



**MIAMI-DADE COUNTY – INTERNAL SERVICES DEPARTMENT (ISD)  
ARCHITECT-ENGINEER LETTER OF QUALIFICATIONS (LOQ)**

**(I) - PROJECT INFORMATION**

ISD Project No.: **A15-PROS-01GOB, ESP**      Measures Goal       SBE /AE: **33%**      No. of Addenda Received:  
Project Name: **PROS FULL SERVICES PROFESSIONAL AGREEMENT - COASTAL PARKS - NORTH**

**Prime # 1**      **(II) - PRIME CONSULTANT INFORMATION**

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Business Address: \_\_\_\_\_ Principal: \_\_\_\_\_ Phone: (    ) - \_\_\_\_\_  
Contact Person's Name and Title: \_\_\_\_\_ Project Manager: \_\_\_\_\_ Fax: (    ) - \_\_\_\_\_  
Assigned Personnel: \_\_\_\_\_

**(III) - PROPOSED A/E SUB-CONSULTANT(S) INFORMATION**

Sub #	Firm Name	FEIN	Assigned Personnel
2			
3			
4			
5			
6			
7			
8			

**(IV) – A/E TECHNICAL CERTIFICATION REQUIREMENTS**

(Please use Prime # and Sub # to identify each firm from section II and III)

A/E Technical Certification Category	Prime #	Sub #
<b>14.00</b> Architecture - PRIME		
<b>18.00</b> Architectural Construction Management - PRIME		
<b>22.00</b> ADA Title II Consultant - PRIME		
<b>9.01</b> Soils, Foundations and Materials Testing - Drilling, Subsurface Investigations and Seismographic Services		
<b>9.02</b> Soils, Foundations and Materials Testing - Geotechnical and Materials Engineering Services		
<b>10.05</b> Environmental Engineering - Contamination Assessment and Monitoring		
<b>11.00</b> General Structural Engineering		
<b>12.00</b> General Mechanical Engineering		
<b>13.00</b> General Electrical Engineering		
<b>15.01</b> Surveying and Mapping – Land Surveying		
<b>15.03</b> Surveying and Mapping – Underground Utility Location		
<b>16.00</b> General Civil Engineering		
<b>17.00</b> Engineering Construction Management		
<b>20.00</b> Landscape Architecture		
<b>21.00</b> Land - Use Planning		

**(V) - PROPOSED NON-A/E SUB-CONSULTANT(S) INFORMATION**

(Non-A/E firms shall not perform services described in a Technical Certification Categories)

No.			
<b>a</b>	Firm Name: _____	FEIN: _____	Phone: (    ) - _____
	Address: _____		
	Assigned Personnel: _____		
	Assigned Services: _____		
<b>b</b>	Firm Name: _____	FEIN: _____	Phone: (    ) - _____
	Address: _____		
	Assigned Personnel: _____		
	Assigned Services: _____		

**(VI) - ABILITY OF TEAM MEMBERS TO INTERFACE WITH THE COUNTY**

**(VII) - RESUMES FOR ASSIGNED PERSONNEL**

Attach resumes for assigned personnel identified on this LOQ.

**(VIII) - LOCAL CERTIFIED VETERAN BUSINESS ENTERPRISE**

A Local Certified Veteran Business Enterprise is a firm that is a) a local business pursuant to Section 2-8.5 of the Code of Miami-Dade County and b) is certified by the State of Florida Department of Management Services as a Service-Disabled Veteran Business Enterprise pursuant to Section 295.187 of the Florida Statutes, prior to proposal submittal. At the time of proposal submission, the Local Certified Service-Disabled Veteran Business Enterprise must affirm in writing its compliance with the certification requirements of Section 295.187 of the Florida Statutes and submit said affirmation and a copy of the actual certification along with the proposal submission.

- Place a checkmark here only if affirming proposer is a certified Local Certified Veteran Business Enterprise.  
A copy of the required certification must be submitted with the proposal.

**THE EXECUTION OF THE LOQ CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF HIS OR HER PROPOSAL. FAILURE OF AN AUTHORIZED PRIME FIRM REPRESENTATIVE TO SIGN THIS LOQ WHERE INDICATED BELOW, MAY RENDER THE PROPOSAL NON-RESPONSIVE. HOWEVER, THE COUNTY MAY, AT ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF HIS OR HER OFFER.**

**(IX) - PRIME CONSULTANT ACKNOWLEDGEMENT**

I hereby certify that to the best of my knowledge and belief all the foregoing information is true and correct.

Authorized Prime Consultant's Representative: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Signature Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR MIAMI-DADE COUNTY – ISD USE ONLY**

**DO NOT WRITE IN THIS SECTION**

**A/E TECHNICAL CERTIFICATION REQUIREMENTS**

TC #	Team	Pre Q	TC	Additional Comments
14.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
18.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
22.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.01		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9.02		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10.05		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15.01		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15.03		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
16.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
17.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
20.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	
21.00		Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	

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**ISD FORMS AND OTHER DOCUMENTATION**

Forms	Verification	Additional Comments
ISD Form No. 1	Yes <input type="checkbox"/> No <input type="checkbox"/>	

<b>ISD Form No. 5</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>ISD Form No. 11</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Table of Organization</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>Completed SBE Forms and/or documentation</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Contractor Due Diligence Affidavit</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	