Contingent upon acceptance of your Technical Proposal submission, your firm will be recommended as the Architect/Engineer (“A/E”) for this Project. The Architect/Engineer Agreement and associated Exhibits are available via the Kent State University Office of the University Architect (KSU-OUA) website at the Internet address: <https://www.kent.edu/universityarchitect/forms-design-associates> and shall be the terms and conditions of performance for your services. This Technical Proposal shall be an attachment to your contract.

Ohio Revised Code (ORC) Section 9.24, prohibits the State from awarding a Contract to any offeror(s) against whom the Auditor of State has issued a finding for recovery if the finding for recovery is unresolved at the time of award. By submitting a technical proposal, offeror warrants that it is not now, and will not become subject to an unresolved finding for recovery under ORC 9.24, prior to the award of any Contract arising out of this RFP, without notifying the Kent State University Office of the University Architect of such finding.

By submission of this Technical Proposal, the firm is affirming that they are capable of providing the manpower and competency required to meet the proposed schedule and project objectives.

**PROPOSED FEE**

***Complete and attach the AE Proposal Fee Form (Exhibit C-Minimum Stage Submission Requirements Worksheet) provided to you by the Kent State Office of the University Architect Project Manager.***

*Your firm’s Technical Proposal should include your understanding of the Project budget including Construction Budget, Contingency, Owner equipment, Percent for Art, Kent State University Office of the University Architect fees, Architect/Engineer fees, Consultant fees, printing, advertising, etc.*

*After reviewing the Program of Requirements with the KSU-OUA Project Manager, describe your understanding of the goals set forth on this Project; describe how your proposal responds to unique or special goals.*

*Provide a detailed description of your proposed approach to the staffing, communication and development of all Project Stages (for the applicable Project Delivery Method), i.e.: Program Verification (or Organizational Meeting), Schematic Design, Design Development, Construction Documents, Bidding and Award, Conformed Documents, Construction, and Closeout Deliverables.*

*Provide information on how you intend to address Project Management, Scheduling, Cost Estimating and containment, and Construction Administration, on this Project.*

*Indicate a Preliminary Project Schedule including submission of Schematic, Design Development and Construction Documents allowing 60 days for receipt of executed Contract. Additionally, show a proposed time frame for Bidding and Construction.*

*Submit your proposed fee for Basic Design Services which shall include all Consultants, review, evaluation and validation of the Program of Requirements, Bidding, and administration of Construction Contracts. Include the minimum number of hours per week of on-site construction inspection per the advertisement included in your Basic Services. Propose an allowance for not-to-exceed reimbursable expenses, detailing the projected costs of basic building permits, asbestos abatement analysis, site survey and soil borings. Submit your proposed fee for any additional services required or requested. Include a listing of hourly fees for staff in the event that hourly services are requested or allowed.*

*Building Security considerations should be included in the Scope of Work for design services. Kent State University’s security considerations shall be part of fulfilling the Program of Requirements. Since each project will have significant differences in security needs, there are no guidelines established by the KSU to generally address this issue. Therefore, the A/E should bring security issues to the attention of the KSU-OUA Project Manager during the Program Verification process in order to identify specific needs and incorporate security considerations.*

***Within ten (10) days, please forward your firm’s Technical Proposal on your company’s letterhead with all attachments to the Kent State University Office of the University Architect Project Manager.***

**EDGE COMMITMENT**

***Are you an EDGE certified firm?*** *Enter “Yes” or “No” here*

***List your EDGE Consultants (attach completed EDGE Participation – Statement of Intent to Contract and Perform forms)***

*Insert text here*

***Total EDGE Consultant Participation Percentage:*** *fill in percentage here*

**KEY PERSONNEL FOR THIS PROJECT**

|  |  |  |
| --- | --- | --- |
| *Name* | *Title* | *License Number* |
| *Insert names* | *Senior Management Lead* | *Insert # where applicable* |
|  | *Project Management Lead* |  |
|  | *Project Design Lead (insert discipline)* |  |
|  | *Project Architect or Project Engineer* |  |
|  | *Specification Writer* |  |
|  | *Scheduler* |  |
|  | *Estimator* |  |
|  | *Quality Control Lead (insert discipline)* |  |
|  | *Construction Administrator\** |  |

