

STATE SYSTEM OF HIGHER EDUCATION  
COMMONWEALTH OF PENNSYLVANIA

APPLICATION FOR SPECIFIC PROJECT  
PASSHE FORM 150 ASP

*(This form is a modified version of DGS Form 150 – ASP, by and for the use of the State System of Higher Education)*

<b>RFP/PROJECT NUMBER</b>	<b>RFP/PROJECT TITLE</b>
<b>UNIVERSITY AND PROJECT LOCATION</b>	

<b>IF SUBMITTED BY SINGLE FIRM</b>
<b>PRIME FIRM NAME</b>
ADDRESS OF OFFICE TO PERFORM WORK

<b>IF SUBMITTED BY JOINT VENTURE</b> (Complete Items 1 through 6 of this form for each firm in the Joint Venture)	
<b>JOINT VENTURE NAME</b>	
JOINT VENTURE ADDRESS	
NAME/TITLE OF PRINCIPAL TO CONTACT	TELEPHONE NUMBER

**APPLICATION FOR SPECIFIC PROJECT  
PASSHE FORM 150 ASP**

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<b>5. LEGAL STRUCTURE OF FIRM</b>		
SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> *CORPORATION <input type="checkbox"/> *LLC/LLP <input type="checkbox"/> OTHER <input type="checkbox"/>		
* GIVE EXACT CORPORATE NAME		
* STATES IN WHICH FIRM IS INCORPORATED		
NAMES AND TITLES OF PERSONS AUTHORIZED TO SIGN A CONTRACT		
NAME	TITLE	PA REG. NO.

<b>6. PERSONNEL BY DISCIPLINE</b>							
List the number of personnel by discipline that are presently regular employees of the Prime Firm at the office location designated to perform the work. Each person should be counted only once in accord with his/her primary function.							
	Registered	Professional Degree	Other	Function	Registered	Professional Degree	Other
Administrative/Clerical				Engineers:			
Architects				Civil			
Landscape Architects				Structural			
Specification Writers				Plumbing			
Drafters/Designers				Fire Protection			
Estimators				HVAC			
Quality Assurance Staff				Electrical			
Inspectors				IT/Data/Communications			
Project Managers				Surveyors			
Other(s) (Please List)				Geo-Technical/Soils			
				Total – All Disciplines			

**7. JOINT VENTURE FIRMS AND RESPONSIBILITIES**

For a Joint Venture, list participating firms and briefly outline specific areas of responsibility for each firm. If the Joint Venture receives a contract, a copy of the Joint Venture Agreement must be provided. Complete Items 1 through 6 of this form for each Joint Venture firm.

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HAS THIS JOINT VENTURE PREVIOUSLY WORKED TOGETHER?

YES       NO

IF YES, NUMBER OF COMPLETED PROJECTS

TOTAL PROJECTS COSTS  
\$

**8. SUBCONTRACTED FIRMS**

Designate the firms that will hold subcontracts with the Prime Firm for this project. Firms must be utilized by the Prime Firm and may be changed only upon approval of the System.

NAME AND ADDRESS	SPECIALTY/DISCIPLINE	PROJECTS WORKED WITH PRIME BEFORE	
		NUMBER	TOTAL PROJECTS COSTS

**9. KEY PERSONNEL in PRIME/JOINT VENTURE**

Complete for the key personnel of the Prime Firm/Joint Venture Firms to be assigned to this project. Use additional pages as needed. One or two-page résumés may be provided at the end of this document.

<b>NAME</b>	CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT	YEARS WITH THIS FIRM
DISCIPLINE/TITLE WITH THIS FIRM	YEARS WITH OTHER FIRMS
PA REGISTRATION Classification Certificate No. Expires OTHER STATES REGISTERED	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
EDUCATION College Discipline Degree Year	
<b>NAME</b>	CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT	YEARS WITH THIS FIRM
DISCIPLINE/TITLE WITH THIS FIRM	YEARS WITH OTHER FIRMS
PA REGISTRATION Classification Certificate No. Expires OTHER STATES REGISTERED	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
EDUCATION College Discipline Degree Year	
<b>NAME</b>	CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT	YEARS WITH THIS FIRM
DISCIPLINE/TITLE WITH THIS FIRM	YEARS WITH OTHER FIRMS
PA REGISTRATION Classification Certificate No. Expires OTHER STATES REGISTERED	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
EDUCATION College Discipline Degree Year	

**10. KEY PERSONNEL in SUBCONTRACTED FIRMS**

Complete for the key personnel of Subcontracted Firms to be assigned to this project. Use additional pages as needed. One or two-page résumés may be provided at the end of this document.

