



Qualifications of Key Personnel Form RFQ-QKP

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 Key Personnel: _____

License No.: _____ Years of Related Experience: _____

Primary Types of Services (Residential, Residential High-Rise, Mixed-Use, Offices, Park Facilities, Government Offices, etc.) _____

Type of Firm: Corporation LLC Partnership Sole Proprietor Joint Venture Other

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

Type of Ownership Certification(s): _____

Key Personnel Office Address: _____

Number of years in business under current name: _____. If the Key Personnel has undergone a name change in the past five (5) years, provide prior name & 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-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): _____

By signing below, Prime Consultant certifies that the information contained in Form RFQ-QKP is accurate and correct. Prime Consultant 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