*\*During the Construction Stage, The A/E and appropriate Consultants shall be present at the Site not less than \_fill in hours\_ hours per week (excluding travel time to and from the site) whenever any work is in preparation or progress, unless otherwise expressly provided in writing by the Contracting Authority.*

**CONSULTANTS FOR THIS PROJECT**

### *«insert discipline»:*

*«insert firm name»*

*«insert firm address»*

*«insert firm address»*

*«insert consultant contact name, title»*

*«insert consultant contact name, title»*

### *«insert discipline»:*

*«insert firm name»*

*«insert firm address»*

*«insert firm address»*

*«insert consultant contact name, title»*

*«insert consultant contact name, title»*

### *«insert discipline»:*

*«insert firm name»*

*«insert firm address»*

*«insert firm address»*

*«insert consultant contact name, title»*

*«insert consultant contact name, title»*

### *«insert discipline»:*

*«insert firm name»*

*«insert firm address»*

*«insert firm address»*

*«insert consultant contact name, title»*

*«insert consultant contact name, title»*

**REQUIRED DOCUMENTS**

***Please include the following documents in your submission:***

* *KSU-OUA Exhibit C – Minimum Stage Submission Requirements Worksheet*
* *Ohio Bureau of Workers’ Compensation Certificate*
* *Certificates of Insurance to provide evidence that you meet the required insurance limits and indemnification requirements, including professional liability insurance in accordance with Article 7 of Exhibit A. Please note that your firm’s Consultants must also comply with all applicable Standard Terms and Conditions.*
* *Certificate of Authorization to Practice Architecture or Engineering (for your firm)*
* *Completed EDGE Participation – Statement of Intent to Contract and Perform forms for each EDGE consultant. Include each Consultant’s EDGE Certificate issued by the EEO*
* *Completed Equal Opportunity Requirements Form*
* *Completed Standard Affirmation and Disclosure Form (Executive Order 2019-12D)*
* *Any additional project-specific information, as requested by the Project Manager*

**ADDITIONAL INFORMATION REQUIRED FOR STATE AGENCY AND HIGHER EDUCATION PROJECTS**

THIS INFORMATION IS REQUIRED TO COMPLETE THE RELEASE OF FUNDS

***Location of principal place of business***

*Enter address here*

***Location from which all or most of the contract work will be performed, if different from principal place of business***

*Enter address here*

***Provide information for all state contracts that your firm has had approved by the Controlling Board since the beginning of last fiscal year through this fiscal year to date. Also include contracts approved for this institution of higher education. Total Number of Contracts:*** *enter # here*

|  |  |  |
| --- | --- | --- |
| *Agency/University* | *Contract Amount* | *FY* |
| *Please complete table* |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

***Provide the following employee information for your firm:***

|  |  |  |
| --- | --- | --- |
|  | ***Nationwide*** | ***Ohio*** |
| ***Total Number of Employees*** | *Please complete table* |  |
| ***Percentage of Women*** |  |  |
| ***Percentage of Minorities*** |  |  |

***What percent of your work will be completed by Consultants? enter percentage here***

*If over 50% – provide the following employee information for each subcontractor*

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Subcontractor** | **Nationwide # of Employees** | **Nationwide % of Women** | **Nationwide % of Minorities** | **Ohio # of Employees** | **Ohio % of Women** | **Ohio % of Minorities** |
| *Add rows as necessary* |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

***Total Estimated Construction Cost:*** *enter cost provided to you by the KSU-OUA Project Manager*

***Provide the following information regarding your fees for the services performed:***

|  |  |  |
| --- | --- | --- |
| ***Fee Analysis*** | ***Contract Amount*** | ***Percent of Total Construction Cost*** |
| *Professional Design Services* | *Please complete table* |  |
| *Soil Test & Surveys* |  |  |
| *Other - Additional Services* |  |  |
| *Other - Reimbursable Expenses* |  |  |