

# STATEMENT OF QUALIFICATIONS

## PART I – CONTRACT SPECIFIC QUALIFICATIONS

### A. CONTRACT INFORMATION

1. PROJECT TITLE AND LOCATION (City and State) Scheduling Consultant List	
2. ANNOUNCEMENT DATE March 4, 2011	3. PROJECT NUMBER DAS-11S888

### B. FIRM POINT OF CONTACT

4. PROJECT REPRESENTATIVE NAME AND TITLE Amy B. Aho, Managing Partner/ Principal		5. PRESIDENT / CEO Amy B. Aho
6. NAME OF FIRM Project Planning Solutions, LLC		
7. TELEPHONE NUMBER 614-562-3403	8. FAX NUMBER 614-833-9795	9. E-MAIL ADDRESS Amy.aho@project_planning_solutions.com
10. COUNTY Franklin	11. FTID NUMBER [REDACTED]	12. WEB ADDRESS www.project_planning_solutions.com

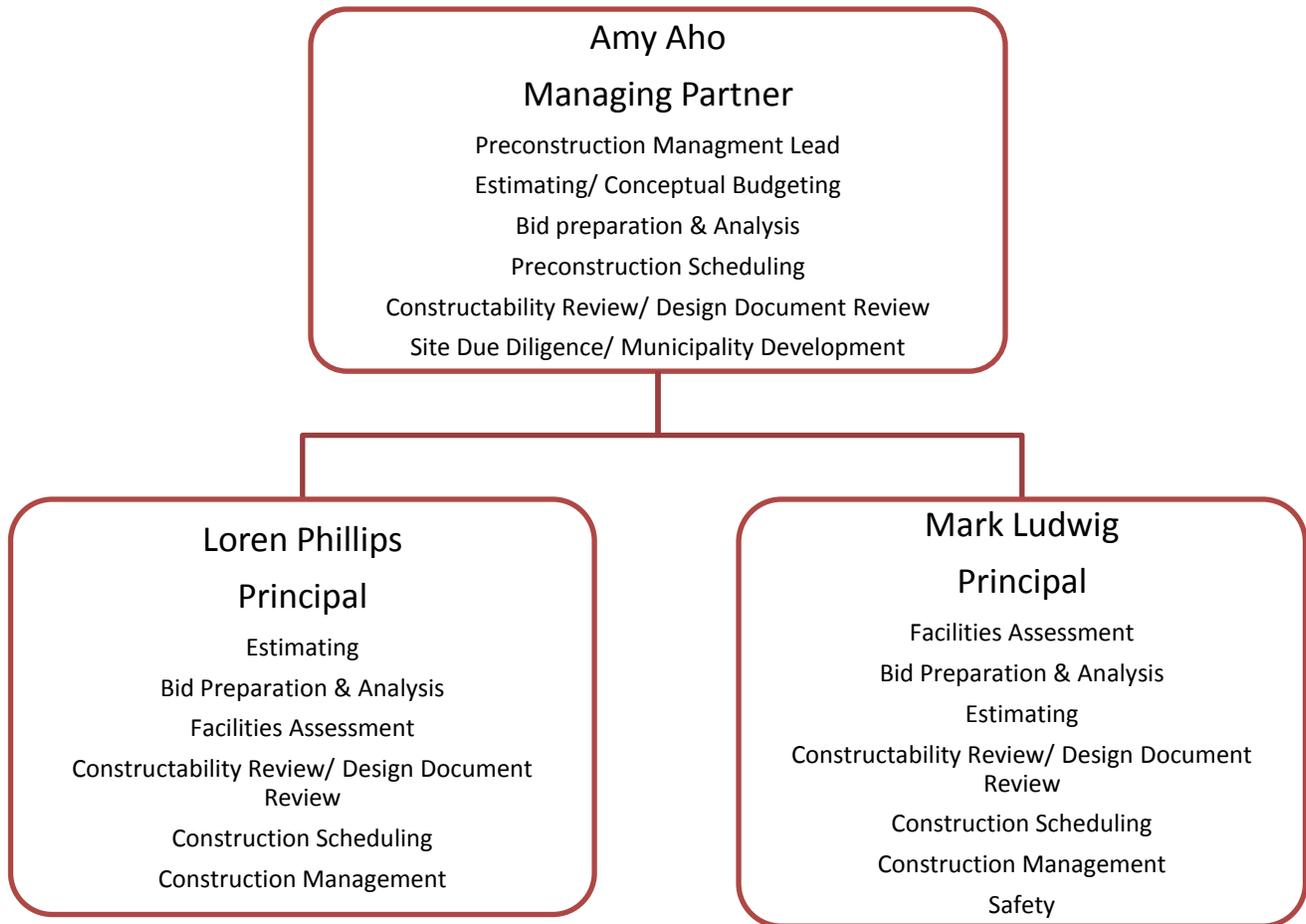
### C. PROPOSED TEAM

*(Complete this section for the lead firm or joint venture partners, and all key consultants.)*

(Check)				13. FIRM NAME	14. ADDRESS	15. ROLE IN THIS CONTRACT
	Lead Firm	JV Partner	Consultant			
a.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project Planning Solutions, LLC  <input checked="" type="checkbox"/> Check if EDGE certified	25 East Mound St. Canal Winchester, OH 43110  <input type="checkbox"/> Check if branch office    ___ Miles from project site	Scheduling Consultant Lead
b.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	  <input type="checkbox"/> Check if EDGE certified	  <input type="checkbox"/> Check if branch office	
c.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	  <input type="checkbox"/> Check if EDGE certified	  <input type="checkbox"/> Check if branch office	
d.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	  <input type="checkbox"/> Check if EDGE certified	  <input type="checkbox"/> Check if branch office	
e.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	  <input type="checkbox"/> Check if EDGE certified	  <input type="checkbox"/> Check if branch office	
f.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	  <input type="checkbox"/> Check if EDGE certified	  <input type="checkbox"/> Check if branch office	

INSERT ORGANIZATIONAL CHART BELOW OR ATTACH.

# Project Planning Solutions, LLC



**E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT**

*(Complete one Section E for each key person.)*

16. NAME Amy B. Aho	17. ROLE IN THIS CONTRACT Scheduling Lead	18. YEARS EXPERIENCE	
		a. TOTAL 28	b. WITH CURRENT FIRM 1.8
19. FIRM NAME AND LOCATION (City and State) Project Planning Solutions, LLC, Canal Winchester, OH 43110			
