OF THE SOLICITATION. THE INTENT IS TO INDICATE OTHER PROJECTS WHERE TEAM MEMBERS HAVE WORKED TOGETHER.

Indicate the staff on the team that participated in the project by indicating the Role.

## 4. QUALIFYING PROJECT

This section pertains to evaluation of the Prime A/E’s mandatory and qualifying project on whether it fulfills the requirements of Wisconsin Administrative Code 20.02 (6) (d):

* TO FULFILL THE REQUIREMENTS OF WIS. ADM CODE 20.02 (6) (d), THE SIMILAR PROJECT YOU ARE DESCRIBING:
* Must be at least **6,700 GSF** ***OR*** have a current construction cost value of at least **$4.8 Million**

*AND*

* Indicates the consultant must have acted as the Prime from design through substantial completion

*AND*

* Indicates the project must be substantially complete by **October 8, 2021**

*AND*

* Indicates the project must comply with the definition of **“PROJECT”** and **“SECURE MENTAL HEALTH FACILITY”** (Definitions found on page 11).
* If an individual is taking credit for the project, the individual must have acted as the Prime from design through substantial completion as a project architect or manager, project engineer or manager, or Principal in Charge (line 4.b. – d.)
* IF THESE REQUIREMENTS ARE NOT MET, YOUR FIRM WILL BE DISQUALIFIED.

**IMPORTANT:**

* The submitting A/E firm or A/E firms in association, may take credit for work performed by offices other than the office(s) stated in Sections 1, 2 or 3 of this qualification, provided the assigned key persons anticipated for this project were associated with the project for which credit is being taken and the assigned key person is identified in Sections 2 and 3 of this qualification.
* All project costs shall be actual costs in US dollars at **completion** of construction. DFD will apply the **ENR Building Cost Index** rates to the non-escalated cost of the projects indicated by the A/E. ENR Building Costs Index rates will be those effective at the time of prescreening.
* Administrative Code 20.02 (6) (d) requires the A/E firm to have experience of “A” project of ½ the size or construction cost of the project under consideration. There are no provisions in the code that indicate more than “A” project may be considered. Therefore, the language “single building or portion of a single building” has been included for clarification of “project” of this code requirement in the Qualification D and “Definitions” above.
* Please complete ONLY ONE PROJECT FOR THE SECURE MENTAL HEALTH FACILITY EXAMPLE, to indicate compliance with this code requirement. This experience may be claimed by any of the firm(s) listed in Section 1 of this qualification or an individual currently employed by any of the firm(s) in Section 1 of this qualification while with another firm and assigned to this project. See “Responsibility of the A/E” in the qualification solicitation.
* No information provided in this section may indicate “CONFIDENTIAL”

**Detailed instructions for completing the “4. Qualifying Project” Form**

**Project Title, City, and State:**

Indicate title and location of the project.

1. **Square footage of the qualifying project at substantial completion:**

Indicate the square footage of ONLY the SIMILAR portion of the project at substantial completion.

1. **Unescalated construction cost of the qualifying project at substantial completion:**

Indicate the construction cost of ONLY the SIMILAR portion of the project at substantial completion. *DFD will escalate the construction cost to the current month and year using ENR building cost index history escalation factors.*

1. **Substantial completion of the qualifying project:**

Indicate month AND year of substantial completion of ONLY the qualifying SIMILAR project Qualifying similar project must be completed by the date indicated.

1. **Firm or individual with another firm that acted as the Prime on the qualifying project from programming or design through substantial completion, as well as the services provided and the individual’s role:**

4.a Firm & Location: Indicate the name of A/E firm and the office responsible for the project. **If 4.a. is completed, 4.b. – 4.d. should remain blank.**

***NOTE:*** *This firm must also be listed in Sections 1, 2 and 3 of this qualification.*

4.b Name of Individual: If an individual currently employed by a firm in Section 1 of this qualification is claiming experience while employed with another A/E firm, the individual’s name, the former employing firm of the individual and location of the former firm must be listed.  **If 4.b. is completed, 4.a should remain blank**.

