

Appendix B – Consultant Statement of Qualifications

Complete this form and attach it to your firm's Proposal

GENERAL INFORMATION

FIRM NAME:		
MAIN (STREET) ADDRESS:		
CITY:	STATE:	ZIP CODE:
BRANCH (STREET) ADDRESS:		
CITY:	STATE:	ZIP CODE:
REMIT TO ADDRESS:		
CITY:	STATE:	ZIP CODE:

CONTACT

CONTACT NAME & TITLE:		TELEPHONE:
FAX:	EMAIL:	WEB PAGE:

STAFF [PRINCIPAL (P) AND ASSOCIATE (A) (CHECK "P" OR "A" FOR EACH)]

NAME	P	A	DEGREE OR CERTIFICATE	INSTITUTION
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		

AVERAGE STAFF EMPLOYED IN LOCAL OFFICE: (AVERAGE OF PAST 5 YEARS)

LICENSED PROFESSIONALS: _____ PROFESSIONALS ON LICENSURE TRACK: _____ TECHNICAL SUPPORT: _____
 CLERICAL: _____ OTHER: _____

WHAT IS YOUR MANAGERIAL APPROACH, TEAM APPROACH AND QUALITY CONTROL PROGRAM? (PROVIDE ATTACHMENT, IF NECESSARY)

INDICATE PREVIOUS COUNTY OF SAN MATEO PROJECT EXPERIENCE (IF ANY).

PROJECT EXPERIENCE

LIST UP TO THREE (3) MAJOR PROJECTS WITHIN THE PAST FIVE (5) YEARS THAT INDICATES YOUR EXPERIENCE (**LIST MOST RECENT FIRST**).

Project No. 1 Name: _____

Owner (include phone): _____

Contract Award Amount: _____ Final Project Cost: _____ Project Sq. Ft.: _____

Original Construction Time: _____ Actual Construction Time: _____ Year of Completion: _____

Type of Facility: _____

Project Description: _____

Project No. 2 Name: _____

Owner (include phone): _____

Contract Award Amount: _____

Final Project Cost: _____

Project Sq. Ft.: _____

Original Construction Time: _____

Actual Construction Time: _____

Year of Completion: _____

Type of Facility: _____

Project Description: _____

Project No. 3 Name: _____

Owner (include phone): _____

Contract Award Amount: _____

Final Project Cost: _____

Project Sq. Ft.: _____

Original Construction Time: _____

Actual Construction Time: _____

Year of Completion: _____

Type of Facility: _____

Project Description: _____

KEY PERSONNEL INFORMATION

PROJECT ROLE	NAME	DEGREES	INSTITUTION	YEARS OF PROF. EXPERIENCE	DISCIPLINE, LICENSE NUMBER, EXPIRATION DATE & STATE	YEARS W/FIRM

REFERENCES [PROVIDE TWO (2)]

Name: _____ Title: _____
 Firm: _____ Telephone: _____
 Name: _____ Title: _____
 Firm: _____ Telephone: _____

Where do you normally look for information about proposed County projects? _____

Please attach to this form any other information you wish us to consider, such as your firm's brochure or a discussion of your recent work.