

**STATEMENT OF QUALIFICATIONS
PART I – CONTRACTOR**

All of the questions in Part I refer to the Prime Contractor (“Contractor”) submitting a proposal.

1. Business Name _____

Physical address of the local office responding to this application:

Street Address _____

City, State, Zip _____

Is this local office located within the corporate limits of the City of St. Louis?

Yes ___ No ___

Mailing address if different from above:

Street/PO Box _____

City, State, Zip _____

If the firm’s corporate office is located elsewhere, list that address here:

Street Address _____

City, State, Zip _____

Is the corporate office located within the corporate limits of the City of St. Louis?

Yes ___ No ___ Does Not Apply ___

Company Website _____

2. Contact Name _____

Title _____

Phone/Extension _____

E-mail _____

3. Does this firm have a current City of St. Louis Business License? Yes ___ No ___

Refer to the License Collector website: <http://stlouis.missouri.org/citygov/license/>

4. Is this firm currently certified as a Disadvantaged, Minority, or Woman-Owned Business Enterprise (DBE/MBE/WBE)? Yes ___ No ___

If yes, check the certifying organization(s):

City of St. Louis DBE Program Office ___

Missouri Regional Certification Committee (MRCC) ___

Check the certification type(s): DBE ___ MBE ___ WBE ___

Submit proof of certification as an Attachment.

13. Is the company involved in any current lawsuits? Yes ___ No ___

If yes, submit a detailed description of all pending lawsuits as an Attachment.

14. In the past ten years, has Missouri Division of Professional Registration or any other state licensing board taken any disciplinary action on the firm's registration or the license of any key persons (owners, partners, principals, officers, associates, and directors) affiliated with the firm?

Yes ___ No ___

If yes, submit a detailed description of each incident as an Attachment.

15. During the past three years, has this company received any citations for EEO violations, OSHA violations, antitrust violations, or any other regulatory agency citations?

Yes ___ No ___

If yes, submit a detailed description of each incident as an Attachment.

16. Does this firm currently have any federal, state, or city tax liens filed against it?

Yes ___ No ___

If yes, submit a detailed description of each lien as an Attachment.

17. The Contractor's services may involve interaction with a number of City of St. Louis public officials including, but not limited to, members of the Board of Aldermen, various departments and offices of the City of St. Louis, representatives of SLDC and its affiliated agencies and authorities.

- Please indicate whether anyone who works for the City of St. Louis, the St. Louis Board of Aldermen, SLDC or any of its affiliated agencies or authorities is related to an owner or key employee of Contractor [including anyone listed in #6 or #7 above] or has a business or financial interest in Respondent's/Contractor's firm or operations or whether the firm has any other relationships or interests that may present a conflict of interest.
- Respondents to this RFP must also disclose any other local government entities in the State of Missouri with which they, their principals or the listed individuals are currently doing business or with which they have done business of this same nature over the past three years.

**STATEMENT OF QUALIFICATIONS
PART II – SPECIALIZED EXPERIENCE OF CONTRACTOR**

1. Please list the name of the person who will serve as your Project Manager for this project. Also, list the names of other key employees who are expected to provide significant contributions on this project.

Project Manager Name	
Employee Name	
Employee Name	
Employee Name	
Employee Name	

2. List any applicable licenses, or certifications (including Genetec video management software and Firetide) maintained by employees of your firm who will work on this project.

Employee Name	Applicable Licenses and/or Certifications

3a. How many systems has your firm installed that include radio communications? _____

3b. Who was the radio manufacturer? _____

3c. Include at least one example of a project that included radio communications in Section 7, "Project Information."

4a. How many systems has your firm installed that use Genetec as the VMS? _____

4b. Include at least one example of a project that included Genetec as the VMS in the Section 7 "Project Information."

5. List every project that has been terminated by the owner in last five years in which your firm was involved. Provide a brief explanation of the reason the project was terminated.

Client's Name _____
Name of Client's Contact _____
Phone/Extension _____
Reason for Termination _____

Client's Name _____
Name of Client's Contact _____
Phone/Extension _____
Reason for Termination _____

Client's Name _____
Name of Client's Contact _____
Phone/Extension _____
Reason for Termination _____

6. Briefly describe your knowledge of and experience with, if any, the City of St. Louis Port Authority's video surveillance system.

7. **Project Information:** On the following pages, provide information about five projects completed during the past three years involving a similar scope of work as this project and for which your firm served as the Prime Contractor ("Contractor"). If your firm has not served as a Contractor on five projects during this time, provide information on projects in which your firm provided significant work as a Subcontractor.

If applicable, include at least one project that included radio communications (refer to Section #3) and at least one project that included Genetec as the VMS (refer to Section #4). You may include projects which had significant contributions by current employees while they were employed by another firm if the employee will perform similar work on this project. For these projects you must check "Neither" on line #1b, and you must include the employee's name and firm which employed him or her at the time the services were provided.

Project #1:

1a. Project Owner (Client) _____
Name of Client's Contact Person _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Total Project Cost (estimate) _____

1b. In what capacity did your firm serve on this project (check one):
Contractor _____ Subcontractor _____ Neither _____

2a. Did this project involve radio communications? Yes ___ No ___

2b. Did this project involve Genetec VMS? Yes ___ No ___

3. Briefly describe the project and the scope of services that your firm performed on this project. If you are providing information about a project that a current employee performed while working for another firm, include the name of the other firm and the employee who performed these services. Limit your response to this section.

