

**CONNECTICUT DOT  
STATEMENT OF QUALIFICATIONS  
FOR THE DESIGNER  
FORM: SOQ D255**

**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 \_\_\_\_\_

**PRIME 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
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
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_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____



**STAFFING**

In the space below please indicate the proposed staffing for this assignment (narrative). Identify staff involved, and in what capacity, 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	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
2	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
3	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
4	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____

**EXPERIENCE AND QUALIFICATIONS**

**F**

Continued

5	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
6	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
7	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____
8	<input type="checkbox"/> Prime	<input type="checkbox"/> Subconsultant	Project \$(000) _____	Firm's fee \$(000) _____

## PRIME DESIGNER 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 RFQ section 2.3.1 for guidance related to the content 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

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## 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.

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