

## NOTICE TO PROVIDERS OF PROFESSIONAL SERVICES

Pursuant to Section 103D-304, Hawaii Revised Statutes (HRS), the Hawaii Housing Finance and Development Corporation (HHFDC) anticipates the need for professional services in fiscal year 2018 (July 1, 2017 thru June 30, 2018) and hereby requests Statements of Qualifications and letters of interest from interested and qualified professionals able to provide the following services:

- 1) **Accounting**, *including, but not limited to, Financial Feasibility Analyses*
- 2) **Architecture**
- 3) **Archivist**
- 4) **Auditing**
- 5) **Community Planning**
- 6) **Computer Science**, *including, but not limited to Information Technology Management and Geographic Information Systems*
- 7) **Hydrology**
- 8) **Land Surveying**
- 9) **Landscape Architecture**
- 10) **Real Property Appraisal**
- 11) **Professional Engineering**
  - a. Civil Engineering
  - b. Transportation/Traffic Engineering
  - c. Structural Engineering
  - d. Geotechnical Engineering
  - e. Cost Engineering
  - f. Environmental Engineering
  - g. Fire Protection Engineering
  - h. General Engineering
  - i. Computer Engineering, *including, but not limited to Information Technology Management and Geographic Information Systems*

At a minimum, qualification packets shall include the following:

1. A letter of interest indicating the discipline of professional services in which the person or firm is interested and qualified to provide, and a brief summary about the person or firm and its qualifications;
2. A fully completed *DPW Form 120 (revised 6/99)*, which has been attached to this notice. An MS Word copy of the *DPW Form 120* may be obtained from the State of Hawaii website: [DAGS Forms Central - DPW120](#). The Federal Standard Form 330 can also be used in lieu of the *DPW Form 120*.
3. The names and phone numbers of five (5) or more client references who may be contacted, including at least two for whom services were rendered during the preceding year; and
4. Any other relevant information or materials that the submitting person or firm believes would be useful and pertinent in establishing its qualifications to provide the types of services set forth above.

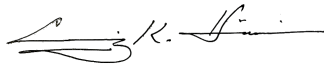
Those persons and/or firms interested and capable of providing any of the professional services listed in this notice shall submit the requested information to HHFDC **via email no later than:**

**May 31, 2017 at 4:30 p.m., HST**

**Statements shall be submitted in PDF format via email to HHFDC Procurement Compliance Specialist, Krystal-Lee Tabangcura, at [krystal-lee.k.tabangcura@hawaii.gov](mailto:krystal-lee.k.tabangcura@hawaii.gov).** In the subject line of the email, please state the HHFDC Solicitation No. and Firm Name (i.e., *17-006-PROC Firm Name*). All firms are required to submit **complete** qualification packets, including those firms currently on the HHFDC's list of qualified providers.

**A maximum file size of 35 MB per email is allowed.** If your document exceeds the maximum file size, please attempt to reduce the size of the document or split the document into multiple sections and submit each section in a separate email.

Generally, submittal packages provided to other public agencies in response to advertisements of a similar nature are acceptable if the foregoing minimum requirements are met. Late submittals will also be accepted, but may not receive the same consideration as timely submittals.



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Craig K. Hirai, Executive Director  
Hawaii Housing Finance and Development Corporation

State and County Procurement Notices – Hawaii.gov

Legal Ad Date: April 4, 2017

**STATE OF HAWAII**  
DEPARTMENT OF ACCOUNTING AND GENERAL SERVICES

**QUESTIONNAIRE FOR ARCHITECTS, ENGINEERS AND OTHER PROFESSIONAL SERVICES**

QUESTIONNAIRE FOR: (LIST DISCIPLINE)	OTHER QUESTIONNAIRES SUBMITTED: (LIST DISCIPLINES)	DATE
FIRM NAME	ESTABLISHED YEAR    STATE	TYPE OF ORGANIZATION (Underline)  INDIVIDUAL    PARTNERSHIP    CORPORATION    JOINT VENTURE    OTHER
BUSINESS ADDRESS, TELEPHONE & FAX NO. OF HAWAII OFFICE	AGE OF FIRM	FEDERAL ID NO.      YEARS ESTABLISHED IN HAWAII
PRINCIPALS OF FIRM: (NAMES)	ASSOCIATE MEMBERS OF FIRM: (NAMES)	
PRESENT BRANCH OFFICE(S): (ADDRESS, TELEPHONE & FAX NO.)	PERSON IN CHARGE: (NAMES)	

