QBS Certification Form
Procurement of Architectural and Engineering Services

Project Name: ________________________________________________________________

SRF Project Number: _________________________

Per Section 602(b)(14) of the Federal Water Pollution Control Act (FWPCA), all architectural/
engineering contracts executed after October 1, 2014, must publicly announce all requirements for
architectural and engineering services for State Revolving Fund projects and negotiate contracts for
those services using the Qualifications-Based Selection process. Attach the Request for Qualifications advertisement.

Please list the firms that responded to the Request for Qualifications.
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________
_________________________________________________________________________________

Select one of the following:

☐ I certify to the best of my knowledge that the above referenced project complies with the
requirements of Section 602(b)(14) of FWPCA.

If fewer than three firms responded to the Request for Qualifications, describe the efforts taken to
publicly advertise and directly solicit participation:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

☐ Compliance with Section 602(b)(14) of FWPCA is not required as all architectural and engineering
work was performed in-house, or for the reasons listed below:
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________

Name and Title of Authorized Representative (Please Print or Type)

__________________________________________________________________________________

Signature of Authorized Representative       Date

2/2015