



This Statement of Respondent Qualifications requests information about Respondent that will be used in the evaluation of Respondent responsibility. All Respondents must complete this form in its entirety and submit with the Proposal. Answers should be as thorough and definitive as possible and include all pertinent data. Failure to fully and truthfully disclose the information required may result in the disqualification of your Proposal from consideration or termination of the contract, once awarded. Supplemental materials, additional pages, or requested lists providing additional information may be attached to further clarify answers.

General Information

1. Name of company/organization: _____
2. Address of company/organization: _____
3. Home office address (if other than above): _____
4. Telephone No: _____ Fax No.: _____
5. Type of business entity (corporation, partnership, sole proprietorship, etc.): _____
 - A. If your organization is a corporation, please provide on a separate sheet(s), detailing the following: Date of incorporation, State of incorporation, Names of President, Vice-president, Secretary, and Treasurer.
 - B. If your organization is a partnership or individually owned, please attach a list detailing the following: Date of organization, Name of owner(s) or partners.
6. Place of incorporation (if applicable): _____
7. Type of work performed by your company: _____
8. Year founded/established: _____
9. Has your organization been in business under its present name for at least five (5) years? ☐ YES ☐ NO
 - A. If not, please explain why. _____
10. Primary individual to contact: _____

Litigation Record

Have you or any member of your organization or team brought any claim, litigation, or arbitration against IEM





International, Inc. (IEM), Pasco County or any other Federal, State or Local Government during the last five (5) years?

☐ **YES** ☐ **NO**

If yes, attach a list of any claims, lawsuits, or requested arbitrations and their final outcome.

Has IEM, Pasco County or any other Federal, State or Local brought any claim or litigation against you or any member of your organization or team during the last five (5) years?

☐ **YES** ☐ **NO**

If yes, attach a list of any claims, lawsuits, or requested arbitrations and their final outcome.

Has you or any member of your organization or team filed any lawsuits or requested arbitration with regards to any contracts within the last five (5) years?

☐ **YES** ☐ **NO**

If yes, attach a list of any lawsuits or requested arbitrations and their final outcome.

Are there any administrative proceedings, claims, lawsuits, or other exposures pending against you or any member of your organization or team?

☐ **YES** ☐ **NO**

If yes, explain:_____

Have any subcontractors, in which your organization has some ownership, filed any lawsuits or requested arbitration with regards to any contracts within the last five (5) years?

☐ **YES** ☐ **NO**

If yes, explain:_____

Have you or any member of your organization or team to be assigned to this engagement been terminated (for cause or otherwise) from any work being performed for IEM, Pasco County or any other Federal, State or Local Government, or Private Entity?

☐ **YES** ☐ **NO**

If yes, explain:_____

Have you ever failed to complete any work awarded to you? ☐ **YES** ☐ **NO**

If yes, explain, indicating what was not completed and the reasoning:_____

Have you ever defaulted on a contract? ☐ **YES** ☐ **NO**

If yes, explain:_____





Experience Record

How many years has your organization been providing the services identified in this RFP to the following types of entities?

Government (Public) Entities: _____

Private (Commercial) Entities: _____

List three to five (3-5) similar projects as the one specified in this solicitation that your organization has completed over the last five (5) years. For each project, as applicable, provide the name, nature of the project, size (SF), location, cost, completion date, owner and architect. Attach additional pages as necessary (limit to 8 pages):

1. _____
2. _____
3. _____
4. _____
5. _____

List the major projects your organization has in progress, giving the name and location of the project as well as nature of the type of services you are providing. Provide dollar amount of contract, type of work, percent complete, estimated completion date, and owner information for each project:

\$ Amount of Contract	Type of Work	Est. Date of Completion	Name and Address of Owner
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____





Describe your organization's concepts for working in a team relationship with the owner and user groups during the completion of projects similar to that identified in this RFP. Identify which of the project(s) listed on Attachment F, *References*, best exemplify these concepts and experiences. Attach additional pages as necessary:

Please list categories of work that your organization normally performs with its own forces/employees.

1.

2.

3.

4.

Please list subcontractors in which your organization has some ownership or relationship and list the categories of work those subcontractors normally perform. Please list all subcontractors in Attachment E.

1.

2.

3.

4.

Portions of work Respondent proposes to sublet in case of award of contract, including amount and type:

1.

2.

3.

List of Surety Bonds in Force on the above incomplete work:

\$ Amount of Contract	Amount of Bond	Name of Surety Company
1.		
2.		
3.		
4.		





Equipment Schedule (if applicable)

List of equipment owned by Respondent that is in serviceable condition and available for use:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Dated this day _____ of _____ 20____
(Name of Organization)

By: _____
(Title)

Submitted by _____ an individual a partnership a corporation
with principal office at _____
(Full Address or City, State)

To be filled in by Corporation:
Date incorporated _____
Under the laws of _____ State.

To be filled in by Partnership
Date formed _____
State whether partnership is general, limited

or associated Executive Officer _____

List Members:





State of _____

County of _____

_____, being duly sworn, deposes and attests that he/she is
(Name of Respondent's Representative)

_____ of _____
(Position Title) (Name of Organization)

and that: (1) the Respondent proposing this work and the contractors / subcontractors anticipated to perform the work are properly licensed, as applicable, and shall provide proof of said licensure needed to complete the scope of work; (2) the answers to the foregoing questions on the attached/associated forms and all statements therein are correct to the best of their knowledge; (3) the experience record and the schedule of equipment are made part of this affidavit as though written in full herein; and (4) all statements and answers to the questions given in the above-mentioned experience record and schedule of equipment are true and correct.

_____, sworn to before me this _ day
(Name of Respondent's Representative)

of _____, 20__.

Notary Public

(Seal)
My Commission expires

