

DESIGN PROFESSIONAL SELECTION APPLICATION FOR SPECIFIC PROJECT

Section 1 – Project Information				
1. PROJECT NUMBER:	2. PROJECT TITLE:			
3. DISTANCE BETWEEN FIRM LOCATION AND PROJECT (in miles):				
Section 2 – Firm Information				
4. FIRM NAME:	5. SAP NUMBER:			
6. STREET ADDRESS:	7. CITY/STATE:	8. ZIP CODE:		
9. PHONE NUMBER:				
10. SMALL BUSINESS / SMALL DIVERSE BUSINESS INFO. <small>SMALL BUSINESS SELF-CERTIFICATION #:</small> <small>SMALL DIVERSE BUSINESS TYPE:</small> <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> SDVBE				
11. TYPE OF FIRM: <input type="checkbox"/> ARCHITECT <input type="checkbox"/> ENGINEER <input type="checkbox"/> OTHER If Other, please specify: _____				
12. LEGAL STRUCTURE OF FIRM: <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> JV				
<i>BY SUBMITTING AN ASP-150 FORM, ALL ENTITIES OF THE JOINT VENTURE REPRESENT THAT THE JV AGREEMENT IS FULLY EXECUTED AND BOTH NAMES LISTED IN ITEM 14 ARE AUTHORIZED TO BIND THE JV. DO NOT ATTACH THE JV AGREEMENT. DO NOT SUBMIT AN ASP-150 FORM AND ATTEMPT AFTER SELECTION TO FORMALIZE THE JV AGREEMENT.</i>				
13. FOR CORPORATIONS, STATE IN WHICH THE FIRM IS INCORPORATED:				
14. LIST PERSONS AUTHORIZED TO SIGN A CONTRACT BETWEEN THE FIRM AND COMMONWEALTH OF PENNSYLVANIA				
NAME	TITLE	PA REGISTRATION NUMBER	EMAIL ADDRESS	
Section 3 – Personnel				
15. LIST THE NUMBER OF FULL TIME PERSONNEL CURRENTLY EMPLOYED BY THE FIRM. EACH PERSON SHOULD BE COUNTED ONLY ONCE.				
Discipline	Registered	Professional Degree	Other	Total
Architects				
Engineers, Civil				
Engineers, Structural				
Engineers, Mechanical				
Engineers, Electrical				
Engineers, Other				
Landscape Architects				
Other				
TOTAL EMPLOYEES				

16. LIST UP TO THREE CONSULTANTS WHO WILL BE RETAINED TO ASSIST IN THE DESIGN PROCESS.

1	FIRM NAME:	ADDRESS:
	# OF PROJECTS COMPLETED TOGETHER:	\$ OF PROJECTS COMPLETED TOGETHER: \$
	DESCRIBE PAST PROJECTS WORKED TOGETHER AND SCOPE OF WORK FOR THIS PROJECT:	
	REGISTRATION EXPIRATION:	
	SMALL BUSINESS CERTIFICATION NUMBER:	
	SMALL DIVERSE BUSINESS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> SDVBE	
2	FIRM NAME:	ADDRESS:
	# OF PROJECTS COMPLETED TOGETHER:	\$ OF PROJECTS COMPLETED TOGETHER: \$
	DESCRIBE PAST PROJECTS WORKED TOGETHER AND SCOPE OF WORK FOR THIS PROJECT:	
	REGISTRATION EXPIRATION:	
	SMALL BUSINESS CERTIFICATION NUMBER:	
	SMALL DIVERSE BUSINESS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> SDVBE	
3	FIRM NAME:	ADDRESS:
	# OF PROJECTS COMPLETED TOGETHER:	\$ OF PROJECTS COMPLETED TOGETHER: \$
	DESCRIBE PAST PROJECTS WORKED TOGETHER AND SCOPE OF WORK FOR THIS PROJECT:	
	REGISTRATION EXPIRATION:	
	SMALL BUSINESS CERTIFICATION NUMBER:	
	SMALL DIVERSE BUSINESS: <input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> VBE <input type="checkbox"/> SDVBE	

17. LIST UP TO 5 INDIVIDUALS WHO WILL BE WORKING ON THIS PROJECT. ANYONE WITH A PENNSYLVANIA PROFESSIONAL REGISTRATION MUST COMPLETE THE REGISTRATION INFORMATION. IF NOT REGISTERED IN PENNSYLVANIA, INDICATE STATE(S) IN WHICH THEY ARE REGISTERED.

