



# Application for Professional Consultant Prequalification

Remit Completed Application by email to [Engineering.Department@stcharlescitymo.gov](mailto:Engineering.Department@stcharlescitymo.gov)

## 1 Applicant Information

### 1.1 General Information:

Firm Name: \_\_\_\_\_  
(As Registered with the Missouri Dept. of Revenue)

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

Parent Company Name (If Applicable): \_\_\_\_\_

Home Office Contact: \_\_\_\_\_  
Home Office Address: \_\_\_\_\_  
Home Office Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

Check if Home Office is also the Local Office

Local Office Contact: \_\_\_\_\_  
Local Office Address: \_\_\_\_\_  
Local Office Address: \_\_\_\_\_  
City, State ZIP: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Contact E-mail: \_\_\_\_\_  
Website: \_\_\_\_\_

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#### Project Name

PMM Standard 9.5 Prequalification Application  
Last printed on 4/11/2023

**1.2 Financial Information:**

- Corporation
- Partnership
- Sole Proprietorship
- Limited Liability Company (LLC)
- Other: \_\_\_\_\_

Year of Firm's Formation: \_\_\_\_\_

Firm's Fiscal Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Federal Employer Identification #: \_\_\_\_\_

Missouri Dept. of Revenue Cert. #: \_\_\_\_\_

Firm's Professional Services Gross Annual Income for the last four years:

Year -4: \_\_\_\_\_ Year -3: \_\_\_\_\_ Year -2: \_\_\_\_\_ Year -1: \_\_\_\_\_

Name of Firm's Accounting System (if applicable): \_\_\_\_\_

Blanket Professional Liability Insurance (Umbrella):  Yes  No Amount: \$ \_\_\_\_\_

Name of Firm's Professional Liability Insurance Carrier: \_\_\_\_\_

Policy # of Firm's Professional Liability Insurance: \_\_\_\_\_

**1.3 Additional Information:**

Check if a Certified DBE Firm

Agency: \_\_\_\_\_

Certification #: \_\_\_\_\_

Missouri Board of Professional Registration:

Architecture

Certification #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Professional Engineering

Certification #: \_\_\_\_\_

Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Professional Land Surveying**

Certification #: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Landscape Architecture**

Certification #: \_\_\_\_\_  
 Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

## 2 Applicant Qualifications

### 2.1 Service Disciplines:

Please check the types of professional or technical service disciplines your firm provides and firm employees are qualified to provide.

	Service Disciplines	Number of employees in Discipline	Average number of years of employee experience in Discipline	Number of projects completed in this discipline within last five years	List entities and approximate years for which Firm has provided these services
<input type="checkbox"/>	Land Surveying				
<input type="checkbox"/>	Land Use and Site Planning				
<input type="checkbox"/>	General Site Civil Engineering				
<input type="checkbox"/>	Architecture				
<input type="checkbox"/>	General Structural Engineering				
<input type="checkbox"/>	Landscape Architecture				
<input type="checkbox"/>	Traffic Engineering				
<input type="checkbox"/>	Basic Transportation Design (local streets, minor collectors, sidewalks)				
<input type="checkbox"/>	Complex Transportation Planning and Engineering (major collectors, arterials, roundabouts, interchanges)				
<input type="checkbox"/>	Bridge Structural Engineering				
<input type="checkbox"/>	Water Treatment				
<input type="checkbox"/>	Water Distribution				
<input type="checkbox"/>	Pump, Lift, and Vacuum Stations				

<input type="checkbox"/>	Pressurized and/or Vacuum Sanitary Systems				
<input type="checkbox"/>	Sanitary Sewer Collection				
<input type="checkbox"/>	Waste Water Treatment				
<input type="checkbox"/>	Electrical and/or Controls Engineering				
<input type="checkbox"/>	Mechanical Engineering				
<input type="checkbox"/>	Storm Water Hydrology/Hydraulics				
<input type="checkbox"/>	Creek Bank Stabilization				
<input type="checkbox"/>	Environmental Engineering				
<input type="checkbox"/>	Archeological/Historical Surveys				
<input type="checkbox"/>	Geotechnical Engineering				
<input type="checkbox"/>	Construction Administration and/or Management				
<input type="checkbox"/>	Right-of-Way Acquisition and/or Relocation Services				
<input type="checkbox"/>	Other: _____				

**Please include at least three (3) representative project descriptions for each of the service disciplines marked above within the “Consultant Technical Capabilities” Appendix. Each project description must include:**

1. Project client contact name, title, address, phone, and e-mail
2. Record of project time – estimate vs. actual for design and construction
3. Accuracy of project construction cost estimates – include the engineer’s estimate, low bid, and final construction cost
4. Name of Firm’s representative project manager and their immediate supervisor

**2.2 Firm Personnel:**

Number of full-time and part-time employees of Firm: \_\_\_\_\_

Number of full-time and part-time employees at local office: \_\_\_\_\_

Number of Missouri Registered Professional employees: \_\_\_\_\_

Number of Missouri Registered Professional employees at local office: \_\_\_\_\_

**For each type service discipline for which prequalification is requested, list key personnel, areas of expertise (service disciplines) they can provide, professional registration/licensure they hold, and number of years of experience.**

Employee Name	Service Discipline(s)	License/Registration Number(s)	Years of Experience

Please include detailed resumes describing project experience for each employee listed above within the “Consultant Professional Staff” Appendix

**2.3 Additional Questions:**

Has the Firm previously applied for prequalification as a consultant with the City of St. Charles?

