

Title: _____

2. Sample signature block for partnership or joint venture:

[INSERT PROPOSER'S NAME]

By: *[INSERT GENERAL PARTNER'S OR MEMBER'S NAME]*

By: _____

Print Name: _____

Title: _____

[ADD SIGNATURES OF ADDITIONAL GENERAL PARTNERS OR MEMBERS AS APPROPRIATE]

3. Sample signature block for attorney in fact:

[INSERT PROPOSER'S NAME]

By: _____

Print Name: _____

Attorney in Fact

4. Sample signature block for a Proposer not yet formed as a legal entity:

[INSERT LEAD TEAM MEMBER ENTITY NAME], on behalf of itself and the other team members expected to be a part of *[INSERT PROPOSER'S EXPECTED NAME]*

By: _____

Print Name: _____

Title: _____

**FORM B-1
INFORMATION REGARDING PROPOSER TEAM**

(for Public Release)

Name of Proposer: _____

Entity (check all applicable boxes for the entity completing this Form B):

- | | | |
|--|--|---|
| <input type="checkbox"/> Proposer | <input type="checkbox"/> Equity Member | <input type="checkbox"/> Guarantor |
| <input type="checkbox"/> Lead Contractor | <input type="checkbox"/> Lead Engineering Firm | <input type="checkbox"/> Independent Quality Firm |
| | <input type="checkbox"/> Other _____ | |

Name of Entity Completing Form B-1: _____

Year Established: _____ State of Organization: _____

Federal Tax ID No. (if applicable): _____ Telephone No.: _____

North American Industry Classification Code: _____

Name of Entity's Representative Executing Form B-1: _____

Individual's Title: _____

Email Address: _____

Type of Business Organization (check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Other (describe)

A. Business Address: _____

Headquarters: _____

Office Performing Work: _____

Contact Telephone Number: _____

B. Indicate the role of the entity in the space below.

C. If the entity completing this Form B-1 is a joint venture or Newly Formed entity (formed within the past two years), identify the names of the members or partners of such joint venture or Newly Formed entity in the space below.

Name

I certify that the foregoing is true and correct, and that I am the entity's designated representative:

By: _____ Print Name: _____

Title: _____ Date: _____

[PLEASE MAKE ADDITIONAL COPIES OF THIS FORM AS NEEDED.]

**FORM B-2
LIST OF PROPOSER TEAM MEMBERS**

Name of Proposer: _____

Proposer's Official Representative³: _____

Title: _____

Address: _____

Telephone Number: _____ Email Address:

List each Equity Member and its percentage ownership of Proposer:

List each Major Participant and its role:

List each other team member and role on Proposer team (including any Guarantors):

³ Note: This should be the same person executing Forms B-1 and C on behalf of Proposer.

**FORM C
CERTIFICATION AND LEGAL QUALIFICATIONS**

Proposer: _____

Name of Firm: _____

Entity (check one box for entity completing this Form C as applicable):

Proposer; Equity Member; Major Participant; or Guarantor

The entity completing this Form C (the “Responding Party”) shall respond either “yes” or “no” to each of the following questions. If the response is “yes” to a question, a detailed explanation of the circumstances shall be provided in the space following the question. The Responding Party shall attach additional documentation as necessary to fully explain such circumstances. Failure to either respond to the questions or provide adequate explanations may preclude consideration of the QS and lead to rejection. With respect to the firm, the term “Affiliates” means companies that have performed work in connection with a transportation project (including highway, rail, transit, airport, port and multi modal facilities), as applicable, that are (i) parent companies of the firm, (ii) subsidiary companies of the firm, or (iii) joint ventures or partnerships in which the firm has more than a 15% financial interest. The term “U.S. Affiliates” means Affiliates that are formed or have operations in the United States.

Within the past ten years, has the Responding Party, any Affiliate, or any officer, director, responsible managing officer or responsible managing employee of such entity or Affiliate:

1. Been charged with, sued for or convicted of (in a civil or criminal action) fraud, bribery, collusion, conspiracy or any act in violation of local, state or federal law or foreign law or antitrust law, in connection with the bidding or proposing upon, award of or performance of any public works contract with any public entity, or any other felony?