***NOTE:*** *This individual must also be listed in Sections 2 and 3 of this qualification.*

4.c Associated Firm and Location: Indicate the name, city, and state of firm associated with individual indicated in 4.b. **If 4.c. is completed, 4.a. should remain blank.**

4.d Individual’s Responsibility: Indicate the responsibility of the individual in 4.d. by checking the appropriate box for Project Architect/Engineer, Design Architect/Engineer or Principal. **If 4.d is completed, 4.a. should remain blank.**

4.e Services: Check all the boxes that apply regarding the scope of services provided by the firm in 4.a. or individual in 4.b.: Master Planning/Study; Programming; Design; Bidding; Construction; Substantial Completion; Other

***NOTE:*** *The firm’s or individual’s relationship must be clearly defined and maintained through the life of the project and show responsibility from programming and/or design through substantial completion of this qualifying project.*

1. **The project complies with the definition of “Project” and “SECURE MENTAL HEALTH FACILITY” as defined in the CONSULTANT QUALIFICATION QUESTIONNAIRE INSTRUCTIONS:**

Refer to the definitions and confirm that this project meets the definition by checking the “Yes” in the appropriate checkbox.

**Check all non-mandatory, desirable project experience that applies:**

These checkboxes are provided to facilitate understanding of the A/E team’s depth of project experience as it relates to similar components of the advertised project that are desirable but not mandatory (see page 4 of the Qualification Solicitation).

**Describe the project scope, role, responsibilities, challenges and solutions:** (include photos and/or floor plans, if available).

Provide supplemental information to further describe the project, scope, project challenges and resolutions pertaining to program and scope, budget, schedule, construction administration, quality or working with the client; the A/E team’s qualifications and involvement, project complexity or any other specifics or concerns the project addressed.

When appropriate, respondents may supplement this Section with graphic material and photographs which best illustrate this project.

**Describe the relevance of this qualifying project to the solicited project:**

Briefly description of how your project has relevancy to the advertised project which may include similarities in scope, size, schedule, program requirements, etc.

## 5. RELATED PROJECTS

The projects described in this section **DO NOT** need to meet the mandatory requirements of the project described in Section 4 by the submitting Prime(s) and are intended to allow the A/E team to further elaborate on their depth of experience relative to the project advertised. A maximum of four (4) additional related projects may be used to demonstrate experience and technical capabilities of the team.

**Detailed instructions for completing the “5. Related Projects” Form**

**Project Title, City, and State**

Indicate the title and location of the project.

**Square footage at substantial completion:**

Indicate the square footage of the project at substantial completion.

**Unescalated construction cost at substantial completion:**

Indicate the construction cost of the project at substantial completion.

*DFD will escalate the construction cost to the current month and year using ENR building cost index history escalation factors.*

**Substantial completion date:**

Indicate the month and year of substantial completion

**Services:**

Check all the boxes that apply regarding the scope of services provided by the team: Master Planning/Study, Programming, Design, Bidding, Construction, Substantial Completion, Other

**Check all non-mandatory, desirable project experience that applies:**

These checkboxes are provided to facilitate understanding of the A/E team’s depth of project experience as it relates to similar components of the advertised project that are desirable but not mandatory (see page 4 of the Qualification Solicitation).

**Describe the project scope, role, responsibilities, challenges and solutions: (include photos, if available):**

Provide supplemental information to further describe the project, scope, project challenges and resolutions pertaining to program and scope, budget, schedule, construction administration, quality or working with the client; the A/E team’s qualifications and involvement, project complexity or any other specifics or concerns the project addressed.

When appropriate, respondents may supplement this Section with graphic material and photographs which best illustrate this project.

**Describe the relevance of this qualifying project to the solicited project:**

Provide brief description of how your project has relevancy to the advertised project which may include similarities in scope, size, schedule, program requirements, etc.

## 6. ADDITIONAL TEAM RELATED EXPERIENCE

Provide any additional information or description of resources supporting your firm(s)’s qualification for the proposed project. You may show reasons why your firm believes it is qualified to undertake the project. Information provided should include but not be limited to such data as: specialized equipment available for this work, any awards or recognition received by a firm or individuals for similar work, special approaches or concepts developed by the firm relevant to this project, projects where the team members have previously worked together. Respondents may say anything they wish in support of their qualifications. When appropriate, respondents may supplement this Section with graphic material and photographs which best demonstrate capabilities for this project.

## 7. ASSOCIATION RESPONSIBILITIES

If this qualification is submitted by an Association of firms (as defined in the “Definitions” above) please identify the firms involved and their relationship to each other. Provide very specific details, including a graphic representation by phase of project, of the association roles and responsibilities, primary leads and management of the entire project. The graphic representation may be whatever the Association deems to best demonstrate roles and relationships during the project. **DO NOT ENTER SUBCONSULTANT INFORMATION IN THIS SPACE.** If an Association does not apply to the firm submitting this form, enter the words: “Not Applicable” or “N/A”.