<b>NAME</b>	CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT	YEARS WITH THIS FIRM
DISCIPLINE/TITLE WITH THIS FIRM	YEARS WITH OTHER FIRMS
REGISTRATION Classification Certificate No. STATES REGISTERED	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
State Expires	
EDUCATION College Discipline Degree	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
State Year	
<b>NAME</b>	CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT	YEARS WITH THIS FIRM
DISCIPLINE/TITLE WITH THIS FIRM	YEARS WITH OTHER FIRMS
REGISTRATION Classification Certificate No. STATES REGISTERED	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
State Expires	
EDUCATION College Discipline Degree	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
State Year	
<b>NAME</b>	CURRENTLY EMPLOYED BY
ASSIGNMENT FOR THIS PROJECT	YEARS WITH THIS FIRM
DISCIPLINE/TITLE WITH THIS FIRM	YEARS WITH OTHER FIRMS
REGISTRATION Classification Certificate No. STATES REGISTERED	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/O EXPERIENCE
State Expires	
EDUCATION College Discipline Degree	ADDITIONAL INFORMATION, CERTIFICATIONS, AND/OR EXPERIENCE
State Year	

**11. RELEVANT EXPERIENCE (5 Projects)**

Describe 5 projects performed by the Prime Firm/Joint Venture Firms that best illustrate current qualifications relevant to this project. Projects should have been performed by the office location designated to perform the work. Do not list projects performed by Subcontracted Firms, but if a Subcontracted Firm also worked on a listed project, it may be noted. Relevant projects performed by key personnel during previous employment may also be listed.

**PROJECT NO. 1**

PROJECT NAME

PROJECT LOCATION

PROJECT DESCRIPTION

NATURE OF FIRM'S RESPONSIBILITY (If work was done by Subcontracted Firms listed in Block 8, and/or key personnel listed in Blocks 9 and 10, identify them and their responsibilities on this project.)

SCHEDULE DATES (indicate whether actual or projected)

Design Start Date

Construction Start Date

Construction Completion Date

PROJECT COSTS

Design Contract Value

Total Construction Value

OWNER and CONTACT PERSON (Name, Address, Phone, E-mail) May be contacted as a reference.

COMMENTS/WHAT MAKES THIS PROJECT RELEVANT?

**PROJECT NO. 2**

PROJECT NAME

PROJECT LOCATION

PROJECT DESCRIPTION

NATURE OF FIRM'S RESPONSIBILITY (If work was done by Subcontracted Firms listed in Block 8, and/or key personnel listed in Blocks 9 and 10, identify them and their responsibilities on this project.)

SCHEDULE DATES (indicate whether actual or projected)

Design Start Date

Construction Start Date

Construction Completion Date

PROJECT COSTS

Design Contract Value

Total Construction Value

OWNER and CONTACT PERSON (Name, Address, Phone, E-mail) May be contacted as a reference.

COMMENTS/WHAT MAKES THIS PROJECT RELEVANT?

**PROJECT NO. 3**

PROJECT NAME

PROJECT LOCATION

PROJECT DESCRIPTION

NATURE OF FIRM'S RESPONSIBILITY (If work was done by Subcontracted Firms listed in Block 8, and/or key personnel listed in Blocks 9 and 10, identify them and their responsibilities on this project.)

SCHEDULE DATES (indicate whether actual or projected)

Design Start Date

Construction Start Date

Construction Completion Date

PROJECT COSTS

Design Contract Value

Total Construction Value

OWNER and CONTACT PERSON (Name, Address, Phone, E-mail) May be contacted as a reference.

COMMENTS/WHAT MAKES THIS PROJECT RELEVANT?

