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

A. FIRM NAME: ____________________

OFFICE LOCATION: ____________________
Address

CONTACT PERSON: ____________________ TITLE: ____________________

CONTACT PERSON EMAIL: ____________________

TELEPHONE NUMBER ________ FAX NUMBER: ________ 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

B. PALM BEACH COUNTY CERTIFIED SBE OR M/WBE * : ______ YES ______ NO If YES, Check all that apply:

*** MBE: ___BL ___H ___WBE ___O(Other)**

*** SBE : ___BL ___H ___WBE ___O(Other) ______ White Male**

* ATTACH APPLICABLE COPY OF NOTICE OF PALM BEACH COUNTY SBE OR M/WBE CERTIFICATION

C. STAFF PERSONNEL (TO BE COMPLETED BY NON M/WBE FIRMS):

LIST ALL MINORITY-WOMEN PERSONNEL WHO WILL BE ASSIGNED TO THIS PROJECT BY STATING TITLE/RANK, EMPLOYMENT STATUS, AND THEIR PERCENTAGE PARTICIPATION

JOB TITLE	PART/FULL TIME	MINORITY DESIGNATION	PARTICIPATION %
1.			
2.			
3			
4.			

D. 1. SUB-CONSULTANT'S "TOTAL PROJECT PARTICIPATION" (2 + 3) .... %
(Note: Line 1 shall reflect the ACTUAL % and must be less than 100%)

2. SUB-CONSULTANT'S "TOTAL PROJECT PARTICIPATION" performed in Palm Beach County office(s) %

3. SUB-CONSULTANT'S "TOTAL PROJECT PARTICIPATION" performed outside of Palm Beach County office(s).... ________%
(Note: Line 2 plus Line 3 must equal Line 1)

E. DOLLAR VOLUME AWARD

LIST ALL PROJECTS WITH ASSOCIATED CONTRACT AND SUPPLEMENT FEES AWARDED BY PB CO BOARD OF COMMISSIONERS IN THE FISCAL YEARS INDICATED.

FY PERIOD	**ADJ FEE	FACTOR	FEE CONSIDERED
(1) Current Fiscal Year: (OCT 1 - Sept. 30)		X 1.00	
(2) Previous Fiscal Year:(OCT 1 - Sept. 30)		X 0.75	
(3) Fiscal Year Once Removed: (OCT 1 - Sept. 30)		X 0.50	
(4) Fiscal Year Twice Removed:(OCT 1 - Sept. 30)		X 0.25	

TOTAL: ____________

** PALM BEACH COUNTY FEES RENDERED TO CONSULTANT, MINUS FEES SUBCONTRACTED OUT BY CONSULTANT TO SUB-CONSULTANT. FEES FOR WHICH THE CONSULTANT IS A SUB-CONSULTANT SHALL BE INCLUDED.

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Project Name: ____________________
Project No. ________

PALM BEACH COUNTY ENGINEERING / PUBLIC WORKS OPERATIONS
ROADWAY PRODUCTION DIVISION
2300 N. JOG ROAD, 3RD FLOOR – WEST WING
WEST PALM BEACH, FL 33411

____
CONSULTANT FIRM

____________________ ________
SIGNATURE DATE

____
TITLE

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
Rev. Dec03