**NUMBER OF PERSONNEL IN YOUR PRESENT ORGANIZATION**

LOCATED AT	PRINCIPALS & KEY PERSONNEL			OTHER PERSONNEL										TOTAL		
	Architect	Engineer	Others	Architect	Engineers				Draftsmen	Spec. Writer	Estimator	Inspector	Surveyor		Balance	
					Mech.	Electri	Civil	Others								
HOME OFFICE																
BRANCH IN																
<b>TOTAL</b>																
TECHNICAL PERSONNEL:				NUMBER OF PERSONNEL WITH HAWAII LICENSES					NUMBER OF PERSONNEL WITHOUT HAWAII LICENSES							

PERSONAL HISTORY STATEMENT OF PRINCIPALS AND ASSOCIATES WITHIN YOUR FIRM							
NAME			RESIDENT OF	NAME			RESIDENT
TITLE				TITLE			
YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL	YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			
NAME			RESIDENT OF	NAME			RESIDENT OF
TITLE				TITLE			
YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL	YEARS OF EXPERIENCE	AS PRINCIPAL IN THIS FIRM	AS PRINCIPAL IN OTHER FIRMS	OTHER THAN PRINCIPAL
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS				MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			

**PERSONAL HISTORY STATEMENT OF TECHNICAL PERSONNEL WITHIN YOUR FIRM**

NAME		STATUS (Underline) Full-Time Part-Time		NAME		STATUS (Underline) Full-Time Part-Time	
TITLE OR POSITION		YEARS OF EXPERIENCE		TITLE OR POSITION		YEARS OF EXPERIENCE	
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS		WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			
NAME		STATUS (Underline) Full-Time Part-Time		NAME		STATUS (Underline) Full-Time Part-Time	
TITLE OR POSITION		YEARS OF EXPERIENCE		TITLE OR POSITION		YEARS OF EXPERIENCE	
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS		WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			
NAME		STATUS (Underline) Full-Time Part-Time		NAME		STATUS (Underline) Full-Time Part-Time	
TITLE OR POSITION		YEARS OF EXPERIENCE		TITLE OR POSITION		YEARS OF EXPERIENCE	
WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS		WITH THIS FIRM	WITH LAST FIRM (NAME & NO. OF YEARS)	WITH OTHER FIRMS	
EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)				EDUCATION (COLLEGE, DEGREE, YEAR, SPECIALIZATION)			
REGISTRATION (TYPE, YEAR, STATE)				REGISTRATION (TYPE, YEAR, STATE)			

**OUTSIDE ASSOCIATES AND CONSULTANTS USUALLY EMPLOYED**

DISCIPLINE	NAME OF FIRM OR INDIVIDUAL	DISCIPLINE	NAME OF FIRM OR INDIVIDUAL

**ERRORS AND OMISSIONS INSURANCE**

DOES YOUR FIRM HAVE ERRORS & OMISSION (E&O) INSURANCE? (Underline)			AMOUNT OF COVERAGE PER CLAIM	AMOUNT OF DEDUCTIBLE
YES	NO	PROJECT INSURANCE	\$	\$

Submit proof of insurance or insurability from your insurance carrier with this form.

**SUMMARY OF YOUR FIRM'S COMPLETED AND PRESENT PROJECTS DURING THE LAST TEN YEARS**

**AS A PRIME A/E CONSULTANT**

TOTAL NUMBER OF COMPLETED PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS	\$
TOTAL NUMBER OF PRESENT PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS	\$

**AS AN ASSOCIATE WITH OTHER A/E CONSULTANTS**

TOTAL NUMBER OF COMPLETED PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF COMPLETED PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM WAS RESPONSIBLE)	\$
TOTAL NUMBER OF PRESENT PROJECTS	
TOTAL ESTIMATED CONSTRUCTION COST OF PRESENT PROJECTS (ONLY THE PORTION OF WORK FOR WHICH YOUR FIRM IS RESPONSIBLE)	\$

**CLASS OF WORK AND PROJECT TYPE SPECIALIZATION**

TYPE OF PROJECT	TOTAL NO. OF COMPLETED PROJECTS	TOTAL ESTIMATED CONSTRUCTION COST	TOTAL ESTIMATED PROJECT SIZE (G.S.F.)

