

# **PART C FORMS AND EXHIBIT**

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**FORM A**  
**TRANSMITTAL LETTER**

PROPOSER: \_\_\_\_\_

SOQ Date: June 28, 2017

Indiana Department of Transportation  
I-70 West  
Added Travel Lanes Project  
Silvia Perez  
Indiana Finance Authority  
One North Capitol Avenue, Suite 900  
Indianapolis, Indiana 46204  
Telephone: (317) 234-7701  
Email: [sperez@ifa.in.gov](mailto:sperez@ifa.in.gov)

The undersigned (“Proposer”) submits this Statement of Qualifications (this “SOQ”) in response to the Request for Qualifications dated May 25, 2017 (as amended, the “RFQ”), issued by the Indiana Department of Transportation (INDOT) to design and construct the Project. Initially capitalized terms not otherwise defined herein shall have the meanings set forth in the RFQ.

Enclosed, and by this reference incorporated herein and made a part of this SOQ, are the following:

Transmittal Letter (this **Form A**);

Executive Summary;

Confidential Contents Index;

Proposer and Team Structure and Experience (including **Form B-1**);

Approach to Project

**Forms B-2 and C**;

Surety Letter(s);

INDOT Certificates of Qualification or Letter Regarding Application for Certificate;  
and

**Form D.**

Proposer acknowledges access to all materials posted on the Procurement Website and Document Website and the following addenda and sets of questions and answers to the RFQ:

[Proposer to list any other addenda to this RFQ and sets of questions and answers by dates and numbers prior to executing **Form A**]

Proposer represents and warrants that it has read the RFQ and agrees to abide by the contents and terms of the RFQ and the SOQ.

Proposer understands that INDOT is not bound to short-list any Proposer and may reject each SOQ that INDOT may receive.

Proposer further understands that all costs and expenses incurred by it in preparing this SOQ and participating in the Project procurement process will be borne solely by Proposer, except, to the extent of any payment offered by INDOT for work product, as described in Part A, Section 5.3 of the RFQ.

Proposer agrees that INDOT will not be responsible for any errors, omissions, inaccuracies or incomplete statements in the RFQ.

Proposer acknowledges and agrees to the protest provisions and understands that it limits Proposer's rights and remedies to protest or challenge the RFQ or any determination or prequalifying thereunder.

This SOQ shall be governed by and construed in all respects according to the laws of the State of Indiana.

Proposer's business address:

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(No.)	(Street)	(Floor or Suite)
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(City)	(State or Province)	(ZIP or Postal Code)	(Country)
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State or Country of Incorporation/Formation/Organization: \_\_\_\_\_

*[insert appropriate signature block from following pages]*

1. Sample signature block for corporation or limited liability company:

*[Insert Proposer's name]*

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

2. Sample signature block for partnership or joint venture:

*[Insert Proposer's name]*

By: *[Insert general partner's or member's name]*

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

*[Add signatures of additional general partners or members as appropriate]*

3. Sample signature block for attorney in fact:

*[Insert Proposer's name]*

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Attorney in Fact

4. Sample signature block for a Proposer not yet formed as a legal entity:

*[Insert Proposer name]*

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

**FORM B-1  
PROPOSER TEAM SUMMARY**

<b>PROPOSER</b>	
<b>CONTACT PERSON</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

<b>MAJOR PARTICIPANT</b> <i>(Duplicate for each Major Participant)</i>	
<b>NAME OF FIRM</b>	
<b>CONTACT PERSON</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

<b>GUARANTORS (See <u>Part A, Section 2.8</u>)</b> <i>(Duplicate for each guarantor)</i>	
<b>NAME OF FIRM</b>	
<b>CONTACT PERSON</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>E-MAIL ADDRESS</b>	

**FORM B-2  
INFORMATION REGARDING  
PROPOSER and MAJOR PARTICIPANTS**

Name of Proposer:

\_\_\_\_\_

Name of Firm:

\_\_\_\_\_

Year Established: \_\_\_\_\_

Individual Contact: \_\_\_\_\_

Individual's Title: \_\_\_\_\_

Firm's CEO/Chairman: \_\_\_\_\_

Federal Tax ID No. (if applicable): \_\_\_\_\_

Telephone No.: \_\_\_\_\_

North American Industry Classification Code: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Name of Official Representative (if applicable): \_\_\_\_\_

Business Organization (check one):

- Corporations (If yes, then indicate the State/Country/Province and Year of Incorporation and complete Sections A-C and the Certification form (**Form C**) for the entity.)
- Partnership (If yes, complete Sections A-C and the Certification form (**Form C**) for each member.)
- Joint Venture (If yes, complete Sections A-C and the Certification form (**Form C**) for each member.)
- Limited Liability Company (If yes, complete Sections A-C and the Certification form (**Form C**) for each member.)
- Other (If yes, describe and complete Sections A-C and the Certification form (**Form C**))

A. Business Name: \_\_\_\_\_

B. Business Address: \_\_\_\_\_

Headquarters: \_\_\_\_\_

Office Performing Work: \_\_\_\_\_

Contact Telephone Number: \_\_\_\_\_

C. If the entity is a Joint Venture, Partnership or Limited Liability Company, indicate the name and role of each member firm in the space below. Complete a separate Information form (**Form B**) for each member firm and attach it to the SOQ. Also indicate the name and role of each guarantor and attach a separate form.