Yes No

If yes, please explain:

2. Sought protection under any provision of any bankruptcy act in the United States?

Yes No

If yes, please explain:

3. Been disqualified, removed, debarred or suspended from performing work or otherwise prevented from bidding or proposing on or completing work for the United States government, or any state or local government in the United States?

Yes No

If yes, please explain:

Within the past five years, has the Responding Party, any Affiliate, or any officer, director, responsible managing officer or responsible managing employee of such entity or affiliate:

4. Failed to comply with safety rules, regulations or requirements in effect within the United States multiple times or in repeated fashion in the performance of any construction project performed or managed by the firm, or, to the knowledge of the undersigned, any affiliate involved?

Yes No

If yes, please identify the team members and the projects, provide an explanation of the circumstances and provide owner contact information including telephone numbers.

5. Been found, adjudicated or determined by any United States federal or state court or agency (including, but not limited to, the Equal Employment Opportunity Commission, the Office of Federal Contract Compliance Programs and any applicable Texas governmental agency) to have violated any laws or Executive Orders relating to employment discrimination or affirmative action, including but not limited to Title VII of the Civil Rights Act of 1964, as amended (42 U.S.C. Sections 2000 *et seq.*); the Equal Pay Act (29 U.S.C. Section 206(d)); and any applicable or similar Texas law?

Yes No

If yes, please explain:

6. Been (i) determined, pursuant to a final determination in a court of law, arbitration proceeding or other dispute resolution proceeding, to be liable for a breach of contract relating to DBE requirements, (ii) sanctioned or terminated for cause relating to breach of DBE requirements, (iii) unable to meet the DBE goal or make good faith efforts to meet the goal, or (iv) involved in terminating a DBE contract where the termination was not at the request of the DBE?

Yes No

If yes, please explain each instance and identify an owner's representative with a current telephone number and email address:

7. Been found, adjudicated or determined by any state court, state administrative agency, including, but not limited to, the Texas Department of Labor (or its equivalent), federal court or federal agency to have violated or failed to comply with any law or regulation of the United States or any state governing prevailing wages (including, but not limited to, payment for health and welfare, pension, vacation, travel time, subsistence, apprenticeship or other training, or other fringe benefits) or overtime compensation?

Yes No

If yes, please explain:

8. Been assessed liquidated or other damages in excess of \$10,000 for one instance or in the aggregate for failure to complete any contract on time in connection with a transportation project in the United States?

Yes No

If yes, please explain:

9. With respect to each of Questions 1-8 above, if not previously answered or included in a prior response on this Form C, is any proceeding, claim, matter, suit, indictment, etc. currently pending against the Responding Entity that alleges any of the charges described therein?

Yes No

If yes, please explain and provide the information requested as to such similar items set forth in Questions 1-8 above.

10. Provide a list and a brief description of all instances during the last ten years involving transportation projects in which the Responding Party or any U.S. Affiliate was (i) determined, pursuant to a final determination in a court of law, arbitration proceeding or other dispute resolution proceeding, to be liable for a material breach of contract, or (ii) terminated for cause. For each instance, identify an

owner's representative with a current telephone number and email address. If there are no such instances, state "None".

11. Provide a list and a brief description (including the resolution) of each arbitration, litigation, dispute review board and other dispute resolution proceeding occurring during the last ten years between a public owner and Responding Party or any U.S. Affiliate and involving an amount in excess of \$300,000 related to performance in capital transportation projects with a contract value in excess of \$10 million. If there are no such proceedings, state "None".

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the entity's designated representative:

By: _____

Print Name: _____

Title: _____

Date: _____

Subscribed and sworn to before me this . day of _____, 20____.

Notary Public in and for
said County and State

[Seal]

My commission expires: _____

**FORM D-1
 TECHNICAL EXPERIENCE – DESIGN
 EXPERIENCE OF THE LEAD ENGINEERING FIRM IN THE DESIGN AND ENGINEERING OF REFERENCE
 PROJECTS**

COMPANY NAME (1)	PROJECT NAME, DELIVERY METHOD AND LOCATION (2) & (3)	PROJECT COST (4) & (5)	START/END DATES	% OF WORK COMPLETED BY CUT-OFF DATE (6)	LEVEL OF COMPANY'S PARTICIPATION (7)	ROLE OF COMPANY FOR THE PROJECT

Notes:

- (1) A maximum of three projects may be included.
- (2) Only list projects on which the Lead Engineering Firm has worked within the past ten years.
- (3) Only list projects where the Lead Engineering Firm held a minimum of 30% of the ultimate responsibility for the design and engineering experience. If the Lead Engineering Firm is a joint venture, only list projects from members of the joint venture that will perform at least 30% of the Lead Engineering Firm's potential design and engineering work for the Project.
- (4) In thousands of U.S Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of the Cut-Off Date (defined in (6) below), including the benchmark on which the exchange rate is based.
- (5) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.

