

Please complete this form at:

<https://reserve.cpd.oregonstate.edu/ConsultantRIF>

Required Information Form

Welcome to the Oregon State University Professional Consultants Reserve Program Required Information Form (RIF) for 2019-2023. Please remember that you need to complete the entire RIF, or your submission will be rejected as incomplete.

The RIF should be completed by an authorized representative that may bind your company in contract. Before you begin the submission process, please READ the entire [Request for Qualifications](#). In order to complete the RIF, you will need to provide 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)
2. Federal Tax Identification Number
3. MWESB Certification Numbers if applicable

Once you have submitted the form, you will receive an email with a PDF copy of the sample Reserve Contract for your records. The email also serves as confirmation that your submission has been received.

<p>* Company Name <input type="text"/></p>
<p>* Tax Identification Number ("xx-xxxxxxx" or "xxx-xx-xxxx") <input type="text"/></p>
<p>* OR Secretary of State Business Registration Number ("xxxxxx-xx") <input type="text"/></p>
<p>* Business Designation</p> <ul style="list-style-type: none"><input type="radio"/> Corporation<input type="radio"/> Partnership<input type="radio"/> Sole Proprietorship<input type="radio"/> Governmental/Non-Profit<input type="radio"/> Limited Partnership<input type="radio"/> Limited Liability Company

Street Address

* **Address (line 1):** 

Address (line 2):

* **City:**

* **State:**

* **Zip:**

* **Office Phone:**

Fax

* **E-mail:**

(all emails relating to the Reserve 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

* **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, Emerging Small Business, or Disabled Service Veteran.

*** 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

*** Disabled Service Veteran**

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.

- Acoustical Engineer
- Aerial Photographer
- Arborist
- Archeologist
- Architect
- Architectural Planner
- CADD Technician
- Cartographer
- Chemical Engineer
- Civil Engineer
- Commercial Appraiser
- Commissioning Agent
- Construction Inspector
- Construction Manager
- Corrosion Engineer
- Cost Engineer/Estimator
- Electrical Engineer
- Energy Analyst
- Environmental Engineer

- Environmental Scientist
- Fire Protection Engineer
- Forensic Engineer
- Foundation/Geotechnical Engineer
- Geographic Information System Specialist
- Geologist
- Hydraulic Engineer
- Hydrographic Surveyor
- Hydrologist
- Industrial Engineer
- Industrial Hygienist
- Information Systems Engineer
- Interior Designer
- Laboratory Planner
- Land Surveyor
- Landscape Architect
- Materials Engineer
- Mechanical Engineer
- Planner: Urban/Regional/Land Use
- Project Manager
- Remote Sensing Specialist
- Risk Assessor

- Safety/Occupational Health Engineer
- Scheduler
- Security Specialist
- Soils Engineer
- Special Inspections & Testing (includes Testing and Balancing "TAB" Services)
- Specifications Writer
- Structural Engineer
- 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

Ability to Respond

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

- All sites within Oregon

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

- Yes
- No

Legal Compliance

* Respondent 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 Reserve Contract.

- Yes
- No

* Have you read the Request for Qualifications for Professional Consultant Services?

- Yes
- No

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

- Yes
- No

* Do you accept the terms and conditions of the Reserve Contract exactly as written? (The terms of the Reserve Contract are not negotiable)

- 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. Consultant shall provide proof of insurance in an amount not less than \$2,000,000 per occurrence and \$4,000,000 aggregate 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 occurrence or accident 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 \$2,000,000 per occurrence and \$4,000,000 aggregate in a form satisfactory to Owner (unless indicated otherwise on the Supplement).**

- Yes
- No
- N/A

Reserve Contract For Professional Consulting Services Through Oregon State University

Schedule of Charges

Provide 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 Reserve 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).

Do not enter any ".", ",", "()" or any other non-numerical character in Hourly Compensation Field.

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"/>

RESPONDENT SIGNATURE PAGE AND NON-DISCRIMINATION CERTIFICATION

In order to complete the Response, furnish an electronic signature. INCOMPLETE RESPONSES WILL BE REJECTED.

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

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 <input type="text"/>
*	Title <input type="text"/>
*	Digitally Sign (retype your name) <input type="text"/> /s
*	Date <input type="text"/>