

# 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 11 S888

### B. FIRM POINT OF CONTACT

4. PROJECT REPRESENTATIVE NAME AND TITLE Brian Stewart	5. PRESIDENT / CEO William R Zollinger III, PE	
6. NAME OF FIRM R.V. Buric Construction Management Consultants, Inc.		
7. TELEPHONE NUMBER (440) 247-3700	8. FAX NUMBER (440) 247-5022	9. E-MAIL ADDRESS <a href="mailto:bstewart@buric.com">bstewart@buric.com</a>
10. COUNTY Geauga	11. FTID NUMBER [REDACTED]	12. WEB ADDRESS www.buric.com

### C. PROPOSED TEAM

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

(Check)	(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"/>	R.V. Buric Construction Management Consultants, Inc.  <input type="checkbox"/> Check if EDGE certified	300 Park Place Chagrin Falls, OH 44022  <input type="checkbox"/> Check if branch office    ___ Miles from project site	Scheduling and Planning
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	

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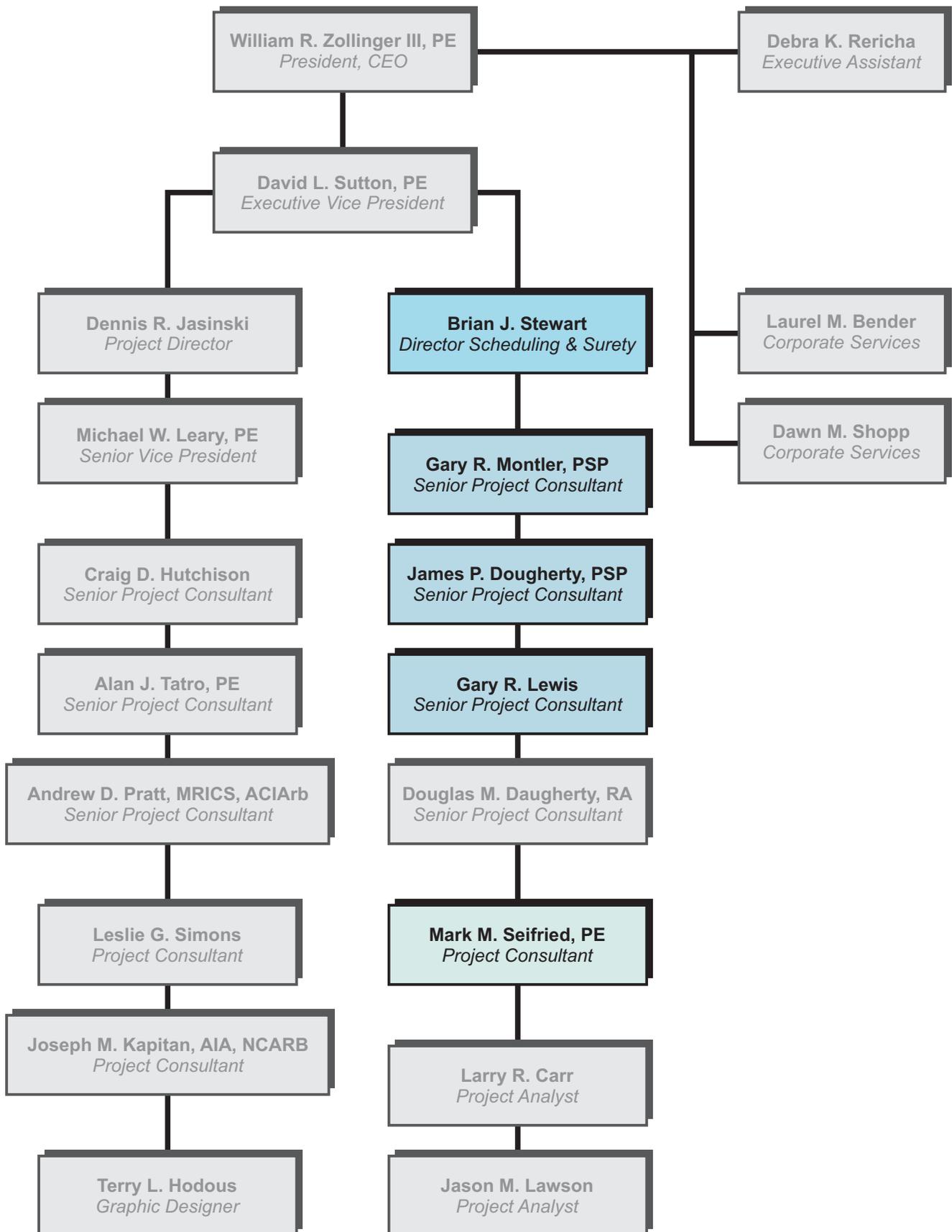
**D. ORGANIZATIONAL CHART OF PROPOSED TEAM**

*x (Attached)*

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INSERT ORGANIZATIONAL CHART BELOW OR ATTACH.

