CONNECTICUT DOT STATEMENT OF QUALIFICATIONS FOR THE CONSTRUCTOR FORM: SOQ C255 (Jan14)	**A** Project No. for which firm is filing: Name of Proposer (see RFQ document for definition):

The information herein is a statement of facts. (Proposed Project Executive. See RFQ Document for Definition)

Name _____ Signature _____

Title _____ Date _____

The information herein is a statement of facts. (Proposed Construction Manager. See RFQ Document for definition)

Name _____ Signature _____

Title _____ Date _____

LEAD CONSTRUCTION FIRM INFORMATION

B

Firm and year est. _____ ☐ DBE (Certified by CT Dept. Of Transportation)

Parent Co. _____ ☐ SBE (Certified by CT Dept. Of Admin. Services)

Address _____ Phone _____

_____ Fax _____

_____ e-mail _____

City _____ State _____ ZIP _____

Contact _____ Title _____

PROJECT STAFFING

C

Personnel by Discipline:
a) No. in firm; b) No. in firm assigned to this project; c) Sub contractors assigned to this project.

a	b	c		a	b	c		a	b	c	
			Administrators				Foremen				
			Construction Project Managers				Administrative staff				
			Construction Project Engineers								
			Estimators				Other staff				
			Drafters								
			Schedulers								
			Quality Control Managers								
			Quality Control Staff								
			Superintendents								

D

STAFFING

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

RESUMES

Key personnel resumes should be attached (see RFQ for further information). **FORMAT:** Name, Title, Experience, Professional Licenses/Registrations and a narrative of relevant experience and qualifications.

SUBCONTRACTORS INFORMATION

E

The Proposer should list subcontractors it wishes to showcase as part of its team. This section must list any "Key Personnel" employed by a subcontractor. Use additional copies of this page 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 established _____

Responsibilities 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 established _____

Responsibilities 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 established _____

Responsibilities on this project

PROPOSER EXPERIENCE AND QUALIFICATIONS

F

List projects (maximum of 8) best illustrating qualifications of firm relevant to this project (past 10 years).
Please provide a narrative including project location, description and duration, project owner and firm's responsibilities, start and completion date.
Indicate if the experience is for other than the Proposer (Lead construction firm in the case of a Joint Venture).

1	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	
2	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	
3	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	
4	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	

EXPERIENCE AND QUALIFICATIONS

F Continued

5	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	
6	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	
7	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	
8	☐ As Prime	☐ As Subcontractor	Project $(000)		Firm's Portion $(000)	

G

REFERENCES · (See Section 3.2 of the RFQ to supplement this section.)

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

H

Project Controls – Describe the firm's ability to implement projects controls such as scheduling, document management, and change management. Include software programs/systems used and identify which project listed in section F that made use of these systems.

PROJECT QUALIFICATIONS SUMMATION

I

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 5 additional pages.

ACKNOWLEDGEMENT OF ADDENDA

J This section is used to identify the proposer's knowledge of all addenda that have been issued. Failure to acknowledge receipt of ALL addenda may be cause rejection of the SOQ. This form shall be signed by the Project Executive as defined in the RFP documents.

I hereby acknowledge receipt of the following addenda:

Addendum Number	Addendum Date

I also acknowledge that the attached Statement of Qualifications has taken into account all addenda.

Name of Project Executive: _____

Date:_____

Project Executive Signature: _____

Note: This form must be printed, signed, and submitted with the original signature.