- (6) The “Cut-Off Date” is the date that is the end of the month that is at least 30 days prior to the QS Due Date. For example, if the QS Due Date is October 15, then August 31 is the Cut-Off Date.
- (7) Show company's participation in terms of money and percentage of the design and engineering work for the listed projects. For projects/contracts listed for design firms that were traditional consultant/engineering services contracts (as opposed to, for example, design-build contracts), the information sought above shall be limited only to the consultant/engineering services contract, rather than any ensuing construction contract where such entity had limited or no involvement.

FORM D-2
TECHNICAL EXPERIENCE – CONSTRUCTION
EXPERIENCE OF THE LEAD CONTRACTOR IN THE CONSTRUCTION OF REFERENCE PROJECTS

COMPANY NAME (1)	PROJECT NAME, DELIVERY METHOD AND LOCATION (2) & (3)	PROJECT COST (4) & (5)	START/END DATES	% OF WORK COMPLETED BY CUT-OFF DATE (6)	LEVEL OF COMPANY'S PARTICIPATION (7)	ROLE OF COMPANY FOR THE PROJECT

Notes:

- (1) A maximum of three projects may be included.
- (2) Only list projects on which the Lead Contractor has worked within the past ten years.
- (3) Only list projects where the Lead Contractor held a minimum of 30% of the ultimate responsibility for the construction experience. If the Lead Contractor is a joint venture, only list projects from joint-venture members that will perform at least 30% of the Lead Contractor's potential construction work for the Project.
- (4) In thousands of U.S. Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of the Cut-Off Date (as defined in (6) below), and identify the benchmark on which the exchange rate is based.
- (5) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
- (6) The "Cut-Off Date" is the date that is the end of the month that is at least 30 days prior to the QS Due Date. For example, if the QS Due Date is October 15, then August 31 is the Cut-Off Date.

- (7) Show company's participation in terms of money and percentage of the work. For projects/contracts listed for lead contractors that were traditional design/bid/build delivery method, the information sought above shall be limited only to the construction contract, rather than any design contract where such entity had limited or no involvement.

FORM D-3
TECHNICAL EXPERIENCE – INDEPENDENT QUALITY
EXPERIENCE OF THE INDEPENDENT QUALITY FIRM IN THE QUALITY ASSURANCE OF REFERENCE PROJECTS

COMPANY NAME (1)	PROJECT NAME, DELIVERY METHOD AND LOCATION (2) & (3)	PROJECT COST (4) & (5)	START/END DATES	LEVEL OF COMPANY'S PARTICIPATION (6)	ROLE OF COMPANY FOR THE PROJECT	FEEES EARNED BY COMPANY ON THE PROJECT (7)	TYPE OF SERVICES FOR WHICH COMPANY PROVIDED QUALITY ASSURANCE WORK (8)

Notes:

- (1) A maximum of three projects may be included.
- (2) Only list projects on which the Independent Quality Firm has worked within the past ten years.
- (3) Only list projects where the Independent Quality Firm held a minimum of 30% of the ultimate responsibility for the quality assurance experience. If the Independent Quality Firm is a joint venture, only list projects from joint-venture members that will perform at least 30% of the Independent Quality Firm's potential work for the Project.
- (4) In thousands of U.S. Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of the Cut-Off Date, and identify the benchmark on which the exchange rate is based. The "Cut-Off Date" is the date that is the end of the month that is at least 30 days prior to the QS Due Date. For example, if the QS Due Date is October 15, then August 31 is the Cut-Off Date.

