

RESPONDENT FORMS

FORM A: STATEMENT OF QUALIFICATION SUBMISSION AND CERTIFICATION

Legal Firm Name: _____

Business Address: _____

Primary Contact: _____

Primary Contact Title: _____

Phone: _____

Email: _____

Florida Firm License and Authorization Number: _____

Proposed Architect of Record and Florida License Number: _____

By signing below, Respondent certifies that the Statement of Qualifications is accurate to the best of its knowledge; the signer is authorized; all addenda have been acknowledged; no prohibited compensation information is included; and Respondent agrees to comply with the solicitation's communication, security, conflict, and procurement-integrity requirements.

Authorized Signature: _____

Printed Name and Title: _____

Date: _____

FORM B:
ADDENDA ACKNOWLEDGMENT

Addendum No.	Date Received	Initials

FORM C
CONFLICT OF INTEREST DISCLOSURE

Disclose any actual or potential organizational, financial, personal, employment, or other relationship involving Respondent, proposed team members, IHMC, Triumph Gulf Coast, or persons participating in the selection that could reasonably be perceived to affect impartial performance or procurement integrity.

☐ None. ☐ Disclosure attached.

Firm: _____

By: _____

Date: _____

FORM D
DEBARMENT AND ELIGIBILITY CERTIFICATION

Respondent certifies that, to the best of its knowledge, neither the firm nor key persons proposed for this Project are presently debarred, suspended, declared ineligible, or otherwise prohibited from performing the proposed services under applicable law or funding requirements, except as disclosed in an attachment.

☐ No exceptions. ☐ Exceptions attached.

Firm: _____

By: _____

Date: _____

FORM E
SECURITY CAPABILITY CERTIFICATION

Respondent acknowledges that the Project includes sensitive security requirements. Respondent agrees not to request, receive, store, transmit, or disclose controlled project information except as authorized by IHMC and agrees that personnel access may be limited by project-specific eligibility, citizenship, need-to-know, or other security requirements established by IHMC or the applicable authority.

☐ Acknowledged and accepted.

☐ Exceptions and clarifications attached (without restricted details).

Firm: _____

By: _____

Date: _____

FORM F
RELEVANT PROJECT EXPERIENCE MATRIX

Project Location /	Owner Contact /	Year / Cost	Secure / Controlled?	Pensacola / ARB / Historic?	Key Proposed Team

FORM G
REFERENCE INFORMATION

Reference One (1):

Project: _____
Owner: _____
Reference Title: _____
Phone: _____
Email: _____
Original Construction Budget: _____
Final Construction Cost: _____
Original Completion Date: _____
Actual Completion Date: _____

Reference Two (2):

Project: _____
Owner: _____
Reference Name and Title: _____
Phone: _____
Email: _____
Original Construction Budget: _____
Final Construction Cost: _____
Original Completion Date: _____
Actual Completion Date: _____

Reference Three (3):

Project: _____
Owner: _____
Reference Name and Title: _____
Phone: _____
Email: _____
Original Construction Budget: _____
Final Construction Cost: _____
Original Completion Date: _____
Actual Completion Date: _____