# Attachment A – Respondent Questionnaire

**PART 1 – RESPONDENT EXPERIENCE / ORGANIZATION**

1. **Respondent’s Contact Information**

*Complete the following table for your Sole Point of Contact During RFQ Process.*

| **Single Point of Contact for RFQ** | **Respondent Response**  |
| --- | --- |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Address
 |  |
| 1. E-mail
 |  |
| 1. Phone Number
 |  |

*Complete the following table for your firm’s Partner and or Manager(s) that will be in charge of this project if awarded.*

| **Partner and or Manager Contact Details** | **Respondent Response**  |
| --- | --- |
| 1. Name
 |  |
| 1. Title
 |  |
| 1. Address
 |  |
| 1. E-mail
 |  |
| 1. Phone Number
 |  |

1. **Respondent Background Information**

Complete this table with your background information. Quotes by a partnership or joint venture shall list the full names and addresses of all parties to the joint venture by completing this table for all parties.

|  | **Respondent Response**  |
| --- | --- |
| 1. Full legal business name.
 |  |
| 1. Full legal business address of the firm’s principal place of business and, if different, the location of the place of performance of the contract.
 |  |
| 1. Business entity designation, e.g., sole proprietor, Inc., LLC, or LLP.
 |  |
| 1. Current tax status and Federal Employer Identification Number (FEIN) (if applicable).
 |  |
| 1. State company formed in.
 |  |
| 1. Company phone number.
 |  |
| 1. Website address (if applicable).
 |  |
| 1. Number of years in business.
 |  |
| 1. Average number of employees during each of the last three (3) years.
 |  |
| 1. Does your company have experience working with the City of Detroit? If so, please list the contracts you hold or have held with the City of Detroit for the last 5 years.
 |  |
| 1. Identify any claims or lawsuits that have been brought against your organization as a result of any services provided within the last ten (10) years.
 |  |
| 1. Identify any projects in which your contract was terminated for any reason.
 |  |

1. **Prior Experience (Respondent)**

Describe at least **three (3)** relevant experiences from the last five (**5) years** supporting your ability to successfully manage a contract of similar size and scope for the work described in this RFQ, by completing the table(s) below.

|  |  |
| --- | --- |
| **Reference Form #1** | **Respondent Response**  |
| 1. Name of Reference (Company Name)
 |  |
| 1. Project Name/Title
 |  |
| 1. Client Location
 |  |
| 1. Contact Person Name
 |  |
| 1. Contact Person Title
 |  |
| 1. Contact Person Phone Number
 |  |
| 1. Contact Person E-mail Address
 |  |
| 1. Dates of Service (mm/yy – mm/yy)
 |  |
| 1. Description of Services Provided
 |  |
| 1. Identify respondent’s key personnel working on this project (if applicable)
 |  |

|  |  |
| --- | --- |
| **Reference Form #2** | **Respondent Response**  |
| 1. Name of Reference (Company Name)
 |  |
| 1. Project Name/Title
 |  |
| 1. Client Location
 |  |
| 1. Contact Person Name
 |  |
| 1. Contact Person Title
 |  |
| 1. Contact Person Phone Number
 |  |
| 1. Contact Person E-mail Address
 |  |
| 1. Dates of Service (mm/yy – mm/yy)
 |  |
| 1. Description of Services Provided
 |  |
| 1. Identify respondent’s key personnel working on this project (if applicable)
 |  |

|  |  |
| --- | --- |
| **Reference Form #3** | **Respondent Response**  |
| 1. Name of Reference (Company Name)
 |  |
| 1. Project Name/Title
 |  |
| 1. Client Location
 |  |
| 1. Contact Person Name
 |  |
| 1. Contact Person Title
 |  |
| 1. Contact Person Phone Number
 |  |
| 1. Contact Person E-mail Address
 |  |
| 1. Dates of Service (mm/yy – mm/yy)
 |  |
| 1. Description of Services Provided
 |  |
| 1. Identify respondent’s key personnel working on this project (if applicable)
 |  |

1. **Respondent’s Subcontractor(s) Prior Experience (if applicable)**

| **Question** | **Respondent Response**  |
| --- | --- |
| 1. Do you intend to utilize any subcontractors?

*If yes, provide their legal business name and address, and a description of the goods/services they will supply. Also complete the Subcontractor Reference Form provided below for each subcontractor.* |  |

If applicable, describe below at least **one (1)** relevant experience from the last five (**5) years** supporting your subcontractor’s ability to successfully perform similar work as set forth in your company’s Quote.

|  |  |
| --- | --- |
| **Subcontractor Reference Form** | **Respondent Response**  |
| 1. Name of Reference (Company Name)
 |  |
| 1. Project Name/Title
 |  |
| 1. Client Location
 |  |
| 1. Contact Person Name
 |  |
| 1. Contact Person Title
 |  |
| 1. Contact Person Phone Number
 |  |
| 1. Contact Person E-mail Address
 |  |
| 1. Dates of Service (mm/yy – mm/yy)
 |  |
| 1. Description of Services Provided
 |  |

**PART 2 – RESPONDENT CAPACITY**

1. **Respondent Capacity and Staffing**

The Respondent must submit documentation indicating their capacity to perform the variety of services described in this RFQ. Documentation should indicate, at a minimum, the following:

Respondent shall provide an organization chart indicating the key personnel who will provide services resulting from this RFQ.

Respondent shall provide a resume for each of the key personnel who will provide services resulting from this RFQ.

Respondent shall indicate the quantity of employees that can be dedicated these services.

Respondent shall indicate the experience and of listed employees.