

Request for Qualifications Qualifications of Proposer

Instructions

This form is to be completed and submitted in accordance with the requirements of the RFQ to which your firm is responding. Do not leave any blanks or fail to provide any information or details that are required. Failure to submit this form or the use of any other form will result in the rejection of a Response as non-responsive. The failure to provide the information or details required by the form may result in the rejection of a Response as non-responsive.

RFQ Solicitation No).:	RFQ Title:				
Name of Proposer:						
Primary Types of Services (residential, residential high-rise, mixed use, offices, park facilities, gov't offices, etc.):						
Type of Firm: Corpo	oration LLC Partne	ership Sole Propriet	tor Joint Venture Other			
Certified Small or N	linority Owned Busines	s: Yes 🗌 No 🗌 Iss	sued by (name):			
Type of Ownership C	Certification(s):					
Is this the Proposei	r's main office? Yes	No 🔲 If No, main office	ce location:			
Will Proposer rely o	on any other branch or s	subsidiary office to pe	erform the work? Yes 🗌 No 🗌			
If yes, location of the	se offices:					
			firm has undergone a name change ness under this name (not a result of a			
Type and number o	f projects completed in	the past 5 years:				
Design-Bid Build:	Design/Build:	CM@Risk:	N/A 🗌			
Private Sector:	Federal Gov't:	State/County/Mu	nicipal:			
City of Miami:	Name of Projects:					
Residential/Resident	ial High-rise:	Office:	Mixed Use:			
Retail:	LEED or Green Glob	e Certified Projects:				
Other (specify):						
			-			

Number of Employees:	Licensed Architects:	Licensed Engineers
LEED-AP Professionals	Licensed General Contractors	Licensed Surveyors
CTQP Licensed Inspectors	Other (list)	
List, explain and provide the sta the last 5 years (Please add addi		dgments pending or settled within
Brief History of the Firm (Please		and Elm V

List below the names of owners, officers, principals, and the principal-in-charge-of the Proposer's firm together with the title and percentage of ownership (add additional pages as necessary):

Name	Title	% Ownership
y signing below Proposer certifies to prrect. Proposer further certifies that correct or false the City may at its so	it is aware that if the City determines	s that any of the information
·		
Signature of Authorized Office	er	Date
Printed Name		 Title