- (5) Project Cost means the total construction cost budgeted or, if the project is complete, the total construction cost of the completed project.
- (6) Show company's participation in terms of money and percentage of the quality assurance work.
- (7) Provide the amount of fees earned by the Independent Quality Firm for providing quality assurance services for the project.
- (8) Indicate the type of services for which the Independent Quality Firm provided quality assurance work, e.g., for professional services or construction related services.

**FORM E
PROJECT DESCRIPTION FORM**

A. TITLE AND LOCATION (*City and State*):

B. YEAR COMPLETED, OR MONTH AND YEAR SCHEDULED FOR COMPLETION:

C. PROJECT OWNER'S INFORMATION

Project Owner:	Point of Contact ("POC") Name:
Responsible Department:	POC Telephone Number:
	POC Email Address:

D. PROJECT COST AND SCHEDULE (*Discuss the basis for any variances between the contracted and actual delivery amount and schedule.*)

Contracted Project Amount	Actual Amount Received or Anticipated to Receive Upon Project Delivery	Variance
\$	\$	\$
Contracted Project Schedule	Actual Project Schedule	Variance
___ months ___ days	___ months ___ days	___ months ___ days

E. FIRMS FROM PROPOSER TEAM INVOLVED WITH THIS PROJECT

FIRM NAME	FIRM LOCATION (City/State)	ROLE

F. DBE APPROACH, IF APPLICABLE *(Include (i) any innovative approaches or unique outreach or marketing concepts used successfully by the Proposer’s team member to encourage DBE participation and (ii) assistance provided by the Proposer’s team member to DBEs to successfully complete a project without compromising the independence of the DBE.)*

Contract Goal %	Actual %	Variance

If the contract goal percentage was not met, were good faith efforts to meet the contract goal made in accordance with the legal and contractual DBE requirements?

Yes No

If checked “no”, please explain: _____

G. DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT *(Include scope, size, delivery mechanism and any other relevant feature or aspect of the project.)*

FORM F
SAFETY QUALIFICATIONS

Name of Proposer: _____

Name of entity completing this Form F: _____

1. **Instructions for completion:** Should additional lines or space be needed to address the subject areas below, the entity completing this Form F may add additional lines within each subject area as appropriate. Form F is limited to five pages. Please fill out Table 1 below by providing the **fatal injury rates** (“FIR”) for all projects in the United States during the years requested. Also, please fill out Table 2 below by providing the **incidence rates** (“IR”) of nonfatal occupational injuries and illnesses for “Highway, Street and Bridge Construction”, as defined by the North American Industry Classification System (“NAICS 2373”), for each of the cases listed below during the years requested for all projects nationwide. Formulas for calculating the FIR and IR are provided below, as well as sample calculations.

The FIR is calculated as follows:

$$FIR = \left(\frac{\text{number of fatal work injuries (FWI)}}{\text{total employee hours worked during the calendar year}} \right) \times 200,000,000$$

The 200,000,000 in the formula represents the equivalent of 100,000 employees working 40 hours per week, 50 weeks per year and provides the standard base for the FIR.

Example:

The XYZ Company had 1 fatal work injury (“FWI”) and 25,000,000 hours worked by all employees during 2011. Using the formula for FIR above, the FIR would be calculated as follows:

$$FIR = \left(\frac{1}{25,000,000} \right) \times 200,000,000 = 8.0$$

The IR of Injury and Illness Cases is calculated as follows:

$$IR = \left(\frac{\text{number of cases}}{\text{total employee hours worked during the calendar year}} \right) \times 200,000$$

The 200,000 hours in the formula represents the equivalent of 100 employees working 40 hours per week, 50 weeks per year and provides the standard base for the IR.

Example:

The ABC Company has 7 total recordable, non-fatal, injuries and illness cases logged and 400,000 hours worked by all employees during 2012. Using the formula for IR above, the IR would be calculated as follows:

$$IR = \left(\frac{7}{400,000}\right) \times 200,000 = 3.5$$

The same formula can be used to compute the IR for the most serious injury and illness cases, defined here as cases that result in workers taking time off from their jobs (i.e., days away from work) or being transferred to another job or doing lighter (restricted) duties. ABC Company had 3 such cases. The IR for these 3 cases is computed as:

$$IR = \left(\frac{3}{400,000}\right) \times 200,000 = 1.5$$

Table 1. Work-related Fatalities. Adapted from the United States Department of Labor, Bureau of Labor Statistics (“BLS”).