Project #2:

1a. Project Owner (Client) _____
Name of Client's Contact Person _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Total Project Cost (estimate) _____

1b. In what capacity did your firm serve on this project (check one):
Contractor _____ Subcontractor _____ Neither _____

2a. Did this project involve radio communications? Yes ___ No ___

2b. Did this project involve Genetec VMS? Yes ___ No ___

3. Briefly describe the project and the scope of services that your firm performed on this project. If you are providing information about a project that a current employee performed while working for another firm, include the name of the other firm and the employee who performed these services. Limit your response to this section.

Project #3:

1a. Project Owner (Client) _____
Name of Client's Contact Person _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Total Project Cost (estimate) _____

1b. In what capacity did your firm serve on this project (check one):
Contractor _____ Subcontractor _____ Neither _____

2a. Did this project involve radio communications? Yes ___ No ___

2b. Did this project involve Genetec VMS? Yes ___ No ___

3. Briefly describe the project and the scope of services that your firm performed on this project. If you are providing information about a project that a current employee performed while working for another firm, include the name of the other firm and the employee who performed these services. Limit your response to this section.

Project #4:

1a. Project Owner (Client) _____
Name of Client's Contact Person _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Total Project Cost (estimate) _____

1b. In what capacity did your firm serve on this project (check one):
Contractor _____ Subcontractor _____ Neither _____

2a. Did this project involve radio communications? Yes ___ No ___

2b. Did this project involve Genetec VMS? Yes ___ No ___

3. Briefly describe the project and the scope of services that your firm performed on this project. If you are providing information about a project that a current employee performed while working for another firm, include the name of the other firm and the employee who performed these services. Limit your response to this section.

Project #5:

1a. Project Owner (Client) _____
Name of Client's Contact Person _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Total Project Cost (estimate) _____

1b. In what capacity did your firm serve on this project (check one):
Contractor _____ Subcontractor _____ Neither _____

2a. Did this project involve radio communications? Yes ___ No ___

2b. Did this project involve Genetec VMS? Yes ___ No ___

3. Briefly describe the project and the scope of services that your firm performed on this project. If you are providing information about a project that a current employee performed while working for another firm, include the name of the other firm and the employee who performed these services. Limit your response to this section.

**STATEMENT OF QUALIFICATIONS RESPONSE FORM
PART III – SUBCONTRACTOR**

Complete this form for every Subcontractor that may work on this project. Copy and paste this section as often as needed, inserting pages in the proper order. If no Subcontractors are expected to work on this project, leave this part of the response form blank.

1. Business Name _____

Physical address of the local office responding to this application:

Street Address _____

City, State, Zip _____

Is this local office located within the corporate limits of the City of St. Louis?

Yes ___ No ___

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Street Address _____

City, State, Zip _____

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Yes ___ No ___ Does Not Apply ___

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Title _____

Phone/Extension _____

E-mail _____

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Refer to the License Collector website: <http://stlouis.missouri.org/citygov/license/>

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If yes, check the certifying organization(s):

City of St. Louis DBE Program Office ___

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Check the certification type(s): DBE ___ MBE ___ WBE ___

Submit proof of certification as an Attachment.

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Yes ___ No ___

If yes, submit a detailed description of each incident as an Attachment.

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- Please indicate whether anyone who works for the City of St. Louis, the St. Louis Board of Aldermen, SLDC or any of its affiliated agencies or authorities is related to an owner or key employee of Contractor [including anyone listed in #6 or #7 above] or has a business or financial interest in Respondent's/Contractor's firm or operations or whether the firm has any other relationships or interests that may present a conflict of interest.
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10. Describe the services that may be performed by this Subcontractor.

A large, empty rectangular box with a thin black border, intended for the contractor to describe the services that may be performed by the subcontractor.

**STATEMENT OF QUALIFICATIONS
PART IV - DECLARATIONS**

The undersigned hereby declares that all of the information provided with this application is true and correct, and that he or she is authorized to make this representation on behalf of the company listed below. The undersigned further acknowledges the following:

1. An incomplete or erroneous response may disqualify the firm from consideration.
2. The firm agrees to comply with St. Louis Living Wage Ordinances and regulations and ensure that its Subcontractors do as well.
3. The firm will meet the M/WBE participation goals for this project or demonstrate its good faith efforts to do so.
4. The firm has the capacity and capability of performing the work specified in the RFP within specified time periods.
5. Any communications relating to this RFP, written, oral, electronic or otherwise, between firms submitting statements of qualifications in response to this RFP (including their agents and family members) and SLDC, its constituent agencies and/or their respective staff, employees, commissioners, agents, directors, officials or officers is strictly forbidden during the time that Selection Committee deliberations are taking place EXCEPT when responding to a direct inquiry from the Selection Committee or during an interview with the Selection Committee. Firms violating this admonition will be disqualified. Members of the selection committee will be expected to submit a personal statement of personal/private interest as required by applicable law.
6. The Authority reserves the right to reject any or all proposals for any reason, in its sole discretion; to select one or more respondents; to void this RFP and the review process and/or terminate negotiations at any time; to revise any conditions and stipulations contained herein, as convenient or necessary; to further negotiate fees, rates and financial arrangements, etc; to establish further criteria for selection; to ask respondents to submit additional information or evidence of their qualifications and experiences; to waive informalities in the proposals and in the proposal process; and to negotiate with respondents; to reject any and/or all proposals for any reason, in their sole discretion.

Business Name _____

Printed Name of
Authorized Agent _____

Title _____

Date _____

Signature of the Authorized Agent listed above