**Advertisement No.:**       **DOT FM Number:**

**Submittal Date:**       **Project Name:**

**Consultant’s Name:**

(Firm must use the name shown on the Consultant’s qualification letter, if prequalified.)

**Street Address:**

**City:**       **State:**       **Zip:**

**Office Location:**       **Contact person:**

**Phone:**       **Contact email:**

By submittal of this letter the Consultant certifies that all information provided in the letter is true and accurate. The Consultant further certifies that staff proposed are currently employed by the firm(s) identified, or the Consultant shall provide a statement indicating when staff will become employed by the identified firm(s).

The Consultant shall attach a Certificate of Professional Liability Insurance as part of the submittal. Additionally, for projects $500,000 or above an FDOT approved overhead audit dated within 6 months of the Consultant’s fiscal year end must be on file with the Department; or a recent overhead audit dated within 6 months of the Consultant’s fiscal year end must be submitted to the Prequalification Administrator via email to [co.profserv@dot.state.fl.us](mailto:co.profserv@dot.state.fl.us) prior to the Letter response deadline indicated in the advertisement. In all cases, the overhead audit must be prepared by an independent Certified Public Accountant (CPA) or governmental agency and in conformance with the Department's current Reimbursement Rate Guidelines. A completed Request for Qualification Form No. 375-030-01 must accompany the submittal of an overhead audit to the Prequalification Administrator.

**The Letter of Qualification should address the following information:**

* Proposed approach and understanding of critical issues.
* Relevant project experience – Similar type of work experience; including reference contact information.
* Other content provided by firm.
* Estimate of current workload and available resources.
* Proposed key personnel and their proposed roles (do not include resumes).

***Consultants:******Please be aware that all font (including font in graphics, tables, and captions on photos) must be standard Arial Narrow, 11 point, single line spacing with no modification of font or spacing allowed.******½” clear margin on all sides must be maintained on all pages.*** *It is the Consultant’s responsibility, due to font and format restrictions within this form, to work within the constraints of the form and its format. Character styling such as use of color, bold, and italics is allowed. Use of a table is recommended for text boxes. The page layout may be modified to add columns, tables, graphics, and photos. All graphics and photos must be created in a clean, blank word document and the “text wrapping square” option applied before cutting and pasting into this form. Consultants may add their logo at the top of the first page (directly underneath the header), however, the Consultant shall not extend the form beyond the pages allocated for the Letter to accommodate insertion of the logo. Consultants are not permitted to insert any other information in the header other than the logo. After pasting your letter into this form, highlight all text and ensure the font size of Arial Narrow, 11 point was retained. Once your content is inserted, delete any additional blank pages that are generated by pressing your delete key after the last word in the Letter of Response. Recreation of the form in another software application to modify the form format is not permitted. This form works best when saved with a .docx extension. \*Please retain the source document as it may be requested at a later date in the procurement, to verify adherence with aforementioned restrictions. Note: You may begin typing on this page*.

**Prequalification of Prime Consultant and any proposed Subconsultants by advertised type(s) of work:**

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| **Consultant Name** | | **Project Advertised Major & Minor Work Types** | | | | | | | | | | |
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SB = Small Business

**Prequalification of Prime Consultant and any proposed Subconsultants by advertised type(s) of work:**

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| **Consultant Name** | | **Project Advertised Major & Minor Work Types** | | | | | | | | | | |
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SB = Small Business

**Prequalification of Prime Consultant and any proposed Subconsultants by advertised type(s) of work:**

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| **Consultant Name** | | **Project Advertised Major & Minor Work Types** | | | | | | | | | | |
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