PRIME CONSULTANT QUALIFICATION QUESTIONNAIRE

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

PROJECT

Name:_____ Proj. # _____

PRIME CONSULTANT *(Prime)*

Firm Name: _____

The undersigned intends to perform work in connection with the above project as (check one):

☐ an individual ☐ a corporation ☐ a partnership ☐ a joint venture

Number of Employees _____ Website: _____

Office Location

Street Address: _____

City, State and Zip Code: _____

Contact Person
Name:_____ Title: _____

Email:_____ Telephone # _____

SBE CERTIFICATION

Check all that apply and attach applicable copy of certification letter(s) or certificate(s). Certifications must be valid on RFP or other type of submittal due date.

☐ Palm Beach County *(PBC)* Certified Small Business Enterprise *(SBE)*

☐ State of Florida Certified Minority/Women Business Enterprise *(M/WBE)*

SCOPE OF SERVICE

Prime's Scope of Work: _____

(A) _____**% of Team**: Prime's Total Project Participation *(TPP)*

(B) _____**% Local**: Portion of Prime's TPP to be performed in PBC office(s)

(C) _____**% Non-Local**: Portion of Prime's TPP to be performed outside of PBC office(s)

Note: (A) + (B) = (C) [(A) will only equal 100% if there are no subconsultants]

PRIME CONSULTANT QUALIFICATION QUESTIONNAIRE

VOLUME OF WORK

List all projects with associated contract and supplement fees awarded by the Palm Beach County Board of County Commissioners in the fiscal years *(October 1 to September 30)* indicated. Includes any fees awarded as a subconsultant.

FY Period	Prime's Fee *	Factor	Fees 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 Fees Considered $_____

** Palm Beach County fees awarded to the consultant, minus fees subcontracted out by consultant to sub-consultant, plus any fees for which the consultant is a sub-consultant.*

CERTIFICATION

Prime Consultant Firm: _____

Signature: _____

Printed Name: _____

Title: _____

Date: _____