

**LEESAR, INC.**  
**REQUEST FOR QUALIFICATIONS AND**  
**STATEMENT OF QUALIFICATIONS AND PERFORMANCE DATA**  
**ARCHITECTURAL LED PROFESSIONAL SERVICES**  
**REGIONAL SERVICE CENTER**

**THIS FORM MUST BE COMPLETED, NOTARIZED, AND SUBMITTED TO LEESAR, INC. (“LEESAR”). THE DATA YOU SUBMIT ON THIS FORM WILL BE USED BY LEESAR TO SELECT IN ORDER OF PREFERENCE NO FEWER THAN THREE (3) FIRMS DEEMED TO BE THE MOST HIGHLY QUALIFIED TO PERFORM THE SERVICES SOUGHT. FAILURE TO COMPLETE PORTIONS OF THIS FORM MAY DISQUALIFY YOUR FIRM FROM FURTHER CONSIDERATION FOR THE PROJECT. ANY CHANGES WHICH AFFECT AN INTERESTED ARCHITECT’S ORGANIZATIONAL STRUCTURE, QUALIFICATIONS, OR LICENSES SHALL BE REPORTED IMMEDIATELY TO LEESAR. FAILURE TO UPDATE CHANGES WHICH MAY AFFECT AN INTERESTED ARCHITECT’S RESPONSIBILITY MAY BE GROUNDS FOR DISQUALIFYING THE ARCHITECT FOR FURTHER CONSIDERATION FOR THE PROJECT.**

**PROJECT DESCRIPTION**

The size of the project will be approximately 166,000 gross square feet and shall consist of a distribution center, a sterile processing department, a cook/chill food processing department, and office space.

The following information is preliminary and subject to revision as planning and design progresses, but should provide a generalized description of the project and the owner’s need:

1. Uses: The LeeSar Regional Service Center (“Project”) shall be divided into five (5) separate components consisting of the following:
  - 1.1 A distribution center consisting of approximately 60,000 gross square feet. The distribution center issued for receiving, storing and shipping medical supplies. The distribution center will contain automated machinery, including but not limited to, carousels, picking and conveying systems.
  - 1.2 A cook/chill department consisting of approximately 38,000 gross square feet to be utilized for food preparation and processing. Commercial grade

kitchen equipment will be installed in the cook/chill department. In addition, the cook/chill department will contain a staff cafeteria.

- 1.3 A sterile processing department encompassing 38,000 gross square feet. The sterile processing department is utilized for instrument washing, sterilization, reassembly and repacking. The sterile processing department will contain hospital sterilization equipment.
  - 1.4 Administrative offices containing approximately 25,000 square feet of office space. The administrative offices shall contain executive office space, mid-level office space and conference rooms. The balance of the administrative offices will consist of open work areas.
  - 1.5 A pharmacy repackaging area comprising approximately 2,500 square feet and shall be utilized for placing large quantities of pharmaceuticals into unit doses.
2. Configuration - The project must be expandable horizontally and vertically.
  3. Height - The tallest portion of the project from a functionality standpoint is the distribution center. The ceiling in the distribution center shall provide for a minimum of 32' clearance to the bottom of the ceiling.
  4. Site Development - Site paving (asphalt), parking, sidewalks, landscaping, irrigation system, site lighting, surface storm water management system, site monument design, site signage, trash dumpster enclosures, work to remedy poor soil conditions, the presence of ground water or wetlands, hazardous materials removal, and the management of protected wildlife, if required.
  5. Hurricane Protection - The facility and facility power plant should be designed so that it can operate in the event of a natural disaster.
  6. Special Consideration - LeeSar will be utilizing existing equipment at the Project and will be purchasing new equipment from third parties. The design of the Project should be coordinated to provide for the relocation of existing equipment to the Project and for the coordination of the existing equipment with the new equipment to be provided to the Project. In that regard, it is anticipated that the architect will interface with LeeSar's equipment vendors.

7. Traffic Pattern - As a distribution center, the traffic pattern associated with the Project is extremely important. Well-type loading docks will be utilized to service various components of the Project.
8. Aesthetic Considerations. It is important that the elevation facing Winkler be aesthetically pleasing. In addition, LeeSar desires a facility with a colorful Florida flare.

### INSTRUCTIONS

Each interested architect shall provide seven (7) copies of this form and all related information bound and tabbed. A Table of Contents should be provided with your submission. Your submission should be organized utilizing the following sections or tabs:

- Tab 1: Copies of Professional and Corporate Certificates.
- Tab 2: Copy of Florida Professional and Corporate Registration Certificate.
- Tab 3: Legal Entity, Firm and Company Information,
- Tab 4: Insurance Information.
- Tab 5: Proximity to Lee County.
- Tab 6: Architectural projects completed in the State of Florida in the last five (5) years where the construction cost was over Five Million Dollars (\$5,000,000.00).
- Tab 7: Architectural projects completed outside the State of Florida in the last five (5) years where the construction cost was over Five Million and No/100 Dollars (\$5,000,000.00).
- Tab 8: Industrial Projects completed in the last five (5) years having construction costs in excess of Five Million and No/100 Dollars (\$5,000,000.00) where you were the lead architect.
- Tab 9: Identify by city and state the office which will support this service agreement and provide the approximate number of miles the office is located from Lee County.
- Tab 10: Proposed engineering subconsultants, insurances maintained by subconsultants, subconsultants' proximity to project and similar projects performed by subconsultants in the past.
- Tab 11: Office automation capabilities; project plans to be designed utilizing Auto CAD 14; ability to provide owner with as built plans on CD.
- Tab 12: Outline of project approach.
- Tab 13: Current and projected workload. Ability to commit resources and respond to LeeSar in an expedient manner.



