**ATTACHMENT B**

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| **Owner’s Project Manager (OPM) Application Form** | | | | | | | |  |  |
| 1. Project Name/Location for Which Firm is Filing: | | | | | | | | | |
| 2a. | Respondent, Firm (Or Joint-Venture) - Name and Address Of Primary Office To Perform The Work: | | | 2b. | | Name and Address of Other Participating Offices of The Prime Applicant, If Different from Item 3a Above: | | | |
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| 2c. | Date Present And PredecessorFirms Were Established: | |  | 2d. | | Name And Address Of Parent Company, If Any: | | | |
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| 2e. | Federal ID #: | |  | 2f. | Name of Proposed OPM: | | | | |

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| 3. | Brief Resume for Key Personnel **ONLY** as indicated in the Request for Services. Additional Sheets Should Be Provided Only As Required For The Number Of Key Personnel And They Must Be In The Format Provided. | | | | | | | | | | | | | | |
| a. | Name And Title Within Firm: | | | | | | | | a. | Name And Title Within Firm: | | | | | |
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| b. | Project Assignment: | | | | | | | | b. | Project Assignment: | | | | | |
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| c. | Name And Address Of Office In Which Individual Identified In 6a Resides**:** | | | | | | | | c. | Name And Address Of Office In Which Individual Identified In 6a Resides: | | | | | |
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| d. | Years Experience: With This Firm: |  | With Other Firms: |  | | |  | | d. | Years Experience: With This Firm: |  | With Other Firms: |  | |  |
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| e. | Education: Degree(s) /Year/Specialization | | | | | | | | e. | Education: Degree(s) /Year/Specialization | | | | | |
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| f. | Applicable Registrations and Certifications : | | | | | | | | f. | Applicable Registrations and Certifications: | | | | | |
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| g. | Current Work Assignments And Availability For This Project *(availability should be identified as a percentage: eg: “As of 5/30, 50% available”)*: | | | | | | | | g. | Current Work Assignments And Availability For This Project *(availability should be identified as a percentage: eg: “As of 5/30, 50% available”)*: | | | | | |
| h. | Other Experience And Qualifications Relevant To The Proposed Project: (Identify OPM Firm By Which Employed, If Not Current Firm. Please distinguish between OPM work and any design work performed by the firm.): | | | | | | | | h. | Other Experience And Qualifications Relevant To The Proposed Project: (Identify OPM Firm By Which Employed, If Not Current Firm. Please distinguish between OPM work and any design work performed by the firm.): | | | | | |
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| 4a | Past Performance: List all Completed Projects, in excess of $1.5 million, for which the Prime Applicant has performed, or has entered into a contract to perform Owner’s Project Management Services for all Public Agencies within the Commonwealth within the past 10 years. | | | | | | | | | |
| a. | Project Name And Location  Project Director | b. Brief Description Of Project And Services(Include Reference To Areas Of Similar Experience) | c. Project Dollar Value | d. Completion Date (Actual Or Estimate) | e. On Time (Yes Or No) | f. Original Construction Contract Value | g. Change Orders | h. Number of Accidents and Safety Violations | i. Dollar Value of any Safety fines | j. Number And Outcome Of Legal Actions |
| (1) |  |  |  |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |  |  |  |
| (3) |  |  |  |  |  |  |  |  |  |  |
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| 4b.  (cont) | Past Performance: Provide the following information for those completed Projects listed above in 7a for which the Prime Applicant has performed, or has entered into a contract to perform Owner’s Project Management Services for all Public Agencies within the Commonwealth within the past 10 years. | | | | | | |
| a. | Project Name And Location  Project Director | b. Original Project Budget | c. Final Project Budget | d. If different, provide reason(s) for variance | e. Original Project Completion | e. Actual Project Completion  On Time (Yes or No) | f. If different, provide reason(s) for variance. |
| (1) |  |  |  |  |  |  |  |
| (2) |  |  |  |  |  |  |  |
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| 5. | **Capacity:** Identify all current/ongoing Work by Prime Applicant, Joint-Venture Members or Sub-consultants. Identify project participants and highlight any work involving the project participants identified in the response. |

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| a. Project Name And Location  Project Director | b. Brief Description Of Project And Services(Include Reference To Areas Of Similar Experience) | c. Original Project Budget | d. Current Project Budget | d. Project Completion Date | e. Current forecast  completion date  On Time (Yes Or No) | f. Original Construction Contract Value | g. Number and dollar value of Change Orders | h. Number and dollar value of claims |
| 1. |  |  |  |  |  |  |  |  |
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| 6. | References: Provide the following information for completed and current Projects listed above in 7 and 8 for which the Prime Applicant has performed, or has entered into a contract to perform Owner’s Project Management Services for all Public Agencies within the Commonwealth within the past 10 years. | | | | | |
| a. | Project Name And Location  Project Director | Client’s Name, Address and Phone Number. Include Name of Contact Person | Project Name And Location  Project Director | Client’s Name, Address and Phone Number. Include Name of Contact Person | Project Name And Location  Project Director | Client’s Name, Address and Phone Number. Include Name of Contact Person |
| 1) |  |  | 5) |  | 9) |  |
| 2) |  |  | 6) |  | 10) |  |
| 3) |  |  | 7) |  | 11) |  |
| 4) |  |  | 8) |  | 12) |  |

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| 7. | Use This Space To Provide Any Additional Information Or Description Of Resources Supporting The Qualifications Of Your Firm And That Of Your Sub-consultants. If Needed, Up To Three, Double-Sided 8 ½” X 11” Supplementary Sheets Will Be Accepted. **APPLICANTS ARE REQUIRED TO** **RESPOND SPECIFICALLY IN THIS SECTION TO THE AREAS OF EXPERIENCE REQUESTED**. | | | | | | |
| 8. | | I hereby certify that the undersigned is an Authorized Signatory of Firm and is a Principal or Officer of Firm. The information contained in this application is true, accurate and sworn to by the undersigned under the pains and penalties of perjury. | | | | | |
|  | | Submitted By (Signature) | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Printed Name And Title | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Date | \_\_\_\_\_\_\_\_\_\_\_\_ |