

## SUB-CONSULTANT QUALIFICATION QUESTIONNAIRE

The detailed data requested here must be submitted <u>in this format only.</u>
Use as many pages as needed to provide the following <u>required</u> information:



## **SUB-CONSULTANT**

Firm Name:				
Office Location:				
	Street Address		State	Zip Code
Contact Person:		_ Title:		-
Contact Person Ema	il:			
Telephone No:	Fax No:		No. of Employees	3
	ends to perform work in connection A corporation			
	ations: Check all that apply and attifications must be valid on RFQ			on letter(s)
, ,	with Palm Beach County) Caucasian Hispanic	Other		nale
M/WBE (certified v	vith State of FL) k □ Caucasian □ Hispanic □	Other		nale
Name of Prime Co	nsultant:			
Project Name:W	Testgate CRA Engineering Contin	uing Service	s	
Project No.: On a	Work Assignment Basis			
Scope of Service _				
(1)% S	ubconsultant's " <u>Total Project Pa</u> (Note: Line 1 shall	rticipation reflect the AC	( <b>TPP</b> )" TUAL % and <u>must be less</u>	than 100%)
(2)% S	ubconsultant's TPP performed in	Palm Beach	County office(s)	
(3)% S	ubconsultant's TPP performed ou (Note: Line 2 plus I	tside of Pal	m Beach County office   10   11   12   12   13   14   15   15   15   15   15   15   15	ice(s)

Dollar '	Volume	Award:
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List all projects with associated contract and supplement fees awarded by the Palm Beach County Board of County Commissioners and/or the Westgate CRA in the fiscal years (October 1 to September 30) indicated.

FY Period	**Firm's Fee	Factor	Fee Considered
(1) Current Fiscal Year:	\$	x 1.00 = \$	
(2) Previous Fiscal Year:	\$	x 0.75 = \$	
(3) Fiscal Year Once Removed:	\$	x 0.50 = \$	
(4) Fiscal Year Twice Removed:	\$	x 0.25= \$	
	Total:	\$	
** Palm Beach County fees render to sub-consultant. Fees for with	· · · · · · · · · · · · · · · · · · ·		
PBC	DEPARTMENT INFO	RMATION	
	engineering/roadwayproduction/	,	•
Subconsultant Firm:			
Signature:		-	
Date:		-	
Title:		-	