

Attachment 6
STATEMENT OF QUALIFICATIONS

Request for Proposals
ARCHITECTURE AND ENGINEERING (A/E) SERVICES
FOR FEMA PA DR-4339-PR PROJECT NEW APRODEC & Equinoterapia Former
Naval Station Roosevelt Roads, Ceiba, Puerto Rico
DOCUMENT NUMBER # RFP-2025-002

Each Proposer, Team Member, and First-Tier Subcontractor, if applicable, shall submit a completed Statement of Qualifications Form. For Team Members and First-Tier Subcontractors, only those items not explicitly identified as **"Not Applicable to Team Member and First-Tier Subcontractors"** shall be completed. Proposer must complete all items.

1. Entity Data:

1.1. Proposer's, Team Members and/or First-Tier Subcontractor's Identification:

<hr/> <i>(Legal Name)</i>	<hr/> <i>(Year of Establishment)</i>	<hr/> <i>(Tax ID)</i>
<hr/> <i>(D-U-N-S Number)</i>		
<hr/> <input type="checkbox"/> Proposer	<hr/> <input type="checkbox"/> Team Member	<hr/> <input type="checkbox"/> Subcontractor

1.2. The following named person is hereby authorized to bind the Entity in matters related to the Contract:

<hr/> <i>(Name)</i>	<hr/> <i>(Position)</i>
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1.3. Physical Address:

<hr/> <i>(Address Line 1)</i>	<hr/> <i>(Address Line 2)</i>
<hr/>	<hr/>

Proposer's Signature: _____

(City)

(State)

(Zip Code)

1.4. Mailing Address:

(Address Line 1)

(Address Line 2)

(City)

(State)

(Zip Code)

1.5. Contact Information:

(Telephone Number)

(Email Address)

(Facsimile Number)

1.6. The Entity is a(n):

Individual

Partnership

Other (Specify) _____

Corporation

Joint Venture

1.7. If a corporation, indicate all that apply:

Publicly Held

Privately Held

Subsidiary

1.8. **Officers and Directors:** Detail the names, telephone numbers, and email addresses of the officers, directors, members, and any partners of the Proposer.

Name	Telephone	Email	Officer	Director	Member	Partner

Proposer's Signature: _____

2. Capacity to Provide Services:

2.1. **Brief History of the Firm:** Attach to this Statement of Qualifications the Proposer's company profile establishing experience, past performance, and qualifications of the firm to render Program Management Services. See Tab _____

2.2. **Organizational Chart:** Attach to this Statement of Qualifications the Organizational Chart for the Services. (Not Applicable to Team Member and First-Tier Subcontractors) See Tab _____

2.3. Has the Proposer been involved in any criminal, civil, or administrative suits, actions, investigations, litigations, sanctions and/or administrative complaints or proceedings that were commenced, pending, settled, threatened, resolved, or concluded during the five (5) year period prior to the date of the Proposal Due Date?

_____ No _____ Yes (See Attachment _____)

If the answer to this question is "yes", state for each such suit, action, investigation or proceeding the **(a)** date of the suit, action, investigation or proceeding (or time period involved); **(b)** the specific nature of the suit, action, investigation or proceeding; **(c)** the amount of funds involved, if any; **(d)** the names of the parties; **(e)** the names and complete addresses of the courts and law enforcement agencies involved; **(f)** the title and file number of the suit,

Proposer's Signature: _____

action, investigation or proceeding; **(g)** the disposition or current status; and **(h)** any sentence, fine or other penalty imposed **on additional sheets attached to this Statement of Qualifications. Also include an opinion from an attorney discussing whether the Proposer's work will be impacted by the litigation.**

Proposer's Signature: _____

2.4. **Ongoing Contracts/Projects** (Include additional sheets of this table if necessary)

ID	Client Name	Work Description	Contract Amount	Project Duration (in months)	Status	Completion Date	Deliverables
1							
2							
3							
4							

Proposer's Signature: _____

5							

Proposer's Signature: _____

3. Reputation and Managerial, Organization, and Technical Capabilities (Not Applicable to Team Member and First-Tier Subcontractors)

3.1. Key Team Members for the Engagement: Provide the following information for all Key Team Members for the Project. **Only one name and the corresponding résumé for each Key Team Member position.**

Position	Resource Name	Education	Experience in Profession (in years)	Resumé & Certifications
Contract Manager				(See résumé in Tab __)
Design Manager				(See résumé in Tab __)

Proposer's Signature: _____

Proposer's Signature: _____

4. Acknowledgement of Addenda (Not Applicable to Team Member and First-Tier Subcontractors)

4.1. The Proposer hereby acknowledges the receipt of the following Addenda:

Addenda No.	Date Issued	Addendum No.	Date Issued

5. Certification:

The undersigned represents, warrants, and certifies on behalf of the Proposer that:

- a) The information contained in the Proposal is true and complete,
- b) The Proposal has been duly and properly authorized for submission by the Proposer, and
- c) In its preparation and development of the Proposal, the Proposer has not, directly or indirectly, solicited or received any advice, assistance, or information concerning the Proposal from any representative of LRA, or its agents or contractors, which was not equally available to other Proposers and which might contribute to an actual or potential competitive advantage for the Proposer.

In witness thereof, the Entity has executed this Statement of Qualifications this _____ day of _____, 20____.

If Entity is an individual:

(Signature of Individual)

(Printed Name of Individual)

(Address Line 1)

Proposer's Signature: _____

(Address Line 2)

(City)

(State)

(Zip Code)

If Entity is a sole partnership or operates under a trade name:

(Printed Name of the Firm)

(Signature of Authorized Representative)

(Printed Name of the Authorized Representative)

(Address Line 1)

(Address Line 2)

(City)

(State)

(Zip Code)

If Entity is a partnership or joint venture:

(Printed Name of the Partnership or Joint Venture)

(Signature of General Partner)

(Printed Name of General Partner)

(Address Line 1)

Proposer's Signature: _____

(Address Line 2)

(City)

(State)

(Zip Code)

If Entity is a corporation:

(Printed Name of the Corporation)

(Address Line 1)

(Address Line 2)

(City)

(State)

(Zip Code)

(Signature of Officer)

(Printed Name of Officer)

(Title of Officer)

(Secretary)

[CORPORATE SEAL]

Proposer's Signature: _____