



Inspiring all girls to be
strong, smart, and bold

Girls Inc.
Proposal Cover Letter
RFQ-PCL-001

RFQ No.: _____

RFQ Title: _____

Name of Proposer: _____

Address: _____

FEIN #: _____ **Florida Corporation No.:** _____

Proposer's Point of Contact: _____

Position/Title: _____

Telephone No.: _____ **E-mail:** _____

Certification of Compliance with Minimum Qualification Requirement(s)

The undersigned hereby certifies that neither the contractual party nor any of its principal owners or personnel have been convicted of any of the violations or debarred or suspended.

We (I) certify that all information contained in this submission is true; and we (I) further certify that this submission is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a submission for the same materials, supplies, equipment, or service, and is in all respects fair and without collusion or fraud. We (I) agree to abide by all terms and conditions of this solicitation and certify that I am authorized to sign this submission for the submitter. Please print the following and sign your name:

Proposer's Authorized Representative:

Name: _____ **Position/Title:** _____

Signature: _____ **Date:** _____



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**Girls Inc.
Proposal Narrative Form
RFQ-PN-002**

RFQ No.: _____

RFQ Title: _____

Proposer: _____

In the space provided below, respond to the requirements for the Proposal Narrative:



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**Girls Inc.
Proposal Narrative Form
RFQ-PN-002**

Please utilize the space below, as necessary.



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Girls Inc. Qualifications of Prime Consultant/Lead Architect/Urban Planner RFQ-QPCLAUP-003

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

RFQ No.: _____ RFQ Title: _____

Name of Prime Consultant: _____

Primary Types of Services (Residential, Residential High-Rise, Mixed-Use, Offices, Park Facilities, Government Offices, etc.)

Type of Firm: Corporation LLC Partnership Sole Proprietor Joint Venture Other

Certified Small or Minority Owned Business: Yes No Issued by (name): _____

Type of Ownership Certification(s): _____

Is this the Proposer's Office its main office? Yes No If No, please provide your main office location:

Will the Prime Consultant rely on any other branch or subsidiary office to perform the work? Yes No

If "Yes," indicate location of offices: _____

Number of years in business under current name: _____ If the Prime Consultant has undergone a name change in the past three (3) years, provide prior name & number of years in business under this name (not a result of a sale of the firm):

Type and number of projects completed in the past 3 years:

Design/Bid/Build: _____ Design/Build: _____ CM-at-Risk: _____ N/A

Private Sector: _____ Federal Government: _____ State/County/Municipal: _____

Girls, Inc.: _____ Name of Projects: _____

Residential/Residential High-Rise: _____ Office: _____ Mixed-Use: _____ Retail: _____

LEED/Green Globe Certified: _____ Other (specify): _____



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Girls Inc.

Experience of the Prime Consultant/Lead Architect/Urban Planner Reference Form RFQ-EPCLAUP-004

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than five (5) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by Prime-Consultant)

This project reference complies with the Experience Requirement(s) of this referenced RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Prime-Consultant)

Reference Project Name/Address: _____

Name(s) and Role(s) of Prime-Consultant Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Completion Date: _____

Prime-Consultant's Company Name: _____ Company's Contact Name: _____

Prime-Consultant's Title/Position: _____ Company's Contact Signature: _____

Company's Telephone No.: _____ Facsimile No.: _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by Project Owner)

Project Completed on Time and within Budget: Yes No Project Duration: _____

If "No", was the **Prime-Consultant** at fault or did it contribute to the delay(s) of increased cost? Yes No

Quality of Services Provided: Above Expectations Average Below Expectations

Did the Consultant provide Project Management Services? Yes No Limited Scope

Did the Consultant provide Construction Management Services? Yes No Limited Scope

Was the Consultant responsive to the Project Owner? Yes No

Was the Consultant timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone No.: _____ Facsimile No.: _____ Email: _____

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).



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Girls Inc. Experience of the Project Manager Reference Form RFQ-EPM-005

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than three (3) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by Project Manager)

This project reference complies with the Experience Requirement(s) of this referenced RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Project Manager)

Reference Project Name/Address: _____

Name(s) and Role(s) of Project Manager Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Completion Date: _____

Project Manager's Company Name: _____ Company's Contact Name: _____

Project Manager's Title/Position: _____ Company's Contact Signature: _____

Company's Telephone No: _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by Project Owner)

Project Completed on Time and within Budget: Yes No Project Duration: _____

If "No", was the **Project Manager** at fault or did it contribute to the delay(s) of increased cost? Yes No

Quality of Services Provided: Above Expectations Average Below Expectations

Did the PM provide Project Management Services? Yes No Limited Scope

Did the PM provide Construction Management Services? Yes No Limited Scope

Was the PM responsive to the Project Owner? Yes No

Was the PM timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone No.: _____ Facsimile No.: _____ Email: _____

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).