Parent Company Office Address (if any): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Principle Office Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Person to Contact: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

List Type of Work (Specialties): \_\_\_\_\_  
\_\_\_\_\_

The signor of this questionnaire guarantees, as evidenced by the sworn affidavit required herein, the truth and accuracy of all statements and of all answers to inquiries made.

The undersigned hereby authorizes and requests any public official, engineer, insurance company, bank depository or any person, firm or corporation to furnish any pertinent information requested and deemed necessary by LeeSar to verify statements made in this document regarding the standing and general reputation of the interested architect.

1. How many years has your organization been in business as an architect under your present name? \_\_\_\_\_
2. Under what other or former names has your organization operated? \_\_\_\_\_
3. List below your organization's Officers, Owners or Partners, as well as any Shareholders if organization is a closely-held Corporation:

Name	Title	Address	Date	Assuming Position
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

4. List jurisdictions and trade categories in which your organization is legally qualified to do business and indicate registration or license numbers, if applicable:

Jurisdiction	Trade	State Cert. No.	Lee Co. Comp. No.	State Reg. No.	Lee Occ. Lic. No.	State Permit	Expire Date
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

5. List jurisdictions in which your organization's partnership or trade name is filed:  
 \_\_\_\_\_  
 \_\_\_\_\_

6. If the answer to any of the questions below is YES, please attach details. Reference the tab number to the question below.

6.1 Has your organization ever failed to complete any work awarded to it? \_\_\_\_\_  
 See Tab No. 16

6.2 Are there any judgments, claims, arbitration proceedings or lawsuits pending or outstanding against your organization or its officers? \_\_\_\_\_  
 See Tab No. 16

6.3 Has your organization filed any lawsuits or requested arbitration or defended same with regard to construction contracts within the last five (5) years? \_\_\_\_\_  
 See Tab No. 16

7. Has any Officer or Partner of your organization ever failed to complete a contract in his/her own name or as a qualifier for another? \_\_\_\_\_

If so, state name of individual, name of Owner, when, where, and the reason therefore: \_\_\_\_\_  
 \_\_\_\_\_

8. Has any Officer or Partner of your organization ever been an Officer or Partner of some other organization that failed to complete a project? \_\_\_\_\_

If so, state name of individual, other organization, when, where and reason

thereof: \_\_\_\_\_  
\_\_\_\_\_

9. Has your organization ever been refused registration by any federal, state or municipal agency as a qualified proposer on any contract? \_\_\_\_\_

If so, for what type of work: \_\_\_\_\_

Give details and reason: \_\_\_\_\_

10. Give below any information which would indicate the size and capacity of your organization, including the number of permanent employees engaged in architectural design, engineering design and contract administration:

\_\_\_\_\_  
\_\_\_\_\_

(Use extension sheet if necessary and reference Tab No. 17)

11. Attach resumes of key personnel you anticipate utilizing in connection with this project. The resume shall include the following information:

11.1 Name and present position or capacity

11.2 Brief education and professional registrations

11.3 Years of experience, type of work, position or capacity

(Use extension sheet if necessary and reference Tab No. 15)

12. Identify the prime contracts your organization has underway on this date. The list shall include the following information: (Reference Tab No. 17)

12.1 Project Title and Location

12.2 Name, address and telephone number of Contractor

12.3 Name, address and telephone number of Owner

12.4 Description of services being delivered

12.5 Names, addresses and telephone numbers of subconsultants working on project

12.6 Contract Amount and Date of Contract

12.7 Percent Complete

12.8 Project Manager

12.9 Name, Address and Telephone Number of Project Manager of Party with Whom You are in Contract

13. Identify the last five (5) architectural agreements completed in the past five (5) years by your organization which demonstrate past experience on projects similar to that outlined in this request. The list shall include the following information: (Tab No. 17)

- 13.1 Project Title and Location
- 13.2 Contractor for project
- 13.3 Contract Amount and Date of Contract
- 13.4 Date Completed
- 13.5 Project Manager for project
- 13.6 Name, Address and Telephone Number of Owner

14. List no less than three (3) and preferably five (5) financial references:

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15. List no less than three (3) and preferably five (5) references for whom you have furnished architectural and/or engineering services. With respect to each customer listed below, please provide the address, telephone number and the name of a customer representative:

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16. Please indicate the total dollar amount of work you currently have under contract:  
\$ \_\_\_\_\_

17. Please describe any insurance coverages maintained by your organization. Your response should contain the following information: (See Tab 3)

- 17.1 Names of all insurance carriers
- 17.2 Types of coverages provided by each carrier
- 17.3 Policy limits associated with coverages
- 17.4 Any special endorsements maintained by your organization
- 17.5 Policy periods
- 17.6 The rating assigned to each carrier by AM Best TK Rating Guide

18. What is the largest contract (dollar cost) ever performed by your organization?

\_\_\_\_\_

19. What is the dollar value of the largest project you consider your organization is qualified to undertake? \_\_\_\_\_

Dated at \_\_\_\_\_, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Organization

By: \_\_\_\_\_  
Print Name

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Contact Person

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, by \_\_\_\_\_ for \_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public - State of \_\_\_\_\_  
(*Print, Type, or Stamp Commissioned Name of Notary Public*)

Personally Known  -- OR -- Produced Identification

Type of Identification Produced: \_\_\_\_\_