

CONNECTICUT
DEPARTMENT OF TRANSPORTATION
PROJECT SUBMITTAL
FORM: CSO 255 (Jan01)

A

PROJECT FOR WHICH FIRM IS FILING:

The information herein is a statement of facts.

Name _____ Signature _____
 Title _____ Date _____

FIRM INFORMATION AND PROJECT STAFFING:

B

FIRM and YEAR EST. _____ DBE (Certified by CT Dept. of Transportation)
 PARENT CO _____ SBE (Certified by CT Dept. of Admin. Services)
 WORK TO BE DONE AT _____ PHONE _____
 ADDRESS _____ FAX _____
 _____ E-MAIL _____
 CITY _____ STATE _____ ZIP _____
 CONTACT _____ TITLE _____

C

PERSONNEL BY DISCIPLINE: a.) no. in firm, b.) no. in firm assigned to this project c.) sub consultants assigned to this project

a	b	c		a	b	c		a	b	c	
_____	_____	_____	Administrators	_____	_____	_____	Hydrologists	_____	_____	_____	Traffic Engineers
_____	_____	_____	Architects	_____	_____	_____	Landscape Architects	_____	_____	_____	Transportation Engineers
_____	_____	_____	Civil Engineers	_____	_____	_____	Mechanical Engineers	_____	_____	_____	
_____	_____	_____	Construct Inspectors	_____	_____	_____	Planners Urban/Regional	_____	_____	_____	
_____	_____	_____	Draftsmen	_____	_____	_____	Sanitary Engineers	_____	_____	_____	
_____	_____	_____	Ecologists	_____	_____	_____	Soils Engineers	_____	_____	_____	
_____	_____	_____	Electrical Engineers	_____	_____	_____	Specification Writers	_____	_____	_____	
_____	_____	_____	Estimators	_____	_____	_____	Structural Engineers	_____	_____	_____	
_____	_____	_____	Geologists	_____	_____	_____	Surveyors	_____	_____	_____	

D

STAFFING

In the space below please indicate the proposed staffing for this assignment (narrative). Identify staff involved, and in what capacity, on the projects listed in Section F.

RESUMES

Key personnel resumes (maximum-2 pages) should be attached. **FORMAT:** Name, Title, Experience, Professional Licenses/Registrations and a narrative of relevant experience and qualifications.

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.

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.

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.

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 Prime Subconsultant Project \$(000) _____ Firm's fee \$(000) _____

2 Prime Subconsultant Project \$(000) _____ Firm's fee \$(000) _____

3 Prime Subconsultant Project \$(000) _____ Firm's fee \$(000) _____

4 Prime Subconsultant Project \$(000) _____ Firm's fee \$(000) _____

EXPERIENCE AND QUALIFICATIONS

F

Continued

5

Prime

Subconsultant

Project \$(000) _____

Firm's fee \$(000) _____

6

Prime

Subconsultant

Project \$(000) _____

Firm's fee \$(000) _____

7

Prime

Subconsultant

Project \$(000) _____

Firm's fee \$(000) _____

8

Prime

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.
