## Experience and Qualifications Form (EQF-1)

**Instructions:** The Proposer and any subcontractors the Proposer intends to employ at the time of SIQ submittal, must submit a fully completed EQF-1 form. All blocks requested on the form are required. If a block is not applicable, Proposer or subcontractor should enter “N/A.” If the Proposer is participating as a joint venture, each prime firm should complete a separate EQF-1 form and indicate on the form in block 9 that the response is a joint venture.

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| 1. Project name, solicitation number, and date of submittal: | |
| 2. Official name of firm, indicate if prime or subcontractor: | |
| 3. Address of office to perform work: | |
| 4. Name of parent company, if any: | 5. Location of headquarters (city): |
| 6. Name, title, and telephone number of principal contact: | |
| 7. Name, title, and telephone number of project manager: | |
| 8. Specify Type of Ownership:  ☐Private corporation ☐ Public corporation ☐ Proprietorship ☐ Partnership | |
| 9. Is this submittal a joint venture (JV)?  ☐Yes ☐No | If so, has the JV worked together before?  ☐Yes ☐No |
| 10. List full-time personnel by primary function. Count each only once.  # Function (e.g. Construction Manager) # Function (e.g. Construction Manager)                              Other:    **Total Personnel:** | |

1. The Proposer should list all subcontractors it intends to employ for the Project (use separate sheet for subcontractors beyond 10):

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| a. Name & address of each subcontractor: | b. Specific work to be performed on this project: | c. Worked with prime firm before? If so, describe: |
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| 1. Brief résumé of key project personnel anticipated to work on this contract. | |
| a. Name, domicile and email address | b. Title/ Area of Expertise |
| c. Name of firm by which employed full time | d. Years’ experience:  With this firm:        With other firms: |
| e. Education: Degree(s) / Years / Specialization | f. Active registration or applicable certifications:  State/Discipline/License Number/First year registered |
| g. Other experience and qualifications relevant to the proposed project with role identified clearly: | |

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| 13. Proposer’s most relevant project experience (List up to but no more than 10 projects and include no more than one page per project). | | | | | | |
| a. Project name & location | | b. Project description (including delivery method) | c.  **FIRM INVOLVED;** Detailed description of nature of firm’s responsibility including timeframe engaged & firm members involved | d. Owner’s name, address, and telephone number | e. Designer’s name, address, and telephone number | f. Completion date (specify percent constructed); Construction cost in thousands |
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| 14. Key Personnel Participation in Relevant Projects | | | | | | | | | | | | | | |
| NAMES OF KEY PERSONNEL | | PROPOSED ROLE IN THIS  CONTRACT | EXAMPLE PROJECTS LISTED IN SECTION 13 (Fill in “Example Projects Key” section below before completing  table. Place “✓” under project key number for same role; Place “X” under project key number for similar role.) | | | | | | | | | | | |
| 1 | | 2 | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
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| EXAMPLE PROJECTS KEY | | | | | | | | | | | | | | |
| NO. | TITLE OF EXAMPLE PROJECT (FROM SECTION 13) | | | NO. | | TITLE OF EXAMPLE PROJECT (FROM SECTION 13) | | | | | | | | |
| 1 |  | | | 6 | |  | | | | | | | | |
| 2 |  | | | 7 | |  | | | | | | | | |
| 3 |  | | | 8 | |  | | | | | | | | |
| 4 |  | | | 9 | |  | | | | | | | | |
| 5 |  | | | 10 | |  | | | | | | | | |

15. Use this space to provide any additional information or description of resources supporting your firm’s

qualifications for the proposed project. This section is limited to five (5) pages.

16. This is to certify that all information contained herein is accurate and true.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Typed Name and Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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