

# Engineering Statement of Qualifications

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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 \_\_\_\_\_



12. If your firm is selected for this project, and the grant is approved, what timeframe do you feel you will need to have final plans and specifications ready for approval by any and all applicable agencies? Please provide this information in months, such as 3 months after Notice of Award of all grants, etc.

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13. List key personnel (with qualifications) likely to be involved on these projects and explain their specific role in CDBG work.

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

15. 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.*

16. 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.