



FORM 1

Prime Firm's General Information:

Solicitation Number:

Project Name:

Firm Legal Name: (MUST MATCH VENDOR REGISTRATION AND BE THE EXACT LEGAL NAME)	
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 Firm's Registration with the State of Texas	
Firm's Engineering/Architectural Registration Number:	

Complete pages 2-3 only if submitting as Joint Venture.

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

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

Firm 2 - 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		

Insurance Information		
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.

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.

Consultants submitting qualification statements shall be prepared to be responsive to City staff following Council award in providing documents required for contract execution, including but not limited to insurance, hourly rate information, and non-discrimination policy. The Consultant must commit to meeting schedules and deadlines set by City staff in order to execute the contract in a timely manner.

We anticipate contract execution on or before .

I hereby certify that following Council award, our firm will be responsive to City staff in submitting the required documents by the deadlines set forth by City staff. I understand that if we do not meet this requirement, contract negotiations will cease.

RESPONDENT'S CERTIFICATION OF NON-COLLUSION, NON-CONFLICT OF INTEREST, AND ANTI-LOBBYING (Form 2): The undersigned Consultant, by its signature, represents and certifies that it has read and can affirmatively swear and subscribe to the statements in Form 2 Non-Collusion, Non-Conflict of Interest, and Anti-Lobbying. If the Consultant cannot affirmatively swear and subscribe to any of the statements in Form 2, Consultant represents and certifies that it has provided a detailed written explanation with its Response on separate pages annexed hereto. The undersigned Consultant further certifies that it has not in any way directly or indirectly had communication restricted in the City Code Chapter 2-7, Article 6 (Anti-Lobbying and Procurement) during the No-Lobbying Period as defined in Chapter 2-7.

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.

CONFLICT OF INTEREST (see Form 2, Sections 4-6)

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