I. CONTACT INFORMATION AND ESSENTIAL REQUIREMENTS FOR QUALIFICATION

FORM I-1

Lead Firm's Name:					
A Constant la formation					
A. Contact Informa Check one	Corpora	tion Partnersh	hip Sole Proprieto	r	
Contact person:	□ Согрога			'	
Mailing Address	Street:				
Mailing Address	City				
	State				
	ZIP				
Telephone:		Facsimile:			
E-Mail Address:					
SUBCONSULTANT	S INFORMATION				
Firm Name:					
Service to be provi					
Check one	☐ Corpora	tion	hip Sole Proprieto	r	
Contact person:					
Mailing Address	Street:				
	City				
	State				
	ZIP				
Telephone:	1	Facsimile:			
E-Mail Address:		1			
Firm Name:					
Service to be provi		tion Destar 1	nin 🗆 Oala Baari (
Check one	☐ Corpora	tion Partnersh	hip Sole Proprieto	ľ	
Contact person:	Ctroot				
Mailing Address	Street:				
	City				
	State				
	ZIP				
Telephone:		Facsimile:			
E-Mail Address:					
Firm Name:					
Service to be provi	ided:				
Check one	Corpora	tion Partnersh	hip Sole Proprieto	r	
Contact person:					
Mailing Address	Street:				
J 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	City				
	State				
Telephone:	Julio	Facsimile:			
E-Mail Address:		i aconinie.			

I. CONTACT INFORMATION AND ESSENTIAL REQUIREMENTS FOR QUALIFICATION

FORM I-1

B. Essential Requirements for Qualification				
	Response to Question			
Qι	estions	Yes	Can obtain if selected	No
1.	Does the Lead Firm or Team include a Landscape Architect who holds a valid Montana Landscape Architect license?			
2.	Does the Lead Firm or Team include a Civil Engineer who holds a valid Montana Professional Engineering license?			
3.	Does the Lead Firm or Team include an Architect who holds a valid Montana Architect license?			
4.	Does the Lead Firm or Team include an Architect who holds a valid Montana Architect license?			
5.	Does the Lead Firm or Team include one or more design professional who is LEEDS™ Certified?			
6.	Does the Lead Firm have a general liability insurance policy with a policy limit of at least \$1,000,000 per occurrence and \$2,000,000 aggregate and carry a Professional Errors and Omissions liability insurance policy with a policy limit of at least \$1,000,000 per occurrence and \$2,000,000 aggregate?			
7.	Does Lead Firm have current workers' compensation insurance policy that is accepted in the State of Montana or is the Company legally self-insured pursuant to Montana Department of Labor rules?			

II. GENERAL BACKGROUND OF FIRM OR TEAM

FORM II-1

Insert the following documents behind this page

- 2.1 Cover Letter (2 pages maximum)
- Discuss how long the lead firm has been in business. Why the firm/team is interested in this project. The firm's approach to: large park and recreation projects; meeting customer needs and communications; plus identify how the firm will provide for quality, affordable and timely delivered final products.
- 2.2 Statement of Availability (1 page maximum)
- Discuss the availability of the Firm and its sub consultants to provide services over the life of the FMRP project, including troubleshooting during construction management phases of the project based on the desired timelines provided.

Fir	m Name:		
Α.		ect Personnel Project Manager	
MT	License #		
a.	Name		
Qua	ucation, alifications & ckground	Attach Resume behind this sheet	
	enses & rtifications d		
F	Professional Af	tions within last five years	
A.	Name		
	Address		
B.	Name		
	Address		
C.	Name		
	Address		
b.	Project Exper	се	
		Project	,
1.	Project Name		
	Value, \$r		,
	Duration, mo		,
2.	Project Name		,
	Value, \$r		,
	Duration, mo		
3.	Project Name		
	Value, \$r		
	Duration, mo		,
4.	Project Name		
	Value, \$r		
	Duration, mo		
5.	Project Name		
	Value, \$r		
	Duration, mo		

Include resume behind this Sheet

Firm Name:		
A. Proposed P		
	ed Landso	ape Architect
MT License #		
a. Name		
Education, Qualifications & Background		Attach Resume behind this sheet
Licenses & Certifications Held		
Professional Af	filiations wi	thin last five years
A. Name		
Address		
B. Name		
Address		
C. Name		
Address		
b. Project Exper	ience	
		Project
1. Project Name		
Value, \$r	nil	
Duration, mo	S.	
2. Project Name	е	
Value, \$r	nil	
Duration, mo	S.	
3. Project Name	е	
Value, \$r	nil	
Duration, mo	S.	
4. Project Name		
Value, \$r	nil	
Duration, mo		
5. Project Name		
Value, \$r		
Duration, mo		