# BURIC'S ORGANIZATIONAL CHART OF PROPOSED TEAM



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

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

16. NAME Brian Stewart	17. ROLE IN THIS CONTRACT Lead Scheduler	18. YEARS EXPERIENCE		
		a. TOTAL 31	b. WITH CURRENT FIRM 31	
19. FIRM NAME AND LOCATION (City and State) R. V. Buric Construction Management Consultants, Inc., 300 Park Place, Chagrin Falls, OH 44022				
20. EDUCATION (DEGREE AND SPECIALIZATION) Cuyahoga Community College		21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)		
22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.) AACEI				
<b>23. RELEVANT PROJECTS (Up to a maximum of 5 samples)</b>				
a.	(1) TITLE AND LOCATION (City and State) Clarian Arnette Medical Center Lafayette, IN	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)  1
		PROFESSIONAL SERVICES 2008	CONSTRUCTION (If applicable) 2008	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE Baseline schedule preparation, monthly updating and progress monitoring, and change order impact analysis. \$130 million new hospital.				x Check if project performed with current firm
b.	(1) TITLE AND LOCATION (City and State) Wiley Dining Court – Purdue University Lafayette, IN	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)  2
		PROFESSIONAL SERVICES 2008	CONSTRUCTION (If applicable) 2008	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE New food preparation and food dining court. Baseline schedule preparation updating. \$17 million.				x Check if project performed with current firm
c.	(1) TITLE AND LOCATION (City and State) Cleveland Institute of Music Phased Renovations and Additions Cleveland, OH	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)
		PROFESSIONAL SERVICES 2008	CONSTRUCTION (If applicable) 2008	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE Phased additions and renovations at the Cleveland Institute of Music. Baseline Schedule preparation, schedule updating, and schedule impact analysis.				x Check if project performed with current firm
d.	(1) TITLE AND LOCATION (City and State) Hillcrest Hospital Major Campus Expansion Mayfield Heights, OH	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)  7
		PROFESSIONAL SERVICES 2011	CONSTRUCTION (If applicable) 2011	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE As the Owner's scheduling representative, Buric reviewed, analyzed, and approved the Construction Manager prepared baseline schedules and monthly schedule updates. In addition, Buric analyzed the C-M's schedules for potential schedule impacts resulting from design and user related changes.				x Check if project performed with current firm
e.	(1) TITLE AND LOCATION (City and State) Avon Family Health & Surgery Center Avon, OH	(2) YEAR COMPLETED		(3) EXAMPLE PROJECT KEY NUMBER (If included in Section F)  6
		PROFESSIONAL SERVICES 2011	CONSTRUCTION (If applicable) 2011	
(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE Developed the detailed cost and resource loaded baseline schedule for the Construction Manager. In addition acted as the Owner's scheduling representative to analyze the C-M's monthly schedule updates, and prepared 4D/BIM schedules and graphics.				x Check if project performed with current firm

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

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

16. NAME James Dougherty	17. ROLE IN THIS CONTRACT Scheduler	18. YEARS EXPERIENCE	
		a. TOTAL 26	b. WITH CURRENT FIRM 9
19. FIRM NAME AND LOCATION (City and State) R. V. Buric Construction Management Consultants, Inc., 300 Park Place, Chagrin Falls, OH 44022			
20. EDUCATION (DEGREE AND SPECIALIZATION) Purdue University		21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)	
22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.) PSP Certification – AACEI			

