COMMONWEALTH OF PENNSYLVANIA PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION

APPLICATION FOR SPECIFIC PROJECT PASSHE FORM 150 ASP

Version Dated July 2010

(This form is a modified version of DGS Form 150 – ASP) (Modified by and for the use of the Pennsylvania State System of Higher Education)

PROJECT NUMBER	PROJECT	TITLE
	INSTITUTION & PROJECT LOCATION	
	IA STATE SYSTEM OF HIGHER I	
Blo	omsburg University of Pennsylvania	
	SUBMITTED BY	
PRIME FIRM NAME		
ADDRESS OF OFFICE TO PERFORM WORK		
	JOINT VENTURE	
	Items 1 through 6 of this form for each firm in the Joint Vo	enture)
JOINT VENTURE NAME		
JOINT VENTURE ADDRESS		
NAME/TITLE OF PRINCIPAL TO CONTACT		TELEPHONE/FAX NUMBER

APPLICATION FOR SPECIFIC PROJECT PASSHE FORM 150 ASP

TABLE OF CONTENTS

COVER PAGE

1.	APPLICANT NAME	Provide For Each Joint Venture Firm
2.	PARENT COMPANY NAME	Provide For Each Joint Venture Firm
3.	TYPE OF FIRM	Provide For Each Joint Venture Firm
4.	MINORITY OWNED FIRM	Provide For Each Joint Venture Firm
5.	LEGAL STRUCTURE OF FIRM	Provide For Each Joint Venture Firm
6.	PERSONNEL BY DISCIPLINE	Provide For Each Joint Venture Firm

- 7. JOINT VENTURE FIRMS AND RESPONSIBILITIES
- 8. SUBCONTRACTED FIRMS
- 9. KEY PERSONNEL in PRIME / JOINT VENTURE
- 10. KEY PERSONNEL in SUBCONTRACTED FIRMS
- 11. RELEVANT EXPERIENCE (5 Projects)
 - A. Relevant Project No. 1
 - B. Relevant Project No. 2
 - C. Relevant Project No. 3
 - D. Relevant Project No. 4
 - E. Relevant Project No. 5
- 12. ADDITIONAL COMMENTS
- 13. RELATED WORK CURRENT & PREVIOUS WORK
- 14. BANKRUPTCY
- 15. LEGAL SANCTIONS
- 16. SIGNATURE

1. APPLICANT NAME Prime / Joint Venture		DATE ESTABLISHED		3. TYPE OF FIRM ARCHITECT	
STREET (Office To Perform Wo	rk)				LANDSCAPE ARCHITECT ENGINEER
CITY	COUNTY	STATE	ZIP CODE		☐ COMBINATION, SPECIFY ☐ OTHER, SPECIFY
TELEPHONE NUMBER	FAX	NUMBER			
E-MAIL ADDRESS: Provide a l	key address for in	nportant info	ormation to be sent to Applicant		
FEDERAL EMPLOYER IDENT					
NAME OF PRINCIPAL TO CO			TITLE		
OTHER FIRM NAMES: Has the If "YE			der other names NO YES pus names and years in operation. FROM	ТО	4. MINORITY-OWNED FIRM (51%) NO YES If "YES", explain completely on separate sheet
					WOMAN-OWNED FIRM (51%) NO YES If "YES", explain completely on separate sheet
					CERTIFICATION BY DGS OR PENNDOT
					CERTIFICATION NO.
					EXPIRATION DATE
		ı			
			FIRM NAMES er names used by applicant firm whil	e providing related se	ervices
TELEPHONE NUMBER					
FAX NUMBER					
FEDERAL IDENTIFICATION	NO.				

5. LEGAL STRUCTURE OF	FIRM						
SOLE PROPRIETOR P	ARTNERSHIP	*COI	RPORATIO	DN BUSINESS P	PROFESSIONAL		
* GIVE EXACT CORPORATE NA	ME						
* STATES IN WHICH FIRM IS IN	CORPORATED)					
LIST NAMES AND TITLES OF	PERSONS AUT	THORIZED TO	SIGN A CO	ONTRACT			
NAME				TITLE		PA REG. NO.	
6. PERSONNEL BY DISCII List the number of personnel by a Each person should be counted on	liscipline that ar	re presently regularly reg	lar employe orimary fund	ees of the Prime Firm at the office loc ction. Include Clerical Personnel As	ation designated "Administrative"	to perform the work	·.
	Registered	Professional Degree	Other	Function	Registered	Professional Degree	Other
ADMINISTRATIVE		-		ENGINEERS			
ARCHITECTS				Civil			
LANDSCAPE ARCHITECTS				Structural			
SPECIFICATION WRITERS				Plumbing			
DRAFTERS				Fire Protection			
ESTIMATORS				HVAC			
QUALITY ASSURANCE STAFF				Electrical			
INSPECTORS				Data/Communications			
PROJECT MANAGERS				Surveyors			
OTHER (Please List)				Geo-Technical/Soils			
				TOTAL - ALL DISCIPLINES			

