



**PRIME CONSULTANT QUALIFICATION QUESTIONNAIRE**

The detailed data requested here must be submitted **in this format only.**  
Use as many pages as needed to provide the following **required** information:

**PRIME CONSULTANT**

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

Office Location: \_\_\_\_\_

Street Address State Zip Code

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Person Email: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ No. of Employees \_\_\_\_\_

The undersigned intends to perform work in connection with the above project as (check one):

- An individual  A corporation  A partnership  A joint venture

**S/M/WBE Certifications:** Check all that apply and attach applicable copy of certification letter(s) or certificate(s). Certifications must be valid on RFP or other type of submittal due date.

**S/M/WBE** (*certified with Palm Beach County*)

- Asian  Black  Caucasian  Hispanic  Other \_\_\_\_\_  Male  Female

**M/WBE** (*certified with State of FL*)

- Asian  Black  Caucasian  Hispanic  Other \_\_\_\_\_  Male  Female

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

**Project No.:** \_\_\_\_\_

**Scope of Service** \_\_\_\_\_

(1) \_\_\_\_\_% Prime Consultant’s **“Total Project Participation (TPP)”**  
*(Note: Line 1 shall reflect the ACTUAL % and must be less than 100%)*

(2) \_\_\_\_\_% Prime Consultant’s TPP performed **in Palm Beach County office(s)**

(3) \_\_\_\_\_% Prime Consultant’s TPP performed **outside of Palm Beach Co. office(s)**  
*(Note: Line 2 plus Line 3 must equal Line 1)*

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**Dollar Volume Award:**

List all projects with associated contract and supplement fees awarded by the Palm Beach County Board of County Commissioners in the fiscal years (*October 1 to September 30*) indicated.

<b>FY Period</b>	<b>**Firm's Fee</b>	<b>Factor</b>	<b>Fee Considered</b>
(1) Current Fiscal Year:	\$ _____	x 1.00 =	\$ _____
(2) Previous Fiscal Year:	\$ _____	x 0.75 =	\$ _____
(3) Fiscal Year Once Removed:	\$ _____	x 0.50 =	\$ _____
(4) Fiscal Year Twice Removed:	\$ _____	x 0.25 =	\$ _____
<b>Total:</b>			\$ _____

\*\* Palm Beach County fees rendered to consultant, minimum fees subcontracted out by consultant to sub-consultant. Fees for which the consultant is a sub-consultant shall be included.

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**Prime Consultant Firm:** \_\_\_\_\_

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

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

Title: \_\_\_\_\_