CONNECTICUT DOT STATEMENT OF QUALIFICATIONS FOR THE DESIGNER FORM: SOQ D255 (Mar '14)	**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 Design Manager. See RFQ Document for Definition)

Name _____ Signature _____

Title _____ Date _____

LEAD DESIGN FIRM INFORMATION

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 _____

PROJECT STAFFING

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 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.

E

SUBCONSULTANT INFORMATION

This section must be completed and must list all proposed subconsultants. 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 _____

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 _____

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 _____

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 _____

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 _____

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 _____

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 **lead design firm**.

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

G

Current projects with the Department, 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 · (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			

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 5 additional pages.