

SUBCONSULTANTS INFORMATION

E

This section must be completed and must list all subconsultants who have been solicited for **OR who have solicited participation** in this assignment. Use additional pages as necessary.

FIRM _____ DBE (Certified by CT Dept. of Transportation)
ADDRESS _____ SBE (Certified by CT Dept. of Admin. Services)
CITY _____ STATE _____ ZIP _____
CONTACT _____ FEIN _____
PHONE _____ YEAR FIRM ESTABLISHED _____

Ranges of Annual Gross Receipts: (check one)

Less than \$100,000 \$100,000 - \$250,000 \$250,000 - \$500,000 \$500,000 - \$1 million
 \$1 million - \$2 million \$2 million - \$5 million \$5 million - \$10 million \$10 million or greater

RESPONSIBILITIES ON THIS PROJECT OR: This firm is not participating as a sub consultant on this project.

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EXPERIENCE AND QUALIFICATIONS

F

List projects best illustrating qualifications of firm relevant to this project (past 5 years).
Please provide a narrative including project location, description and duration, project owner and firm's responsibilities.

1	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
2	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
3	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
4	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____

EXPERIENCE AND QUALIFICATIONS

F

Continued

5	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
6	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
7	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
8	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____

EXPERIENCE AND QUALIFICATIONS (cont.)

G

Current projects with CT DOT, other CT state agencies or CT municipalities. (other than those listed in Section F)
Please provide a narrative including project description and firm's responsibilities.

Agency _____ Project \$(000) _____ Firm's fee \$(000) _____

Agency _____ Project \$(000) _____ Firm's fee \$(000) _____

Agency _____ Project \$(000) _____ Firm's fee \$(000) _____

H

REFERENCES - Please provide 3 project owners (within the past 5 years).

		Project
Name/Title		
Firm/Organization		
Phone		
Name/Title		
Firm/Organization		
Phone		
Name/Title		
Firm/Organization		
Phone		

I

CADD - The Department utilizes a Bentley Systems, Microstation 95 Digital File Format.
Please describe your Computer Aided Design capabilities.

J

ADMINISTRATIVE DOCUMENTATION
Please provide information including the status of the following:

1 Professional licenses

2 CT DOT BFO Audits

3 Affirmative Action Plan

4 Corporate Registration

PROJECT QUALIFICATIONS SUMMATION

K

This section should be used to describe your firm's view relative to the key issues and elements of the project. Please provide a narrative including the reasons your firm is most qualified and best suited to accomplish the desired results. You may also expand on any of the items in the previous pages. This section may include up to 3 additional pages.
