



## 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, Proposer certifies that the information contained in Form RFQ-QKP 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