

**ATTACHMENT A – CONSULTANT DATA SHEET**

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Federal Employers Tax Identification Number or Social Security Number: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Contact Person:

_____	_____
First Name	Last Name
_____	_____
Phone Number	Title
_____	_____
E-mail Address	Cell Number

Principal(s):

_____	_____
First Name	Last Name
_____	_____
Phone Number	Title
_____	_____
E-mail Address	Cell Number
_____	
License Number	

_____	_____
First Name	Last Name
_____	_____
Phone Number	Title
_____	_____
E-mail Address	Cell Number
_____	
License Number	

Ownership and Organization Classification:

Organization Classification

- Individual
- Small – AZ (Per A.R.S. § 1-1001.8)
- Small – Federal (Per P.L. § 95-507)
- Large
- None Of The Above

Definition of Small Arizona Business – Consultant has less than \$4M in revenues or less than 100 employees

Definition of Small Federal Business – Consultant has revenues less than \$8M

I. DISCIPLINES

- These disciplines apply to the submitting Consultant **only – not their** Sub-Consultants
- Please check only those that your firm is interested in providing

Acoustic/Sound/Vibration Eng.	_____	Information Technology (IT)	_____
Archaeology	_____	Interior Design	_____
Architecture	_____	Landscape Architecture	_____
Audio/Visual Design	_____	Lighting Design	_____
Biosafety Level Design	_____	Mechanical Engineering	_____
Civil Engineering	_____	Partnering Facilitation	_____
Commissioning	_____	Programming/Space Plan.	_____
Electrical Engineering	_____	Special Inspections	_____
Environmental Eng./Plan.	_____	Specialty: Consultant	_____
Environmental Graphics	_____	Specialty: Engineering	_____
Estimating	_____	Structural Engineering	_____
Facility Condition Assessments	_____	Surveying	_____
Geotechnical Engineering	_____	Sustainable Design	_____

II. EXPERIENCE EMPHASIS

- For each Experience Emphasis category below, indicate number of years of experience of your most experienced employee
- You may use different employees for each category

Acoustic/Sound/Vibration	Hospitality
ADA Compliance/Surveys	HVAC Design
ADOT Approved Signage	Information Tech (IT)
Archaeological Services	Infrastructure
Athletic/Phys Ed/NCAA Facilities	Irrigation Design
Audio/Visual	Labs: Research Dry
Auditorium/Theatre	Labs: Research Wet
BioSafety Level Design 1, 2	Labs: Teaching
BioSafety Level Design 3	Landscape Design
Bridge Design	Libraries
Central Plant/Utilities	Lighting
Classroom Technology	Masonry
Commissioning	Master Planning
Construction Services	Materials Testing/Investigations
Continuity Planning	Medical/Care Facilities
Cost Estimating Svcs	Museums
Elevators/Escalators	Music Facilities
Engineered Buildings	Office Facilities
Ergonomics	Parking Lot/Structure
Facilities Programming	Partnering Services
Fine Arts/Public Art	Pedestrian/Bicycle Thoroughfare
Fire Protection/Design	Planning: Site
Food Services	Planning: Space
Forensics/Bio Investigation	Recreation: Indoor
Geotech/Testing	Recreation: Outdoor
Graphics-Environmental	Renovation/Remodel/Tenant Improv
Hazardous Waste Facilities	Retail Restaurants/Shops
Historic Preservation	Roofing

Security System Design  
 Solar Energy  
 Stadiums  
 Streets/Traffic Eng/Studies  
 Structural Load Path  
 Student Housing

Surveying: Aerial  
 Surveying: Land  
 Sustainability  
 Swimming Pools  
 Testing/Balance  
 Water Systems/Hydrology Studies

III. ARIZONA PROFESSIONAL LICENSES & LEED ACCREDITED PROFESSIONALS

Please indicate the number of individuals licensed or LEED accredited for the following:

	# of Employees		# of Employees
Architecture	_____	Structural	_____
Civil	_____	Surveying	_____
Electrical	_____	LEED	_____
Landscape	_____	Other	_____
Mechanical	_____	Other	_____

IV. INSURANCE

Please indicate the current dollar amount and carrier for each of the following:

	Amount	Name of Carrier
Automobile	_____	_____
Comprehensive	_____	_____
Professional Liability	_____	_____
Workman's Comp	_____	_____

Can these be increased?      Yes            No     

**NOTE: Please do not submit insurance certificates with this ARFQ response; insurance requirements are located at <https://cfo.asu.edu/purchasing-forms/> Construction and Procurement Forms/ Annual RFQ Design Professional Agreement. An Insurance Certificate will be requested if and when your firm is hired by ASU.**