Categorize your firm's class for work during the last ten years by project type. Examples of project types include Educational, Commercial, Industrial, Residential, Health Care, Correctional and Judicial Facilities. Work may also be categorized as planning, civil sitework, renovation/alteration, architectural barrier removal, fire alarm system, etc.

**PRESENT/COMPLETED PROJECTS IN WHICH YOUR FIRM IS/WAS DESIGNATED THE PRIME CONSULTANT (BY TYPE)**

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

TYPE:							
YEAR	NAME AND LOCATION OF THE PROJECT	NAME OF LEAD DESIGNER	NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER	ESTIMATED CONST. COST (\$)	DURATION FOR DESIGN (MONTHS)	% COMPLETED	
						DESIGN	CONST.



**PRESENT/COMPLETED PROJECTS THAT YOUR FIRM IS/WAS ASSOCIATED WITH OTHERS (BY TYPE)**

(LIST A MAXIMUM OF 10 PROJECTS FOR EACH DISCIPLINE/TYPE OF WORK BEING APPLIED FOR. LIST PROJECTS THAT REFLECT YOUR ABILITY TO PROVIDE QUALITY WORK FOR YOUR REQUESTED PROJECTS.)

TYPE:								
YEAR	NAME AND LOCATION OF THE PROJECT	NAME, ADDRESS, PHONE & FAX NO. OF THE OWNER	ESTIMATED CONSTRUCTION COST		DURATION FOR DESIGN (MONTHS)	PRIME FIRM ASSOCIATED WITH	% COMPLETED	
			ENTIRE PROJECT	YOUR FIRM'S WORK			DESIGN	CONST.

**Explain firm's individual project assignment, project management structure, project execution (work flow and responsibilities) and quality control process.** In the event the spaces provided on this form are not sufficient for entries, or if you wish to furnish additional information, it may be inserted here or on separate sheets, with appropriate references.

Empty space for providing detailed information regarding project assignment, management structure, execution, and quality control processes.

As of this date \_\_\_\_\_ the foregoing is a true statement of facts.

NAME OF FIRM OR INDIVIDUAL SUBMITTING QUESTIONNAIRE	TYPE NAME AND TITLE OF PERSON SIGNING	SIGNATURE

NOTE: It is to a firm's advantage to maintain its experience record on a current basis. This may be accomplished by periodically forwarding current data to DAGS.

**PRINCIPALS ONLY - ADDITIONAL INFORMATION**

NAME	TITLE AND POSITION	YEARS WITH FIRM
MAJOR RESPONSIBILITIES WITH THIS FIRM		

**PRIOR EMPLOYMENT**

(START WITH LATEST EMPLOYMENT PRIOR TO JOINING THIS FIRM AND PROVIDE SIMILAR INFORMATION FOR EACH SEPARATE EMPLOYMENT OR MAJOR CHANGES IN DUTIES WITH THE SAME EMPLOYER.)

FIRM:	DATE	FIRM:	DATE
	FROM:                      TO:		FROM:                      TO:
ADDRESS:		ADDRESS:	
JOB TITLE:		JOB TITLE:	
SUPERVISOR'S NAME AND TITLE:		SUPERVISOR'S NAME AND TITLE:	
MAJOR DUTIES:		MAJOR DUTIES:	

FIRM:	DATE	FIRM:	DATE
	FROM:                      TO:		FROM:                      TO:
ADDRESS:		ADDRESS:	
JOB TITLE:		JOB TITLE:	
SUPERVISOR'S NAME AND TITLE:		SUPERVISOR'S NAME AND TITLE:	
MAJOR DUTIES:		MAJOR DUTIES:	