Data Series	Year 2018	Year 2019	Year 2020
FIR per 100,000 full-time workers			
Industry Average – Census of Fatal Occupational Injuries (“CFOI”), Rate of fatal work injuries per 100,000 full-time equivalent workers by industry sector, Construction	<i>Rates per 100,000 full-time employees</i>		
	9.5	9.7	10.2
Lead Contractor – Hours-Based Construction FIR	<i>Rates per 100,000 full-time employees</i>		
	FIR	FIR	FIR

Table 2. Work-related Injuries and Illnesses. Adapted from the United States Department of Labor, BLS.

Data Series	Year 2018	Year 2019	Year 2020
IR of Injury and Illness Cases per 100 Full-Time Workers			
Industry Average – Nonfatal occupational injuries and illnesses for “Highway, Street and Bridge Construction”, as defined by the NAICS 2373, Total Recordable Cases (“TRC”)	<i>Rates per 100 full-time employees</i>		
	3.6	3.4	2.7
Lead Contractor – Rate of TRC	<i>Rates per 100 full-time employees</i>		
	IR	IR	IR

Additional information to aid in calculating the rates above is available from the internet links below.

- How to compute a firm’s IR, BLS – <http://www.bls.gov/iif/osheval.htm>
 - OSHA Forms for Recording Work-Related Injuries and Illnesses – <https://www.osha.gov/sites/default/files/OSHA-RK-Forms-Package.pdf>
 - Industry Injury and Illness Data – <http://www.bls.gov/iif/oshsum.htm>
 - Hours-based FIR – <http://www.bls.gov/iif/oshcfoi1.htm>
 - Occupational Safety & Health Statistics, BLS Handbook Chapter 9 – <https://www.bls.gov/opub/hom/pdf/iif-20120813.pdf>
2. Please provide the firm’s National Council on Compensation Insurance (“NCCI”) Experience Modifier for the past three years for all projects in the United States where the NCCI Experience Modifier is applicable. Additionally, you must include with this Form F, an NCCI letter or a letter from an insurance agent identifying the firm’s NCCI Experience Modifier.

Table 3. NCCI Experience Modifiers.

Item	Year 20_*	Year 20_*	Year 20_*
Industry Average	1.0	1.0	1.0
NCCI Experience Modifier			

* Proposer should include data for the three most recent years for which annual data is available, but should not include any data from years earlier than four years prior to the date of the RFQ.

- Narrative:** Please provide a narrative statement below describing the entity's overall company safety culture. The narrative shall include a discussion of the entity's past performance with developing and implementing an effective safety program and provide examples of safety solutions and successful safety initiatives from past projects.

**FORM G-1
KEY PERSONNEL WORK ASSIGNMENT FORM**

Name of Proposer: _____

(a) Key Personnel Assignment ¹	(b) Name of Individual Assigned
Project Manager	_____
Construction Manager	_____
Design Manager	_____
Lead Structural Engineer	_____
Lead Maintenance of Traffic (MOT) Design Engineer	_____
Lead Maintenance of Traffic (MOT) Implementation Manager	_____
Independent Quality Firm Manager ²	_____
Professional Services Quality Assurance Manager ³	_____
Utility Manager ⁴	_____
Safety Manager	_____

Notes:

1. Except as otherwise set forth in this Form G-1, Key Personnel must be employed by either: (a) an Equity Member, Lead Engineering Firm, Lead Contractor, Lead Independent Quality Firm or Lead Maintenance Firm; (b) a controlled subsidiary of such Equity Member, Lead Engineering Firm, Lead Contractor, Lead Independent Quality Firm or Lead Maintenance Firm; (c) if the Lead Engineering Firm, Lead Contractor, Lead Independent Quality Firm or Lead Maintenance Firm is a joint venture, a member of such joint venture that will perform at least thirty percent (30%) of the relevant work or a controlled subsidiary of such joint venture member; or (d) a parent company of an Equity Member, if such parent company serves as a Guarantor.

2. Must be employed by the Independent Quality Firm.

3. Must be employed by an independent Professional Services Quality Assurance Firm.

4. In addition to the other entities identified in note 1, may be employed by a subcontractor (at any tier) to either the DB Contractor or the Lead Contractor.