20. EDUCATION (DEGREE AND SPECIALIZATION) B.S. Interior Design		21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)	
22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.) NCIDQ			

**23. RELEVANT PROJECTS (Up to a maximum of 5 samples)**

	(1) TITLE AND LOCATION (City and State)	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)
		PROFESSIONAL SERVICES	CONSTRUCTION (If applicable)	
a.	OSU Carepoint East Taylor Ave. Columbus, OH	2011	2011	1
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input checked="" type="checkbox"/> Check if project performed with current firm Performed services as Scheduling Consultant for Elford, Inc., the General Contractor on the project. Services included initial baseline schedule plus monthly updates, and attendance at weekly project meetings. Interaction with subcontractors to produce schedule was required, as well as monthly meeting with project superintendent to update the schedule.				
b.	Broad & High St. Columbus, OH	2004	2007	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Planned addition and renovation of high rise building at corner of Broad and High Streets in downtown Columbus in conjunction with architect. Performed facility assessment, conceptual budgeting, estimating, value analysis, bid preparation, bid analysis, bid award. Project budget was \$10,000,000.				
c.	Crossroads Development Gahanna, OH	1998	2000	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Budgeted, designed, and planned office park over 62 acres. Performed municipality development role, wrote park covenant and deed restriction language. Wrote bid preparation documents, and performed bid analysis, bid award, value analysis, and construction management functions. Budget was approximately \$4,000,000.				
d.	Kinsale Golf & Fitness Powell, OH	2002	2003	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Estimated and performed value engineering services for community center containing fitness, restaurant, meeting, day care, swimming pool and golf center functions. Budget was approximately \$7,000,000.				
e.	Hocking College New Residence Hall Nelsonville, OH	2004		
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Performed preconstruction services role in conjunction with architect of record. Participated in design meetings, budgeted, estimated, scheduled, and prepared bid documents. Budget was approximately \$9,000,000.				

