

# Consultant Required Information Form

To complete the online Required Information Form you will need to have the following information:

1. Oregon Secretary of State Corporation Division Registry Number  
(found here: [http://egov.sos.state.or.us/br/pkg\\_web\\_name\\_srch\\_inq.login](http://egov.sos.state.or.us/br/pkg_web_name_srch_inq.login))
2. Federal Tax Identification Number
3. MWESB Certification Numbers if applicable
4. Discipline Packets. Your discipline packets must include the information requested in the Professional Consultant Request for Proposal (posted here: <http://bid.oregonstate.edu>).

**DISCIPLINE PACKETS MUST BE A TEXT ONLY DOCUMENT. NO PHOTOS, GRAPHICS, DRAWINGS, DESIGNS OR ANY OTHER WORK PRODUCT SHOULD BE INCLUDED. EACH DISCIPLINE PACKET IS LIMITED TO 10MB IN SIZE.**

As the final step of your electronic Required Information Form you must sign the Proposer Signature Page. You will receive an email upon successful submission of your Proposal.

## Company Information

Company Name

Tax Identification Number ("xx-xxxxxxx" or "xxx-xx-xxxx")

OR Secretary of State Business Registration Number ("xxxxxx-xx")

## Business Designation

- Corporation       Partnership       Sole Proprietorship  
 Governmental/Non-Profit       Limited Partnership       Limited Liability Company

## Street Address

Address (line 1):

Address (line 2):

City:

State:

Zip:

Office Phone:

Fax:

E-mail:

**(all emails relating to the Retainer Contract will be sent to this email address)**

**Mailing Address (if different from Street)**

Address (line 1):

Address (line 2):

City:

State:

Zip:

**Contact Person**

Name:

Title:

Phone:

E-mail:

**Authorized Signers**

Please list all authorized signers:

		▲
		■
		▼
◀	■	▶

## Minority, Women and Emerging Small Business

Please indicate whether your company is an Oregon Disadvantaged Business Enterprise, Minority Business Enterprise, Women Business Enterprise, or Emerging Small Business.

- Disadvantaged Business Enterprise  
Certification Number  or  Self-reported
- Minority Business Enterprise  
Certification Number  or  Self-reported
- Women Business Enterprise  
Certification Number  or  Self-reported
- Emerging Small Business  
Certification Number  or  Self-reported

## Disciplines

Check each Discipline your firm seeks to provide below. Please only include those disciplines performed directly by your firm's staff. Do not check disciplines that you would obtain through a subcontract.

Note: On the next page you will be asked to upload one Discipline Packet for each Discipline selected.

- |  |  |
|--|--|
| <input type="checkbox"/> Acoustical Engineer   | <input type="checkbox"/> Civil Engineer          |
| <input type="checkbox"/> Aerial Photographer   | <input type="checkbox"/> Commercial Appraiser    |
| <input type="checkbox"/> Arborist              | <input type="checkbox"/> Commissioning Agent     |
| <input type="checkbox"/> Archeologist          | <input type="checkbox"/> Communications Engineer |
| <input type="checkbox"/> Architect             | <input type="checkbox"/> Construction Inspector  |
| <input type="checkbox"/> Architectural Planner | <input type="checkbox"/> Construction Manager    |
| <input type="checkbox"/> CADD Technician       | <input type="checkbox"/> Corrosion Engineer      |
| <input type="checkbox"/> Cartographer          | <input type="checkbox"/> Cost Engineer/Estimator |
| <input type="checkbox"/> Chemical Engineer     | <input type="checkbox"/> Ecologist               |

- Electrical Engineer
- Electronics Engineer
- Energy Analyst
- Environmental Engineer
- Environmental Scientist
- Fire Protection Engineer
- Forensic Engineer
- Foundation/Geotechnical Engineer
- Geodetic Surveyor
- Geographic Information System Specialist
- Geologist
- Health Facility Planner
- Hydraulic Engineer
- Hydrographic Surveyor
- Hydrologist
- Industrial Engineer
- Industrial Hygienist
- Interior Designer
- Land Surveyor
- Landscape Architect
- Materials Engineer
- Materials Handling Engineer
- Mechanical Engineer
- Planner: Urban/Regional/Land Use
- Project Manager
- Project Site Cultural Monitor
- Remote Sensing Specialist
- Risk Assessor
- Safety/Occupational Health Engineer
- Sanitary Engineer
- Scheduler
- Security Specialist
- Soils Engineer
- Special Inspections & Testing (includes Testing and Balancing "TAB" Services)
- Specifications Writer
- Structural Engineer
- Technician/Analyst
- Transportation Engineer
- Value Engineer
- Water Resources Engineer
- Other

**Consultant Experience**

Has your company been in business for a minimum of five (5) consecutive years?

- Yes       No

Do the principals/owners of the company have 5 consecutive years of experience providing professional consulting services in the applicable discipline?

- Yes       No

Please provide experience information below.

Name of Employer of each Principal/Owner	Time Period	Type of Experience
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Ability to Respond**

Check all geographical areas within Oregon in which you are willing to work.

- |  |  |
|--|--|
| <input type="checkbox"/> All sites within Oregon | <input type="checkbox"/> La Grande                 |
| <input type="checkbox"/> Ashland                 | <input type="checkbox"/> Monmouth                  |
| <input type="checkbox"/> Corvallis               | <input type="checkbox"/> Portland                  |
| <input type="checkbox"/> Eugene                  | <input type="checkbox"/> Other miscellaneous sites |
| <input type="checkbox"/> Klamath Falls           |  |

Are you willing to respond to work requests within a reasonable amount of time, generally one to two weeks?