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

a.	(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)	
	University of Cincinnati MSB/CARE Cincinnati, OH	2008	2008	3
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;">x Check if project performed with current firm</span> Prepare detailed cost and resource loaded baseline schedule for \$130 million new construction and phased renovation at U/C's Medical College. Services include schedule updating, monitoring, and change order impact analysis.			
	New Reid Hospital Richmond, IN	2008	2008	4
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;">x Check if project performed with current firm</span> Developed baseline schedules and provided scheduling update services for 36 month hospital project. \$180 million.			
	Richmond International Airport North Parking Garage Expansion Richmond, VA	2010	2010	5
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;">x Check if project performed with current firm</span> Prepare the baseline schedule for a new 2,600 car CIP concrete parking garage at Richmond International Airport. Phase 2 work includes renovations to existing 2,600 car parking garage. Schedule services include monthly updating and design change schedule impact analysis.			
	University of Mary Washington Eagle Village Fredericksburg, VA	2010	2010	
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;">x Check if project performed with current firm</span> Developed a detailed baseline schedule for a new student residential village at the University of Mary Washington. The project included a new multi-story student housing facility, a mixed retail / parking facility, and a pedestrian bridge over a busy campus roadway. Services also included schedule updating and change order / impact analysis.			
	Cook CX Scheduling Bloomington, IN	2010	2010	
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;">x Check if project performed with current firm</span> On-site preparation of a detailed commissioning schedule that integrates the phased start up, testing, and FDA approval of a new injectable medicine production facility. Services also include weekly schedule updating and overall status monitoring.			

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

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

16. NAME Gary Montler	17. ROLE IN THIS CONTRACT Scheduler	18. YEARS EXPERIENCE	
		a. TOTAL 30	b. WITH CURRENT FIRM 19

19. FIRM NAME AND LOCATION (City and State)  
R. V. Buric Construction Management Consultants, Inc., 300 Park Place, Chagrin Falls, OH 44022

20. EDUCATION (DEGREE AND SPECIALIZATION)  
University of Akron, BSCE

21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)

22. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, etc.)  
PSP Certification – AACEI

**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.	Avon Family Health & Surgery Center Avon, OH	2011	2011	6
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE Developed the detailed cost and resource loaded baseline schedule for the Construction Manager. In addition acted as the Owner's scheduling representative to analyze the C-M's monthly schedule updates, and prepared 4D/BIM schedules and graphics.			
	x Check if project performed with current firm			
b.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			
c.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			
d.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			
e.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			

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

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

16. NAME Gary Lewis	17. ROLE IN THIS CONTRACT Scheduler	18. YEARS EXPERIENCE	
		a. TOTAL 38	b. WITH CURRENT FIRM 6
19. FIRM NAME AND LOCATION (City and State) R. V. Buric Construction Management Consultants, Inc., 300 Park Place, Chagrin Falls, OH 44022			
20. EDUCATION (DEGREE AND SPECIALIZATION) Cleveland State University		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.	Hillcrest Hospital Major Campus Expansion Mayfield Heights, OH	2011	2011	7
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;">x Check if project performed with current firm</span> As the Owner's scheduling representative, Buric reviewed, analyzed, and approved the Construction Manager prepared baseline schedules and monthly schedule updates. In addition, Buric analyzed the C-M's schedules for potential schedule impacts resulting from design and user related changes.			
b.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>			
c.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>			
d.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>			
e.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE <span style="float: right;"><input type="checkbox"/> Check if project performed with current firm</span>			

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

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

16. NAME Mark Seifried	17. ROLE IN THIS CONTRACT Scheduler	18. YEARS EXPERIENCE	
		a. TOTAL 12	b. WITH CURRENT FIRM 3
19. FIRM NAME AND LOCATION (City and State) R. V. Buric Construction Management Consultants, Inc., 300 Park Place, Chagrin Falls, OH 44022			
20. EDUCATION (DEGREE AND SPECIALIZATION) The Ohio State University – BSCE		21. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE) Registered Professional Engineer – Ohio	
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.	Marymount Hospital Surgery Renovation & Expansion Garfield Heights, OH	2013	2013	8
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE Buric is the IPD scheduler for the Marymount project, working directly for the Owner. Buric's role includes early planning and scheduling of the project design, phased buy-out, early material purchases, and detailed logic development of the construction work including cost and resource integration. The master project schedule is fully 4D integrated with the BIM design models.			
	x Check if project performed with current firm			
b.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			
c.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			
d.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			
e.				
	(4) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE			
	<input type="checkbox"/> Check if project performed with current firm			

**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> Clarion Arnette Medical Center Lafayette, IN	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2008	CONSTRUCTION (if applicable) 2008

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Clarion Arnett	b. POINT OF CONTACT NAME Doug May – FA Wilhem Construction Co.	c. POINT OF CONTACT TELEPHONE NUMBER (317) 359-5411
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

New \$130 million hospital facility. Facility includes 2 building; a 7 story self contained hospital complete with patient care, operating rooms, recovery rooms, and testing labs. The 2<sup>nd</sup> building, Central Energy Plant, houses and feeds electrical power and MEP to the new hospital building. The Project was constructed from a corn field to a completed and functional hospital in 25 months.

