

Request for Qualifications Proposal Cover Letter

RFQ No. & Title: _____

Proposer: _____

D/B/A Name: _____

Address: _____

FEIN/SSN #: _____ Florida Corporation No.: _____

Proposer's Contact Person

Name: _____

Title: _____

Telephone #: _____ E-Mail: _____

Certification of Compliance with Minimum Qualification Requirement(s)

By signing below the Proposer certifies that it meets the minimum requirements set forth in the RFQ.

Disciplines for Consideration:

The Town anticipates awarding contracts in each of the areas below. Please indicate which disciplines your firm would like to be considered for award.

General Architectural Services

Interior Design

Landscape Architecture/Design

Proposer's Authorized Representative:

Name: _____

Signature: _____

Title: _____

Date: _____