**FORM G-2
KEY PERSONNEL RESUME AND REFERENCES**

Name:		Position: <i>(Select one.)</i>	
Firm:		<input type="checkbox"/> Project Manager <input type="checkbox"/> Construction Manager <input type="checkbox"/> Design Manager <input type="checkbox"/> Lead Structural Engineer <input type="checkbox"/> Lead Maintenance of Traffic (MOT) Design Engineer <input type="checkbox"/> Lead Maintenance of Traffic (MOT) Implementation Manager <input type="checkbox"/> Independent Quality Firm Manager <input type="checkbox"/> Professional Services Quality Assurance Manager <input type="checkbox"/> Utility Manager <input type="checkbox"/> Safety Manager	
Degree:	Field/Program:		
<input type="checkbox"/> Associate <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctoral	<input type="checkbox"/> Engineering <input type="checkbox"/> Construction Management <input type="checkbox"/> Architecture <input type="checkbox"/> Other: _____		
College/University <i>(Name and Location):</i>		_____	
Years of Experience <i>(Relative to position):</i>		_____	
Licenses/Certifications: <i>(Select all that apply. Provide the license/certification number and expiration date. Attach applications for Texas P.E. License, if applicable.)</i>			
<input type="checkbox"/> Professional Engineer (Date Since: ____) State: _____ LIC. No. _____		<input type="checkbox"/> CPR and First Aid LIC. No. _____ Exp. _____	
<input type="checkbox"/> Texas P.E. License Application attached, if applicable <input type="checkbox"/> ASQ – American Society of Quality <input type="checkbox"/> CQI <input type="checkbox"/> CQE <input type="checkbox"/> CQM LIC. No. _____ Exp. _____		<input type="checkbox"/> CHST – Construction Health and Safety Technician by the Board of Certified Safety Professionals LIC. No. _____ Exp. _____	
<input type="checkbox"/> OSHA – Occupational Safety and Health Administration (30 hours)		<input type="checkbox"/> CSHO – Certified Safety and Health Official LIC. No. _____	

LIC. No. _____ Exp. _____	Exp. _____ <input type="checkbox"/> Other(s): _____
------------------------------	--

Additional Relevant Information:

Project Description/Role		Project Value
Project Name:		<input type="checkbox"/> Below \$100M <input type="checkbox"/> \$100M - \$500M <input type="checkbox"/> Above \$500M
Project Location:		
Project Start Date:		
Project End Date:		
Project Description:		
Project Owner/Manager		Project Type
Name:		<input type="checkbox"/> Availability Payment <input type="checkbox"/> Design-Build <input type="checkbox"/> Design-Build-Maintain <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Concession <input type="checkbox"/> Other: _____
Title:		
Agency:		
Telephone:		
Email:		
Reference Contact		
Name:		
Title:		
Agency:		
Telephone:		
Email:		
Describe role and services provided relevant to this Project, including the start and end dates that you served in each role:		

Project Description/Role		Project Value
Project Name:		<input type="checkbox"/> Below \$100M <input type="checkbox"/> \$100M - \$500M <input type="checkbox"/> Above \$500M
Project Location:		
Project Start Date:		
Project End Date:		
Project Description:		
Project Owner/Manager		Project Type
Name:		<input type="checkbox"/> Availability Payment <input type="checkbox"/> Design-Build <input type="checkbox"/> Design-Build-Maintain <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Concession <input type="checkbox"/> Other: _____
Title:		
Agency:		
Telephone:		
Email:		
Reference Contact		
Name:		
Title:		
Agency:		
Telephone:		
Email:		
Describe role and services provided relevant to this Project, including the start and end dates that you served in each role:		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		
<hr/>		

Project Description/Role		Project Value
Project Name:		<input type="checkbox"/> Below \$100M <input type="checkbox"/> \$100M - \$500M <input type="checkbox"/> Above \$500M
Project Location:		
Project Start Date:		
Project End Date:		
Project Description:		
Project Owner/Manager		Project Type
Name:		<input type="checkbox"/> Availability Payment <input type="checkbox"/> Design-Build <input type="checkbox"/> Design-Build-Maintain <input type="checkbox"/> Design-Bid-Build <input type="checkbox"/> Concession <input type="checkbox"/> Other: _____
Title:		
Agency:		
Telephone:		
Email:		
Reference Contact		
Name:		
Title:		
Agency:		
Telephone:		
Email:		
Describe role and services provided relevant to this Project, including the start and end dates that you served in each role:		

