**General Information**

|  |
| --- |
| FIRM NAME: |
| MAIN (**street**) ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |
| BRANCH (**street**) ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |
| REMIT TO ADDRESS:      |
| CITY:      | STATE:      | ZIP CODE:      |

**Contact**

|  |  |
| --- | --- |
| CONTACT NAME & TITLE:      | TELEPHONE:      |
| FAX:      | EMAIL:      | WEB PAGE:      |

**Staff** [principal (P) and associate (A)(**Check "P" or "A" for each**)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **P** | **A** | **DEGREE OR CERTIFICATE** | **INSTITUTION** |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |
|       | [ ]  | [ ]  |       |       |

**Average staff employed in local office:** (**Average of past 5 years**)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Licensed Professionals: |       | Professionals on Licensure Track: |       | Technical Support: |       |
| Clerical: |       | Other: |       |  |  |

|  |
| --- |
| What is your managerial approach, team approach and quality control program? (**provide attachment, if necessary**) |
|       |

|  |
| --- |
| Indicate previous UC project experience (**if any**). |
|       |

**Project Experience**

|  |
| --- |
| List up to three (3) major projects within the past five (5) years that indicates your experience (**list most recent first**). |
| Project No. 1 Name: |       |
| Owner (include phone): |       |
| Contract Award Amount: |       |  | Final Project Cost: |       |  | Project Sq. Ft.: |       |
| Original Construction Time: |       |  | Actual Construction Time: |       |  | Year of Completion: |       |
| Type of Facility: |       |
| Project Description: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Project No. 2 Name: |       |
| Owner (include phone): |       |
| Contract Award Amount: |       |  | Final Project Cost: |       |  | Project Sq. Ft.: |       |
| Original Construction Time: |       |  | Actual Construction Time: |       |  | Year of Completion: |       |
| Type of Facility: |       |
| Project Description: |  |
|  |  |
|  |  |

|  |  |
| --- | --- |
| Project No. 3 Name: |       |
| Owner (include phone): |       |
| Contract Award Amount: |       |  | Final Project Cost: |       |  | Project Sq. Ft.: |       |
| Original Construction Time: |       |  | Actual Construction Time: |       |  | Year of Completion: |       |
| Type of Facility: |       |
| Project Description: |  |
|  |  |
|  |  |

**Key Personnel Information**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **PROJECT ROLE** | **NAME** | **DEGREES** | **INSTITUTION** | **YEARS OF PROF. EXPERIENCE** | **DISCIPLINE, LICENSE NUMBER, EXPIRATION DATE & STATE** | **YEARS W/FIRM** |
|       |       |       |       |       |       |       |
|       |       |       |       |       |       |       |
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|       |       |       |       |       |       |       |

**References** [provide two (2)]

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |  | Title: |       |
| Firm: |       |  | Telephone: |       |
| Name: |       |  | Title: |       |
| Firm: |       |  | Telephone: |       |

|  |  |
| --- | --- |
| Where do you normally look for information about proposed University projects? |       |
| Please attach to this form any other information you wish us to consider, such as your firm's brochure or a discussion of your recent work. |

**PRIVACY NOTIFICATION**

The State of California Information Practices Act of 1977 (effective July 1, 1978) requires the University of California to provide the following information to individuals who are asked to supply personal information about themselves.

The principal purpose for requesting the information on this form is for use in the selection process for Design Professionals and Consultants commissioned by the University. University Policy authorizes maintenance of this information.

Furnishing all information requested on this form is mandatory – failure to provide such information will delay or may even prevent completion of the action for which the form is being filled out. Information furnished on this form will be used by the Facilities Design & Construction Office in the consideration of commissions to Design Professionals and Consultants.

Individuals have the right to have access to this record as it pertains to themselves.

The official responsible for maintaining the information contained on this form is the Manager, Facilities Design and Construction.

**Facilities Design & Construction**

**UC Davis Health**

**4800 2nd Avenue, Suite 3010**

**Sacramento, CA 95817**