



Dr. Tom Maglisceau

Superintendent

Celina ISD

205 South Colorado Street

Celina, Texas 75009

June 8, 2024

**RE: Request for Qualifications - Architectural
Services RFQ No. 17-18-01**

The Celina Independent School District is soliciting responses to our Request for Qualifications (RFQ) for Architectural Services. The school district is in the planning process for the design and construction of a middle school.

Completed RFQs need to be submitted to the office of Dr. Tom Maglisceau, Superintendent, Celina Independent School District, 205 South Colorado Street, Celina, Texas 75009. The deadline for submission is 2:00 pm on Thursday, July 11, 2024. Please submit one (1) original and four (4) copies of the completed RFQ. The Administration will review all submissions during the week of **July 15, 2024, with final selection to occur at the regular Board meeting in August (date to be determined at the June 2024 Regular Meeting)**. The district will schedule interviews with selected firms as necessary.

Thank you for your participation in this process. Please feel free to contact Dr. Tom Maglisceau at 469-742-9100 or by email at tommaglisceau@celinaisd.com if you have any questions or request additional information.

**CISD REQUEST FOR QUALIFICATIONS FOR
ARCHITECT SERVICES**

1. GENERAL INFORMATION

Date _____

Firm Name _____

Address _____

City _____ State _____ Zip _____

Contact Person(s) – limited to two persons per firm/application

Contact No. 1

Name _____

Title _____

Telephone _____ Fax _____

Internet/E-mail address _____

Contact No. 2:

Name _____

Title _____

Telephone _____ Fax _____

Internet/E-mail address _____

Type of organization:

_____ Sole proprietorship (individual)

_____ Partnership

_____ Professional corporation

_____ Corporation

_____ Joint venture

_____ Other _____

2. QUALIFICATION STATEMENT

In a 100 word or less statement, please describe what makes your firm uniquely qualified to perform **Architectural Services**, including any superior qualities:

3. FIRM BACKGROUND AND STAFF

Year present firm established _____

Name of parent company, if any _____

Address _____

List principals of firm _____

Former company name(s), if any, and year(s) established:

Name _____ Year _____

Name _____ Year _____

Name _____ Year _____

Number of employees in firm locally: _____

Total of employees in firm (all office locations): _____

Who will be your designated representative assigned to Celina ISD? _____

Who is the senior member of the firm assigned to Celina ISD? _____

Number of persons with firm: _____

Architects _____ Engineers _____ Draftsmen _____ Administrators _____

4. PROFESSIONAL SERVICES (DISCIPLINES) PROVIDED BY FIRM

Please check all services applicable to your firm:

- | | | |
|-----------------------------|------------------------|-----------------------------------|
| Architectural/Planning | Acoustical engineering | Civil engineering |
| Construction administration | Design | District facility master planning |
| Electrical engineering | Engineering | Mechanical engineering |
| Structural engineering | Other | |

Other _____

Who would your firm propose as a consultant for the following areas and how long have you worked with these consultants?

A. Structural: _____

B. Mechanical: _____

C. Landscaping: _____

D. Acoustical: _____

E. Civil: _____

Summarize services provided to the owner as part of the basic services:

Does your firm include complete educational specifications/program designs as part of your basic services to the district in complete bound document form?

_____ Yes _____ No

Describe the manner in which the firm will work with the district, or its designee, to define the education specification/program and to create the design.

Other advantages offered by the firm that would be of benefit to Celina ISD.

Describe technology expertise and experience your firm offers _____

5. PROFESSIONAL LIABILITY INSURANCE

Describe limits per project _____

Describe limits in aggregate _____

Describe deductible _____

Have you had any claims asserted against you within the last five years? _____

If yes, provide details of each claim. _____

6. EXPERIENCE PROFILE

List the total number of projects for the last five years, including renovations and additions:

	Project Type	New Construction	Renovation/Addition
A.	Elementary Schools		
B.	Middle Schools		
C.	9 th or 10 th Grade Schools		
D.	High Schools		
E.	Administrative Facilities		
F.	Athletic facilities/gyms/field houses		
G.	Auditoriums		
H.	Stadiums		
I.	Transportation / Nutrition Service Centers		
J.	Specialized educational facilities (list any type of educational facility not listed above)		

State number of firm’s school projects and school construction dollars for each of the following years:

2020 _____ \$ _____ 2022 _____ \$ _____
 2021 _____ \$ _____ 2023 _____ \$ _____

7. SPECIALIZED SERVICES/SUPPLEMENTAL SERVICES

Check the services your firm provides and whether included in the basic services or available for an additional fee.

	Basic	Additional
Americans with Disabilities Act audit/review ADA	_____	_____
Facility plans	_____	_____
Acoustical evaluation	_____	_____
Energy audits	_____	_____
Environmental/hazardous materials inspections	_____	_____
Life safety system	_____	_____
Communications systems design	_____	_____
Site planning/site selections	_____	_____
Landscape design	_____	_____
Interior design	_____	_____
Technology infrastructure design	_____	_____
Bond issue assistance/planning & coordination	_____	_____
District-wide facilities condition assessment	_____	_____
Feasibility studies	_____	_____
Other _____	_____	_____

8. PROJECT REFERENCES

Please list five completed education-related projects that would be representative of your firm’s work and services provided within the last three years.

Total number of school district clients in the past three years _____

- A. Project _____
District _____
Contact person/title _____
Phone number _____
Scope of Project _____

- B. Project _____
District _____
Contact person/title _____
Phone number _____
Scope of Project _____

- C. Project _____
District _____
Contact person/title _____
Phone number _____
Scope of Project _____

- D. Project _____
District _____
Contact person/title _____
Phone number _____
Scope of Project _____

- E. Project _____
District _____
Contact person/title _____

Phone number _____

Scope of Project _____

9. CURRENT CLIENTS

Please list three of your current school district clients whose projects reflect the scope of your present workload.

A. Projects _____

District _____

Contact person/title _____

Phone number _____

Project description _____

B. Projects _____

District _____

Contact person/title _____

Phone number _____

Project description _____

C. Projects _____

District _____

Contact person/title _____

Phone number _____

Project description _____

10. CAD CAPABILITIES

Would 100% of construction documents be on CAD? _____

If not, what percent of work would be on CAD? _____

Describe percentage of work _____

At the conclusion of the project, would your firm transmit to the district drawings, specifications, CAD software, etc., for the district's use?

_____ Yes

_____ No

Would your firm grant to the district the license to reproduce any and all documents, including drawings, specifications, CAD software, etc., for purposes of future maintenance of the building, future alterations to the building, or future additions to the building by another architect, assuming the architect for the addition/renovations would be liable for the addition/renovation?

_____ Yes

_____ No

11. Please attach any additional information and/or brochures that would provide additional information about your firm in relation to this request.

12. APPLICATION SIGNATURE:

Until a contract resulting from this process is executed, no employee, agent or representative of any professional services provider shall make available or discuss it's proposal with the media in any form, electronic or printed, and elected or appointed official or officer of the District, or any employee, agent or other representative of the District, unless specifically allowed to do so by the District.

The information contained herein is true and accurate to the best of my knowledge. By signing below, the firm agrees to allow Celina ISD to check references given and that the information regarding the size and scope of each project is accurate. Further, the signature below certifies that this Qualification Statement has been completed with no consultation, collaboration or conversation with other firms competing on the same project.

NAME (Please print or type)

TITLE

DATE

SIGNATURE of FIRM'S CONTACT PERSON