The initial construction was completed in a "fast track" delivery system where design was scheduled and completed concurrently with bidding and construction work.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Lead Scheduler
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
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25. TITLE AND LOCATION <i>(City and State)</i> Wiley Dining Court – Purdue University West Lafayette, IN	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2008	CONSTRUCTION (if applicable) 2008

27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Purdue University	b. POINT OF CONTACT NAME Steven Habben – Kettlehut Construction	c. POINT OF CONTACT TELEPHONE NUMBER (765) 447-2181

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

New \$17 million, 56,000 SF food preparation and student dining facility on Purdue University. In addition to construction of the new dining facility, extensive campus effected underground utility services were re-routed and replaced to accommodate the location of the new dining court. The Project was constructed on time (16 months) and within budget.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Lead Scheduler
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) 3
25. TITLE AND LOCATION <i>(City and State)</i> University of Cincinnati MSB/CARE Cincinnati, OH		26. YEAR COMPLETED PROFESSIONAL SERVICES 2008 CONSTRUCTION (if applicable) 2008
27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER University of Cincinnati	b. POINT OF CONTACT NAME Kit Pearson – U/C	c. POINT OF CONTACT TELEPHONE NUMBER (513) 558-8999
28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT <i>(Include scope, size, and cost)</i>		

Buric scheduled the Schematic and Construction Design phases of design along with Owner review of the design. Prepared and updated a detailed construction schedule complete with cost loading and planned resources on behalf of seven (7) Prime Contractors selected by the Owner. The Project consists of two (2) major components; 1) the new CARE medical research building and 2) the Phase 1 rehabilitation of the existing MSB building. The cost of the Project exceeded \$100 million and took approximately 37 months to complete.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Lead Scheduler
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> New Reid Hospital Richmond, IN	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2008	CONSTRUCTION (if applicable) 2008

27. PROJECT OWNER'S INFORMATION

a. PROJECT OWNER Reid Hospital	b. POINT OF CONTACT NAME Marty Burgwinkle – Turner Construction	c. POINT OF CONTACT TELEPHONE NUMBER (317) 339-1635
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28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, and cost)*

New \$180 million replacement hospital facility. The Project consists of 3 components; Medical Office Building, Outpatient Care Center, and Inpatient Hospital. The Inpatient Hospital is 668,000 SF with 238 patient beds. The Project was constructed in 3.5 years starting in 12/2004 and completing in 5/2008.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT

a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Lead Scheduler
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
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25. TITLE AND LOCATION <i>(City and State)</i> Richmond International Airport – North Parking Garage Expansion Richmond, VA	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES 2010	CONSTRUCTION (if applicable) 2010

27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Capital Region Airport Commission	b. POINT OF CONTACT NAME John Berkebile – Donley's, Inc.	c. POINT OF CONTACT TELEPHONE NUMBER (216) 524-6800

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

This \$35 million, 825,000 SF project is being constructed in 2 phases; 1) Construction of a new 2,500 space cast-in-place concrete parking garage at Richmond Virginia International Airport, and 2) Rehabilitation of an existing 2,600 space parking garage with the addition of Garage Canopies. Phase 1 commenced in May 2008 and is projected to complete in January 2010. Phase 2 commences in December 2009 and is scheduled to complete in May 2010.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Lead Scheduler
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> Avon Family Health & Surgery Center Avon, OH		26. YEAR COMPLETED PROFESSIONAL SERVICES 2011 CONSTRUCTION (if applicable) 2011
27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Cleveland Clinic	b. POINT OF CONTACT NAME Ron Lawson	c. POINT OF CONTACT TELEPHONE NUMBER (216) 445-0264

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

New \$80 million state-of-the-art, full healthcare facility. Will open in the fall of 2011. The 190,000 SF center will include a 24 hour emergency department, 4 operating room, 4 procedure rooms, and overnight stay capabilities. Primary care and more than 30 specialty services will be available on-site to patients.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Owner's Scheduling / BIM Representative
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) 7
25. TITLE AND LOCATION <i>(City and State)</i> Hillcrest Hospital Major Campus Expansion Mayfield Heights, OH		26. YEAR COMPLETED PROFESSIONAL SERVICES 2011 CONSTRUCTION (if applicable) 2011
27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Cleveland Clinic	b. POINT OF CONTACT NAME Pen Wolf	c. POINT OF CONTACT TELEPHONE NUMBER (216) 445-8297
28. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT <i>(Include scope, size, and cost)</i>		