**E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT**

*(Complete one Section E for each key person.)*

16. NAME Loren J. Phillips	17. ROLE IN THIS CONTRACT Estimator, Scheduler, Facilities Assessment Reviewer	18. YEARS EXPERIENCE	
		a. TOTAL 25	b. WITH CURRENT FIRM 1.75

19. FIRM NAME AND LOCATION (City and State)  
Project Planning Solutions, LLC, Canal Winchester, OH 43110

20. EDUCATION (DEGREE AND SPECIALIZATION)  
Southeast Career Center; Building Trades

21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)

22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.)

**23. RELEVANT PROJECTS (Up to a maximum of 5 samples)**

	(1) TITLE AND LOCATION (City and State)	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)
		PROFESSIONAL SERVICES	CONSTRUCTION (If applicable)	
a.	OSU Family Medicine Delaware, OH	PROFESSIONAL SERVICES 2008	CONSTRUCTION (If applicable)	
		(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Estimated and value-analyzed 30,000 SF mixed use medical facility. Budget was \$4 million.		
b.	Vinton County Job & Family Services McArthur, OH	PROFESSIONAL SERVICES 2005	CONSTRUCTION (If applicable) 2005	
		(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Estimated, bid, awarded, and performed construction management roles for 15,000 SF county office building. Budget was \$1 million.		
c.	Ohio Housing Finance Agency Columbus, OH	PROFESSIONAL SERVICES 2004	CONSTRUCTION (If applicable) 2004	
		(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Estimated, bid, awarded, and managed 20,000 SF office building renovation. Budget was \$900,000.		
d.	Children's Hospital Columbus, OH	PROFESSIONAL SERVICES 2002	CONSTRUCTION (If applicable) 2002	
		(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Estimated, bid, awarded and managed renovation of Emergency Department. Budget was \$1,500,000.		
e.	Ohio State Fair Poultry Buildings Columbus, OH	PROFESSIONAL SERVICES 2008	CONSTRUCTION (If applicable) 2008	
		(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <input type="checkbox"/> Check if project performed with current firm Estimated, value analyzed, bid, awarded and managed construction for extensive exterior renovations of Ohio State Fairgrounds exhibit buildings. Budget was \$2 million.		

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**

*(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)*

24. EXAMPLE PROJECT KEY NUMBER (1 – 10)  
1

25. TITLE AND LOCATION <i>(City and State)</i> OSU Carepoint East Columbus, OH	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2011	CONSTRUCTION (if applicable)

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER The Ohio State University (Elford, Inc.)	b. POINT OF CONTACT NAME Robert Butler	c. POINT OF CONTACT TELEPHONE NUMBER 614-488-4000
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Renovation of former Veteran's Administration Outpatient Center. Very short, 100-day schedule was to be designed and maintained by Project Planning Solutions, LLC. Services included initial baseline schedule, monthly updates, based upon subcontractor and project superintendent input. Weekly subcontractor and owner's project meetings were required. Schedule was designed and maintained using Suretrak Primavera.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)</i>		24. EXAMPLE PROJECT KEY NUMBER (1 – 10) 2
25. TITLE AND LOCATION <i>(City and State)</i> The Wood Company N. High Street Constructability/ Estimate Review Reynoldsburg, OH		26. YEAR COMPLETED PROFESSIONAL SERVICES 2009 CONSTRUCTION (if applicable)

27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Access Ohio (Dr. John Johnson)	b. POINT OF CONTACT NAME Heartland Bank (Stuart Schloss)	c. POINT OF CONTACT TELEPHONE NUMBER 614-337-4600

28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Project Planning Solutions, LLC performed a facility assessment on the 4-story plus partial basement structure located at 6400 East Broad Street, Columbus, Ohio. This facility survey was requested by Heartland Bank as a means to assess the bank's risk in providing a loan to finance the purchase of the building.

