

City of Miami, Department of Procurement Qualifications of Prime Consultant - 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 Consulta	nt:		
Primary Types of Servic Government Offices, etc.)	es (Residential, Residential	High-Rise, Mixed-Use,	Offices, Park Facilities,
Type of Firm: Corporation	☐ LLC ☐ Partnership ☐	Sole Proprietor	Joint Venture Other
Certified Small or Minority	Owned Business: Yes 🗌 N	No Issued by (name):	
Type of Ownership Certific	cation(s):		
Is this the Proposer's Offic	e its main office? Yes 🗌 N	lo 🗌 If No, please provide	e your main office location:
Will the Prime Consultant r	ely on any other branch or su	ubsidiary office to perform	n the work? Yes 🗌 No 🗌
If "Yes," indicate location of	of offices:		_
	ss under current name:years, provide prior name &		
Type and number of project	ts completed in the past 5 ye	ars:	
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
r signing below Proposer certifies that oposer further certifies that it is aware that y may at its sole discretion reject the Re	the information contained in Form RFQ-Cat if the City determines that any of the information as ponse as non-responsive.	RPC is accurate and correct mation is incorrect or false the
:		
Signature of Authorized Officer	Date	
Printed Name		