



SalusCare
Qualifications of Sub-Consultants/Sub-Contractors -
RFQ-QSC

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 non-responsive. The failure to provide the information or details required by the form may result in the rejection of a response as non-responsive.

RFQ No. : _____ **RFQ Title:** _____

Name of Prime-Consultant _____

Name of Sub-Consultants/ Subcontractors	Office Location (City, State)	Scope of Work	License No.	SBE/DBE/FDOT Certification	% of Work
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____