FORM H
TECHNICAL REFERENCE FORM

Texas Department of Transportation
Request for Qualifications for I-35 NEX South Project

The Texas Department of Transportation (“TxDOT”) has issued a Request for Qualifications (“RFQ”) seeking qualifications of entities (referred to herein as the “Proposer”) to design, construct and potentially maintain the I-35 NEX South Project consisting of approximately four miles of non-tolled improvements along I-35 from approximately I-410 South to I-410 North. The Proposer intends to submit a Qualifications Statement (“QS”) in response to the RFQ that will list your organization as a Reference (defined below) with respect to the reference project and the applicable Proposer Entity(ies) (defined below), each as identified by the Proposer in Part I below. The Proposer is responsible for completing Part I of this Form and you, as the Reference, are responsible for completing Part II of this Form in accordance with the instructions set forth below.

PART I: INSTRUCTIONS TO THE PROPOSER

Each Proposer (or its Lead Contractor, Lead Engineering Firm, Independent Quality Firm or Lead Maintenance Firm, as applicable) (each of the foregoing referred to herein as a “Proposer Entity”) must prepare a copy of this Form H for each of the projects listed on Form E to be submitted with the Proposer’s QS. After completing all of the questions in Part I of this Form H for each project, the Proposer Entity must deliver a copy of each Form H to an individual who was an employee of the project owner at the time the services were performed for each project (each, a “Reference”) so that the Reference may complete Part II below and return a completed copy directly to TxDOT by email by the date indicated in Part II below.

Proposer Information:

Proposer Entity Name: _____

Proposer Contact Name: _____

Proposer Contact Telephone No.: _____

Proposer Contact Email: _____

This is a reference for (check one):

- Lead Contractor (or other entity providing construction experience)
- Lead Engineering Firm
- Independent Quality Firm
- Lead Maintenance Firm

Reference Project Information:

Reference project name: _____

Project manager name and contact information for reference project:

Reference contact name and contact information:

Proposer Entity(ies) involved in the reference project:

Proposer Entity(ies)'s role on the reference project:

Dates of work performed by Proposer Entity(ies) on the reference project:

Please describe the project delivery method:

- Design-Bid-Build Design-Build Design-Build-Maintain
 Concession Availability Payment
 Other (please describe): _____

Please indicate the outcome or current status of the reference project:

- Complete Ongoing (please describe below)
 Did not Complete (please describe below)

If "Ongoing," please indicate the percentage of work completed by the Proposer Entity(ies) by [INSERT THE CUT-OFF DATE CALCULATED IN ACCORDANCE WITH FORM D-1, D-2 OR D-3, AS APPLICABLE]: _____

If "Did not Complete," please describe the status: _____

If "Complete", was the reference project contract completed on time (taking into account all excusable delays)?

- Yes No Not Applicable

If no, please explain (including the approximate period of delay and number of time extensions):

The approximate percentage of work actually performed by the Proposer Entity(ies):

less than 30% 30-49% 50% or greater

The contracted project amount of the reference project: \$ _____

The actual amount received or anticipated to be received upon project delivery:

\$ _____

If any variance exists between the contracted project amount and the actual amount received or anticipated to be received upon project delivery, please indicate such variance amount and explain:

The contracted project schedule: _____ months _____ days

The actual project schedule: _____ months _____ days

If any variance exists between the contracted project schedule and the actual project schedule, please indicate such variance amount and explain:

The DBE approach, if applicable:

Contract Goal: _____ Actual: _____ Variance: _____

Please describe any variance and any innovative approaches or unique outreach or marketing concepts used successfully by the Proposer Entity(ies) to encourage DBE participation: _____

Please indicate level of the Proposer Entity(ies)'s participation in terms of money for the reference project (if the reference project uses a design-bid-build delivery method, please limit this information only to the consultant/engineering services contract or the construction contract, as relevant to the Proposer Entity(ies)'s role on the reference project): \$ _____

PART II: INSTRUCTIONS TO THE REFERENCE

Please complete the questions in this part of the Form H, which relate to the reference project and the Proposer Entity(ies) described in Part I above.