The \$163 million, 5 year phased project is scheduled for completion in late summer 2011. The project consist of a new 4-story bed tower with 72 private rooms, all designed to accommodate future expansion. Also included is the expansion and renovations to the Emergency Department, Level II Trama Center, fully redesigned and expanded operating rooms, and renovation of the existing bed tower.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Owner's Scheduling Representative
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) 8
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25. TITLE AND LOCATION <i>(City and State)</i> Marymount Hospital Surgery Renovation & Expansion Garfield Heights, OH	26. YEAR COMPLETED	
	PROFESSIONAL SERVICES In process	CONSTRUCTION (if applicable) In process

27. PROJECT OWNER'S INFORMATION		
a. PROJECT OWNER Cleveland Clinic	b. POINT OF CONTACT NAME Ronald Lawson	c. POINT OF CONTACT TELEPHONE NUMBER (216) 445-0264

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

Project consists of a \$45 million expansion and renovation to the surgical services department. This 44,000 SF addition and 30,000 SF renovation includes 8 new operating rooms and the replacement of the central sterile processing unit, post anesthesia care unit, and critical care unit.

29. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
a.	(1) FIRM NAME R. V. Buric Construction Management Consultants, Inc.	(2) FIRM LOCATION <i>(City and State)</i> Chagrin Falls, OH	(3) ROLE Owner's Scheduling / BIM Representative
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. RELEVANT PROJECT EXPERIENCE MATRIX**

		Major Scope of Work requirements as identified in the project advertisement.									
		Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:	Scope:
Example Project Name (Place "X" under Project Scope)											
1											
2											
3											
4											
5											
6											
7											
8											
9											
10											



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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.

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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:

**300 Park Place**  
Address

**Chagrin Falls, OH 44022**  
City, State, Zip

2. Location where services will be performed by Proposer:

**300 Park Place**  
Address

**Chagrin Falls, OH 44022**  
City, State, Zip

Locations where services will be performed by Consultants:

Address

City, State, Zip

Address

City, State, Zip

Address

City, State, Zip

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

**300 Park Place**  
Address

**Chagrin Falls, OH 44022**  
City, State, Zip

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

Address

City, State, Zip

Address

City, State, Zip

Address

City, State, Zip

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**H. ADDITIONAL INFORMATION**

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34c. PROVIDE ANY ADDITIONAL INFORMATION REQUESTED BY THE CONTRACTING AUTHORITY. USE THE NEXT PAGE OR ATTACH ADDITIONAL SHEETS AS NEEDED.

**COMMITMENT TO PARTICIPATE  
IN THE  
EDGE BUSINESS ASSISTANCE PROGRAM**

**Professional Services Firm: Mark only one option.**

Use “✓” or “X” to mark option included in contract award amount.

If marking Option B, also show percentage of proposed participation.

**Option A**

The Lead Firm or Joint Venture (“Proposer”) commits to *meet or exceed* the advertised EDGE Participation Goal of the award amount, calculated as a portion of the Basic Fee plus all accepted Additional Service Fees and Reimbursable Expenses, by using EDGE-certified Business Enterprise(s).

The Proposer agrees that if selected for consideration of the Contract, it shall provide to the Contracting Authority, at the location required within 10 business days after receiving notice from the Contracting Authority, its Technical Proposal, including a *Certified Statement of Intent To Contract and To Perform* form for each EDGE-certified Business Enterprise proposed for use by the Proposer if awarded the Contract for this Project.

**Option B (also indicate percentage -- see text )**

The Proposer *does not meet* the advertised EDGE Participation Goal percentage, but, if awarded the Contract for this Project, *commits to provide* \_\_\_\_\_ **percent of the Contract award amount**, calculated as a portion of the Basic Fee plus all accepted Additional Service Fees and Reimbursable Expenses, by using EDGE-certified Business Enterprise(s).

The Proposer acknowledges it understands the requirement for it to provide and agrees to provide to the Contracting Authority, if selected for consideration of the Contract, within 10 business days after notice from the Contracting Authority, a letter requesting a waiver of the EDGE participation goal percentage on the Proposer’s letterhead with a detailed *Demonstration of Good Faith* form describing its efforts undertaken prior to submitting its Statement of Qualifications to meet the advertised EDGE Participation Goal percentage for the Contract for this Project, and full documentation to substantiate its efforts.