## 8. REGISTRATION REQUIREMENTS

List the names and registration numbers of two Principals in Charge and/or responsible members of the firm as Prime on the project. Individuals may represent a single Prime firm or two Prime firms in Association.

## 9. STATE OF FACTS

Completed forms must be signed and dated by the architect/engineer Principal responsible for the conduct of the work in the event it is awarded to the firm submitting this form, validating the eligibility requirements of Administrative Code 20.02 as well as completeness, accuracy and checks for errors and omissions of the information provided.

**THE NUMBER OF PAGES FOR THE COMPLETED QUALIFICATION SOLICITATION SUBMITTAL MAY NOT EXCEED SEVENTEEN (17) PAGES, MINIMUM FONT SIZE OF 8.**



**DIVISION OF FACILITIES DEVELOPMENT & MANAGEMENT**

A/E Qualifications Questionnaire

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| **Skilled Care Unit Expansion**  **Department of Health Services, Sand Ridge Secure Treatment Center**  **DFD Project Number 21H1L** | | | |
| **1. Prime Firm(s) – Including Association Firms** | | | |
|  | **Firm A** | **Firm B** | **Firm C** |
| **Firm Name:**  **Address:**  **City, State, Zip:**  **Solicitation Contact:**  **Title:**  **Phone:**  **Email:** |  |  |  |

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| **2. Team Organizational Chart Showing Firms, Lead Staff and Disciplines** |

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| **3. Team Matrix** | | | | | | | | | | | | |
| **Firm Information** | **Team Member Information** | | | **Team Member Projects Experience and Role** | | | | | **Additional Team Member Projects** | | | |
| **Staff Name and Registration /Credential** | **Project**  **Discipline / Role**  **For This Project**  (see keys, Instructions for Filing) | **Years with Current Firm /**  **Years with Other Firms** | 1. Section 4 Title, Cost, Size, Year | 2. Section 5 Title, Cost, Size, Year | 3. Section 5 Title, Cost, Size, Year | 4. Section 5 Title, Cost, Size, Year | 5. Section 5 Title, Cost, Size Year | Add’l Project Title, Cost, Size, Year | Add’l Project Title , Cost, Size, Year | Add’l Project Title, Cost, Size, Year | Add’l Project Title, Cost, Size, Year |
| Firm Name  City, State  *MBE/DVB* |  |  |  |  |  |  |  |  |  |  |  |  |
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| **3. Team Matrix (Cont.)** | | | | | | | | | | | | |
| **Firm Information** | **Team Member Information** | | | **Team Member Projects Experience and Role** | | | | | **Additional Team Member Projects** | | | |
| **Staff Name and Registration /Credential** | **Project**  **Discipline / Role**  **For This Project**  (see keys, Instructions for Filing) | **Years with Current Firm /**  **Years with Other Firms** | 1. Section 4 Title, Cost, Size, Year | 2. Section 5 Title, Cost, Size, Year | 3. Section 5 Title, Cost, Size, Year | 4. Section 5 Title, Cost, Size Year | 5. Section 5 Title Cost, Size, Year | Add’l Project Title, Cost, Size, Year | Add’l Project Title , Cost, Size, Year | Add’l Project Title, Cost, Size, Year | Add’l Project Title, Cost, Size, Year |
| Firm Name  City, State  *MBE/DVB* |  |  |  |  |  |  |  |  |  |  |  |  |
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*See page 14 of this document for Project Disciplines and Roles.*

