

To qualify for the University of Colorado AEC Directory please download and complete this form, save the file as **your firm name.pdf** and email to AECdirectory@colorado.edu. Supporting reference information such as resumes and project experience can be included as a separate PDF labeled **your firm name-supporting.pdf**.

Firm Contact Information	
Firm Name	
Firm Address	
City/State/Zip	
Firm Phone Number	
Primary Contact Name	
Primary Contact Title	
Primary Contact Phone #	
Primary Contact E-Mail	
Secondary Contact Name	
Secondary Contact Title	
Secondary Contact Phone #	
Secondary Contact E-Mail	

Firm Profile	
Business Enterprise Designation (select one or more, if applicable)	<input type="checkbox"/> MBE (Minority Business Enterprise) <input type="checkbox"/> WBE (Women-Owned Business Enterprise) <input type="checkbox"/> DVBE (Disabled Veteran-Owned Business Enterprise) <input type="checkbox"/> SBE (Small Business Enterprise) <input type="checkbox"/> Other (Describe) _____
Firm size (select one)	<input type="checkbox"/> Micro Firm (10 or fewer employees) <input type="checkbox"/> Small Firm (11 to 49 employees and less than \$10M of business, assets of \$10M or less) <input type="checkbox"/> Medium Firm (50 to 249 employees and less than \$50M of business, assets of \$43M or less) <input type="checkbox"/> Large Firm (250 or more employees and more than \$50M of business, assets of \$43M or more)
# Years in Business	

Staffing Information			
# Employees (total/all offices)		# Landscape Architects	
# Local (Colorado) employees		# LEED Accredited Professionals	
# Architects		# Professionals-in-training (unlicensed)	
# Engineers		# Surveyors	
# Industrial Hygienists* (complete the IH section below)		# Clerical	
# Interior Designers		# Other (describe)	
# IT Professionals			

***Industrial Hygienist Services Firms Only**

The Department of Environmental Health and Safety is responsible for ensuring that IH firms providing asbestos and lead services on campus are qualified to work in the State as asbestos consultants and can prove they have State certified personnel for each specific discipline. Firms claiming to have IH services must provide the following firm information:

CDPHE Registration #	
CDPHE Expiration Date (mm/dd/yyyy)	

Firm Services

Type of Professional Services Provided (check all that apply)

- Architectural
- Engineering
- Landscape Architecture
- Industrial Hygienist
- Surveyor

**Architectural Specialties
(check all that apply)**

- Academic (Classrooms, Teaching Spaces)
- Assembly Areas, Theaters, Performance Spaces
- Athletic/Recreation Facilities
- Bookstores
- Day Care Facilities
- Dining (Residential)
- Dining (Retail, Union)
- Exhibit Spaces, Galleries, Museums
- Facilities Maintenance, Fleet, Operations Centers
- Housing (Residence Halls, Apartments, Family)
- Libraries, Media Centers, Media Production
- Medical (Clinical, Out-Patient)
- Medical (Hospitals, In-Patient)
- Office Space
- Research (Dry Laboratories)
- Research (Wet Laboratories)
- Utility Plant

**Engineering Specialties
(check all that apply)**

- Acoustical
- Civil
- Electrical
- Environmental
- Flood
- Geotechnical
- Lighting
- Materials Testing
- Mechanical (Fire Protection)
- Mechanical (HVAC)
- Mechanical (Plumbing)
- Roofing/Water Membrane
- Structural
- Telecommunications
- Traffic
- Utility Generation/Distribution
- Vibration

<p style="text-align: center;">Landscape Architecture Specialties (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Horticulture <input type="checkbox"/> Irrigation <input type="checkbox"/> Landscape/Planting <input type="checkbox"/> Master Planning <input type="checkbox"/> Site Planning <input type="checkbox"/> Urban Design 	<p style="text-align: center;">Surveying Specialties (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Site <input type="checkbox"/> Utility
<p style="text-align: center;">Industrial Hygienist Specialties (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> Asbestos Building Inspections <input type="checkbox"/> Asbestos Project Design <input type="checkbox"/> Asbestos Project Management <input type="checkbox"/> Air Monitoring Specialist <input type="checkbox"/> Lead Risk Assessment <input type="checkbox"/> Lead Inspector 	<p style="text-align: center;">Other Types of Specialties (check all that apply)</p> <ul style="list-style-type: none"> <input type="checkbox"/> AV Design <input type="checkbox"/> Graphic Design <input type="checkbox"/> IT Design <input type="checkbox"/> Interior Design Services <input type="checkbox"/> LEED/Sustainability <input type="checkbox"/> Post-Occupancy Evaluations <input type="checkbox"/> Pre-Design/Feasibility <input type="checkbox"/> Programming <input type="checkbox"/> Site Planning <input type="checkbox"/> Urban Design/Master Planning <input type="checkbox"/> Other: _____

Firm Capabilities
<p>Describe the qualifications and relevant experience of individual team members.</p>
<p>Describe unique knowledge of key team members related to higher education or public entity projects.</p>

Describe how key staff would be involved in project management and what their on-site roles would be.

