

# Standard Form: CPRA 24-102

(Rev. 5/2022)

**Enclosure 4**

## Professional Services Contracts

|                                                                                                                                                                        |                                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Contract Title as shown in the Advertisement                                                                                                                        | 2. RSIQ number                                                                                                                                                                   |
| 3a. Name (as registered with the Louisiana Secretary of State where such registration is required by law) and mailing address of the firm's office performing the work | 3b. Name, title, telephone number and email address of the official with signing authority for this contract.                                                                    |
|                                                                                                                                                                        | 3c. Name, title, telephone number and email address of the <b>point of contact</b> for this contract (if different from 3b.)                                                     |
|                                                                                                                                                                        | 3d. Firm's Louisiana License number (as registered with the Louisiana Professional Engineering and Land Surveying Board (LAPELS) if registration is required under Louisiana Law |

| 4. Full-time personnel on firm's payroll:                                                                               | <u>All Personnel</u><br>Domiciled in LA | <u>Project Specific Personnel</u><br>NOT Domiciled in LA |
|-------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|----------------------------------------------------------|
| a. Professional Engineers, with current Louisiana P.E. registration                                                     | _____                                   | _____                                                    |
| b. Engineer Interns                                                                                                     | _____                                   | _____                                                    |
| c. Technical Support Personnel (non-engineers)                                                                          | _____                                   | _____                                                    |
| d. Environmental personnel (non-engineers)                                                                              | _____                                   | _____                                                    |
| e. Planning personnel (non-engineers)                                                                                   | _____                                   | _____                                                    |
| f. Other personnel not included in above categories (If project specific, list titles and total numbers for each below) | _____                                   | _____                                                    |
| <hr/>                                                                                                                   |                                         |                                                          |
| Total personnel (sum of a – f)                                                                                          | _____                                   | _____                                                    |

5a. If one or more sub-consultants will be used, provide the information requested below for each.

| Name and Address | Has the firm worked with this sub-consultant before? (Yes/No) |
|------------------|---------------------------------------------------------------|
| 1.               |                                                               |
| 2.               |                                                               |
| 3.               |                                                               |
| 4.               |                                                               |
| 5.               |                                                               |

5b. Clearly identify the areas of work proposed to be performed by the prime consultant and each sub-consultant. Identify the percentage of work for the **overall project** to be performed by the prime consultant and each sub-consultant. **(Sub-consultants should leave this section blank.)**

6. Project Staffing Plan – Provide an organizational chart showing ALL **relevant** prime consultant and sub-consultant (if applicable) personnel assigned to each work element of the contract, specific duties for each, and reporting lines for the purposes of this contract. (For this section, sub-consultants should put “See prime’s 24-102”. If the prime and sub-consultant(s) provide conflicting information, the information given in the prime consultant’s 24-102 will be used.) Key personnel designated for responsible charge to manage and lead the performance of the services listed in the scope of work should be clearly indicated on the organization chart. An 11” x 17” format is acceptable for the organizational chart.

7. Brief résumé of Key Personnel as defined and shown in Section 6. Resumes limited to two (2) pages.

a. Name, domicile and email address

b. Title/ Engineering area of expertise

c. Name of firm by which employed full time

d. Years experience:

With this firm: \_\_\_\_\_ With other firms: \_\_\_\_\_

e. Education: Degree(s) / Years / Specialization

f. Active registration number / state / expiration date:

Year registered: \_\_\_\_\_ Discipline: \_\_\_\_\_

g. Contract role(s) / clear description of responsibilities:

h. Other experience and qualifications **relevant to the proposed contract:**

8. Brief résumé of other technical and support personnel shown in Section 6 or deemed critical to the performance of the services requested. Resumes limited to one (1) page.

a. Name, domicile and email address

b. Title/ Engineering area of expertise

c. Name of firm by which employed full time

d. Years experience:

With this firm: \_\_\_\_\_ With other firms: \_\_\_\_\_

e. Education: Degree(s) / Years / Specialization

f. Active registration number / state / expiration date:

Year registered: \_\_\_\_\_ Discipline: \_\_\_\_\_

g. Contract role(s) / clear description of responsibilities:

h. Other experience and qualifications **relevant to the proposed contract:**

9. Identify the Firm’s project experience **most** relevant to the scope in the advertisement, with no more than 5 projects being represented by the prime consultant and with no more than 5 projects represented by each sub-consultant on the team. Include no more than **one page per project**). Projects listed shall only include work performed by the firms on the team. Work performed by employees of the firm during their employment by another firm shall not be included in this section.

| a. Project name & location | b. Project description including the firm’s specific role and responsibility, and active full-time members involved. (Highlight members to be used in this proposal identifying their specific role in the listed projects) | c. Firm responsibility (prime or sub?) | d. Owner’s name, project manager, address, telephone number, and email | e. Completion date & cost in thousands |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|------------------------------------------------------------------------|----------------------------------------|
|                            |                                                                                                                                                                                                                             |                                        |                                                                        |                                        |

10. All work by firm (all offices) currently being performed directly for or selected by the CPRA.

| a. Project number, name, and location*                            | b. Nature of your firm's responsibility (also identify if prime or sub-consultant) | c. Percent complete (by phase/type of work) | d. Contract fees (in thousands)<br>(by phase/type of work) |           |
|-------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------|------------------------------------------------------------|-----------|
|                                                                   |                                                                                    |                                             | Total                                                      | Remaining |
|                                                                   |                                                                                    |                                             |                                                            |           |
|                                                                   |                                                                                    |                                             |                                                            |           |
|                                                                   |                                                                                    |                                             |                                                            |           |
|                                                                   |                                                                                    |                                             |                                                            |           |
| * For retainer/IDIQ contracts, list open task orders individually |                                                                                    |                                             | Total                                                      |           |

11. Use this space to provide any additional information or description of resources supporting your firm's qualifications for the proposed project. Firms should identify the principal office proposed to perform the services described in the scope of work. Firms should include a listing and description of field and laboratory equipment available to perform the required services outlined in the scope of work. This section is limited to five (5) pages (exclusive of field equipment listing and description).



## 12. Key Personnel Participation in Relevant Projects

[illegible]

## EXAMPLE PROJECTS KEY

| NO. | TITLE OF EXAMPLE PROJECT (FROM SECTION 9) |
|-----|-------------------------------------------|
| 1   |                                           |
| 2   |                                           |
| 3   |                                           |
| 4   |                                           |
| 5   |                                           |

13. This is to certify that all information contained herein is accurate and true.

Signature: \_\_\_\_\_ Typed name and title: \_\_\_\_\_ Date \_\_\_\_\_