Include resume behind this sheet

A. Proposed Project Personnel 1. Proposed Civil Engineer MT License # a. Name	irm Name:
1. Proposed Civil Engineer MT License # a. Name	
1. Proposed Civil Engineer MT License # a. Name	
MT License # a. Name	
a. Name	
Education, Qualifications & Attach Resume behind this sheet	
Qualifications & Attach Resume behind this sheet Background	
	_
Licenses & Certifications	
Held	
Tield	leiu
Professional Affiliations within last five years	Professional Affili
A. Name	. Name
Address	Address
B. Name	. Name
Address	Address
C. Name	
Address	Address
b. Project Experience	Project Experies
Project	. Project Expense
1. Project Name	Project Name
Value, \$mil	
Duration, mos.	
Project Name	
Value, \$mil	
Duration, mos.	
3. Project Name	·
Value, \$mil	
Duration, mos.	
4. Project Name	
Value, \$mil	
Duration, mos.	
5. Project Name	
Value, \$mil	
Duration, mos.	

Include resume behind this sheet

Fir	m Name:	
A.		oject Personnel d Architect
МТ	License #	Architect
	Name	
	ucation,	
Qu	alifications & ckground	Attach Resume behind this sheet
	enses & rtifications Id	
F	Professional Affi	iations within last five years
A.	Name	
	Address	
B.	Name	
	Address	
C.	Name	
	Address	
b.	Project Experie	ence
		Project
1.	Project Name	
	Value, \$m	
	Duration, mos	
2.	Project Name	
	Value, \$m	
	Duration, mos	
3.	Project Name	
	Value, \$m	il
	Duration, mos	
4.	Project Name	
	Value, \$m	
	Duration, mos	
5.	Project Name	
	Value, \$m	il
	Duration, mos	

Include resume behind this sheet

Lead Firm Name:					
	·				
	Working Relationship of				
Identify projects the	proposed staff listed abov	re have worked together on.			
Project Name	Project Manager	Team Members:			
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

Lead Firm Name:											
B. Support Staff Resources											
Number of staff with know	vledo	ie/s	kill	/abi	litv:						
KSA					# Staff				No	<u> </u>	
Autocadd Drafter					<i>"</i> • • • • • • • • • • • • • • • • • • •						
Graphic Design											
Business Accounting											
CPSI											
Certified Irrigation Professional											
Surveying											
Certified ESC Plan Preparer											
Certified ESC Inspector											
Cost Estimator											
ISA Certified Arborist											
Horticulturist											
Sports Turf											
2. OTHER RESOURCES THA					ASSET	S TO PI					
Resource	Ye	S	١	10			Desc	ription if	other	•	
MS Office Suite (Word, Excel, Outlook, One- Note, Presentations, etc)			L								
MS Projects		╀	\sqcup	4							
ARCGIS		+	┟┟	\dashv							
GPS	<u> </u>	╬	╙								
Laser Survey Equipment		╁	┞┞	\dashv							
	 	$oldsymbol{\perp}$	$\sqcup \bot$	4							
		_	LL								
					1						
					1						

A. Representative Project Experie	nce #1
1. Project Description	
Lead Firm Name:	
Sub consultants:	
Project Name:	
Total Acres:	
Total Project Value (in millions):	
Provide a brief description of the pro-	viect below:

2. Technical Profile		
Answer yes or no to the following questions related to the project	YES	NO
a. Involved design and construction of 40 acre or larger sports complex		
development and renovation		
b. Project required phased construction		
c. Design and growing sand-based grass athletic fields		
d. Design and/or installation of artificial sports field turf		
e. Designed softball fields to ASA standards		
f. Design of sports field irrigation system		
g. Designed for automated central irrigation control and site		
management system (e.g., Maxicom®)		
h. Designed/Integrated sports field lighting		
i. Developed or applied historical design theme, districts, or overlays		
j. Designed public road and major parking lot.		
k. Designed significant hardscape features for site (Plaza, Class I path, ball courts		
I. Project designed to incorporate LEEDs ™ standards		
m. Prepared project SWPP		
' '		
3. Budgeting and Construction Management		
a. Did the firm provide construction management services?	YES	NO
b. Did any regulatory agencies issue a Notice of Violation, work		
stoppage, citation or assess penalties against the project, your firm,		
the contractor, or the owner?		
c. Original construction contract value, \$1000		
d. Change Orders, \$1000		
e. Final construction contract value, \$1000		
f. Original contract duration, calendar days		
g. Final contract duration, calendar days		
h. Original Contract Completion Date		
i. Actual contract completion date	•	

