

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

SUB-CONSULTANT

Firm Name:								
Office Location	on: _							
Contact Perso	n:		Street Address		City Title: _		Zip Code	
Contact Perso	n Er	nail:						
Telephone No):		Fax No:			No. of Employees		
		-			etion with the A partnershi		t as (check one): oint venture	
SBE Certificate(s).						- •	ation letter(s)or lue date.	
SBE (certified	l wit No	h Palm Beac	ch County)					
Name of Prin								
Project Name Project No.:								
Scope of Serv	vice							
(1)	%	Subconsulta					nust be less than 100%)	
(2)	%	Subconsulta	nt's TPP pe	erformed	in Palm Beac	h County of	fice(s)	
(3)	%	Subconsulta			outside of Pa		o. office(s)	

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	l: \$	x 0.25= \$				
Total: \$						
** Palm Beach County fees awarded to consultant, minus fees subcontracted out by consultant to sub-consultant. Fees for which the consultant is a sub-consultant shall be included.						
USER DEPARTMENT INFORMATION						

Palm Beach County Engineering and Public Works Department Roadway Production Division 2300 N. Jog Road - 3rd Floor West West Palm Beach, FL 33406

Subconsultant Firm:	
Signature:	
Date:	<u> </u>
Title:	