

(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"/>	

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