**PROJECT NO. 4**

PROJECT NAME

PROJECT LOCATION

PROJECT DESCRIPTION

NATURE OF FIRM'S RESPONSIBILITY (If work was done by Subcontracted Firms listed in Block 8, and/or key personnel listed in Blocks 9 and 10, identify them and their responsibilities on this project.)

SCHEDULE DATES (indicate whether actual or projected)

Design Start Date

Construction Start Date

Construction Completion Date

PROJECT COSTS

Design Contract Value

Total Construction Value

OWNER and CONTACT PERSON (Name, Address, Phone, E-mail) May be contacted as a reference.

COMMENTS/WHAT MAKES THIS PROJECT RELEVANT?

**PROJECT NO. 5**

PROJECT NAME

PROJECT LOCATION

PROJECT DESCRIPTION

NATURE OF FIRM'S RESPONSIBILITY (If work was done by Subcontracted Firms listed in Block 8, and/or key personnel listed in Blocks 9 and 10, identify them and their responsibilities on this project.)

SCHEDULE DATES (indicate whether actual or projected)

Design Start Date

Construction Start Date

Construction Completion Date

PROJECT COSTS

Design Contract Value

Total Construction Value

OWNER and CONTACT PERSON (Name, Address, Phone, E-mail) May be contacted as a reference.

COMMENTS/WHAT MAKES THIS PROJECT RELEVANT?

**12. ADDITIONAL INFORMATION**

Provide any additional information or description of resources supporting the qualifications of the Prime Firm/Joint Venture Firms and the Subcontracted Firms. If the Prime Firm/Joint Venture Firms have offices in addition to the office location designated to perform the work, provide information on those other offices and personnel, particularly if they represent a resource that might assist in performance of the work. Use additional pages as needed.

**13. RELATED WORK - CURRENT AND PREVIOUS WORK OF PRIME FIRM/JOINT VENTURE FIRMS AND SUBCONTRACTED FIRMS**

- List all DGS and PASSHE projects and/or contracts for which the Prime Firm, Joint Venture Firms, and all Subcontracted Firms have been designated as Professional-of-Record, retained as a consultant, or similar function. Indicate that role with the Project/Contract No.
- Include all projects and/or contracts for which a certificate of completion was executed within the last five (5) years, for which a certificate of completion has not been executed, and for which the firm was selected but not yet under contract.

Use additional pages as needed.

FIRM NAME	PROJECT/CONTRACT NO.	TITLE/LOCATION	DATE OF APPT. (MM/YY)	TOTAL ALLOCATION/FIRM'S RESPONSIBILITY	PRESENT STATUS	COMMENTS/REMARKS

**14. BANKRUPTCY**

During the past five (5) years, have any of the Prime Firm/Joint Venture Firms or the Subcontracted Firms filed for bankruptcy?  YES  No  
 If yes, was the bankruptcy filed in the  name of the firm or  by an individual member of the firm? If filed in the name of an individual, give the name of the individual.

NAME OF FIRM/INDIVIDUAL

DATE OF FILING

OUTCOME OF FILING

**15. LEGAL SANCTIONS**

Have any of the Prime Firm/Joint Venture Firms of the Subcontracted Firms, any of their individual members, any officer, or any principal been the subject of any professional or legal sanctions against them in connection with their work?

YES  NO If Yes, explain below the circumstances of the sanction and when it occurred.

**16. SIGNATURE**

The Signatory below certifies that the information contained in this Form 150-ASP is true. False statements made in this document are punishable under 18 P.S. 4904.

Signature\*

\_\_\_\_\_

Typed Name and Title

\_\_\_\_\_

Date

\_\_\_\_\_

\*The signature must be an original signature.

By signing this application, the Applicant consents to the evaluation of its performance by the State System of Higher Education and understands that any such evaluation may be used in future selections of firms. The Applicant's Subcontracted Firms may also be evaluated. The Applicant is required to notify each of its Subcontracted Firms that, in contracting with the Applicant, the Subcontracted Firms consent to the System's evaluation of the Subcontracted Firms and to the use of any such evaluation in future selections of firms.