**Houston Endowment Headquarters International Design Competition**

**Application Form**

Please complete the Application Form below. This Form is to be completed by all members of the proposed design team (NB: Architect and Landscape Architect).

Should you be shortlisted to go forward to Stage Two, additional team members will also be required to complete this Form. Shortlisted teams at Stage Two must include an architect registered in the State of Texas, who it is assumed will have the contractual relationship with the client for this project.

**Q1 – Company Information**

Please provide the following details regarding your company:

|  |  |  |
| --- | --- | --- |
| **Question No.** | **Question** | **Response** |
| 1(a) | Company Name |  |
| 1(b) | Registered office address |  |
| 1(c) | Registered website address |  |
| 1(d) | Company registration number |  |
| 1(e) | If applicable, is your organization registered with the appropriate professional or trade register(s) in the member state where it is established? |  |
| 1(f) | If you responded yes to 1(e), please provide the relevant details, including the registration number(s). |  |
| 1(g) | Contact details for this application, including:   1. Contact Name 2. Role in Organization 3. Phone Number 4. Email Address |  |
| 1(h) | Are you registered in the State of Texas? |  |
| 1(i) | If you respond no to 1(h), please confirm you can comply with this requirement if you move forward to Stage Two of the competition (i.e. by the inclusion of an architect registered in the State of Texas within your design team). |  |

**Q2 – Litigation and Claims History**

Please complete the table below. If there are no claims, please state ‘Not Applicable’.

|  |  |  |
| --- | --- | --- |
| **Question No.** | **Question** | **Response** |
| 2(a) | Please provide a detailed description of claims made under the firm’s insurance policies for the past ten years. |  |
| 2(b) | Please provide a detailed description of litigation (including all arbitrations/mediations and claims resolved prior to suit) in which the firm has participated as a party for the past ten years (including a statement of the nature of the claim, the parties and respective roles involved, and the outcome of the claim, suit, award or judgment). |  |
| 2(c) | Please provide a statement as to any claims, judgments, legal proceedings, or suits pending against the firm, its employees, professionals, principals, and consultants. |  |
| 2(d) | Please confirm your agreement that all disputes and claims relating to the project will be interpreted and governed in accordance with the law of the State of Texas. |  |

**Q3 – Insurances**

Competitors should also note that, should they be successful, they must have or be willing to obtain the levels of insurance noted below on policy forms used and acceptable for projects in the United States (all following limits shown in USD).

The winning design team shall maintain insurance coverage in compliance with the requirements of Houston Endowment, and shall meet all national and local regulatory requirements. The following types and amounts of coverage constitute a minimum level of coverage. The detailed terms of such coverage shall be negotiated and/or validated upon contract award.

Please identify your current insurance coverage and confirm the intent and ability to secure additional coverage as necessary to meet the minimum coverage identified below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Question No.** | **Insurance Type** | **Cover Required** | **Confirmation of Current Cover Level / Commitment to Obtain** |
| 3(a) | Commercial General Liability Insurance | $1,000,000 per Occurrence and $2,000,000 Aggregate including $2,000,000 Aggregate for Completed Operations |  |
| 3(b) | Professional Liability Insurance | $3,000,000 per Occurrence and $6,000,000 Aggregate with a provision that coverage shall be maintained for at least three years past the completion date of the project. Competitors will be requested to provide pricing for maintained coverage for ten (10) years after completion of the Project as an alternate. |  |
| 3(c) | Worker’s Compensation Insurance | State of Texas Statutory limits for medical and indemnity claims, plus $1,000,000 of Employer’s Liability |  |
| 3(d) | Automobile Insurance | $1,000,000 per Accident |  |
| 3(e) | Excess Liability or Umbrella Liability | $5,000,000 per Occurrence and $5,000,000 Aggregate to provide coverage in excess of all but the Professional Liability shown above |  |

**Q4 – References**

Please provide references for three past projects and up to two currently in design. The references you provide below should be those for the example projects used in your response to Q2 – Relevant Experience of the Search Statement.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contract 1 – Past Project** | **Contract 2 – Past Project** | **Contract 3 – Past Project** |
| **Name of Client Organization** |  |  |  |
| **Point of Contact in the Organization** |  |  |  |
| **Position in the Organization** |  |  |  |
| **E-mail Address** |  |  |  |
| **Description of Contract** |  |  |  |
| **Contract Start Date** |  |  |  |
| **Contract Completion Date** |  |  |  |
| **Estimated Contract Value** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Contract 1 – Current Project** | **Contract 2 – Current Project** | **Other** |
| **Name of Client Organization** |  |  |  |
| **Point of Contact in the Organization** |  |  |  |
| **Position in the Organization** |  |  |  |
| **E-mail Address** |  |  |  |
| **Description of Contract** |  |  |  |
| **Contract Start Date** |  |  |  |
| **Contract Completion Date** |  |  |  |
| **Estimated Contract Value** |  |  |  |

**Q5 – Conflicts of Interest**

Entrants must provide details of any actual, perceived or potential conflicts of interest which entrants, including members of entrants’ families, may have in doing business with Houston Endowment. Houston Endowment will assess non-compliance on a case-by-case basis and reserves the right to discard any submissions where there is an identified conflict of interest which cannot be resolved.

Family member means a spouse, ancestors, children, grandchildren, great-grandchildren or spouses of children, grandchildren, or great-grandchildren regardless of where they live and regardless of age.

You must provide details of any actual, perceived or potential conflicts of interest, relationships or clients which may cause a conflict of interest or potential conflict of interest and actions to prevent or manage the conflicts of interest.

|  |  |  |
| --- | --- | --- |
| **Question No.** | **Question** | **Response** |
| 5(a)(1) | Are you aware of any **actual** conflict of interest concerning the commercial, financial or other interests of Houston Endowment which may compromise the conduct of this procurement exercise and/or the performance of the contract? |  |
| 5(a)(2) | Are you aware of any **perceived** conflict of interest concerning the commercial, financial, or other interests of Houston Endowment which may compromise the conduct of this procurement exercise and/or the performance of the contract? |  |
| 5(a)(3) | Are you aware of any **potential** conflict of interest concerning the commercial, financial, or other interests of Houston Endowment which may compromise the conduct of this procurement exercise and/or the performance of the contract? |  |
| 5(b) | If your answer to 5(a)(1), (2) or (3) was ‘Yes’, please provide details. |  |
| 5(c) | Please list any other relationships you would like to disclose not included in the aforementioned scenarios of which you are aware, and you believe may cause a perceived conflict of interest or potential conflict of interest. |  |

**Q6 – Declaration**

I declare that to the best of my knowledge the answers submitted, and information contained in this document, are correct and accurate.

I declare that, upon request and without delay I will provide any certificates or documentary evidence referred to in this document.

I understand that the information will be used in the selection process to assess my organization’s suitability to be invited to participate further in this procurement process (design competition).

I understand that Houston Endowment may reject this submission in its entirety if there is a failure to answer all the relevant questions fully, or if false/misleading information or content is provided in any section.

I declare that, I will report any other situation that constitutes or might constitute a conflict of interest that may develop after submittal of this application to Malcom Reading Consultants.

I am aware of the consequences of serious misrepresentation.

|  |  |  |
| --- | --- | --- |
| **Question No.** | **Question** | **Response** |
| 6(a) | Contact Name |  |
| 6(b) | Name of Organization |  |
| 6(c) | Role in Organization |  |
| 6(d) | Phone Number |  |
| 6(e) | E-mail Address |  |
| 6(f) | Postal Address |  |
| 6(g) | Signature (electronic is acceptable) |  |
| 6(h) | Date |  |