7.	For a Joint Venture, list participating firms and <u>briefly outline</u> specific areas of responsibility for each firm. Provide detailed information in Tab 5 of the Application. If the Joint Venture receives a contract, a copy of the proposed Joint Venture Agreement must be provided. Complete Items 1 through 6 of this form for each Joint Venture firm.						
	HAS THIS JOINT VENTURE PREVIOUSLY	Y WORKED	IF YES, NUMBER OF COMPLETE	D	PROJECT COST		
	TOGETHER?		PROJECTS		\$		
8.	SUBCONTRACTED FIRMS Designate the firms that will hold subcontracts Firms must be employed by the Prime Firm an			the Sys	tem.		
	NAME AND ADDRESS	SPECIALTY/DISCIPLINE				ED WITH PRIME BEFORE	
					NUMBER	PROJECT COST	

9. KEY PERSONNEL in PRIME/JOIN The Prime Firm/Joint Venture Firms must con		the key personnel to be assigned to this project.
		nes at the end of this document.
NAME		CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT		YEARS WITH THIS FIRM
SPECIALIST/TITLE		YEARS WITH OTHER FIRMS
PA REGISTRATION Classification		ADDITIONAL INFORMATION & CERTIFICATIONS
Certificate No.	Expires	
STATES REGISTERED		
EDUCATION College Discipline		
Degree	Year	
NAME		CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT		YEARS WITH THIS FIRM
SPECIALIST/TITLE		YEARS WITH OTHER FIRMS
PA REGISTRATION Classification Certificate No. STATES REGISTERED	Expires	ADDITIONAL INFORMATION & CERTIFICATIONS
EDUCATION College Discipline Degree	Year	
NAME		CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT		YEARS WITH THIS FIRM
SPECIALIST/TITLE		YEARS WITH OTHER FIRMS
PA REGISTRATION Classification Certificate No.	Expires	ADDITIONAL INFORMATION & CERTIFICATIONS
STATES REGISTERED	Lapites	
EDUCATION College Discipline		
Degree	Year	

10. KEY PERSONNEL in SUBCONTRACTED FIRMS Complete for key personnel of Subcontracted Firms assigned to this project. Personnel with PA registration must complete "PA Reg." information below. If not registered in PA, indicate states in which registered. Use additional pages as needed. May provide 2 page resumes at the end of this document. CURRENTLY EMPLOYED BY NAME ASSIGNMENT FOR THIS PROJECT YEARS WITH THIS FIRM SPECIALIST/TITLE YEARS WITH OTHER FIRMS PA REGISTRATION ADDITIONAL INFORMATION & CERTIFICATIONS Classification Certificate No. **Expires** STATES REGISTERED EDUCATION College Discipline Degree Year **NAME** CURRENTLY EMPLOYED BY ASSIGNMENT FOR THIS PROJECT YEARS WITH THIS FIRM SPECIALIST/TITLE YEARS WITH OTHER FIRMS PA REGISTRATION ADDITIONAL INFORMATION & CERTIFICATIONS Classification Certificate No. **Expires** STATES REGISTERED **EDUCATION** College Discipline Degree Year NAME CURRENTLY EMPLOYED BY YEARS WITH THIS FIRM ASSIGNMENT FOR THIS PROJECT SPECIALIST/TITLE YEARS WITH OTHER FIRMS PA REGISTRATION ADDITIONAL INFORMATION & CERTIFICATIONS Classification Certificate No. **Expires** STATES REGISTERED **EDUCATION** College Discipline Degree Year

11. RELEVANT EXPERIENCE (5 Projects)

Describe 5 Projects performed by the Prime Firm/Joint Venture Firms that best illustrate current qualifications relevant to this project.

Relevant work performed by key personnel during previous employment may also be listed.

Relevant work performed by key personnel during previous employment may also be listed. Do <u>not</u> list work performed by Subcontracted Firms.
11A. RELEVANT PROJECT NO. 1
PROJECT NAME
PROJECT LOCATION PROJECT LOCATION
PROJECT DESCRIPTION
NATURE OF FIRM'S RESPONSIBILITY (If work done by key personnel – list employee name, responsibility, and firm employed by at the time of design)
SCHEDULE DATES
Start Date
Completion Date (Estimated/Actual)
PROJECT COSTS
Gross Project Cost
Amount That Firm Or Key Personnel Was Responsible For
OWNER & CONTACT PERSON (Name, Address, Phone) MAY BE CONTACTED AS A REFERENCE
COMMENTS

