

Part I: Project

Bulletin Number:		Project Number:	
Project Description:			

PROFESSIONAL SERVICES QUALIFICATIONS CDB FORM 255

Part II: Firm Information

For Joint Venture ("JV"), include information for all members, design discipline of each member, and percentage (of total design team) of services of each member.

CDB Prequalification Number:		Expiration:			
Firm Name:			Phone:		
Street Address:			Fax:		
City/State/Zip:			Email:		
Contact Person:					
Approximate distance to project:	Miles <i>Enter N/A if Project location has not been determined.</i>				
CMS Certifications:	MBE	WBE	VBE	N/A	CMS Certification Expiration:
<i>Select only one</i>					

Part III: Division of Work

Prime/Joint Venture:		%
CMS Certified MBE/WBE Consultants:		%
CMS Certified VBE Consultants:		%
All Other Consultants:		%
Total (Must Equal 100%):		%
<i>Enter 0 if not applicable</i>		

Part IV: Certifications and Disclosures

CDB Standard Business Terms and Conditions Attached:	
State of Illinois Forms A Attached:	
or	
State of Illinois Forms B Attached:	
Illinois Procurement Gateway (IPG) Registration No.:	
IPG Expiration:	

Part V: Team Personnel

Team personnel, by discipline, to be designated for this project including all consultants. Indicate personnel licensed in Illinois. Submit a résumé for each individual listed below in Part X. DO NOT include clerical and support staff. Enter 0 if not applicable.

Discipline	Assigned to this project	# Licensed in Illinois
Architects		
Asbestos Project Designers		
Civil Engineers		
Electrical Engineers		
Mechanical Engineers		
Structural Engineers		
Surveyors		
Construction Observers		
Other: _____		
Total		

Part VI: Signature

Form must be signed by the Firm's President, Vice President, Partner or Sole Owner, Joint Venture Designee or any other person authorized to execute business for the firm/JV. Signing this form assures that the signee has reviewed the application for accuracy and completeness.

Signature:	
Name:	
Date:	



PART VII: CONSULTANTS

Please list the consultants that will be performing any portion of basic design services for this project. Any firm providing architectural, engineering, or land surveying must be prequalified with CDB. Consultants that are not providing the aforementioned regulated services do not have to be prequalified with CDB, but should be registered with CDB as a sub-consultant. These may include cost consultants, food service consultants, etc. The firms listed below are considered first tier consultants and shall hold a contract directly with the firm submitting this 255 Form.

****Failure of the consultants, providing regulated design services, to be prequalified, will result in rejection of the Prime A/E's submittal(s).****

Consultant Information			Percentage	Worked with Prime?	CDB Prequalification or Registration No.	General Scope of Services	CMS Certification		
1	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
2	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
3	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
4	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
5	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
6	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
Consultant Total:									
Prime/JV (from Part III):									
Total of Prime and Consultant (must equal 100%):									

PART VIII: RELEVANT PROJECT EXPERIENCE

Please provide project experience within the past 10 years that is relevant to project number _____. Limit to 8 projects for the submitting firm and 4 for each consultant. One project per page. Project completion date may be estimated if not complete. Insert additional pages as needed. Consultants, please list the project's Prime A/E under Owner Contact information.

Firm Name		Owner Contact Name		
Total Project Cost		Address		
Completion Date		Phone	Email	

Brief Project Description

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Level of Responsibility & Detailed Description of Services

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PART X: TEAM PERSONNEL RESUMES

Insert additional copies of this page as needed for each team member.

(a) Name and Title	(b) Project Assignment
(c) Complete Office Address for this Individual	(d) Years of Experience with this Firm (with other firms)
(e) Education: Institution / Field of Study / Degree / Year Obtained	(f) Active Licenses / Certifications / Type / Year
(g) Specific Relevant Project Experience Including Individual's Level of Responsibility	

PART XI: ATTACHMENTS

REQUIRED Documents to be attached to this PDF:

STANDARD BUSINESS TERMS AND CONDITIONS

Document Complete, Signed, and Attached

FORMS A

OR

FORMS B

Document Complete, Signed, and Attached

And Includes:

Secretary of State's Certificate of Good Standing

State Board of Elections Certificate of Registration

Document Complete, Signed, and Attached