



ATTACHMENT I – General Qualifications  
**ANNUAL REQUEST FOR QUALIFICATIONS AND EXPERIENCE NO:  
ADSP015-00004729**

STATE PROCUREMENT OFFICE  
Department of Administration  
100 North 15<sup>th</sup> Avenue, Suite 201  
Phoenix, Arizona 85007

(If a firm has branch offices, complete for each specific branch office seeking work.)

1. **Annual Request for Qualifications**

a. FIRM (OR BRANCH OFFICE ) NAME:	
b. FIRM (OR BRANCH OFFICE) STREET:	
c. FIRM (OR BRANCH OFFICE) CITY:	
d. FIRM (OR BRANCH OFFICE) STATE:	
e. FIRM (OR BRANCH OFFICE) ZIP CODE:	
f. YEAR ESTABLISHED:	
(g1). OWNERSHIP - TYPE:	
(g2) OWNERSHIP - SMALL BUSINESS STATUS:	
h. POINT OF CONTACT NAME AND TITLE:	
i. POINT OF CONTACT TELEPHONE NUMBER:	
j. POINT OF CONTACT E-MAIL ADDRESS:	
k. NAME OF FIRM (If block 1a is a branch office):	







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**4. Resumes of Key Personnel Proposed for this Contract** *(Complete one Section 4 for each key person.)*

a. NAME	b. ROLE IN THIS CONTRACT	c. YEARS EXPERIENCE	
		1. TOTAL	2. WITH CURRENT FIRM
d. LOCATION <i>(City and State)</i>			
e. EDUCATION <i>(DEGREE AND SPECIALIZATION)</i>		f. PROFESSIONAL TRAINING - REGISTRATIONS	
g. OTHER PROFESSIONAL QUALIFICATIONS <i>(Organizations, Awards, etc.)</i>			

**H. RELEVANT PROJECTS**

<b>1.</b>	(1) TITLE AND LOCATION <i>(City and State)</i>	(2) YEAR COMPLETED	
		Professional Services	Construction (if applicable)
	(3) BRIEF DESCRIPTION <i>(Brief scope, size, cost, etc.)</i> AND SPECIFIC ROLE	<input type="checkbox"/> Check if project performed with current firm	
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5. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT

(Present no more than five (5) projects. Complete one Section 5 for each project.)

a. TITLE AND LOCATION <i>(City and State)</i>	b. YEAR COMPLETED	
	PROFESSIONAL SERVICES	CONSTRUCTION <i>(If applicable)</i>

23. PROJECT OWNER'S INFORMATION

c. PROJECT OWNER	d. ORIGINAL BUDGET/NTE AMOUNT OF PROJECT	e. TOTAL COST OF PROJECT
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f. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT (include scope, size, and length of project)



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**6. ADDITIONAL INFORMATION**

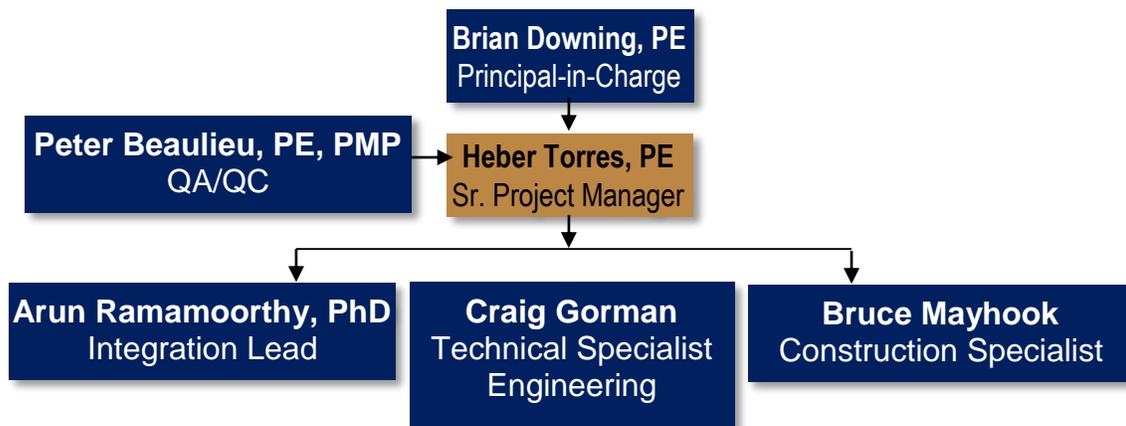
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**a. PROVIDE ANY ADDITIONAL INFORMATION YOU FEEL MAY BE NECESSARY TO DESCRIBE YOUR FIRMS QUALIFICATIONS. (ATTACH ADDITIONAL SHEETS AS NEEDED.)**



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7. ANNUAL AVERAGE PROFESSIONAL SERVICES REVENUES OF FIRM FOR LAST 3 YEARS

a. Percentage of Total Work Attributable to State, Federal and Municipal Government Work:	
b. Percentage of Total Work Attributable to Non-Government Work:	

8. AUTHORIZED REPRESENTATIVE. The foregoing is a statement of facts.

Signature: *Brian Robinson*

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

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

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