Request for Qualifications
Qualifications of Proposer’s Lead Architect

**Instructions** (one page per project)

For the lead Architect provide the following information for completed projects within the past five (5) years, where the individual served as the lead Architect 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-LA-R must be submitted for each Form RFQ-LA that is submitted.

RFQ Solicitation No.: ____________________  RFQ Title: __________________________________________________________
Name of Proposer: ______________________  Name of Lead Architect: ________________________________________________
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