1	NAME:		FIRM:	
	REGISTRATION #:		REGISTRATION EXPIRATION:	
	PHYSICAL LOCATION WHILE ON THIS PROJECT:			
	GENERAL WORK ASSIGNMENT ON THIS PROJECT:			
	SPECIALTY/DISCIPLINE:			
	DEGREE:		YEAR GRADUATED:	SCHOOL:
2	NAME:		FIRM:	
	REGISTRATION #:		REGISTRATION EXPIRATION:	
	PHYSICAL LOCATION WHILE ON THIS PROJECT:			
	GENERAL WORK ASSIGNMENT ON THIS PROJECT:			
	SPECIALTY/DISCIPLINE:			
	DEGREE:		YEAR GRADUATED:	SCHOOL:
3	NAME:		FIRM:	
	REGISTRATION #:		REGISTRATION EXPIRATION:	
	PHYSICAL LOCATION WHILE ON THIS PROJECT:			
	GENERAL WORK ASSIGNMENT ON THIS PROJECT:			
	SPECIALTY/DISCIPLINE:			
	DEGREE:		YEAR GRADUATED:	SCHOOL:

4	NAME:		FIRM:	
	REGISTRATION #:		REGISTRATION EXPIRATION:	
	PHYSICAL LOCATION WHILE ON THIS PROJECT:			
	GENERAL WORK ASSIGNMENT ON THIS PROJECT:			
	SPECIALTY/DISCIPLINE:			
	DEGREE:		YEAR GRADUATED:	SCHOOL:

5	NAME:		FIRM:	
	REGISTRATION #:		REGISTRATION EXPIRATION:	
	PHYSICAL LOCATION WHILE ON THIS PROJECT:			
	GENERAL WORK ASSIGNMENT ON THIS PROJECT:			
	SPECIALTY/DISCIPLINE:			
	DEGREE:		YEAR GRADUATED:	SCHOOL:

Section 4 – Experience

18. LIST YOUR FIRM'S COMMONWEALTH PROJECTS CURRENTLY IN DESIGN OR BID PHASE:

Project Name	Agency	Final Design Due Date or Bid Date:

19. LIST YOUR FIRM'S COMMONWEALTH PROJECTS CURRENTLY IN CONSTRUCTION:

Project Name	Agency	Scheduled Completion Date	Current Change Order % Rate

20. DESCRIBE UP TO THREE PROJECTS FOR ANY TYPE OF OWNER THAT BEST ILLUSTRATE YOUR FIRM'S QUALIFICATIONS TO DESIGN THIS SPECIFIC PROJECT. DO NOT LIST PROJECTS PERFORMED ONLY BY CONSULTANTS.

1	PROJECT NAME:	
	LOCATION:	OWNER:
	WORK PERFORMED BY FIRM ON THIS PROJECT:	
	TOTAL AWARDED CONSTRUCTION CONTRACTS:	\$
	TOTAL FINAL CONSTRUCTION CONTRACTS:	\$
	ORIGINAL COMPLETION DATE:	ACTUAL COMPLETION DATE:
	COMMENTS:	
2	PROJECT NAME:	
	LOCATION:	OWNER:
	WORK PERFORMED BY FIRM ON THIS PROJECT:	
	TOTAL AWARDED CONSTRUCTION CONTRACTS:	\$
	TOTAL FINAL CONSTRUCTION CONTRACTS:	\$
	ORIGINAL COMPLETION DATE:	ACTUAL COMPLETION DATE:
	COMMENTS:	
3	PROJECT NAME:	
	LOCATION:	OWNER:
	WORK PERFORMED BY FIRM ON THIS PROJECT:	
	TOTAL AWARDED CONSTRUCTION CONTRACTS:	\$
	TOTAL FINAL CONSTRUCTION CONTRACTS:	\$
	ORIGINAL COMPLETION DATE:	ACTUAL COMPLETION DATE:
	COMMENTS:	

