CONNECTICUT DEPARTMENT OF TRANSPORTATION STATEMENT OF WORK UNDER CONTRACT

IMPORTANT INSTRUCTIONS:

1. THIS AFFIDAVIT MUST BE SUBMITTED AS PART OF THE SOQ SUBMISSION DURING STEP 1 OF THE BEST VALUE DESIGN-BUILD PROCESS.

- 2. THIS FORM WILL ALSO BE REQUIRED AS A PRE-AWARD SUBMITTAL FOR THE APPARENT BEST VALUE SELECTION AFTER THE PUBLIC BID OPENING AS STATED IN THE RFP.
- 3. THIS AFFIDAVIT MUST CONTAIN ORIGINAL SIGNATURES AND BE PROPERLY NOTARIZED.
- 4. ORIGINAL SIGNATURES WILL STILL BE REQUIRED OF THE PROPOSER WHEN SUBMITTING THIS FORM.

DATE COMPLETED:	
NAME OF COMPANY OR CORPORATION:	
STATE PROJECT NUMBER(S):	
TOWN(S) / PROJECT DESCRIPTION:	

List all outstanding private and public work both bonded and not bonded as of this date. This must include all work in state, out of state, and in any jurisdiction both in progress and not started. Make certain that you state the total value of <u>all</u> work under <u>your</u> contract whether as a prime or a subcontractor, including work that <u>you</u> may engage a subcontractor to perform.

I do hereby certify and affirm that the information set forth in this document, which includes the attached list of ALL outstanding work and any other relevant information that may be attached, which are hereby made part of this document, are true and accurate to the best of my knowledge.

Signature and Title of Authorized Individual			
Notarization:			
Sworn to and subscribed before me by			
Who is personally known to me, this	_day of	_,year	
Notary Public/Justice of the Peace	My Commission expires		
			· · · · · · · · · · · · · · · · · · ·
	Current Amount of Contract Awarded to you OR Pending Award	Amount of Work Completed on the Job	Amount of Work Remaining by Applicant
Record the sum of all page totals of public and private outstanding work in the spaces provided to the right:			
FAILURE TO REPORT ALL OUTSTANDING WORK	AY RESULT IN A NONRESPONS	IVE BID. THIS FORM IS	S NOT TO BE ALTERED

Note: If additional space beyond what is provided in this form is necessary to document the work under contract please contact the Connecticut DOT Office of Contracts for additional assistance.

ENTER INFORMATION IN THE GREEN SHADED AREAS

ENTER CONTRACTOR LEGAL NAME:						
Project Number, Name, Town and State Located	Prime (P) or Sub (S)	Project Description	Estimated Date of Completion (format xx/xx/xx)	Current Amount of Contract Awarded to you OR Pending Award		Amount of Work Remaining by Applicant
			Page <u>1</u> of TOTAL:	\$-	\$ -	\$-

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			Pageof TOTAL:	\$-	\$-	\$-

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