

Architectural Statement of Qualifications

NAME OF FIRM: _____

ADDRESS: _____

1. Years in Business in Present Form: _____

2. Firm's History and Resource Capability to Perform Required Services:

3. Firm's Knowledge of the Community:

4. Titles, Names, and Addresses of all Officers:

5. List categories in which firm is legally qualified to do business. Include Licenses and Registrations where applicable.

6. Does your firm carry Errors and Omissions Insurance? YES _____ NO _____

11. List three (3) references for the Firm.

- 1. _____
- 2. _____
- 3. _____

12. Are you a Section 3 Business Concern? Yes _____ No _____
If yes, the Attached Section 3 Business Concern Certification, Previous Certification and Action Plan must be filled out, signed, notarized, and submitted with your proposal.

Is the signed and notarized Section 3 Business Concern Certification, Previous Certification and Action Plan attached to your proposal? Yes ___
If no, you will only need to submit the Section 3 forms if you are the successful proposer.

13. Certifying that:
Mr./Mrs./Ms. _____ (signature) being duly sworn
deposes and states that he/she is the _____ (title)
of _____ (name of firm) and that answers to the
foregoing questions and all statements herein contained are true and correct.