

SECTION ‘D’ - PROJECT EXPERIENCE AND QUALIFICATIONS List projects which demonstrate the qualifications of your firm and your proposed staff, relevant to this assignment (Maximum of eight (8) projects – each up to one page in length). Please provide a narrative including project location, description, your firm’s scope of work and responsibilities, start/finish dates, project owner, which staff from your proposed team were involved, and what their role was. Be sure to identify if your firm was the prime or a sub-consultant. Projects performed by sub-consultants proposed on your team may be included as well. These projects should be clearly identified as work experience of the sub-consultant and will count towards the maximum number of projects.

SECTION ‘E’ - OTHER DEPARTMENT COMMITMENTS List all current on-going contracts with CT DOT (including those listed in Section D and those as a sub-consultant). Prime contracts should be listed first. List the Project No & Title, Role (prime/sub), and anticipated completion date. Use additional space as necessary.

1. **Project No. & Title:**
Role:
Anticipated Completion Date:

2. **Project No. & Title:**
Role:
Anticipated Completion Date:

3. **Project No. & Title:**
Role:
Anticipated Completion Date:

SECTION ‘F’ - REFERENCES - Provide three (3) project owners (within the past 5 years). Do not include CT DOT personnel or projects.

1. **Name/Title:**
Firm/Organization:
Phone:
Email:
Project:

2. **Name/Title:**
Firm/Organization:
Phone:
Email:
Project:

3. **Name/Title:**
Firm/Organization:
Phone:
Email:
Project:

SECTION ‘G’ – RESUMES Key personnel resumes (maximum-2 pages each) should be attached in alphabetical order. **FORMAT:** Name, Title, Firm, Narrative description of relevant experience and qualifications which correlate to their duties proposed for this assignment, Project Experience (most recent listed first), and Professional Licenses/Registrations.

SECTION ‘H’ - CERTIFICATIONS AND LICENSES Copies of licenses must be included, if required, per the solicitation letter.

SECTION 'I' - PROPOSED SUB-CONSULTANT INFORMATION List all sub-consultants who will participate in this assignment. Use additional pages 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 FIRM ESTABLISHED _____

Ranges of Annual Gross Receipts: (check one)

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Less than \$100,000 | <input type="checkbox"/> \$100,000 - \$250,000 | <input type="checkbox"/> \$250,000 - \$500,000 | <input type="checkbox"/> \$500,000 - \$1 million |
| <input type="checkbox"/> \$1 million - \$2 million | <input type="checkbox"/> \$2 million - \$5 million | <input type="checkbox"/> \$5 million - \$10 million | <input type="checkbox"/> \$10 million or greater |

RESPONSIBILITIES ON THIS PROJECT _____