REQUEST FOR QUALIFICATIONS (RFQ) FOR
ARCHITECTURAL SERVICES FOR
YES PREP PUBLIC SCHOOLS

YES Prep Public Schools is seeking the professional services of a qualified firm to provide Architectural Services. Qualifications must be received no later than 2:00PM Tuesday March 23, 2021 at 5515 South Loop E FWY STE B, Houston, TX, 77033.

The Scope of Services to be performed by the Architect selected for the Projects includes but not limited to:

Providing design, estimating services, scope development, planning, interior design, interior graphic design, technical studies, feasibility studies, problem analysis, design reviews, and other architectural, engineering and technical services for elementary, secondary, athletics, administration building and/or facilities projects.

Projected Services are:

• Construction Project Types:
  • Elementary School building (PK – 5): Complete ground up with approx. 73,000 sq. ft. of space, Forty-Four classrooms, Four Labs, Library, Cafeteria, Playground, Pavilion.
  • Secondary School Building (6 – 12): Complete ground up with approx. 85,000 sq. ft. of space, Forty-Eight Classrooms, Five Labs, Library, Cafeteria, Gym, Plating Field.
  • Secondary School Building (6 – 12): Adaptive Re-use, Complete ground up with approx. 85,000 sq. ft. of Space.

• Interior graphic design:
  • (Wall & Signage Art) Four Large (300 sq. ft.) and twelve Small (120 sq. ft.).

Interested firms shall submit one (1) original and one (1) digital copies (USB or external hard drive) of their Statement of Qualifications to the address shown below no later than Tuesday, March 23, 2021 at 2:00 p.m. (local time):

Attn: Keith Weaver, Managing Director of Operations
YES Prep Public Schools
5515 South Loop E FWY STE B,
Houston, TX, 77033
Ph: +1 (713) 967-9027
Email: keith.weaver@yesprep.org
RFQ Title: RFQ# YESP21-01 Architectural Design Services

Respondents are not permitted to contact (by means of any communication) YES Prep staff or other persons affiliated with) YES Prep for any reason before, during, or after the selection process. Any or all contacts shall be only for the express purpose of clarifying the specifics of the RFQ and shall be directed to the name and address mentioned above.
SELECTION PROCESS

YES Prep reserves the right to reject any or all qualification submittals without the necessity of stating any reason therefore. Qualifications will be the only criteria utilized by the selection committee in determining whether or to whom a contract will be awarded. The submittal of a response to this request shall not result in any rights whatsoever accruing to the tender therefore.

A selection committee will be established by YES Prep to review, evaluate the qualifications submitted and rank the qualifications based upon the submittals based upon the following criteria:

30% Education Project Experience:
- Provide a list of five most recent local projects on which your firm has provided full architectural services.

20% Proposed Personnel & Available Resources to Complete Project(s):
- These criteria would include the analytical, design tools, personnel, resources, or methodologies commonly used by the firm that may be applicable to the projects.

20% References of the Firm
- Complete Attachment #9 and provide names and contact information for professional references.

20% Meeting District’s Overall Needs

10% Supplier Diversity / Diversity Credentials
- SBA, Women-Owned, Minority Owned, Local Business, Veteran Owned, and all other.

A recommendation will be made to YES Prep Board of Directors for contract negotiations based upon demonstrated qualifications to perform architectural services. Upon approval of the recommendation, a contract will be attempted to be negotiated by the District at a fair and reasonable price. A negotiated fee will then be submitted to the Board of Directors for board action at a subsequent meeting.

SUBMISSION SHALL INCLUDE:

1. Letter of Interest, (Project Experience & Proposed Personnel)
2. Architect’s Qualification Statement:
   - Attach a completed AIA Document B305 Architect’s Qualification Statement.
3. Attachment Package (1,2,3,4,5,6,7,8 and 9)
Attachment Package
RFQ ATTACHMENT #1 NON-DISCRIMINATION STATEMENT

The undersigned certifies that he/she will not discriminate against any employee or applicant for employment or in the selection of subcontractors because of race, color, age, religion, gender, national origin or disability. The undersigned shall also take action to ensure that applicants are employed, and treated during employment, without regard to their race, color, religion, gender, age, national origin or disability. Such action shall include, but shall not be limited to, the following: employment, upgrading or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other compensation and selection for training, including apprenticeship.

Name/Title: ____________________________________________
(Type or Print)
Signature: ___________________ Date: ________________

Company/Firm Name: __________________________________________
(Type or Print)
Address: __________________________________________________

Telephone Number: ____________________________________________
RFQ ATTACHMENT #2 NON-COLLUSION CERTIFICATION

The undersigned affirms that he or she is duly authorized to execute this questionnaire, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other person, firm or entity making or considering making a proposal to YES Prep for any of the future District projects, and that the contents of this proposal as to prices, terms or conditions of said proposal have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this proposal.

The foregoing is true and correct. YES Prep, or any authorized representative of YES Prep, is authorized by the undersigned to contact any firm, institution or person listed above obtain information which YES Prep might determine as being desirable.

Firm: __________________________________________

Address: _______________________________________

City/State/Zip: __________________________________

Telephone Number: _______________________________

Fax Number: _____________________________________

Email/Website: ___________________________________

Signature: _______________________________________

Typed/Printed Name: _______________________________

Date: ___________________________________________
Form W-9

Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
- Individual/sole proprietor
- S Corporation
- Partnership
- Trust/estate

- Exempt payee

Other (see instructions) →

Address (number, street, and apt or suite, etc.)