Yes

No

If yes, what year(s)? \_\_\_\_\_

Has the Firm, or any subsidiary or affiliate of the Firm, ever been denied or disqualified as a consultant by any local, state, or federal agency?

Yes

No

If yes, please provide details:

Has the Firm done business under a different name over the past four years?

Yes

No

If yes, please list name of other firm(s): \_\_\_\_\_

**Has the Firm, or any subsidiary or affiliate of the Firm, ever been at fault as a defendant in legal suits involving errors, omissions, negligence, or professional liability within the past ten years?**

Yes

No

**If yes, please list each case name and number:**

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### **3 Application Appendices**

#### **3.1 Transmittal Letter:**

A letter must be submitted, signed by the owner or corporate officer attesting that all information contained in the application for consultant prequalification is true and accurate. The following statements of disclosures must be incorporated in the Firm's transmittal letter.

- I, \_\_\_\_\_, certify that all statements and supporting documentation submitted in this application package are true and correct to the best of my knowledge as of the date of this submittal and include all material information necessary to identify and explain the operations of \_\_\_\_\_(firm name). I hereby authorize and request any person, agency, or firm to furnish any pertinent information requested by the City of St. Charles deemed necessary to verify the statements made in this application. I hereby acknowledge that any misrepresentation will be grounds for denying or revoking prequalification.
- As an officer of this firm, or pursuant to the attached letter of authorization, I am duly authorized to certify the information requested herein.
- \_\_\_\_\_(firm name) shall comply with all city, state, and federal equal opportunity and non-discrimination requirements and conditions of employment.
- \_\_\_\_\_(firm name) shall comply with City Code of Ordinances Section 145.040 regarding the registration of sex offenders with the St. Charles Police Department.
- \_\_\_\_\_(firm name) acknowledges award of any City contract requires compliance with Section 208.009 RSMo and Section 285.530(2) RSMo. (Cumm. Supp. 2008) regarding permanent residency or lawful presence in the United States and enrollment and participation in a federal work authorization program with respect to all persons working in connection with any contracted services. \_\_\_\_\_(firm name) will represent and warrant that it is in compliance with Section 285.530 at the time of award of any contract.
- Attach Proof of Lawful Presence Form and Immigration Compliance (RsMO 285.530(1))

#### **3.2 Registration and Licensing Information:**

In satisfying City code compliance, a copy of the firm's State of Missouri Corporate Certificate of Authority (for each professional service applicable - i.e., Architecture, Professional Engineer, or Land Surveying) and a copy of individual professional's State of Missouri Registration Certificate must be provided.

### **3.3 Consultant Technical Capabilities Information:**

Firms applying for prequalification are required to demonstrate technical qualifications and experience to perform engineering services within the disciplines requested for prequalification. Please provide a one-page summary of the Firm's general qualifications and areas of service followed by detailed project descriptions representing each prequalification discipline. Each project description must include:

1. Project client contact name, title, address, phone, and e-mail
2. Record of project time – estimate vs. actual for design and construction
3. Accuracy of project design and construction cost estimates – including initial and final consultant fees, the engineer's estimate, low bid, and final construction cost
4. Name of Firm's representative project manager and their immediate supervisor

### **3.4 Consultant Professional Staff Information:**

The Firm's professional staff are ultimately responsible for the performance of all engineering services. The applicant Firm must provide detailed resumes of key staff members anticipated to be part of any project team performing engineering services within the disciplines requested for prequalification. Resumes should describe qualifications of the employee, title, time periods of employment, professional registrations or licensures, specialized skills, and project experience detailing the responsibilities and work performed by the employee.

### **3.5 Consultant Organizational Structure Information:**

- A copy or listing of the Firm's corporate organizational structure showing parent company, company officer structures, subsidiaries or affiliates – firms interrelated in any manner to the Firm. If a corporate organizational structure is not applicable, a statement to that effect must be made, i.e., "\_\_\_\_\_(firm name) is a sole proprietorship and not related to any other firms in any manner."
- A listing of the Firm's operational organizational structure showing the corporate office, branch offices, and/or disciplines or divisions of management.

### **3.6 Consultant Financial Information:**

- Attach a copy of the Firm's most recent annual audited financial statements including a balance sheet and income statement.
- Attach a copy of the Firm's Insurance Certificate General and Professional Liabilities showing policy number, company, amount, and expiration date or a commitment letter from Firm's Insurance Carrier that project specific liability insurance would be provided to the applicant firm.

### **3.7 Consultant Quality Control and Assurance Information:**

Each consultant firm hired by the City is expected to provide quality engineering analyses and designs. Provide an explanation of the Firm's quality control and assurance procedures during all phases of a project or attach a copy of the Firm's documented program. Preference will be given to firms which have formalized and documented quality control and assurance programs.

### **3.8 Project Management Approach:**

Describe your internal project management philosophy and approach to projects. How do you deliver projects on time and within budget?

**3.9 Other Supporting Information:**

The consultant may attach any other information they deem pertinent to their prequalification.

**4 APPLICATION APPROVALS**

**Signature of Authorized Representative:** \_\_\_\_\_

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title



**Approved by:**

\_\_\_\_\_  
Assistant City Engineer

\_\_\_\_\_  
Director of Engineering