

City of Miami, Department of Procurement Qualifications of Prime Consultant/Lead Architect/Urban Planner - RFQ-QPC

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 proposal as non-responsive. The failure to provide the information or details required by the form may result in the rejection of a Response a non-responsive.

RFQ No.:	RFQ Title:		
Name of Prime Consultant:			
Primary Types of Services Government Offices, etc.)	(Residential, Resider	ntial High-Rise, Mixed-Use,	Offices, Park Facilities,
Type of Firm: Corporation	LLC Partnership	Sole Proprietor	Joint Venture 🗌 Other 🗌
Certified Small or Minority Owr	ed Business: Yes 🗌	No Issued by (name):	
Type of Ownership Certificatio	n(s):		
Is this the Proposer's Office its	main office? Yes 🗌	No 🗌 If No, please provide	e your main office location:
Will the Prime Consultant rely o	on any other branch o	r subsidiary office to perforn	n the work? Yes 🗌 No 🗌
If "Yes," indicate location of off	ices:		
Number of years in business un change in the past five (5) year result of a sale of the firm):			
Type and number of projects c	ompleted in the past 5	years:	
Design/Bid/Build:	Design/Build:	CM-at-Risk:	N/A 🗌
Private Sector:	Federal Government:	State/County/	Municipal:
City of Miami:	Name of Projects:		
Residential/Residential High-Rise	: Office:	Mixed-Use:	Retail:
LEED/Green Globe Certified:	Other (specify	/):	



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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

By signing below Proposer certifies that the information contained in Form RFQ-QPC is accurate and correct. Proposer further certifies that it is aware that if the City determines that any of the information is incorrect or false the City may at its sole discretion reject the Response as non-responsive.

By:

Signature of Authorized Officer

Date

Printed Name

Title