21. YOU MAY USE THIS SPACE TO PROVIDE ANY ADDITIONAL COMMENTS OR DESCRIPTION OF RELEVANT INFORMATION SUPPORTING YOUR QUALIFICATIONS. **DO NOT EXCEED THIS SPACE LIMIT. THIS SPACE MUST ALSO INCLUDE ANY INFORMATION RELATING TO PARAGRAPH #2 AND PARAGRAPH #3 OF THE CERTIFICATION AND SIGNATURE PAGE.**

Certification and Signature

My firm believes we have the qualifications and capacity to provide design services for the project identified on Page 1. All of the information set forth on this ASP-150 form is accurate and true as of this date.

1. The firm consents to the evaluation of its performance by the Department and understands that any such evaluation may be used in future selections. Furthermore, the firm has notified our consultants that their performance will be evaluated and they have consented to this evaluation; and
2. To the best knowledge of the person signing this form, the firm, its affiliates, subsidiaries, officers, directors, and employees are not currently under investigation by any governmental agency and have not in the last four(4) years been convicted or found liable for any act prohibited by State or Federal law in any jurisdiction, involving conspiracy or collusion with respect to bidding or proposing on any public contract, except as disclosed in Paragraph 21; and
3. To the best of the knowledge of the person signing this, the firm, except as otherwise disclosed in Paragraph 21, has no outstanding, delinquent obligations to the Commonwealth including, but not limited to, any state tax liability not being contested on appeal or other obligation of the firm that is owed to the Commonwealth; and
4. The firm is not currently under suspension or debarment by the Commonwealth, or any other state, or the federal government; and
5. The firm has not, under separate contract with DGS or any other agency, made any recommendations to DGS or any other agency concerning the need for the services described for this project; and
6. The firm, by submitting this form, authorizes all Commonwealth agencies to release to the Commonwealth information related to liabilities to the Commonwealth including, but not limited to, taxes, unemployment compensation, and workers' compensation liabilities; and
7. Until the firm receives a fully executed and approved written contract from DGS there is no legal and valid contract, in law or in equity; and
8. The firm agrees that we have familiarized ourselves with the following Commonwealth of Pennsylvania contract provisions set forth on the DGS website and will comply with them in submitting this form and in performing the contract:
 - Nondiscrimination/Sexual Harassment Clause
 - Contractor Responsibility Provisions
 - Tax Liability Certification
 - Environmental Statement
 - Americans Disabilities Act
 - Compliance with State and Federal Statutes, Rules and Regulations
 - Contractor Integrity Provisions

I state that _____ **(Name of firm)** submits this form and understands and acknowledges that the above representations are material and important, and will be relied upon by the Selections Committee and the Department of General Services in determining whether my firm is selected for a design contract with the Commonwealth. I understand and my firm understands that any written false statement in this application which we do not believe to be true is and shall be treated as fraudulent concealment from the Selections Committee and the Department of General Services of the true facts relating to the submission of this application. A misrepresentation shall be punishable under 18 Pa. C.S. § 4904.

Business is a Sole Proprietor:		
Witness:	Owner:	Date:
Business is a Partnership:		
Witness:	General Partner:	Date:
Business is a Corporation:		
Secretary/Treasurer:	President:	Date:
Business is a Limited Liability Company:		
Witness:	President:	Date:
Business is a Joint Venture:		
Partner:	Partner:	Date: