



# FORM 1 Prime Firm General Information

Solicitation Number:

Project Name:

Firm Legal Name: <b>(MUST MATCH VENDOR REGISTRATION AND BE THE EXACT LEGAL NAME)</b>	
Firm Address:	
Headquarter Address if parent company address is different than firm address listed:	
Telephone number:	
Federal Tax ID Number:	
Contact Person (Person City should contact for questions with submittal):	
COA Vendor Registration Number:	
Address of contact person:	
Phone number of contract person:	
E-mail Address of contact person:	
Year of <b>Firm's</b> Registration with the <b>State of Texas</b>	
Firm's Engineering/Architectural Registration Number:	
<i>If submitting as a joint venture, the following information is required for each joint venture firm.</i>	

Firm 1 <b>Legal Name</b>	
Participating Firms Percentage of Control:	
Number of Years in Business:	
Organization Type:	
Date of Organization (MM/YYYY):	
Date of Predecessor Organization:	

## Office Personnel List of Principals and Titles:

Name of Principal	
Title	
Personnel Other Than Principals	
Total number of employees in firm	
Number of registered Environmental Engineers	
Number of Registered Civil Engineers	
Number of other Registered Engineers	
Number of other Professionals	
Number of Support Personnel	

Firm 2 <b>Legal Name</b>	
Participating Firms Percentage of Control:	
Number of Years in Business:	
Organization Type:	
Date of Organization (MM/YYYY):	
Date of Predecessor Organization:	

**Office Personnel  
List of Principals and Titles:**

Name of Principal	
Title	
Personnel Other Than Principals	
Total number of employees in firm	
Number of registered Environmental Engineers	
Number of Registered Civil Engineers	
Number of other Registered Engineers	
Number of other Professionals	
Number of Support Personnel	

<b>Insurance Information</b>		
Worker's Compensation and Employers' Liability Insurance		
Yes	No	If "yes, please state limits.
Commercial General Liability Insurance		
Yes	No	If "yes", please state limits.
Business Automobile Liability Insurance		
Yes	No	If "yes", please state limits.
Professional Liability Insurance		
Yes	No	If "yes", please state limits.

**SUBCONSULTANT INFORMATION**

Complete the MBE/WBE Compliance Plan in the MBE/WBE Procurement Program package. All subconsultant recommendations will be subject to approval by the City. If for any reason an MBE or WBE subconsultant must be replaced, the prime consultant firm will be required to make good faith efforts to replace with another MBE or WBE.

Attach a letter from each subconsultant on the proposed team, confirming that they have been contacted and are prepared to provide services for the project.

The undersigned acknowledges receipt of the following addenda:		
Addendum No.	Date	Received By

**CONSULTANT STATEMENT OF QUALIFICATIONS ACKNOWLEDGEMENT:** The undersigned certifies that the Consultant has read and understands the Request for Qualifications documents including the Instructions to Consultants, and all other requirements applicable to the qualification-based selection process provided in the Request for Qualifications Documents.

The Consultant’s authorized contact will initial each of the blanks set forth below to represent and certify that the Consultant has completed, executed, and enclosed the corresponding supplemental documents with their submittal.

- \_\_\_\_ Form 6 – Experience of Project Manager
- \_\_\_\_ Form 7 – Experience of Project Professional
- \_\_\_\_ Form 8 – Experience of Project Principal
- \_\_\_\_ Form 9 – Prime Firm’s Comparable Project Experience
- \_\_\_\_ Form 10 – Major Scopes of Work - Comparable Project Experience

**Consultant’s submitting Statements of Qualifications in response to this RFQ agree to and represent that they are authorized to submit an SOQ on behalf of Consultant. Consultants, by submitting, acknowledge that they have received and read each solicitation document including all revisions, addenda and documents incorporated by reference, and agree to be bound by the terms therein.**

**OTHER CONSIDERATIONS**

Describe the quantity and nature of any work, interest in work, partnership interest, land ownership or other interest in any project, property or business dealing within the proposed project area or past or current business relationship which may give rise to a potential conflict of interest for your firm or associated firms in the execution of this project.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

END