4. Project References	;	
Owner/Agency	Name	
-	Contact	
	Address	
	Telephone #	
Owner's Representative	Name:	
	Address	
	Telephone #	
Prime Contractor	Name:	
	Address	
	Telephone #	
5. Claims or Lawsuits	Related to Project	Check if none:
Claimant or Plaintiff		
Court		
Case name		
Case number		
Date		
Nature of the claim:		
Resolution:		

A. Representative Project Experie	nce #2
1. Project Description	
Lead Firm Name:	
Sub consultants:	
Project Name:	
Total Acres:	
Total Project Value (in millions):	
Dravida a briat description of the pro	ingt below:

2. Technical Profile		
Answer yes or no to the following questions related to the project	YES	NO
a. Involved design and construction of 40 acre or larger sports complex		
development and renovation		
b. Project required phased construction		
c. Design and growing sand-based grass athletic fields		
d. Design and/or installation of artificial sports field turf		
e. Designed softball fields to ASA standards		
f. Design of sports field irrigation system		
g. Designed for automated central irrigation control and site management system (e.g., Maxicom®)		
h. Designed/Integrated sports field lighting		
i. Developed or applied historical design theme, districts, or overlays		
j. Designed public road and major parking lot.		
k. Designed significant hardscape features for site (Plaza, Class I path,		
ball courts		
 I. Project designed to incorporate LEEDs ™ standards 		
m. Prepared project SWPP		
3. Budgeting and Construction Management		
a. Did the firm provide construction management services?	YES	NO
b. Did any regulatory agencies issue a Notice of Violation, work		
stoppage, citation or assess penalties against the project, your firm,		
the contractor, or the owner?		
c. Original construction contract value, \$1000		
d. Change Orders, \$1000		
e. Final construction contract value, \$1000		
f. Original contract duration, calendar days		
g. Final contract duration, calendar days		
h. Original Contract Completion Date		
i. Actual contract completion date		

IV. REPRESENTATIVE PROJECT EXAMPLES

FORM IV-4

4. Project References	>	
Owner/Agency	Name	
	Contact	
	Address	
-	Telephone #	
Owner's Representative	Name:	
	Address	
	Telephone #	
Prime Contractor	Name:	
	Address	
	Telephone #	
5. Claims or Lawsuits	Related to Project	Check if none:
Claimant or Plaintiff		
Court		
Case name		
Case number		
Date		
Nature of the claim:		
Resolution:		

A. Representative Project Experie	nce #3
1. Project Description	
Lead Firm Name:	
Sub consultants:	
Project Name:	
Total Acres:	
Total Project Value (in millions):	
Described a land of the conduction of the conse	ent below

2. Technical Profile		
Answer yes or no to the following questions related to the project	YES	NO
a. Involved design and construction of 40 acre or larger sports complex		
development and renovation		
b. Project required phased construction		
c. Design and growing sand-based grass athletic fields		
d. Design and/or installation of artificial sports field turf		
e. Designed softball fields to ASA standards		
f. Design of sports field irrigation system		
g. Designed for automated central irrigation control and site management system (e.g., Maxicom®)		
h. Designed/Integrated sports field lighting		
 Developed or applied historical design theme, districts, or overlays 		
 Designed public road and major parking lot. 		
 k. Designed significant hardscape features for site (Plaza, Class I path, ball courts 		
I. Project designed to incorporate LEEDs ™ standards		
m. Prepared project SWPP		
3. Budgeting and Construction Management		
a. Did the firm provide construction management services?	YES	NO
b. Did any regulatory agencies issue a Notice of Violation, work stoppage, citation or assess penalties against the project, your firm, the contractor, or the owner?		
c. Original construction contract value, \$1000		
d. Change Orders, \$1000		
e. Final construction contract value, \$1000		
f. Original contract duration, calendar days		
g. Final contract duration, calendar days		
h. Original Contract Completion Date		
i. Actual contract completion date		

IV. REPRESENTATIVE PROJECT EXAMPLES

FORM IV-6

4. Project References	S	
Owner/Agency	Name	
	Contact	
	Address	
	Telephone #	
Owner's Representative	Name:	
	Address	
	Telephone #	
Prime Contractor	Name:	
	Address	
	Telephone #	
5. Claims or Lawsuit	s Related to Project	Check if none:
Claimant or Plaintiff		
Court		
Case name		
Case number		
Date		
Nature of the claim:		
Resolution:		

