Request for Qualifications
Qualifications of Proposer’s Engineer

Instructions (one page per project)

For the Engineer provide the following information for completed projects within the past five (5) years, where the individual served as the Engineer for the stated project. Each project submitted should be of equal or greater scope, size, and complexity. Complete all required information and submit this Form as required by the RFQ. Failure to submit this Form or complete the Form may result in the Response being rejected as non-responsive. List no more than 5 projects: Reference form RPQ-EE-R must be submitted for each Form RFQ-EE that is submitted.

RFQ Solicitation No.: ____________________ - RFQ Title: __________________________________________________________
Name of Proposer: ________________________ Name of Engineer: ________________________________
Name of Project: __________________________ Address of Project: ________________________________
Name of Owner: __________________________ Contact Name: ________________________________
Contact Telephone No. ____________________ Contact e-mail address: __________________________
Brief Scope of Project & how project is similar: ________________________________________________

Value of Design Fees: Awarded: ______________________ Actual: ______________________ N/A □
Basis for difference in value: ________________________________________________________________

Value of Construction: (if applicable): Awarded: ______________________ Actual: ______________________ N/A □
Basis for difference in value: ________________________________________________________________

Project Completion (no. of calendar days): Projected: ______________________ Actual: ______________________ N/A □
Type of Project: □ design-bid-build □ design/build □ CM@Risk □ Other (specify): __________________
LEED or Green Globe Certified Project: □ Yes □ No If yes, level of Certification: __________________
Was work performed as an employee of the Proposer? □ Yes □ No

By: ___________________________ __________________________
    Signature of Authorized Officer Date

Printed Name __________________________ Title __________________________