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Girls Inc. Experience of the Lead Architect/Engineer Reference Form RFQ-ELAE-006

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than three (3) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by Lead A&E)

This project reference complies with the Experience Requirement(s) of this referenced RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Lead A&E)

Reference Project Name/Address: _____

Name(s) and Role(s) of Lead A&E Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Completion Date: _____

Lead A&E's Company Name: _____ Company's Contact Name: _____

Lead A&E's Title/Position: _____ Company's Contact Signature: _____

Company Telephone No.: _____ Facsimile No. _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by Project Owner)

Project Completed on Time and within Budget: Yes No Project Duration: _____

If "No", was the **Lead A&E** at fault or did it contribute to the delay(s) of increased cost? Yes No

Quality of Services Provided: Above Expectations Average Below Expectations

Did the Lead A&E provide Project Management Services? Yes No Limited Scope

Did the Lead A&E provide Construction Management Services? Yes No Limited Scope

Was the Lead A&E responsive to the Project Owner? Yes No

Was the Lead A&E timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone No.: _____ Facsimile No.: _____ Email: _____

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).



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Girls Inc. Experience of the Civil/Environmental Engineer Reference Form RFQ-ECEE-007

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than three (3) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by Engineer)

This project reference complies with the Experience Requirement(s) of this referenced RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Engineer)

Reference Project Name/Address: _____

Name(s) and Role(s) of Engineer Personnel Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Completion Date: _____

Engineer's Company Name: _____ Company's Contact Name: _____

Engineer's Title/Position: _____ Company's Contact Signature: _____

Company Telephone No.: _____ Facsimile No. _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by Project Owner)

Project Completed on Time and within Budget: Yes No Project Duration: _____

If "No", was the **Engineer** at fault or did it contribute to the delay(s) of increased cost? Yes No

Quality of Services Provided: Above Expectations Average Below Expectations

Did the Engineer provide Project Management Services? Yes No Limited Scope

Did the Engineer provide Construction Management Services? Yes No Limited Scope

Was the Engineer responsive to the Project Owner? Yes No

Was the Engineer timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone No.: _____ Facsimile No.: _____ Email: _____

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Girls Inc. Experience of the Adaptation Specialist Reference Form RFQ-EAS-008

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than three (3) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by Adaptation Specialist)

This project reference complies with the Experience Requirement(s) of this referenced RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Adaptation Specialist)

Reference Project Name/Address: _____

Name(s) and Role(s) of Adaptation Specialist Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Completion Date: _____

Specialist's Company Name: _____ Company's Contact Name: _____

Specialist's Title/Position: _____ Company's Contact Signature: _____

Company's Telephone No.: _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by Project Owner)

Project Completed on Time and within Budget: Yes No Project Duration: _____

If "No", was the **Specialist** at fault or did it contribute to the delay(s) of increased cost? Yes No

Quality of Services Provided: Above Expectations Average Below Expectations

Did the Specialist provide Project Management Services? Yes No Limited Scope

Did the Specialist provide Construction Management Services? Yes No Limited Scope

Was the Specialist responsive to the Project Owner? Yes No

Was the Specialist timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone No.: _____ Facsimile No.: _____ Email: _____

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).



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Girls Inc.
Qualifications of Sub-Consultants/Sub-Contractors
RFQ-QSC-009

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 a non-responsive.

RFQ No.: _____

RFQ Title: _____

Name of Proposer: _____

Name of Sub-Consultants / Sub-contractors	Office Location	Scope of Work	License No.	SBE/DBE/FDOT Certification	% of Work



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Girls Inc. Experience of the Sub-Consultant/Sub-Contractor Reference Form RFQ-ESC-010

INSTRUCTIONS

Proposers shall complete the following information for completed projects where the Proposer believes the project is of equal or greater scope, size, and complexity that best represent its ability to complete the "Project." The reference provided below should be for one (1) project. Please provide no more than three (3) projects.

FAILURE TO COMPLETE AND SUBMIT THIS FORM MAY RESULT IN THE RESPONSE BEING REJECTED AS NON-RESPONSIVE.

REFERENCE(S) APPLICABILITY TO EXPERIENCE REQUIREMENTS (To be Completed by Sub-Consultant)

This project reference complies with the Experience Requirement(s) of this referenced RFQ.

Yes No Not Applicable

If yes, please indicate which of the Experience Requirements are met with this project reference.

REFERENCE PROJECT INFORMATION (To be Completed by the Sub-Consultant)

Reference Project Name/Address: _____

Name(s) and Role(s) of Sub-Consultant Working on this Reference Project: _____

Reference Project Description: _____

Scope of Services Provided: _____

Compensation for Services: \$ _____ Project Start Date: _____ Completion Date: _____

Project Construction Cost: \$ _____ Construction Start Date: _____ Completion Date: _____

Sub-Consultant's Company Name: _____ Company's Contact Name: _____

Sub-Consultant's Title/Position: _____ Company's Contact Signature: _____

Company's Telephone No.: _____ Facsimile No.: _____ E-mail: _____

REFERENCE PROJECT INFORMATION (To be Completed by Project Owner)

Project Completed on Time and within Budget: Yes No Project Duration: _____

If "No", was the **Sub-Consultant** at fault or did it contribute to the delay(s) of increased cost? Yes No

