**FORM B-1 PROPOSER TEAM SUMMARY**

|  |  |
| --- | --- |
| **PROPOSER** |  |
| **CONTACT PERSON** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **E-MAIL ADDRESS** |  |

|  |  |
| --- | --- |
| **MAJOR PARTICIPANT****(*Duplicate for each Major Participant*)** |  |
| **NAME OF FIRM** |  |
| **CONTACT PERSON** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **E-MAIL ADDRESS** |  |

|  |  |
| --- | --- |
| **GUARANTORS (See Part A,****Section 2.8) (*Duplicate for each guarantor*)** |  |
| **NAME OF FIRM** |  |
| **CONTACT PERSON** |  |
| **ADDRESS** |  |
| **TELEPHONE NUMBER** |  |
| **E-MAIL ADDRESS** |  |

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Indiana Department of Transportation PART C

Request for Qualifications Form B-1

I-65 Northwest Indiana Major Moves 2020 Expansion Project Addendum #2