

**Corporation to Develop Communitities of Tampa, Inc.**

**URBAN ENTERPRISE CENTER  
CONSTRUCTION MANAGEMENT SERVICES**  
(GUARANTEED MAXIMUM PRICE - NEGOTIATED FEE)

**REQUEST FOR QUALIFICATIONS  
EXPERIENCE QUESTIONNAIRE**

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Number: \_\_\_\_\_

Project Scope: \_\_\_\_\_

**GENERAL INFORMATION**

Submitted by: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone / Fax Number: \_\_\_\_\_

The Firm acknowledges that information provided in this Experience Questionnaire and the Financial Statement is for the express purpose of inducing the Owner to whom it is submitted to award a contract to the Firm and further the Firm acknowledges that the Owner may at it's discretion, by means which the Owner may choose, determine the truth and accuracy of all statements made by the Firm.

**If a Corporation:**

**If a Partnership or Individual Proprietorship:**

Date of Incorporation \_\_\_\_\_

Date of Organization \_\_\_\_\_

State of Incorporation \_\_\_\_\_

If a partnership, state whether it is a general or limited partnership \_\_\_\_\_

(Corporation)  
Name of Officers:

(Partnership or Individual Proprietorship)  
Name and Address of Owners and/or Partners:

\_\_\_\_\_  
President

\_\_\_\_\_  
Vice President

\_\_\_\_\_  
Secretary

\_\_\_\_\_  
Treasurer

Current Firm Name:  
\_\_\_\_\_

How many years has this firm been in business? \_\_\_\_\_

Previous Firm Name: \_\_\_\_\_

How many years had the pervious firm been in business? \_\_\_\_\_

Indicate Firm History (chronology) . \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SUBSIDIARY or AFFILIATED COMPANIES IN WHICH PRINCIPALS HAVE FINANCIAL INTEREST**

Name and Address of Subsidiary or Affiliated Companies	Explain in detail the Principal's interest in this Company and Nature of Business



5. Within the previous seven (7) fiscal years has there been any liquidated damages, penalties, liens, defaults, or cancellations imposed or filed against your Firm? \_\_\_\_\_yes \_\_\_\_\_no.  
If yes, state the name of the project, the Firm responsible, and explain the nature and current status.
  
6. Within the previous seven (7) fiscal years, has your Firm declared bankruptcy? \_\_\_\_\_yes \_\_\_\_\_no.  
If yes, please explain.
  
7. Provide letters of reference and recommendations from previous owners and architects and attach to this questionnaire.

## RELATED BUILDING EXPERIENCE (Completed Projects)

Major consideration will be given to the successful completion of previous projects comparable in scope and complexity.

- 1). List the most recently **completed projects** which best illustrate the experience of the Firm and the current staff being assigned this project. List no less than three (3) nor more than ten (10) projects, nor projects which were completed more than ten years ago.

(Duplicate this two page form as necessary to list projects)

**a.**

Project Name:

Project Location:

Project Scope:

Project Size:  
(gross square feet)

Original Contract  
Amount: \$

Final Contract Amount: \$

Explain Differences in "Contract Amounts"

**b.**

Firm's Responsibility:  
(Construction Manager, Project Manager, General Contractor, Design/Build, etc.)

Project Staff:

Principal in Charge:

Project Manager:

Superintendent:

Other:

**c.**

Completion Dates

Original:

Revised:

Actual:

Explain Differences in "Completion Dates"

**d.**

Owner:

Contact Person & Title

Address:

Telephone: ( )

Fax: ( )

**e.**

Project Architect/Engineer:

Address:

Telephone: ( )

Fax: ( )

Contact Person & Title:

**RELATED BUILDING EXPERIENCE  
(In Progress Projects)**

Major consideration will be given to the successful completion of previous projects comparable scope and complexity.

- 2. List and indicate the status of in progress projects under contract as of the date of this Application. Indicate whether the project is in progress or awarded and not yet begun.

(Duplicate this two page form as necessary to list projects)

- a. Project Name:

Project Location:

Project Scope:

Project Size:  
(gross square feet)

Total Amount of Your Contract: \$

Amount of Above Sublet to Others: \$

Uncompleted Amount of Contract \$

- b. Firm's Responsibility:  
(Construction Manager, Project Manager, General Contractor, Design/Build, etc.)

Project Staff:

Principal in Charge:

Project Manager:

Superintendent:

Other:

**c.**

**Contract Status:**

(Awarded & Not Yet Begun, In Progress, In Progress & Stopped, etc.)

Explanation:

Is the Project on schedule? \_\_\_\_\_yes \_\_\_\_\_no.

If no, please explain:

**d.**

**Owner:**

Contact Person & Title:

Address:

Telephone: ( )

Fax: ( )

**e.**

**Project Architect/Engineer:**

Address:

Telephone: ( )

Fax: ( )

Contact Person & Title:

# FINANCIAL CAPABILITY STATEMENT

Firm Name: \_\_\_\_\_

Complete the following Information:

Total Billings  
for Previous Three (3) Fiscal Years

Estimated total value of uncompleted work on  
outstanding contracts

Year

Year

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_

The Firm's financial statement and the Bonding Company's letter, placed in a separate sealed envelope as required by this "Request for Qualifications", is a true and accurate representation of the financial status of this Firm.

The undersigned certifies that he/she is a principal or officer of the Firm authorized to sign on behalf of the Firm and certifies that all information included within this application is true and accurate and that all statements of intent or proposed future action (including the assignment of personnel and the provisions of services) will be honored by the Firm if awarded the contract.

For and on behalf of the Firm

\_\_\_\_\_  
(signature)

\_\_\_\_\_  
(typed name)

\_\_\_\_\_  
(title)