Quality of Services Provided: Above Expectations Average Below Expectations

Did the Sub-Consultant provide Project Management Services? Yes No Limited Scope

Did the Sub-Consultant provide Construction Management Services? Yes No Limited Scope

Was the Sub-Consultant responsive to the Project Owner? Yes No

Was the Sub-Consultant timely in its reviews and submittals? Yes No

Reference Company Name: _____ Reference Contact Name: _____

Reference Title/Position: _____ Reference Contact Signature: _____

Reference Telephone No.: _____ Facsimile No.: _____ Email: _____

SPACE BELOW IS TO BE UTILIZED TO EXPAND ON THE SCOPE OF SERVICES PROVIDED FOR THIS PROJECT REFERENCE. PLEASE DESCRIBE YOUR FIRM'S INVOLVEMENT IN THE REFERENCE PROJECT. PROVIDE DETAILS TO SUPPORT WHETHER EACH TEAM MEMBER'S PARTICULAR EXPERTISE RELEVANT TO THE PROJECT WAS GAINED UNDER CURRENT EMPLOYMENT, OR AS A MEMBER OF ANOTHER FIRM (ADDITIONAL SHEETS OF PAPER MAY BE USED TO INCLUDE INFORMATION).



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Girls Inc.
List of Sub-consultants/Sub-contractors
RFQ-LSC-011

Instructions

This form is to be completed and submitted in coordination with Form RFQ-QSC, listing all Subconsultants and Subcontractors to be used under this Agreement. This form is to be updated after Subconsultants and Subcontractors may be added or substituted. Please identify the type of license(s) each Firm holds and identify any Bay County Small Business Enterprise (SBE)/Disadvantaged Business Enterprise (DBE) or Florida Department of Transportation (FDOT) certifications. No other certifications are required to be identified. Failure to provide the information or details required by the form may result in the rejection of a Response a non-responsive.

RFQ No.: _____

RFQ Title: _____

Name of Prime-Consultant: _____

Name of Firm	Address	Scope of Work	Professional License(s) Number	SBE/DBE/FDOT Certification Number	% of Work



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Girls Inc. Qualifications of Team's Key Personnel RFQ-QTKP-012

Key Personnel

Proposer should only include personnel who will play a key role in the project. Do not include support personnel for positions such as CADD Technicians, Intern or Associate level staff, and other similar support personnel. As stipulated in the RFQ, a resume is to be included for each of the Key Personnel.

RFQ No.: _____

RFQ Title: _____

Name of Proposer: _____

Name	Role	Name of Firm	License No.	Years of Experience	Years w/ Firm	LEED Certified
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No



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Girls Inc.
Proposal Design Philosophy and Process
RFQ-PDPP-013

RFQ No.: _____

RFQ Title: _____

Name of Proposer: _____

In the space provided below, respond to the requirements for Proposal Philosophy and Process, as specified in the RFQ.



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Girls Inc.
Proposer's Technical Capabilities and Methodolog
RFQ-PTCM-014

RFQ No.: _____

RFQ Title: _____

Name of Proposer: _____

In the space provided below respond to the requirements for Technical Capabilities and Methodology, as specified in the RFQ.



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Girls Inc. Letter of Agreement - Small Business Enterprise (SBE) Program RFQ-LOA-SBE-015

THIS SECTION MUST BE COMPLETED BY THE PRIME CONSULTANT/PROPOSER OR DESIGN-BUILD FIRM

From: _____
Name of Prime Consultant/Proposer or Design-Build Firm

In response to Girls Inc. RFQ/RFP No. _____, the undersigned hereby agrees to utilize the Small Business Enterprise - Architectural & Engineering (SBE/AE) firm listed below, performing the stated work at the stated percentage, if awarded the contract. The undersigned further certifies that the firm has been contacted and properly apprised of the projected work assignment(s) to be performed upon execution of the contract with Girls Inc. Further, by signing this Letter of Agreement, the undersigned consents to adhere to Girls Inc. Procurement Manual, as amended.

Name of Certified SBE/AE Prime/Sub(SBE/AE meeting the goal)	SBE/AE Certification Number	SBE/AE Certification Expiration Date	Type of Work to be Performed (Technical Certification Categories)	Percentage Amount of AE fee

I certify that the representations contained in this form are, to the best of my knowledge, true and accurate.

Proposer/Design-Build Firm's Signature Proposer/Design-Build Firm's Name/Title (Print) Date

THIS SECTION MUST BE COMPLETED ONLY FOR DESIGN-BUILD PROJECTS

I certify that the representations contained in this form are, to the best of my knowledge, true and accurate.

Lead AE Firm's Signature Lead AE Firm's Name/Title (Print) Date

THIS SECTION MUST BE COMPLETED BY THE SBE/AE SUBCONSULTANT

ACKNOWLEDGMENT BY THE PROPOSED SBE/AE FIRM

The undersigned has reasonably uncommitted capacity sufficient to provide the required services, all licenses, and technical certifications necessary to provide such services, the ability to provide such services consistent with normal industry practice, and the ability to otherwise meet the proposal specifications.

Name of the SBE/AE Firm

SBE/AE Firm Principal's Signature SBE/AE Firm Principal's Name/Title (Print) Date