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| **CONSULTANT QUALIFICATIONS (SUPPLEMENTAL INFORMATION)***Note: Failure to provide this completed document in the Respondent’s Statement of Qualifications shall render the submittal non-responsive. A digital copy is available at* [*https://flyspacecoast.org/rfps*](https://flyspacecoast.org) |
| **PART I** **CONTRACT-SPECIFIC INFORMATION** |
|  |
| **A. CONTRACT INFORMATION** |
| 1. Title and Location (City and State): |
| **General Consulting Services – Titusville-Cocoa Airport Authority** |
| 2. Public Notice Date: | 3. Solicitation Number: |
| **January 12, 2023** | **TCAA RFQ-2023-001** |
|  |
| **B. CONSULTANT POINT OF CONTACT** |
| 4. Name and Title: |
|  |
| 5. Name of Firm: |
|  |
| 6. Telephone Number: | 7. Fax Number: | 8. Email Address: |
|  |  |  |
|  |
| C. PROPOSED TEAM*(Complete this section for the prime contractor and all key subcontractors.)* |
| 9. Firm Name: | 10. Address: | 11. Role In This Contract: |
|  |  |  |
| [ ]  *Check if Branch Office* |  |  [ ]  *Check if Sub-Contractor* |
|  |  |  |
| [ ]  Check if Branch Office |  |  [ ]  Check if Sub-Contractor |
|  |  |  |
| [ ]  *Check if Branch Office* |  |  [ ]  *Check if Sub-Contractor* |
|  |  |  |
| [ ]  *Check if Branch Office* |  | [ ]  *Check if Sub-Contractor* |
|  |  |  |
| [ ]  *Check if Branch Office* |  | [ ]  *Check if Sub-Contractor* |
|  |  |  |
| [ ]  Check if Branch Office |  | [ ]  Check if Sub-Contractor |
|  |  |  |
| [ ]  *Check if Branch Office* |  | [ ]  *Check if Sub-Contractor* |
|  |  |  |
| **D. ORGANIZATIONAL CHART OF PROPOSED TEAM** |  [ ]  *Attached Separately* |

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| **E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT** *(Complete one Section E for each key person.)* |
| 12. Name: | 13. Role In This Contract: | 14. Years’ Experience: |
|  |  | A. Total  |  | B. CurrentFirm:  |  |
| 15. Firm Name and Location *(City And State):* |
|  |
| 16. Education *(Degree And Specialization):* | 17. Current Professional Registration *(State And Discipline)* |
|  |  |
| 18. Other Professional Qualifications *(Publications, Organizations, Training, Awards, Etc.):* |
|  |
| 19. Relevant Projects |
| a. | (1) Title and Location *(City & State):* | (2a) Mo/Year Started:(2b) Mo/Year Completed:(2c) Fee: |  |
|  |
| (3) Brief Description and Specific Role *(Project scope, size, cost, etc.)*: [ ]  *Check if project performed with current firm* |
|  |
| b. | (1) Title and Location *(City & State):* | (2a) Mo/Year Started:(2b) Mo/Year Completed:(2c) Fee: |  |
|  |
| (3) Brief Description and Specific Role *(Project scope, size, cost, etc.)*: [ ]  *Check if project performed with current firm* |
|  |
| c. | (1) Title and Location *(City & State):* | (2a) Mo/Year Started:(2b) Mo/Year Completed:(2c) Fee: |  |
|  |
| (3) Brief Description and Specific Role *(Project scope, size, cost, etc.)*: [ ]  *Check if project performed with current firm* |
|  |
| d. | (1) Title and Location *(City & State):* | (2a) Mo/Year Started:(2b) Mo/Year Completed:(2c) Fee: |  |
|  |
| (3) Brief Description and Specific Role *(Project scope, size, cost, etc.)*: [ ]  *Check if project performed with current firm* |
|  |
| e. | (1) Title and Location *(City & State):* | (2a) Mo/Year Started:(2b) Mo/Year Completed:(2c) Fee: |  |
|  |
| (3) Brief Description and Specific Role *(Project scope, size, cost, etc.)*: [ ]  *Check if project performed with current firm* |
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| **F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT***(Complete one Section F for each project) [Minimum 5 projects]* |
| 20. Title and Location *(City And State):* | (21a) Mo/Year Started:(21b) Mo/Year Completed:(21c) Fee: |  |
|  |
| 22. Project Owner's Information: |
| a. Sponsor/Project Owner: | b. Contact Name/Title: | c. Telephone Number: | d. Email: |
|  |  |  |  |
| 23. Brief Description of Project and Relevance to this Contract *(Include Scope, Size, And Cost)* |