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| **4. Qualifying Project**  **SECURE MENTAL HEALTH FACILITY**  **of $4.8 Million** or **6,700 GSF**  **To fulfill the requirements of WIS ADM Code 20.02 (6) (d), your firm must be able to claim Prime Responsibility for a Qualifying Project as described in “Qualification Requirements” on page 4.** | | |
| Project Title, City, State: | | |
| 1. Square footage of the qualifying at substantial completion: | | |
| 2. Unescalated construction cost of the qualifying “SECURE MENTAL HEALTH FACILITY” at substantial completion: | | |
| 3. Substantial completion date of the qualifying “SECURE MENTAL HEALTH FACILITY”: | | |
| 4. Firm or individual with another firm that acted as the Prime on the “SECURE MENTAL HEALTH FACILITY” from design through substantial completion, as well as the services provided and the individual’s role in the project: | | |
| a. Firm & Location: | | |
| (If 4.a. is completed, 4.b.-4.d. should remain blank)  b. Name of Individual:  c. Associated Firm & Location | | d. Individual’s Responsibility:  Project Architect /Engineer  Design Architect/Engineer  Principal |
| e. Services: (check all that apply) | Master Planning/Study  Programming  Design  Bidding  Construction  Substantial Completion  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 5. The Project complies with the definitions of “SECURE MENTAL HEALTH FACILITY” and “PROJECT” as defined in the CONSULTANT QUALIFICATION QUESTIONNAIRE INSTRUCTIONS?  Yes | | |
| Check all non-mandatory, desirable project experience that apply: Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| Describe the project scope, role, responsibilities, challenges and solutions: (include photos if available): | | |
| Describe the relevance of this qualifying project to the solicited project: | | |

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| **5. Related Project**  Submit a maximum of FOUR (4) additional related projects for the team. | |
| Project Title, City, State: | |
| Prime AE firm: | |
| Square footage at substantial completion: | |
| Unescalated construction cost at substantial completion: | |
| Substantial completion date: | |
| Services: (check all that apply) | Master Planning/Study  Programming  Design  Bidding  Construction  Substantial Completion  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check all non-mandatory, desirable project experience that apply:  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe the project scope, role, responsibilities, challenges and solutions: (include photos, if available) | |
| Describe the relevance of this project to the solicited project: | |

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| **5. Related Project**  Submit a maximum of FOUR (4) additional related projects for the team. | |
| Project Title, City, State: | |
| Prime AE firm: | |
| Square footage at substantial completion: | |
| Unescalated construction cost at substantial completion: | |
| Substantial completion date: | |
| Services: (check all that apply) | Master Planning/Study  Programming  Design  Bidding  Construction  Substantial Completion  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check all non-mandatory, desirable project experience that apply:  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe the project scope, role, responsibilities, challenges and solutions: (include photos, if available) | |
| Describe the relevance of this project to the solicited project: | |

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| **5. Related Project**  Submit a maximum of FOUR (4) additional related projects for the team. | |
| Project Title, City, State: | |
| Prime AE firm: | |
| Square footage at substantial completion: | |
| Unescalated construction cost at substantial completion: | |
| Substantial completion date: | |
| Services: (check all that apply) | Master Planning/Study  Programming  Design  Bidding  Construction  Substantial Completion  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check all non-mandatory, desirable project experience that apply:  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe the project scope, role, responsibilities, challenges and solutions: (include photos, if available) | |
| Describe the relevance of this project to the solicited project: | |

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| **5. Related Project**  Submit a maximum of FOUR (4) additional related projects for the team. | |
| Project Title, City, State: | |
| Prime AE firm: | |
| Square footage at substantial completion: | |
| Unescalated construction cost at substantial completion: | |
| Substantial completion date: | |
| Services: (check all that apply) | Master Planning/Study  Programming  Design  Bidding  Construction  Substantial Completion  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Check all non-mandatory, desirable project experience that apply:  Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Describe the project scope, role, responsibilities, challenges and solutions: (include photos, if available) | |
| Describe the relevance of this project to the solicited project: | |

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| **6. Additional Team Related Experience** | | |
| Use this space to provide any additional information or description of resources supporting your firm’s qualifications for the proposed project. | | |
| **7. Association Responsibilities** | | |
| If applicable, provide very specific details, including a graphic representation by phase of project, of the association roles and responsibilities and management of the project. Identify the primary Principals for the Project. | | |
| **8. Registration Requirements** | | |
| List the names and registration numbers of two principals and/or other responsible members of the Prime firm: | | |
| Name: | Registration #: | |
| Name: | Registration #: | |
| **9. Statement of Facts** | | |
| Our firm, members of our firm, or the firm in association with one or more firms has substantially completed the Quality Project in Section 4 of this qualification that meets the eligibility requirements of Administrative code, Chapter 20.02(6) (d) as referenced in the instructions. Furthermore, I have validated the completeness and accuracy of the information provided by our team and I am responsible for the quality checks for any errors and omissions in the submittal.  Yes | | |
| **Name:** | | |
| **Title:** | | |
| **Signature:** | | Date: |