STATEMENT OF QUALIFICATIONS RESPONSE FORM
PART I – RESPONDENT/CONSULTANT

All of the questions in Part I refer to the Respondent/Consultant who is submitting this Statement of Qualifications.

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 _____
Cell (optional) _____

3. Does this firm have a current City of St. Louis Business License? Yes ___ No ___
If not, it will be required prior to awarding a contract. Refer to the License Collector website: https://www.stlouis-mo.gov/government/departments/license/index.cfm

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.

5. Indicate the type of firm: _____ Corporation _____ Partnership
_____ Sole Proprietorship _____ Limited Liability Company
_____ Other: _____

6. List the top five majority owners of the company in terms of percentage of ownership.

Name	% Ownership

7. List key persons (principals, officers, and directors).

Name	Position/Title

8. What year was this firm established? _____

9. How many years has this firm been under the present ownership? _____

10. Has the firm ever conducted business using a different name? Yes ___ No ___

If yes, list the previous business name and address.

Previous Name _____
Street Address _____
City, State, Zip _____

List the years of operation under the previous name _____

11. How many full-time employees work for this firm? _____

12. In last 15 years, has this firm or any of the current owners declared bankruptcy under this or another company name? Yes ___ No ___

If yes, list the name(s) of the bankrupt company or owner:

_____
_____
_____
_____

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 Consultant'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 Respondent/Consultant [including anyone listed in #6 or #7 above] or has a business or financial interest in Respondent's/Consultant'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 RESPONSE FORM
PART II – SPECIALIZED EXPERIENCE

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. Include a one page resume for each of these individuals as an Attachment(s).

Project Manager Name _____
Employee Name _____
Employee Name _____
Employee Name _____
Employee Name _____

2a. How many of your employees are designated as Certified Protection Professionals? _____

2b. How many of your employees are certified as a Firetide Certified Mesh Engineer? _____

2c. How many of your employees are certified in Genetec video management software? _____

2d. List any other applicable licenses, certifications, or professional registrations maintained by employees of your firm and the number of employees who maintain each qualification.

License, Certification or Professional Registration Type	Number of Qualified Employees

3a. How many Firetide wireless mesh networks with more than 15 nodes has your firm designed in the past five years? _____ How many of these were for a government agency? _____

3b. How many Firetide mesh networks has your firm expanded? _____

4a. How many video surveillance systems has your firm designed in the last five years that utilize fiber optic video transmission? _____

4b. How many video surveillance systems has your firm expanded in the last five years that utilize fiber optic video transmission? _____

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.

Project Information: 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 Consultant/Contractor. If your firm has not served as a Consultant/Contractor on five projects during this time, provide information on projects in which your firm provided significant work.

Project #1:

1. Project Owner (Client) _____
   Name of Person to Contact _____
   Title _____
   Phone/Extension _____
   E-mail _____
   Project Completion Date _____
   Estimated Total Project Cost _____

   In what capacity did your firm serve on this project (check one):
   Consultant/Contractor _____ Subconsultant/Subontractor _____

2. Briefly describe the project and the scope of services that your firm performed. Limit your response to this section.

Project #2:

1. Project Owner (Client) _____
   Name of Person to Contact _____
   Title _____
   Phone/Extension _____
   E-mail _____
   Project Completion Date _____
   Estimated Total Project Cost _____

   In what capacity did your firm serve on this project (check one):
   Consultant/Contractor _____ Subconsultant/Subontractor _____

2. Briefly describe the project and the scope of services that your firm performed. Limit your response to this section.

Project #3:

1. Project Owner (Client) _____
   Name of Person to Contact _____
   Title _____
   Phone/Extension _____
   E-mail _____
   Project Completion Date _____
   Estimated Total Project Cost _____

   In what capacity did your firm serve on this project (check one):
   Consultant/Contractor _____ Subconsultant/Subontractor _____

2. Briefly describe the project and the scope of services that your firm performed. Limit your response to this section.

Project #4:

1. Project Owner (Client) _____
   Name of Person to Contact _____
   Title _____
   Phone/Extension _____
   E-mail _____
   Project Completion Date _____
   Estimated Total Project Cost _____

   In what capacity did your firm serve on this project (check one):
   Consultant/Contractor _____ Subconsultant/Subontractor _____

2. Briefly describe the project and the scope of services that your firm performed. Limit your response to this section.

Project #5:

1. Project Owner (Client) _____
   Name of Person to Contact _____
   Title _____
   Phone/Extension _____
   E-mail _____
   Project Completion Date _____
   Estimated Total Project Cost _____

   In what capacity did your firm serve on this project (check one):
   Consultant/Contractor _____ Subconsultant/Subontractor _____

2. Briefly describe the project and the scope of services that your firm performed. Limit your response to this section.

STATEMENT OF QUALIFICATIONS RESPONSE FORM
PART III – SUBCONSULTANT

Complete this form for every Subconsultant that may work on this project. Copy and paste this section as often as needed, inserting pages in the proper order. If no Subconsultants 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 ___

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 _____
Cell (optional) _____

3. Does this firm have a current City of St. Louis Business License? Yes ___ No ___
If not, it will be required prior to awarding a contract. Refer to the License Collector website: https://www.stlouis-mo.gov/government/departments/license/index.cfm

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.

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

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

6. 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.

7. 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.

8. 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 incident as an Attachment.

9. Describe the services that may be performed by this Subconsultant:

STATEMENT OF QUALIFICATIONS RESPONSE FORM
PART IV – DBE/MBE/WBE PARTICIPATION

1. The chosen firm will be expected to meet the M/WBE participation goals for this project which are _____ % minority-owned and _____ % women-owned. (Refer to the RFQ.) In the event that the firm is unable to meet the participation goals, it must demonstrate that it made good faith efforts to do so.

2. Describe the methods and efforts that your firm will pursue in order to comply with the participation goals:

3. If your firm is not certified as a DBE/MBE/WBE business enterprise, please provide information on up to three past projects in which your firm partnered with DBE/MBE/WBE certified firms:

Project #1:

Project Owner (Client) _____
Name of Person to Contact _____
Title _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Estimated Total Project Cost _____

List the name(s) of DBE/MBE/WBE firms providing services to your firm on this project and the approximate percentage of work completed by each firm.

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Project #2:

Project Owner (Client) _____
Name of Person to Contact _____
Title _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Estimated Total Project Cost _____

List the name(s) of DBE/MBE/WBE firms providing services to your firm on this project and the approximate percentage of work completed by each firm.

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Project #3:

Project Owner (Client) _____
Name of Person to Contact _____
Title _____
Phone/Extension _____
E-mail _____
Project Completion Date _____
Estimated Total Project Cost _____

List the name(s) of DBE/MBE/WBE firms providing services to your firm on this project and the approximate percentage of work completed by each firm.

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

Business Name _____
Check all that apply: DBE ___ MBE ___ WBE ___
Estimated percent of work completed by this firm: _____ %

STATEMENT OF QUALIFICATIONS RESPONSE FORM
PART V - 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:

2. An incomplete or erroneous response may disqualify the firm from consideration.

3. The firm agrees to comply with St. Louis Living Wage Ordinances and regulations and ensure that its Subconsultants do as well.

4. The firm will meet the M/WBE participation goals for this project or demonstrate its good faith efforts to do so.

5. The firm has the capacity and capability of performing the work specified in the RFQ within specified time periods.

6. Any communications relating to this RFQ, written, oral, electronic or otherwise, between firms submitting statements of qualifications in response to this RFQ (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.

7. 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 RFQ 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