



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: Corporation LLC Partnership Sole Proprietor Joint Venture Other

Certified Small or Minority Owned Business: Yes No Issued by (name): _____

Type of Ownership Certification(s): _____

Is this the Proposer's main office? Yes No If No, main office location: _____

Will Proposer rely on any other branch or subsidiary office to perform the work? Yes No

If yes, location of these offices: _____

Number of years in business under current name: _____. If firm has undergone a name change in the past 5 years, provide prior name and number of years in business under this name (not a result of a sale of the firm):

Type and number of projects completed in the past 5 years:

Design-Bid Build: _____ Design/Build: _____ CM@Risk: _____ N/A

Private Sector: _____ Federal Gov't: _____ State/County/Municipal: _____

City of Miami: _____ Name of Projects: _____

Residential/Residential High-rise: _____ Office: _____ Mixed Use: _____

Retail: _____ LEED or Green Globe Certified Projects: _____

Other (specify):