The direct purpose of PPS's evaluation was to evaluate the apparent condition of the exterior shell, interior, and building infrastructure, note any questionable conditions or signs of potential failure, and report all findings to Heartland Bank.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Facility Assessment
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**

*(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)*

24. EXAMPLE PROJECT KEY NUMBER (1 – 10)  
3

25. TITLE AND LOCATION <i>(City and State)</i> Manifold & Phalor, Inc. Constructability Review/ Estimate Review Canal Winchester, OH 43110	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2009	CONSTRUCTION (if applicable) 2010

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Manifold & Phalor	b. POINT OF CONTACT NAME Tom Creek	c. POINT OF CONTACT TELEPHONE NUMBER 614-866-6311
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Review of construction documents for new facility in Canal Winchester, Ohio. There was a disparity in cost between the original site design and the approved construction documents. Project Planning Solutions personnel reviewed the documents, estimate, and schedule, and interviewed the involved contractor and municipality representatives. They also walked the site and took spot survey elevations. It was confirmed that the site cost estimate was increased, but no reason could be found for the increase. Upon meeting with the general contractor/ developer, it was determined that cost overages in the storm water design were being assigned to this customer with his knowledge. The site being purchased by Manifold & Phalor had its own storm water retention area, and should not have been assigned to cover this cost overage. To alleviate the situation, the developer increased the offering of property acreage to the customer and reduced the cost of the site development by over \$100,000.

The total budget for the project was \$2.3 million, about \$500,000 of which was site construction.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Value Analysis
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**

*(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)*

24. EXAMPLE PROJECT KEY NUMBER (1 – 10)  
4

25. TITLE AND LOCATION <i>(City and State)</i> Highlands Park Design/ Estimate Review Westerville, OH	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2010	CONSTRUCTION (if applicable) 2011 TBD

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER City of Westerville	b. POINT OF CONTACT NAME Meyers & Associates (Chris Meyers)	c. POINT OF CONTACT TELEPHONE NUMBER 614-221-9433
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

On behalf of the City of Westerville, Project Planning Solutions, LLC was hired by the architect of record, Meyers & Associates, to evaluate the current design development documents to determine whether the project was still within budget and to value engineer some additional offerings within the project.

PPS, LLC evaluated the drawings as directed and determined that the project was still within budget, and value analyzed an additional \$1,500,000 in savings that could be used to include additional offerings within the project scope.

The total budget for the project was approximately \$7.3 million.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Value Analysis, Conceptual Estimating
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)</i>		24. EXAMPLE PROJECT KEY NUMBER (1 – 10) 5
25. TITLE AND LOCATION <i>(City and State)</i> Ohio State University Sullivant Hall Scheduling Columbus, OH		26. YEAR COMPLETED PROFESSIONAL SERVICES 2010 CONSTRUCTION (if applicable) 2013 TBD

27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER The Ohio State University	b. POINT OF CONTACT NAME Acock & Associates (Pete Confars)	c. POINT OF CONTACT TELEPHONE NUMBER 614-228-1586

28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

The Project directive was to design scheduling options for the renovation of Sullivant Hall on the OSU campus, and then to perform estimating services on the cost differential of the general conditions for each of the scheduling options for the project.

The schedule had 2 options: the first to allow the building to be occupied during the renovation period, and the second to relocate the dance department to another on-campus location during construction. It was determined that 6-8 months could be saved within the construction time period if the building were not occupied during the renovation.

The cost differential for general conditions evaluated such inclusions as temporary utilities, construction supervision, renovation of the temporary Dance Department housing, and project phasing. The realized savings for the different scenarios was estimated at between \$350,000 and \$500,000.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Scheduling, Cost Analysis
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

<b>F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT</b> <i>(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)</i>		24. EXAMPLE PROJECT KEY NUMBER (1 – 10) 6
25. TITLE AND LOCATION <i>(City and State)</i> 6400 East Broad St Facility Assessment Reynoldsburg, OH		26. YEAR COMPLETED PROFESSIONAL SERVICES 2009 CONSTRUCTION (if applicable)

27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Access Ohio (Dr. John Johnson)	b. POINT OF CONTACT NAME Heartland Bank (Stuart Schloss)	c. POINT OF CONTACT TELEPHONE NUMBER 614-337-4600

28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Project Planning Solutions, LLC performed a facility assessment on the 4-story plus partial basement structure located at 6400 East Broad Street, Columbus, Ohio. This facility survey was requested by Heartland Bank as a means to assess the bank's risk in providing a loan to finance the purchase of the building.