A. Representative Project Experie	ence #4
1. Project Description	
Lead Firm Name:	
Sub consultants:	
Project Name:	
Total Acres:	
Total Project Value (in millions):	

2. Technical Profile		
Answer yes or no to the following questions related to the project	YES	NO
a. Involved design and construction of 40 acre or larger sports complex		
development and renovation		
b. Project required phased construction		
c. Design and growing sand-based grass athletic fields		
d. Design and/or installation of artificial sports field turf		
e. Designed softball fields to ASA standards		
f. Design of sports field irrigation system		
g. Designed for automated central irrigation control and site management system (e.g., Maxicom®)		
h. Designed/Integrated sports field lighting		
i. Developed or applied historical design theme, districts, or overlays		
j. Designed public road and major parking lot.		
 k. Designed significant hardscape features for site (Plaza, Class I path, ball courts 		
 I. Project designed to incorporate LEEDs ™ standards 		
m. Prepared project SWPP		
3. Budgeting and Construction Management		
a. Did the firm provide construction management services?	YES	NO
b. Did any regulatory agencies issue a Notice of Violation, work stoppage, citation or assess penalties against the project, your firm, the contractor, or the owner?		
c. Original construction contract value, \$1000		
d. Change Orders, \$1000		
e. Final construction contract value, \$1000		
f. Original contract duration, calendar days		
g. Final contract duration, calendar days		
h. Original Contract Completion Date		
i. Actual contract completion date		

IV. REPRESENTATIVE PROJECT EXAMPLES

FORM IV-8

4. Project References	>	
Owner/Agency	Name	
	Contact	
	Address	
	Telephone #	
Owner's Representative	Name:	
	Address	
	Telephone #	
Prime Contractor	Name:	
	Address	
	Telephone #	
5. Claims or Lawsuits	Related to Project	Check if none:
Claimant or Plaintiff		
Court		
Case name		
Case number		
Date		
Nature of the claim:		
Resolution:		

A. Representative Project Experie	nce #5
1. Project Description	
Lead Firm Name:	
Sub consultants:	
Project Name:	
Total Acres:	
Total Project Value (in millions):	
B :: 1 : (1 : : : : (1	

2. Technical Profile	1	
Answer yes or no to the following questions related to the project	YES	NO
a. Involved design and construction of 40 acre or larger sports complex	İ	
development and renovation		
b. Project required phased construction		
c. Design and growing sand-based grass athletic fields		
d. Design and/or installation of artificial sports field turf		
e. Designed softball fields to ASA standards		
f. Design of sports field irrigation system		
g. Designed for automated central irrigation control and site management system (e.g., Maxicom®)	<u> </u>	
h. Designed/Integrated sports field lighting	<u> </u>	
 Developed or applied historical design theme, districts, or overlays 		
j. Designed public road and major parking lot.	<u> </u>	
k. Designed significant hardscape features for site (Plaza, Class I path,	İ	
ball courts		
 I. Project designed to incorporate LEEDs ™ standards 		
m. Prepared project SWPP		
3. Budgeting and Construction Management		
a. Did the firm provide construction management services?	YES	NO
b. Did any regulatory agencies issue a Notice of Violation, work	İ	
stoppage, citation or assess penalties against the project, your firm,	ı	
the contractor, or the owner?		
c. Original construction contract value, \$1000		
d. Change Orders, \$1000		
e. Final construction contract value, \$1000		
f. Original contract duration, calendar days		
g. Final contract duration, calendar days		
h. Original Contract Completion Date		
i. Actual contract completion date		

4. Project References	3	
Owner/Agency	Name	
	Contact	
	Address	
	Telephone #	
Owner's Representative	Name:	
	Address	
	Telephone #	
Prime Contractor	Name:	
	Address	
	Telephone #	
5. Claims or Lawsuits	Related to Project	Check if none:
Claimant or Plaintiff		
Court		
Case name		
Case number		
Date		
Nature of the claim:		
Resolution:		

V. CERTIFICATION OF QUALIFICATIONS

FORM V-1

I, as Responsible Managing Employee, c true and correct and that the specified profession selected for the proposed project(s).	ertify that the submitted statements of qualifical staff and subcontractors are available to w	
Signed:		
Printed:		
Responsible Managing Employee: Title:		
Company:		
Date:		