



## SalusCare Qualifications of the Lead Architect/Engineer

### Key Personnel

Proposer should only include personnel who will play a key role in the project. Do Not include support personnel for positions such as CADD Technicians, Intern or Associate level staff and others in similar support personnel. As stipulated in the RFQ, a resume is to be included for each of the Key Personnel.

RFQ No. \_\_\_\_\_ RFQ Title \_\_\_\_\_

Name of Prime-Consultant \_\_\_\_\_

| Name  | Role  | Name of Firm | License No. | Years of Experience | Years of Experience with Firm | LEED Certified               |                             |
|-------|-------|--------------|-------------|---------------------|-------------------------------|------------------------------|-----------------------------|
| _____ | _____ | _____        | _____       | _____               | _____                         | 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"/> |