



CONSULTANT SEARCH

Request for Qualifications (RFQ) Application

Part I (Type only)

BASIC INFORMATION

Name of Organization: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Website: _____ Tax I.D. Number: _____

ORGANIZATIONAL INFORMATION

Principal(s)\Officers\ Board of Directors: (Complete names and titles)

Contact Person(s): (Complete names and titles)

Type of entity: (Check one)

Self-Employed: _____ Non-Profit _____ for Profit Corporation: _____

Other (please specify): _____

Please attach a brochure and/or any other relevant printed information about the organization or service provided.

PRIMARY ACTIVITIES / SERVICED OFFERED:

What are your primary activities / services offered: _____

Other areas of expertise (Check all that apply):

- | | | | |
|--------------------------------------|-------|-------------------------------|-------|
| Economic Development | _____ | Contract Administration | _____ |
| Strategic Planning | _____ | Construction Management | _____ |
| Resource Development | _____ | Maintenance Training | _____ |
| Property Management | _____ | Staff Training | _____ |
| Grants / Proposal Writing | _____ | Conflict Resolution/Mediation | _____ |
| Housing Finance / Lending | _____ | Computer Training | _____ |
| Asset Management | _____ | Network Development | _____ |
| Financial Management | _____ | Public/Media Relations | _____ |
| CGP Preparation | _____ | Community Organizing | _____ |
| Organizational Development | _____ | Personal Development | _____ |
| <i>Other (Please Specify):</i> _____ | | | |

FEEES AND COSTS

What is your per hour cost? _____

What is your per person cost? _____

If your fees vary for different services provided, or if your organization has different rates for different consultants, please provide this information in detail.

Remarks:

Use this area to provide other fees and costs information not specifically requested, but relevant to evaluation of this application.

Number of years in business: _____

OTHER INFORMATION

Has this organization or any of its principals / officers ever had a contract with the Housing Authority of Fulton County? If yes, please respond:

Name in which contract was held: _____

Term of contract: _____ Date of contract: _____

Name of Housing Authority of Fulton County contact person: _____

What type of service was provided: _____

Have any of this organization's principal(s) officer(s) ever been employed by the Housing Authority of Fulton County? If yes, please respond:

Name of individual: _____ Name of individual: _____

Years employed: _____ Years employed: _____

RACE AND GENDER (OPTIONAL):

Is this a minority organization? (Optional) Yes _____ No _____

Total number of staff in organization: _____

Number of females: _____

Number of males: _____

Number of Hispanics: _____

Number of African Americans: _____

Number of Asian / pacific islanders: _____

Number of Native Americans: _____

Number of other minorities (please specify): _____

OTHER INFORMATION YOU WISH TO PROVIDE:

Please have each individual who may provide consulting services to the Housing Authority of Fulton County to fill out the next part of this application.

Request for Qualifications (RFQ) Application
Part II

1. For each individual interested in providing consulting services, please complete the following questionnaire and include it with part I of the application.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

A. Training subject area(s) (please list) :

B. Technical Assistance area(s) (please list):

C. Other Services Proposed (please describe):

2. Professional Qualifications (name, qualification, granting institution, year):

A. Degree(s) _____

B. License(s) _____

C. Certificate(s) _____

D. Professional Associations _____

E. Other Professional Education _____

3. Experience _____
- A. Number of years of full-time employment _____
 - B. Number of years of full-time employment in area(s) of expertise _____
 - C. Number of years as full-time consultant/independent contractor in area(s) of expertise (if applicable) _____
 - D. Number of years teaching or training experience _____
 - E. Number of years teaching or training experience in current area of expertise _____