- Yes  No

### Legal Compliance

Proposer affirms that it shall perform Services in conformance with all federal, state, county, and local laws, statutes, rules, regulations, ordinances and any other laws imposed by authorities having jurisdiction over Consultant's Services, including any laws applicable to Consultant's Services and this Retainer Contract.

- Yes  No

Have you read the Request for Proposal for Professional Consultant Services?

- Yes  No

Do you understand the conditions and requirements as outlined in the Request for Proposal?

- Yes  No

If selected, do you agree to the terms and conditions of the Retainer Contract exactly as written? (No changes to the contract will be accepted.)

- Yes  No

When applicable or required by OSU, is your firm willing to comply with all requirements of Prevailing Wage Rate (PWR) law?

- Yes  No

### Insurance Coverage

As a condition precedent to the effectiveness of each Supplement, Consultants must provide proof of the required insurance coverages listed below (note: OSU may require different amounts or types of coverage for specific projects, at its sole discretion). Please mark "Yes" for each question below if your firm will be able to provide proof of the insurance coverage listed, when applicable:

Workers Compensation - All employers, including Consultant, that employ subject workers who work under a Supplement in the State of Oregon shall comply with ORS 656.017 and provide the required Workers' Compensation coverage, unless such employers are exempt under ORS 656.126.

- Yes  No  N/A

Commercial General Liability - Consultant shall obtain, and keep in effect at Consultant's expense for the term of the Supplement, Commercial General Liability Insurance covering bodily injury and property damage, as applicable. Consultant shall provide proof of insurance in an amount not less than \$1,000,000 per claim and \$2,000,000 per occurrence in a form satisfactory to Owner (unless indicated otherwise on the Supplement).

- Yes       No       N/A

Commercial Automobile Liability - Consultant shall obtain, at Consultant's expense, and keep in effect during the term of the Supplement, Automobile Liability Insurance covering owned, and/or hired vehicles, as applicable. The coverage may be written in combination with the Commercial General Liability Insurance. Consultant shall provide proof of insurance in an amount not less than \$1,000,000 per claim and \$2,000,000 per occurrence in a form satisfactory to Owner (unless indicated otherwise on the Supplement).

- Yes       No       N/A

Professional Liability / Errors & Omissions – Consultant shall obtain, at Consultant's expense, and keep in effect during the term of the Supplement, Professional Liability / Errors & Omissions coverage. Consultant shall provide proof of insurance in an amount not less than \$1,000,000 per claim and \$2,000,000 per occurrence in a form satisfactory to Owner (unless indicated otherwise on the Supplement).

- Yes       No       N/A

**Contracting with other State of Oregon Public Agencies**

If selected, are you willing to perform work for other State of Oregon Public Contracting Agencies within the Retainer Contract program?

- Yes       No

## Schedule of Charges

Please input the hourly rate of compensation for each title/position within your firm that may be assigned to work on projects. The hourly compensation entered below (by title/position) shall be effective for the term of the Retainer Contract.

Title/Positions may not include an identification by name. **Enter a single hourly rate for each position. Ranges (such as "80 - 90") are not acceptable.** (As an example- Consultant should enter: "Partner" in the Title/Position column and "100" in the Hourly Compensation column).

Title/Position	Hourly Compensation
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

## PROPOSER SIGNATURE PAGE TAX LAWS AND NON-DISCRIMINATION CERTIFICATION

The Proposer Signature Page (PSP) must be returned to the OUS using an electronic signature as set forth below. INCOMPLETE PROPOSALS WILL BE REJECTED.

By the electronic signature below of its authorized representative, Consultant acknowledges having read and understood the Request for Proposal (RFP) for Professional Consulting Services. Consultant certifies that all the information provided on this form is true to the best of its knowledge, and that if awarded a Retainer Contract, agrees to be bound by its terms and conditions and by the representations made in this Proposal. This Professional Consulting Services Required Information Form will become part of the Retainer Contract and any misrepresentations found in the information provided on this form will result in termination of the Retainer Contract. Consultant certifies that it has not discriminated against minority, women or emerging small business enterprises in obtaining any required subcontracts.



**Certificate of Compliance with Tax Laws**

I, the undersigned, (Check one)

hereby certify under penalty of perjury as provided in ORS 305.385(6), that, I am not in violation of any Oregon tax laws as described in ORS 305.380(4).  hereby certify under penalty of perjury that I am authorized to act on behalf of Consultant, and affirm, under penalty of perjury as provided in ORS 305.385(6), that, to the best of my knowledge; Consultant is not in violation of any Oregon tax laws described in ORS 305.380(4).

The undersigned certifies under penalty of perjury, that: the undersigned is authorized to act on behalf of Consultant, and that Consultant is, to the best of the Consultant's knowledge, not in violation of any Oregon Tax Laws. For purposes of this certification, "Oregon Tax Laws" means a state tax imposed by ORS 401.792 to 401.816; and chapters, 118, 314, 316, 317, 318, 320, 321, 323, and ORS 310.630 to 310.706; and any other local taxes administered by the Department of Revenue under ORS 305.620.

**Business Designation**

- Corporation
- Partnership
- Sole Proprietorship
- Governmental/Non-Profit
- Limited Partnership
- Limited Liability Company

Tax Identification Number

**By typing my name in the electronic signature field, I am agreeing to conduct business electronically with Oregon State University. I understand that transactions and/or signatures in records may not be denied legal effect solely because they are conducted, executed, or prepared in electronic form and that if a law requires a record or signature to be in writing, an electronic record or electronic signature satisfies that requirement.**

SIGNATURE OF AUTHORIZED REPRESENTATIVE

Name

Title

Digitally Sign (retype your name) /s

Date