City, state, and ZIP code

List account number here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) I am no longer subject to backup withholding, and

3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to a retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:
- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to assume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
WORKERS’ COMPENSATION CERTIFICATE

YES requires Vendor to provide workers' compensation as per state law requirements. The Vendor shall sign and submit the following certificate with the written proposal:

“Minimum Workers' Compensation and Employer's Liability Limits

- Each Accident $1,000,000
- Disease – Each Employee $1,000,000
- Disease – Policy Limit $1,000,000

_________________________
Vendor Name

_________________________
Signature of Authorized Agent

_________________________
Date Signed

Note: Vendor may attach current certificate of coverage with a signed statement that if awarded the contract, they will obtain said aforementioned coverage if the current coverage does not meet the stated minimum requirements.
RFQ ATTACHMENT #5

INSURANCE COVERAGE REQUIREMENTS

General and Excess Liability Minimum Coverages

" General Liability: $1,000,000

" Deductibles, of any type, are the responsibility of the vendor/contractor.

________________________
Vendor Name

________________________
Signature of Authorized Agent

________________________
Date Signed

YES will be named as Additional Insured on the Certificate of Insurance if the Vendor is awarded a contract.
FELONY CONVICTION NOTIFICATION

State of Texas Legislative Senate Bill No. 1, Section 44.034, Notification of Criminal History, Subsection (a), states “a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony”.

Subsection (b) states a “public school” may terminate a contract with a person or business entity if the “public school” determines that the person or business entity failed to give notice as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The “public school” must compensate the person or business entity for services performed before the termination of the contract.

I, the undersigned agent for the firm named below, certify that the information concerning notification of felony convictions has been reviewed by me and the following information furnished is true to the best of my knowledge.

VENDOR’S NAME: __________________________________________

SIGNATURE OF AUTHORIZED COMPANY OFFICIAL: ________________

AUTHORIZED COMPANY OFFICIAL’S NAME (PLEASE PRINT): ____________________________

☐ My firm is a publicly held corporation; therefore, this reporting requirement is not applicable.

☐ My firm is not owned or operated by anyone who has been convicted of a felony.

☐ My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

________________________________________________________________________

________________________________________________________________________
DEBARMENT AND SUSPENSION CERTIFICATION

This certification is required by the Federal Regulations implementing Executive Orders 12549 and 12689, 2 CFR Part 180, for the Department of Agriculture (2 CFR Part 417), Department of Labor (29 CFR Part 98), Department of Education (2 CFR Part 3485), and Department of Health and Human Services (2 CFR Part 276). These regulations restrict awards, sub-awards, and contracts with certain parties that are debarred, suspended, or otherwise excluded from or ineligible for participation in Federal assistance programs or activities.

A contract award (see 2 CFR 180.220) must not be made to parties listed on the government-wide exclusions in the System for Award Management (SAM), in accordance with the OMB guidelines at 2 CFR 180 that implement Executive Orders 12549 (3 CFR Part 1986 Comp., p. 189) and 12689 (3 CFR part 1989 Comp., p. 235). “Debarment and Suspension.” SAM Exclusions contains the names of parties debarred, suspended, or otherwise excluded by agencies, as well as parties declared ineligible under statutory or regulatory authority other than Executive Order 12549.

By signing this certification, the undersigned accepts the following terms:

1. The certification herein below is a material representation of fact upon which YES Prep will provide reliance if and when a contract is entered into.

3. The proposer will provide immediate notice to YES Prep if at any time it learns that the certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The proposer agrees that, should a contract be entered into, it will not knowingly enter into any subcontract with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

5. Where the proposer is unable to certify to any of the statements in this certification, such proposer shall attach an explanation to this certification form and submit the explanation with its proposal.

The undersigned certifies, to the best of his or her knowledge and belief, that both it and its principals the are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

Name of Organization/Firm: ________________________________

Signature of Authorized Representative: ________________________________
# CONFLICT OF INTEREST QUESTIONNAIRE

**FORM CIQ**

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code. A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

1. **Name of vendor who has a business relationship with local governmental entity.**

2. **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3. **Name of local government officer about whom the information is being disclosed.**

   Name of Officer

4. **Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

   **A.** Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

   [ ] Yes  [ ] No

   **B.** Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

   [ ] Yes  [ ] No

5. **Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

6. **Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).**

7. **Signature of vendor doing business with the governmental entity**

   Date

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Form provided by Texas Ethics Commission  www.ethics.state.tx.us  Revised 1/1/2021
REFERENCE FORM

Please list a minimum of three references of agencies (governments, charter schools or ISDs) that have used your services. We would prefer some of the references to be new customers in the last year, and Texas agencies are preferred:

Company Name: ________________________________
Contact Person: ________________________________ Title: ________________________________
Address: __________________________ City: __________________________
State/Zip Code: __________________________ E-mail: __________________________
Telephone Number: __________________________ Fax Number: __________________________

Company Name: ________________________________
Contact Person: ________________________________ Title: ________________________________
Address: __________________________ City: __________________________
State/Zip Code: __________________________ E-mail: __________________________
Telephone Number: __________________________ Fax Number: __________________________

Company Name: ________________________________
Contact Person: ________________________________ Title: ________________________________
Address: __________________________ City: __________________________
State/Zip Code: __________________________ E-mail: __________________________
Telephone Number: __________________________ Fax Number: __________________________

Company Name: ________________________________
Contact Person: ________________________________ Title: ________________________________
Address: __________________________ City: __________________________
State/Zip Code: __________________________ E-mail: __________________________
Telephone Number: __________________________ Fax Number: __________________________

Company Name: ________________________________
Contact Person: ________________________________ Title: ________________________________
Address: __________________________ City: __________________________
State/Zip Code: __________________________ E-mail: __________________________
Telephone Number: __________________________ Fax Number: __________________________
END OF RFQ