Request for Qualifications
Qualifications of Historic Preservation Specialist

Instructions (one page per project)
For the Historic Preservation Specialist provide the following information for completed projects within the past five (5) years, where the individual served as the Historic Preservation Specialist for the stated project. Each project submitted should be of equal or greater scope, size, and complexity. Complete all required information and submit this Form as required by the RFQ. Failure to submit this Form or complete the Form may result in the Response being rejected as non-responsive. List no more than 5 projects: Reference form RPQ-HPS-R must be submitted for each Form RFQ-EE that is submitted.

RFQ Solicitation No.: ____________________ - RFQ Title: ________________________________________________________________
Name of Proposer: __________________________ Name of Historic Preservation Specialist: ________________________________
Name of Project: ___________________________ Address of Project: _______________________________________________________
Name of Owner: ___________________________ Contact Name: _________________________________________________________
   Contact Telephone No. ____________________ Contact e-mail address: ________________________________________________
Brief Scope of Project & how project is similar: _________________________________________________________________

Value of Design Fees: Awarded: ____________________ Actual: ____________________ N/A □
   Basis for difference in value: ____________________________________________________________

Value of Construction: (if applicable): Awarded: ____________________ Actual: ____________________ N/A □
   Basis for difference in value: ____________________________________________________________

Project Completion (no. of calendar days): Projected: ____________________ Actual: ____________________ N/A □
Type of Project: □ design-bid-build □ design/build □ CM@Risk □ Other (specify): ________________________________
LEED or Green Globe Certified Project: □ Yes □ No If yes, level of Certification: ___________________________________
Was work performed as an employee of the Proposer? □ Yes □ No

By: ____________________________________________________________
   Signature of Authorized Officer
   Date

______________________________ ______________________________
   Printed Name   Title