Describe firm lines-of-authority and coordination methodology.

Describe any other relevant information about the capability of the firm.

Firm Experience

Briefly describe the higher education or public entity experience of the firm. Identify work completed by the Colorado office first.

Briefly describe other relevant experience of the firm related to any specialties listed above. Identify work performed by the Colorado office first.

Project Experience

Submit three reference projects completed by the Colorado office. Newly-organized firms with principals who wish to include project experience acquired while in the employment of the firm-of-record must clearly state that relationship.

	Project One	Project Two	Project Three
Name of Project			
City/State			
Size (GSF)			
Project Type (from specialty list)			
Project Start Date			
Project Completion Date			
Project Cost			
Project Owner			
Owner Representative Name (for reference)			
Owner Representative Contact Phone/Email (for reference)			
Other			

Methodology

Briefly describe the firm's budgeting and cost control methodology.

Briefly describe the firm's approach to document production/quality assurance.

Briefly describe the firm's approach to bidding/negotiation and contract administration (if applicable).

Briefly describe the firm's approach to schedule management.

Institutional Understanding	
<p>Each institution within the University of Colorado system has unique procedures, standards and process requirements that must be incorporated into work performed. Please indicate items with which your firm is experienced (check all that apply):</p>	
<ul style="list-style-type: none"> <input type="checkbox"/> Design Standards (UCB) <input type="checkbox"/> Design Standards (UCD) <input type="checkbox"/> Design Standards at other institution <input type="checkbox"/> Standards "Boot Camp" (UCD) <input type="checkbox"/> Design Guidelines (UCB) <input type="checkbox"/> Design Guidelines (UCD) <input type="checkbox"/> Campus Design Guidelines (UCCS) <input type="checkbox"/> Campus Landscape Guidelines (UCCS) <input type="checkbox"/> Campus Construction Standards (UCCS) <input type="checkbox"/> Design Guidelines at other institutions 	<ul style="list-style-type: none"> <input type="checkbox"/> Design Review Board (all campuses) <input type="checkbox"/> Boulder Campus Planning Commission (UCB) <input type="checkbox"/> Historic Resources Advisory Committee (UCB) <input type="checkbox"/> CAD Standards (UCB) <input type="checkbox"/> BIM Standards (UCB) <input type="checkbox"/> CAD Standards (UCD) <input type="checkbox"/> BIM Standards (UCD) <input type="checkbox"/> CAD Standards (UCCS) <input type="checkbox"/> BIM Standards (UCCS) <input type="checkbox"/> Meridian <input type="checkbox"/> Program plan guidelines (all campuses)
<p>Provide general description of the firm's design philosophy (if applicable).</p>	

Key Personnel			
<p>Provide information about key personnel that will be assigned to university projects. Submit a maximum of three individuals that might be assigned to work on these projects. NOTE: It is understood that project teams will be built based upon the availability of staff at the time work is awarded. It is most important to indicate the person or people who will be providing continuity, customer service and serving as the primary point(s) of contact. All work is to be performed under the direction and supervision of a licensed architect, engineer, landscape architect and/or surveyor. Architectural, engineering, land surveying and landscape architectural firms must have staff with a current Colorado professional license to provide professional services at the university. For architects and engineers, it is mandatory that the license be held by a partner or officer of the firm, and all firms must be registered in the state of Colorado as per C.R.S. 12-25-304, 12-25-104, and 12-25-204, et al. Work requiring the services of an industrial hygienist may be performed under the direction and supervision of a qualified industrial hygienist as defined in C.R.S. 24-30-1402.</p>			
	Key person 1	Key person 2	Key person 3
Name			
Position in Firm			
Role on Project			
Years with Firm			
License Number			
State of Issue			
License Expiration Date (mm/dd/yyyy)			

Certification	
<p>By submitting this information, the submitter acknowledges and certifies:</p> <ul style="list-style-type: none"> ✓ that the information contained in the submission is true to the best of their knowledge as of the date of submittal; ✓ that submittal does not guarantee work of any kind; ✓ the unique standards, procedures and guidelines established by each campus; ✓ that they have reviewed the standard Architect/Engineer Agreement (SC-5.1), Terms and Conditions (SC-5.1 TC) and/or the Consultant Agreement (SC-5.3) and Supplemental Conditions and are familiar with their terms and conditions and find them expressly workable without change or modification; and ✓ that the firm is able to provide and maintain the required insurance listed in the Terms and Conditions and Supplemental Conditions. 	
Submitter Name	
Date Submitted	
Submitter Email	
Submitter Phone #	

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