The Proposer commits to provide to the Contracting Authority at the location required within 10 business days after receiving notice from the Contracting Authority, its Technical Proposal, including a *Certified Statement of Intent To Contract and To Perform* form for each EDGE-certified Business Enterprise proposed for use by the Proposer if awarded the Contract for this Project.

**Option C**

The Proposer declares that it is an EDGE-certified Business Enterprise and that if awarded the Contract, the EDGE Participation percentage will be 100% of the award amount.

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**I. AUTHORIZED REPRESENTATIVE**  
The foregoing is a statement of facts.

35. SIGNATURE

36. DATE

37. NAME AND TITLE

# STATEMENT OF QUALIFICATIONS

1. PROJECT NUMBER (if any)  
DAS 11 S888

## PART II – GENERAL QUALIFICATIONS

*(If a firm has branch offices, complete for each specific branch office seeking work.)*

2a. FIRM (OR BRANCH OFFICE) NAME R.V. Buric Construction Management Consultants, Inc.				3. YR ESTABLISHED 1968	4. FTID NUMBER [REDACTED]
2b. STREET 300 Park Place				5. OWNERSHIP	
				a. TYPE S - Corporation	
2c. CITY Chagrin Falls	2d. STATE OH	2e. ZIP CODE 44022	2f. COUNTY Geauga	b. EDGE STATUS Non-certified	
6a. POINT OF CONTACT NAME AND TITLE Brian Stewart		6b. PRESIDENT/CEO William R. Zollinger III, PE		7. NAME OF FIRM (If Block 2a is a branch office.)	
6c. TELEPHONE NUMBER (440) 247-3700		6d. E-MAIL ADDRESS bstewart@buric.com			
8a. FORMER FIRM NAME(S) (if any)				8b. YR ESTABLISHED	8c. FTID NUMBER

9. EMPLOYEES BY DISCIPLINE				10. PROFILE OF FIRM'S EXPERIENCE AND ANNUAL AVERAGE REVENUE FOR LAST 5 YEARS		
a. Function Code	b. Discipline	c. No. of Employees		a. Profile Code	b. Experience	c. Revenue Index Number (see below)
		(1) LICENSED	(2) NON-LICENSED			
06	Architect	2		A06	Airports	3
12	Civil Engineer	5	3	B01	Barracks	10
18	Cost Engineer/Estimator		1	C10	Commercial	5
42	Mechanical Engineer		1	C11	Community Facilities	1
53	Scheduler		1	E02	Educational Facilities	14
	Quantities Surveyor		1	F02	Field House	2
	Claims Specialist			G01	Garage	4
58	Technical/Analyst		3	H07	Highways	13
				H09	Hospitals and Medical Facilities	13
				H10	Hotel	6
				H11	Housing	3
				I01	Industrial Facilities	8
				J01	Judicial	5
				L04	Library	2
				O01	Office	4
				P08	Prison	6
				P12	Power	4
				W03	Water Supply Treatment & Distribution	12
	Other Employees					
Total		7	10			

11. ANNUAL AVERAGE PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST 2 YEARS <i>(Insert revenue index number shown at right)</i>		PROFESSIONAL SERVICES REVENUE INDEX NUMBER			
a. Work for this Contracting Authority	0	1. Less than \$50,000	6. \$400,000 to less than \$500,000	11. \$900,000 to less than \$1,000,000	
b. Other State Work (see instructions)	0	2. \$50,000 to less than \$100,000	7. \$500,000 to less than \$600,000	12. \$1,000,000 to less than \$2,000,000	
c. Total State Work	0	3. \$100,000 to less than \$200,000	8. \$600,000 to less than \$700,000	13. \$2,000,000 to less than \$5,000,000	
		4. \$200,000 to less than \$300,000	9. \$700,000 to less than \$800,000	14. \$5,000,000 to less than \$10,000,000	
		5. \$300,000 to less than \$400,000	10. \$800,000 to less than \$900,000	15. \$10,000,000 or greater	

**12. AUTHORIZED REPRESENTATIVE**

The foregoing is a statement of facts.

a. SIGNATURE 	b. DATE 4/19/11
c. NAME AND TITLE Brian Stewart Scheduling Manager	

Provide a separate Part II form for each firm or branch office participating on the proposed project team.