

**QBS SUBMITTAL BOOKLET**

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|  |
| **Click Here to Enter Firm Name** |
| **Click Here To Enter Firm Street Address** |
| **Click Here To Enter Firm City/Town, State Zip** |
| **Click Here To Enter Type of Legal Entity** |
|  |
| 1st Contact Person: **Click Here to Enter 1st Contact Person** |
| 1st Contact Phone Number: **Click Here to Enter 1st Contact Phone Number** |
| 1st Contact Email Address: **Click Here to Enter 1st Contact Email Address** |
|  |
| 2st Contact Person: **Click Here to Enter 2nd Contact Person** |
| 2st Contact Phone Number: **Click Here to Enter 2nd Contact Phone Number** |
| 2st Contact Email Address: **Click Here to Enter 2nd Contact Email Address** |
|  |
| Selection Type: |
| Click Here To Enter Selection Type |
|  |
| Type of Consultant Services: |
| Click Here To Enter Type of Consultant Services |
|  |
| Contract No.: |
| Click Here To Enter Contract Number |
|  |
| Project Title and Location: |
| Click Here To Enter Project Title |
| Click Here To Enter Street Address |
| Click Here To Enter City/Town, CT |
|  |
| QBS Submittal Deadline Due Date and Time: |
| Click Here To Enter QBS Submittal Due Date and Time |

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| --- | --- |
| **Table of Contents** | **Page No.** |
| **Division 0** | **Table of Contents…………….…………………………...…………………………** |  |
| **Division 1** | **Letter of Interest and Narrative………………………………………………...……** |  |
| **Division 2** | **Additional Criteria Considerations…………………………………………..…...** |  |
| **Division 3** | **SBE / MBE Certification………………………………………………….…………** |  |
| **Division 4** | **CT 330 Part I…………………………………………………………………………..** |  |
| **Division 5** | **CT 330 Part II………………………………………………………………………….** |  |
| **Division 6** | **Acknowledgements and Duly Authorized Signature………………………….** |  |