



**MIAMI-DADE COUNTY
ARCHITECT-ENGINEER LETTER OF QUALIFICATIONS (LOQ)**

(I) - PROJECT INFORMATION

ISD Project No.: _____ Measures Goal SBE /AE: ##% SBE/GS: #% No. of Addenda Received: _____
 Project Name: **TITLE**

Prime # 1 (II) - PRIME CONSULTANT INFORMATION

Name: _____ FEIN: _____ E-mail: _____
 Business Address: _____ Principal: _____ Phone: () - _____
 Contact Person's Name and Title: _____ Project Manager: _____ Fax: () - _____
 Locally Headquartered Business (LHB) Yes or No Percentage of Work to be done by the Prime _____%
 Assigned Personnel: _____

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

(Only the A/E Technical Certification categories required for this project are eligible for Locally Headquartered Business (LHB) work assignments on the Letter of Commitment)

Sub #	Firm Name	FEIN	Assigned Personnel	LHB Yes or No
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				

(IV) - A/E TECHNICAL CERTIFICATION REQUIREMENTS

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

A/E Technical Certification Categories	Prime #	Sub #
14.00 Architecture - PRIME		
18.00 Architectural Construction Management - PRIME		
11.00 General Structural Engineering		
12.00 General Mechanical Engineering		
13.00 General Electrical Engineering		
16.00 General Civil Engineering		
17.00 Engineering Construction Management		
20.00 Landscape Architecture		

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

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

No.	Firm Name:	FEIN:	Phone: () -
a	Address:		
	Assigned Personnel:		
	Assigned Services:		

b	Firm Name: _____ FEIN: _____ Phone: () - _____ Address: _____ Assigned Personnel: _____ Assigned Services: _____
c	Firm Name: _____ FEIN: _____ Phone: () - _____ Address: _____ Assigned Personnel: _____ Assigned Services: _____
d	Firm Name: _____ FEIN: _____ Phone: () - _____ Address: _____ Assigned Personnel: _____ Assigned Services: _____

(VI) - FIRM'S PROJECT STAFFING AVAILABILITY, AND ABILITY TO MEET TIME AND BUDGET

(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 the affirming proposer is a certified Local Certified Veteran Business Enterprise. A copy of the required certification must be submitted with the proposal.

(IX) - PRIME CONSULTANT ACKNOWLEDGEMENT

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 OR INELIGIBLE FOR THE LOCALLY HEADQUARTERED BUSINESS PREFERENCE. HOWEVER, THE COUNTY MAY, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF HIS OR HER OFFER.

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: _____