

Appendix A: RFQ Form

Request for Qualifications (RFQ): AKA Respondent Information and Signature Sheet

E-mail to: TC.Project@steps-npr.org **ASAP**

Project Name: STEPS Construction of 30-Unit Residential Facility with Offices, Laundry and Conference Rooms

Project Location: 5801 Trouble Creek Road, New Port Richey, FL 34652

RFQ Number: [STR-TC-2024-101] _____

1. Respondent Information:

- **Company Name:** _____
- **Business Address:** _____
- **City, State, ZIP Code:** _____
- **Phone Number:** _____
- **Fax Number:** _____
- **Website:** _____
- **Email Address:** _____
- **Federal Employer Identification Number (FEIN):** _____
- **State of Incorporation:** _____
- **Year Established:** _____

• **UEI Number:** _____

• **Type of Entity:**

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> LLC
<input type="checkbox"/> Partnership	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other (specify): _____

2. Contact Information:

- **Primary Contact Name:** _____
- **Title:** _____
- **Phone Number:** _____
- **Email Address:** _____

3. Licensing Information (attach copy):

- **General Contractor License Number:** _____

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Submission Deadline: 9/11/2024 by 4PM E-mail to: TC.Project@steps-npr.org

- State of License:

- Expiration Date:

4. Bonding Capacity (attach copy):

- Aggregate Bonding Capacity: \$

- Single Project Bonding Capacity: \$

5. Acknowledgment of Addenda:

The undersigned acknowledges receipt of the following addenda issued during the RFQ/RFP process:

- Addendum Number: *Davis Bacon* Date Received: _____
- Addendum Number: BABA Date Received: _____
- Addendum Number: [2 CFR 200.322](#) *Domestic preferences for procurement* Date Received: _____
- Addendum Number: _____ Date Received: _____

6. Insurance Coverage (attach copy):

- General Liability Insurance Provider:

- Policy Number:

- Coverage Amount: \$

- Workers' Compensation Insurance Provider:

- Policy Number:

- Coverage Amount: \$

7. Diversity and Inclusion Certifications (if applicable, attach copy):

- Minority-Owned Business Certification: Yes No

○ Certifying Agency: _____

- Women-Owned Business Certification: Yes No

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○ **Certifying Agency:**

• **Veteran-Owned Business Certification:** Yes No

○ **Certifying Agency:**

8. Please provide a list of Construction Projects in the Area you have “In-progress” and “Completed”:

Attach on a separate paper (use page 3 if you like) list requested information about:

- 2 projects In-progress and
- 2 Completed Projects.

9. Certification and Signature:

The undersigned, an authorized representative of the company, certifies that all information provided in this submission is accurate and complete. The undersigned also certifies that the company will comply with all Federal, State and County Laws and will comply with all terms, conditions, and specifications as set forth in the RFQ and RFP.

- **Authorized Signature:** _____
- **Printed Name:** _____
- **Title:** _____
- **Date:** _____

Please attach any additional required documentation to this form as specified in the RFQ and RFP.

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Property Owner Name:		Site 1 In-progress	
Address:		Site Address	
Phone Number:			
Property Owner Name:		Site 2 In-progress	
Address:		Site Address	
Phone Number:			
Property Owner Name:		Site 1 Completed	
Address:		Site Address	
Phone Number:			
Property Owner Name:		Site 2 Completed	
Address:		Site Address	
Phone Number:			