

**Part I: Project**

Bulletin Number:		Project Number:	
Project Description:			

**PROFESSIONAL SERVICES QUALIFICATIONS  
CDB FORM 255 - HIGHER EDUCATION**

**Part II: Firm Information**

*For Joint Venture ("JV"), include information for all members, design discipline of each member, and percentage (of total design team) of services of each member.*

CDB Prequalification Number:		Expiration:			
Firm Name:			Phone:		
Street Address:			Fax:		
City/State/Zip:			Email:		
Contact Person:					
Approximate distance to project:	Miles <i>Enter N/A if Project location has not been determined.</i>				
CMS Certifications:	MBE	WBE	VBE	N/A	CMS Certification Expiration:
<i>Select only one</i>					

**Part III: Division of Work**

**Part IV: Certifications and Disclosures**

Prime/Joint Venture:		%	CDB Standard Business Terms and Conditions Attached:	
CMS Certified <b>MBE/WBE</b> Consultants:		%	State of Illinois Forms <b>A</b> Attached:	
CMS Certified <b>VBE</b> Consultants:		%	<b>or</b>	
All Other Consultants:		%	State of Illinois Forms <b>B</b> Attached:	
<b>Total (Must Equal 100%):</b>		%	Illinois Procurement Gateway (IPG) Registration No.:	
<i>Enter 0 if not applicable</i>			IPG Expiration:	

**Part V: Team Personnel**

**Part VI: Signature**

Team personnel, by discipline, to be designated for this project including all consultants. Indicate personnel licensed in Illinois. Submit a résumé for each individual listed below in Part X. DO NOT include clerical and support staff. Enter 0 if not applicable.

Form must be signed by the Firm's President, Vice President, Partner or Sole Owner, Joint Venture Designee or any other person authorized to execute business for the firm/JV. Signing this form assures that the signee has reviewed the application for accuracy and completeness.

Discipline	Assigned to this project	# Licensed in Illinois
Architects		
Asbestos Project Designers		
Civil Engineers		
Electrical Engineers		
Mechanical Engineers		
Structural Engineers		
Surveyors		
Construction Observers		
Other: _____		
<b>Total</b>		

Signature:	
Name:	
Date:	

**THIS EDITION OF THE 255 FORM  
MAY NOT BE SUBMITTED FOR  
CDB PROJECTS AND IS FOR  
HIGHER EDUCATION USE ONLY.**

## PART VII: CONSULTANTS

Please list the consultants that will be performing any portion of basic design services for this project. Any firm providing architectural, engineering, or land surveying must be prequalified with CDB. Consultants that are not providing the aforementioned regulated services do not have to be prequalified with CDB, but should be registered with CDB as a sub-consultant. These may include cost consultants, food service consultants, etc. The firms listed below are considered first tier consultants and shall hold a contract directly with the firm submitting this 255 Form.

**\*\*Failure of the consultants, providing regulated design services, to be prequalified, will result in rejection of the Prime A/E's submittal(s).\*\***

Consultant Information			Percentage	Worked with Prime?	CDB Prequalification or Registration No.	General Scope of Services	CMS Certification		
<b>1</b>	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
<b>2</b>	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
<b>3</b>	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
<b>4</b>	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
<b>5</b>	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
<b>6</b>	Name:				No.:				
	Address:				Exp.:			Exp.:	
	City/St/Zip:								
Consultant Total:									
Prime/JV (from Part III):									
<b>Total of Prime and Consultant (must equal 100%):</b>									

## PART VIII: RELEVANT PROJECT EXPERIENCE

Please provide project experience within the past 10 years that is relevant to project number \_\_\_\_\_. Limit to 8 projects for the submitting firm and 4 for each consultant. One project per page. Project completion date may be estimated if not complete. Insert additional pages as needed. Consultants, please list the project's Prime A/E under Owner Contact information.

<b>Firm Name</b>		<b>Owner Contact Name</b>		
<b>Total Project Cost</b>		<b>Address</b>		
<b>Completion Date</b>		<b>Phone</b>	<b>Email</b>	

**Brief Project Description**

**Level of Responsibility & Detailed Description of Services**



**PART X: TEAM PERSONNEL RESUMES**

Insert additional copies of this page as needed for each team member.

<b>(a) Name and Title</b>	<b>(b) Project Assignment</b>
<b>(c) Complete Office Address for this Individual</b>	<b>(d) Years of Experience with this Firm (with other firms)</b>
<b>(e) Education: Institution / Field of Study / Degree / Year Obtained</b>	<b>(f) Active Licenses / Certifications / Type / Year</b>
<b>(g) Specific Relevant Project Experience Including Individual's Level of Responsibility</b>	