The direct purpose of PPS's evaluation was to evaluate the apparent condition of the exterior shell, interior, and building infrastructure, note any questionable conditions or signs of potential failure, and report all findings to Heartland Bank.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Construction Site Inspection
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**

*(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)*

24. EXAMPLE PROJECT KEY NUMBER (1 – 10)  
7

25. TITLE AND LOCATION <i>(City and State)</i> Whit's Frozen Custard Site Due Diligence/ Feasibility Study Gahanna, OH	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2010	CONSTRUCTION (if applicable) 2012 TBD

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Whit's Frozen Custard	b. POINT OF CONTACT NAME Chip Gordon	c. POINT OF CONTACT TELEPHONE NUMBER 614-418-9599
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Project Planning Solutions, LLC was retained to perform a site analysis study for a potential new location for Whit's Frozen Custard. As this would be a second location to complement the first store in Gahanna, the new site needed to be within 5 miles of the first. Sites along the Hamilton Road corridor between Morse Road and State Route 161 were identified by PPS, LLC as having the most potential due to the rapid growth in the area.

5 sites were then evaluated for cost, acreage quantity, access to a thoroughfare, and location of business competition.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Feasibility Study, Site Analysis
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE

**F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT**

*(Present as many projects as requested by the Contracting Authority, or a maximum of 10 projects, if not specified. Complete one Section F for each project.)*

24. EXAMPLE PROJECT KEY NUMBER (1 – 10)  
8

25. TITLE AND LOCATION <i>(City and State)</i> Green Street Surgery Center Facility Assessment/ Estimate of Repairs & Upgrades Columbus, OH	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2010	CONSTRUCTION (if applicable) 2011

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Mt. Carmel Heath Services	b. POINT OF CONTACT NAME Kelly Poggemeyer	c. POINT OF CONTACT TELEPHONE NUMBER 614-546-4100
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

Project Planning Solutions, LLC was retained to review the condition of the building known as the Green Street Surgery Center on the Mount Carmel West Hospital campus. A facility assessment took place over a weekend to allow the building occupants to continue operations during the work week, and then estimating services were performed to describe those costs needed to renovate and repair the building.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME Project Planning Solutions, LLC	(2) FIRM LOCATION <i>(City and State)</i> Canal Winchester, OH	(3) ROLE Facility Assessment, Estimating
b.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
c.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
d.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
e.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE
f.	(1) FIRM NAME	(2) FIRM LOCATION <i>(City and State)</i>	(3) ROLE



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## H. ADDITIONAL INFORMATION

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34a. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. ATTACH ADDITIONAL SHEETS AS NEEDED.

Project Planning Solutions, LLC can perform scheduling exercises utilizing either Suretrak Primavera version 3.0b, or Microsoft Project 2009.

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H. ADDITIONAL INFORMATION

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34b. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. ATTACH ADDITIONAL SHEETS AS NEEDED.

**PROPOSER AFFIRMATION AND DISCLOSURE**

The Lead Firm or Joint Venture (“Proposer”) acknowledges that by signing this Statement of Qualifications, that it affirms, understands, and will abide by the requirements of Executive Order 2010-09S issued by Ohio Governor Ted Strickland. If awarded a Contract, the Proposer affirms that both the Proposer and its Consultants shall perform no services requested under the Agreement outside of the United States. The Executive Order is available at the following Web site: <http://www.governor.ohio.gov/Default.aspx?tabid=1495>.

The Proposer shall provide the locations where services under the Contract will be performed in the spaces provided below or by attachment. Failure to provide this information as part of its Statement of Qualifications will cause the Proposer to be deemed non-responsive and no further consideration will be given to its Statement of Qualifications. If the Proposer will not be using Consultants, indicate “Not Applicable” in the appropriate spaces.

1. Principal business location of the Proposer:

**25 East Mound St.**  
Address

**Canal Winchester, OH 43110**  
City, State, Zip

2. Location where services will be performed by Proposer:

**25 East Mound St.**  
Address

**Canal Winchester, OH 43110**  
City, State, Zip

Locations where services will be performed by Consultants:

**Not Applicable**  
Address

City, State, Zip

**Not Applicable**  
Address

City, State, Zip

**Not Applicable**  
Address

City, State, Zip

3. Location where state data will be stored, accessed, tested, maintained, or backed-up, by Proposer:

**25 East Mound St.**  
Address

**Canal Winchester, OH 43110**  
City, State, Zip

**Or as directed by State**

Locations where state data will be stored, accessed, tested, maintained, or backed-up by Consultants:

**N/A**  
Address

City, State, Zip

**N/A**  
Address

City, State, Zip

**N/A**  
Address

City, State, Zip