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| **F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT***(Complete one Section F for each project) [Minimum 5 projects]* |
| 20. Title and Location *(City And State):* | (21a) Mo/Year Started:(21b) Mo/Year Completed:(21c) Fee: |  |
|  |
| 22. Project Owner's Information: |
| a. Sponsor/Project Owner: | b. Contact Name/Title: | c. Telephone Number: | d. Email: |
|  |  |  |  |
| 23. Brief Description of Project and Relevance to this Contract *(Include Scope, Size, And Cost)* |
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| **F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT***(Complete one Section F for each project) [Minimum 5 projects]* |
| 20. Title and Location *(City And State):* | (21a) Mo/Year Started:(21b) Mo/Year Completed:(21c) Fee: |  |
|  |
| 22. Project Owner's Information: |
| a. Sponsor/Project Owner: | b. Contact Name/Title: | c. Telephone Number: | d. Email: |
|  |  |  |  |
| 23. Brief Description of Project and Relevance to this Contract *(Include Scope, Size, And Cost)* |
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| **F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT***(Complete one Section F for each project) [Minimum 5 projects]* |
| 20. Title and Location *(City And State):* | (21a) Mo/Year Started:(21b) Mo/Year Completed:(21c) Fee: |  |
|  |
| 22. Project Owner's Information: |
| a. Sponsor/Project Owner: | b. Contact Name/Title: | c. Telephone Number: | d. Email: |
|  |  |  |  |
| 23. Brief Description of Project and Relevance to this Contract *(Include Scope, Size, And Cost)* |
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| **F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT***(Complete one Section F for each project) [Minimum 5 projects]* |
| 20. Title and Location *(City And State):* | (21a) Mo/Year Started:(21b) Mo/Year Completed:(21c) Fee: |  |
|  |
| 22. Project Owner's Information: |
| a. Sponsor/Project Owner: | b. Contact Name/Title: | c. Telephone Number: | d. Email: |
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| 23. Brief Description of Project and Relevance to this Contract *(Include Scope, Size, And Cost)* |
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| **PART II****GENERAL QUALIFICATIONS***(Complete for the Principal Firm and all Major Subcontractors)* |
|  |  |  |
| 1a. Firm Name: | 2. Year Established | 3. FEIN |
|  |  |  |
| 1b. Street  | 4. Ownership: (State Registered) *[Attach Cert]* |
|  | [ ]  C/S Corp (\_\_\_) | [ ]  Partnership (\_\_\_) |
| [ ]  LLC/LLP (\_\_\_) | [ ]  Individual (\_\_\_) |
| 1c. City | 1d. State | 1e. Zip Code | 5. Business Certifications: *(Attach)* |
|  |  |  | [ ]  DBE | [ ]  VOB / SDVOB |
| [ ]  WBE | [ ]  SBA |
| 6a. Point of Contact (Name and Title): | 6b. Phone: | 6c. Email: |
|  |  |  |
| 7a. Authorized to Conduct Business in FL?  | 7b. FL Document No. *(See Item 4)* | 7c. Certified to Offer Engineering Services in FL?:  | 7d. Certificate No. |
| [ ]  Yes [ ]  No [ ]  Pending |  | [ ]  Yes [ ]  No [ ]  Pending |  |
|  |
| 8. Firm’s Employees By Discipline: |  | 9. Firm’s Experience & Annual Average Gross Revenue (Last 5 Years) |
| a. Code | b. Discipline | c. Employees | a. Code | b. Experience | c. Index\* |
| (1) Firm | (2) Branch |
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| 10. Annual Average Professional Services Revenues (Last 3 Years) | Index\* |  | *\* Professional Services Gross Revenue Index* |
| a. Federal Work |  |  | *1.**2.**3.**4.**5.* | *Less than $100,000**$100,000 - $250,000**$250,000 - $500,000**$500,000 - $1 million**$1 million - $2 million* | *6.**7.**8.**9.**10.* | *$2 million - $5 million**$5 million - $10 million**$10 million - $25 million**$25 million - $50 million**$50 million or greater* |
| b. Non-Federal Work |  |
| c. Total Work |  |
|  |
| Authorized Representative: The foregoing is a statement of facts. |
| Signature | Date: |
|  |  |
| Name: | Title: |
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| **PART III****ADDITIONAL INSTRUCTIONS** |
| Attach this information to SOQ as “Attachment B”. Provide all information as requested in Section II, *Statement Preparation and Submittal.*  |