

Qualifications of Proposer Form 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 Proposer:			
Primary Types of Ser Government Offices, et	rvices (Residential, Residentia c.)	I High-Rise, Mixed-Use,	Offices, Park Facilities,
Type of Firm: Corporatio	n	Sole Proprietor .	Joint Venture Other
Certified Small or Minor	ity Owned Business: Yes 🗌 🗈	No Issued by (name):	
Type of Ownership Cer	tification(s):		
Proposer's Office_ Is this the Proposer's m	ain office? Yes 🗌 No	☐ If No, please provide y	our main office location:
Will the Proposer rely o	n any other branch or subsidiary	office to perform the wor	rk? Yes ☐ No ☐
If "Yes," indicate locatio	n of offices:		
	ness under current name: s, provide prior name & numbe		
Type and number of pro	jects completed in the past 5 ye	ars:	
Design/Bid/Build:	Design/Build:	CM-at-Risk:	N/A 🗌
Private Sector:	Federal Government:	State/County/l	Municipal:
City of Miami:	Name of Projects:		
Residential/Residential Hi	gh-Rise: Office:	Mixed-Use:	Retail:
LEED/Green Globe Certif	ied: Other (specify):		



Qualifications of Proposer Form RFQ-QPC



Qualifications of Proposer Form RFQ-QPC

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	11	tie	% Ownership
Prop	igning below Proposer certifies that oser further certifies that it is aware to	hat if the City determing	nes that any of the info	PC is accurate and correct or false
the C	city may at its sole discretion reject the	Response as non-resp	oonsive.	
Dv.				
Ву: _	Signature of Authorized Officer		Date	
_	Drintad Nama		Tialo	
	Printed Name		Title	