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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* |
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| *Check if Branch Office* |  | *Check if Sub-Contractor* |
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| *Check if Branch Office* |  | *Check if Sub-Contractor* |
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| 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. Current  Firm: | |  |
| 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: | |
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| 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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| **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.* |