



SalusCare Qualifications Proposer/ Prime Consultant - 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 nonresponsive. 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 Prime Consultant: _____

Primary Types of Services (Residential, Residential High-Rise, Mixed-Use, Offices, Park Facilities, Government Offices, etc.)

Type of Firm: Corporation LLC Partnership Sole Proprietor Joint Venture Other

Certified Small or Minority Owned Business: Yes No Issued by (name): _____

Type of Ownership Certification(s): _____

Is this the Proposer's Office its main office? Yes No If No, please provide your main office location:

Will the Prime Consultant rely on any other branch or subsidiary office to perform the work? Yes No

If "Yes," indicate location of offices: _____

Number of years in business under current name: _____. If the Prime Consultant has undergone a name change in the past five (5) years, provide prior name & number of years in business under this name (not a result of a sale of the firm):

Type and number of projects completed in the past 5 years:

Design/Bid/Build: _____ Design/Build: _____ CM-at-Risk: _____ N/A

Private Sector: _____ Federal Government: _____ State/County/Municipal: _____

City of Panama City: _____ Name of Projects: _____

Residential/Residential High-Rise: _____ Office: _____ Mixed-Use: _____ Retail: _____

LEED/Green Globe Certified: _____ Other (specify): _____



SalusCare Qualifications of Proposer/Prime Consultant - 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	Title	% Ownership

By signing below Proposer certifies that the information contained in Form RFQ-QPC is accurate and correct. Proposer further certifies that it is aware that if the City determines that any of the information is incorrect or false the City may at its sole discretion reject the Response as non-responsive.

Signature of Authorized Officer

Date

Printed Name

Title