	11B. RELEVANT PROJECT NO. 2
PROJECT NAME	
PROJECT LOCATION	
PROJECT DESCRIPTION	
NATURE OF FIRM'S RESPO	ONSIBILITY (If work done by key personnel – list employee name, responsibility, and firm employed by at the time of design)
SCHEDULE DATES Start Date	
Completion Date	
(Estimated/Actual)	
PROJECT COSTS	
Gross Project Cost	
Amount That Firm Or Key Pe	rsonnel Was Responsible For
OWNER & CONTACT PERS	SON (Name, Address, Phone) MAY BE CONTACTED AS A REFERENCE
COMMENTS	
COMMENTS	

	11C. RELEVANT PROJECT NO. 3
PROJECT NAME	
PROJECT LOCATION	
PROJECT DESCRIPTION	
NATURE OF FIRM'S RESP	ONSIBILITY (If work done by key personnel – list employee name, responsibility, and firm employed by at the time of design)
SCHEDULE DATES	
Start Date	
Completion Date (Estimated/Actual)	
PROJECT COSTS	
Gross Project Cost	
Amount That Firm Or Key Pe	rsonnel Was Responsible For
OWNER & CONTACT PERS	SON (Name, Address, Phone) MAY BE CONTACTED AS A REFERENCE
COMMENTS	

	11D. RELEVANT PROJECT NO. 4
PROJECT NAME	
PROJECT LOCATION	
PROJECT DESCRIPTION	
NATURE OF FIRM'S RESPO	ONSIBILITY (If work done by key personnel – list employee name, responsibility, and firm employed by at the time of design)
COMEDIA E DAMEG	
SCHEDULE DATES Start Date	
Completion Date	
(Estimated/Actual)	
PROJECT COSTS	
Gross Project Cost	
Amount That Firm Or Key Pe	rsonnel Was Responsible For
OWNER & CONTACT PERS	SON (Name, Address, Phone) MAY BE CONTACTED AS A REFERENCE
COMMENTS	
COMMENTS	

	11E. RELEVANT PROJECT NO. 5			
PROJECT NAME				
PROJECT LOCATION				
PROJECT DESCRIPTION				
NATURE OF FIRM'S RESP	ONSIBILITY (If work done by key personnel – list employee name, responsibility, and firm employed by at the time of design)			
SCHEDULE DATES				
Start Date				
Completion Date (Estimated/Actual)				
PROJECT COSTS				
Gross Project Cost				
Amount That Firm Or Key Pe	ersonnel Was Responsible For			
OWNER & CONTACT PER	SON (Name, Address, Phone) MAY BE CONTACTED AS A REFERENCE			
COMMENTS				

12. ADDITIONAL INFORMATION					
Provide any additional information or description of resources supporting the qualifications of the Prime Firm/Joint Venture Firms/Subcontracted Firms for the proposed project.					

13. RELATED WORK - CURRENT & PREVIOUS WORK

PRIME FIRM / JOINT VENTURE FIRMS / SUBCONTRACTED FIRMS

• List all DGS and SSHE projects for which the Prime Firm, Joint Venture Firms, & Subcontracted Firms have been designated as Project Administrator or similar function.

DGS Department Of General Services

SSHE State System Of Higher Education

- Include all contracts for which a certificate of completion executed within the last five (5) years.
- Include all contracts for which a certificate of completion has not been executed
- Include all projects assigned, but not yet under contract.
- If the Prime Firm/Joint Venture Firms/Subcontracted Firms have neither executed contracts nor assignments, write "NONE".

FIRM NAME	DGS/SSHE PROJECT NO.	TITLE/LOCATION	DATE OF APPT. (MM/YY)	TOTAL ALLOCATION/YOUR RESPONSIBILITY	PRESENT STATUS	COMMENTS/REMARKS

14. BANKRUPTCY?	
During the past five (5) years, have the Prime Firm/Joint Venture Firms/Su	ubcontracted Firms filed for bankruptcy?
☐ YES ☐ No	
If yes, was the bankruptcy filed in the name of the firm or by an ir	
If filed in the name of an individual, give the name of the individual. Give NAME OF INDIVIDUAL	DATE(S) OF FILING
NAME OF INDIVIDUAL	DATE(S) OF FILING
OUTCOME OF FILING	
15. LEGAL SANCTIONS?	
	r individual members, any officer, or any principal been the subject of any professional or
legal sanctions against them in connection with their work?	
☐ YES ☐ NO If Yes, explain below the circ	rumstances of the sanction and when it occurred.
16. SIGNATURE	
The information contained in this form is true.	
The information contained in this form is true.	
FALSE STATEMENTS MADE IN THIS D	OCUMENT ARE PUNISHABLE UNDER 18 P.S. 4904
Signature*	
Signature	
Typed Name and Title	
Date	
*THE SIGNATURE ON THIS DOCU	JMENT MUST BE AN ORIGINAL SIGNATURE
understands that any such evaluation may be used in future selections of firms.	ents to the evaluation of its performance by the State System of Higher Education and The Applicant's Subcontractors will also be evaluated. The Applicant is required to notify tractor consents to the System's evaluation of the Subcontractor and to the use of any such