



SUB-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:

SUB-CONSULTANT

Firm Name: _____

Office Location: _____
Street Address State Zip Code

Contact Person: _____ Title: _____

Contact Person Email: _____

Telephone No: _____ Fax No: _____ No. of Employees _____

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

- An individual A corporation A partnership A joint venture

S/M/WBE Certifications: 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.

S/M/WBE (*certified with Palm Beach County*)

- Asian Black Caucasian Hispanic Other _____ Male Female

M/WBE (*certified with State of FL*)

- Asian Black Caucasian Hispanic Other _____ Male Female

Name of Prime Consultant: _____

Project Name: _____

Project No.: _____

Scope of Service _____

(1) _____% Subconsultant’s **“Total Project Participation (TPP)”**
(Note: Line 1 shall reflect the ACTUAL % and must be less than 100%)

(2) _____% Subconsultant’s TPP performed **in Palm Beach County office(s)**

(3) _____% Subconsultant’s TPP performed **outside of Palm Beach Co. office(s)**
(Note: Line 2 plus Line 3 must equal Line 1)

Dollar Volume Award:

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.

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 rendered to consultant, minimum fees subcontracted out by consultant to sub-consultant. Fees for which the consultant is a sub-consultant shall be included.

USER DEPARTMENT INFORMATION

Subconsultant Firm: _____

Signature: _____

Date: _____

Title: _____