

Request for Qualifications

Qualifications of Proposer's Team

Instructions

This form is to be completed and submitted RFQ in accordance with the requirements 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 Solicitation No.: _____ RFQ Title: _____

Name of Proposer: _____

Subconsultants:

Name of Firm	Office Location: City/State	Discipline(s) to be provided	License No.	Professional Certification	
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>
_____	_____	_____	_____	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Key Personnel

Only include personnel who will play a key role in the Work. Do not include personnel for positions such as CADD Technicians, Inter or Associate level staff, and other similar support personnel. As stipulated in the RFQ a 1 page resume is to be included for each of the key personnel. The Program Coordinator will be the lead point of contact for the City.

Name	Role	Name of Firm	License No.	Years Experience	Years with Firm	Professional Certification
_____	<u>Program Coordinator</u>	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>
_____	_____	_____	_____	_____	_____	Yes <input type="checkbox"/> No <input type="checkbox"/>