M55 Architect-Engineer Related Services for Specific Project Questionnaire	1. Project Name/Location	on for which Firm is F	iling:	2a.		2b. Projec	et Identification Number, if any:
3. Firm (or Joint Venture) Name & Address	:		3a. Name, Title o	& Telephone Num	nber of Pr	incipal to C	Contract:
			3b. Address of o	ffice to perform w	ork, if di	fferent fron	n Item 3:
4. Personnel by Discipline: (List each perso	n only once, by primary j	function.)					
Administrative Architects, Registered Chemical Engineers Civil Engineers Construction Inspectors Draftsmen Ecologist Economists	Electrical Enginee Estimators Geologists Hydrologists Interior Designers Landscape Archite Mechanical Engin Mining Engineers	ects	Sanitary Engine Soils Engine Specificatio Structural E Surveyors	rban/Regional gineers eers n Writers		Architects, 1	
5. If submittal is by JOINT-VENTURE list (Attach M54 for each)	participating firms and o	utline specific areas of	f responsibility (in	cluding administr	ative, tech	hnical and j	financial) for each firm:
<u>Firm</u>	Area		<u>Firm</u>		A	<u>rea</u>	
5a. <u>Has this JOINT-VENTURE previously</u>	worked together? (	)Yes ( )No					

Name & Address	Specialty	Is this an Additional Fee? How much?
1)		\$
2)		\$
3)		\$
4)		\$
5)		\$
6)		\$
7)		\$
8)		\$
9)		\$
10)		\$

7. Brief resume of key persons, specialists, and individual consultants anticipated contract drawings, contract specifications, bidding and construction contract preparations.	for this Project to include key principal, design professional, person responsible for aration and inspections. (Use additional copies as required)
a. Name & Title:	a. Name & Title:
b. Project Assignment:	b. Project Assignment:
c. Name of Firm with which associated:	c. Name of Firm with which associated:
d. Years experience: With this Firm With other Firms	d. Years experience: With this Firm With other Firms
e. Education: Degree(s)/Year/Specialization	e. Education: Degree(s)/Year/Specialization
f. Active Registration: Year First Registered/Discipline	f. Active Registration: Year First Registered/Discipline
g. Other Experience and Qualifications relevant to the proposed Project:	g. Other Experience and Qualifications relevant to the proposed Project:

7. Brief resume of key persons, specialists, and individual consultants anticipated contract drawings, contract specifications, bidding and construction contract preparations.	for this Project to include key principal, design professional, person responsible for aration and inspections. (Use additional copies as required)
a. Name & Title:	a. Name & Title:
b. Project Assignment:	b. Project Assignment:
c. Name of Firm with which associated:	c. Name of Firm with which associated:
d. Years experience: With this Firm With other Firms	d. Years experience: With this Firm With other Firms
e. Education: Degree(s)/Year/Specialization	e. Education: Degree(s)/Year/Specialization
f. Active Registration: Year First Registered/Discipline	f. Active Registration: Year First Registered/Discipline
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d. Years experience: With this Firm With other Firms	d. Years experience: With this Firm With other Firms
e. Education: Degree(s)/Year/Specialization	e. Education: Degree(s)/Year/Specialization
f. Active Registration: Year First Registered/Discipline	f. Active Registration: Year First Registered/Discipline
g. Other Experience and Qualifications relevant to the proposed Project:	g. Other Experience and Qualifications relevant to the proposed Project:

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a. Name & Title:	a. Name & Title:
b. Project Assignment:	b. Project Assignment:
c. Name of Firm with which associated:	c. Name of Firm with which associated:
d. Years experience: With this Firm With other Firms	d. Years experience: With this Firm With other Firms
e. Education: Degree(s)/Year/Specialization	e. Education: Degree(s)/Year/Specialization
f. Active Registration: Year First Registered/Discipline	f. Active Registration: Year First Registered/Discipline
g. Other Experience and Qualifications relevant to the proposed Project:	g. Other Experience and Qualifications relevant to the proposed Project:

				<b>Estimated Costs</b>	s(in thousands)
a. Project Name & Location	b. Scope Statement & Design Team	c. Project Owner's Name, Address, Phone no. & Contact	d. Completion Date(actual or estimated	Entire Project	Work for which Firm was/is responsible
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$
			mm/dd/yyyy	\$	\$

			mm/dd/yyyy	\$	\$
All public works by Firm or	JOINT-VENTURE members performed in	n Mississippi over the last 5 ve	ars. <i>Note work cur</i>	rently being perfo	 rmed
1 2	1	11 3		Estimated Cost	
a. Project Name & Location	b. Number of Calendar Days from Issue of Professional Contract to Construction Contract Award	c. Agency (Responsible Office) Name &Address	d. Percent Completed	Entire Project	Work for which Firm was/is responsible
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$

		\$ \$

10. Use this space to provide any additional information or description of resources (including any computer design capabilities) supporting your Firm's qualifications for the proposed project. For any project listed in Blocks 8 or 9, list consultants who required additional fees and services performed.	

<ul> <li>11. Please provide the following information below. (Using Block 10, if neces a. Errors and omissions insurance coverage limits.</li> <li>b. Do you see a need for special consultants on this Project? If so, who do c. How many other jobs per design professional are currently under contra d. Have you ever been offered a state job and declined to enter into a cont</li> </ul>	you recommend and what will be the scope of the ser	vice?
12. Provide a written proposal for this Project detailing objectives, outcomes, the Department of Finance and Administration, become part of the profession 13. Include a firm brochure.		
14. I hereby certify that the foregoing is a true and correct statement of facts.		
Signature	Name & Title	Date: mm/dd/yyyy