Name of Firm

Role

<u>Name of Firm</u>	<u>Role</u>

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm's Official Representative:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*[Please make additional copies of this form as needed for each entity required to complete this form.]*

**FORM C  
CERTIFICATION**

**Proposer:** \_\_\_\_\_

**Name of Firm Completing this Form:** \_\_\_\_\_

1. Has the firm or any affiliate,\* or any current officer, director or employee of either the firm or any affiliate, been indicted or convicted of bid (i.e., fraud, bribery, collusion, conspiracy, antitrust, etc.) or other contract related crimes or violations or any other felony or serious misdemeanor within the past ten years (measured from the date of issuance of this RFQ)?

Yes                       No

If yes, please explain:

2. Has the firm or any affiliate\* ever sought protection under any provision of any bankruptcy act within the past ten years (measured from the date of issuance of this RFQ)?

Yes                       No

If yes, please explain:

3. Has the firm or any affiliate\* ever been disqualified, removed, debarred or suspended from performing work for the federal government, any state or local government, or any foreign governmental entity within the past ten years (measured from the date of issuance of this RFQ)?

Yes                       No

If yes, please explain:

4. Has the firm or any affiliate\* ever been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity within the past ten years (measured from the date of issuance of this RFQ)?

Yes                       No



If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

5. Has any construction project performed or managed by the firm or, to the knowledge of the undersigned, any affiliate\* involved serious, repeated or multiple failures to comply with safety rules, regulations, or requirements within the past ten years (measured from the date of issuance of this RFQ)?

Yes                       No

If yes, please identify the team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers and e-mail addresses.

6. Has the firm or any affiliate\* been found, adjudicated or determined by any federal or state court or agency (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable Indiana governmental agency) to have violated any laws or Executive Orders relating to employment discrimination or affirmative action within the past ten years (measured from the date of issuance of this RFQ), including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000 *et seq.*); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar Indiana law?

Yes                       No

If yes, please explain:

7. Has the firm or any affiliate\* been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Indiana Department of Labor, federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state within the past ten years (measured from the date of issuance of this RFQ) governing Common Wages or prevailing wages (including but not limited to payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

Yes                       No

If yes, please explain:

8. With respect to each of Questions 1-7 above, if not previously answered or included in a prior response on this form, is any proceeding, claim, matter, suit,

indictment, etc. currently pending against the firm that could result in the firm being found liable, guilty or in violation of the matters referenced in Questions 1-7 above and/or subject to debarment, suspension, removal or disqualification by the federal government, any state or local government, or any foreign governmental entity?

Yes                       No

If yes, please explain and provide the information requested as to such similar items set forth in Questions 1-7 above.

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\* The term “affiliate” has the meaning set forth in Part B, Section 2.6.2 of this RFQ.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s Official Representative:

By: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

*[Please make additional copies of this form as needed for each entity required to complete this form.]*

**FORM D**  
**ENTITIES PREQUALIFIED BY INDOT FOR SPECIFIC WORK TYPES**

<b>Work Type</b>	<b>Prequalified Entity</b>
A(A) Concrete Paving General	
B(A) Asphalt Paving	
D(A) Highway or Railroad Bridges over Water	
8.2 Complex Roadway Design	
9.2 Level 2 Bridge Design	

**EXHIBIT A  
SOQ SUBMITTAL OUTLINE**

SOQ Component	Form (if any)	RFQ Section Cross-Reference
<b>VOLUME 1 – <i>Submit 1 original and 5 copies of Volume 1</i></b>		
1. General		
(a) Transmittal Letter	Form A	Part B, General, (a)
(b) Executive Summary (not to exceed 5 pages)	--	Part B, General, (b)
(c) Confidential Contents Index	--	Part B, General, (c)
2. Proposer and Team Structure and Experience		
(a) Proposer	--	Part B, Section 2.1
(b) Major Participants and Other Team Members	--	Part B, Section 2.2
(c) Proposer and Team Structure	--	Part B, Section 2.3
(d) Relevant Experience	--	Part B, Section 2.4
(e) Form B-1 and Organizational Charts	Form B-1	Part B, Section 2.5
(l) Legal Information		
(i) Legal Issues	--	Part B, Section 2.6.1
(ii) Legal Liabilities	--	Part B, Section 2.6.2
(iii) Legal Proceedings	--	Part B, Section 2.6.3

<b>SOQ Component</b>	<b>Form (if any)</b>	<b>RFQ Section Cross-Reference</b>
Approach to Project	--	Part B, Section 3
Additional Materials		
(a) Information Regarding Proposer and Major Participants	Form B-2 and Form C	Part B, Section 4.1
(b) Surety Letter	--	Part B, Section 4.2
(c) INDOT Certificate of Qualification Materials	--	Part B, Section 4.3
(d) Form D	Form D	Part B, Section 4.4