Please return a completed copy of this Form H by email directly to TxDOT at TxDOT-SAT-ALTD-I35NEXSouth@txdot.gov so that it is received no later than July 8, 2022. Please do NOT send this Form back to the Proposer Entity(ies).

Please provide information for the primary individual completing this Part II:

Reference Contact Name: _____

Reference Organization Name: _____

Reference Contact Title: _____ Telephone No.: _____

Reference Contact Email: _____

Please answer the following questions with regard to the reference project and the Proposer Entity(ies):

To the best of your knowledge, is the Proposer’s description of the reference project in Part I of this Form H accurate?

- Yes No

If no, please explain: _____

What is the approximate amount of non-owner directed contract modifications and claims (if any) caused by, or attributable to, the Proposer Entity(ies)?

- None less than \$1 million \$1-\$10 million
 \$10-\$50 million greater than \$50 million

Were any liquidated damages assessed, or funds withheld, for non-performance by the Proposer Entity(ies)?

- Yes No

If yes, what was the approximate amount?

- less than \$1 million \$1-\$10 million greater than \$10 million

Please rate the quality of the services listed below rendered by the Proposer Entity(ies) to your organization:

Service	Excellent	Very Good	Good	Fair	Poor	No Basis
Technical Quality						
Schedule						

Reporting						
Coordination						
Partnering/Owner-Contractor Relationship						
Contract Compliance						
Adequacy and Quality of Staffing						
OVERALL						

Please elaborate as to the reason for each of the ratings set forth above if rated "Fair" or "Poor":

Technical Quality: _____

Schedule: _____

Reporting: _____

Coordination: _____

Partnering/Owner-Contractor Relationship: _____

Contract Compliance: _____

Adequacy and Quality of Staffing: _____

If given the opportunity, would you contract with the Proposer Entity(ies) again for a similar service?

Yes No

Please Explain: _____

Would you prefer, or do you believe it is necessary, to discuss any of your responses by telephone?

Yes No

If yes, please include the best time and telephone number at which you can be reached: _____

**FORM I
KEY PERSONNEL REFERENCE FORM**

**Texas Department of Transportation
Request for Qualifications for the I-35 NEX South Project**

The Texas Department of Transportation (“TxDOT”) has issued a Request for Qualifications (“RFQ”) seeking qualifications of entities (referred to herein as the “Proposer”) to design, construct and potentially maintain the I-35 NEX South Project consisting of approximately four miles of non-tolled improvements along I-35 from approximately I-410 South to I-410 North. The Proposer intends to submit a Qualifications Statement (“QS”) in response to the RFQ that will list you as a Reference (defined below) with respect to the reference project and the Key Personnel identified by the Proposer in Part I below. The Proposer is responsible for completing Part I of this Form I and you, as the Reference, are responsible for completing Part II of this Form I in accordance with the instructions set forth below.

PART I: INSTRUCTIONS TO THE PROPOSER

Each Proposer (or its Lead Contractor, Lead Engineering Firm, Independent Quality Firm or Lead Maintenance Firm, as applicable) (each of the foregoing referred to herein as a “Proposer Entity”) must prepare a copy of this Form I for each of the projects listed on Form G-2 to be submitted with the Proposer’s QS for each of the following Key Personnel positions: Project Manager, Construction Manager, Design Manager, Lead Structural Engineer, Lead Maintenance of Traffic (MOT) Design Engineer, Lead MOT Implementation Manager, Independent Quality Firm Manager, Professional Services Quality Assurance Manager, Utility Manager and Safety Manager. After completing all of the questions in Part I of this Form I for each project, the Proposer Entity must deliver a copy of each Form I to an individual who was an employee of the project owner at the time the services were performed for each project (each, a “Reference”) so that the Reference may complete Part II below and return a completed copy directly to TxDOT by email by the date indicated in Part II below.

Proposer Information:

Proposer Entity Name: _____

Proposer Key Personnel Position (check one):

- | | |
|---|--|
| <input type="checkbox"/> Project Manager | <input type="checkbox"/> Construction Manager |
| <input type="checkbox"/> Design Manager | <input type="checkbox"/> Lead Structural Engineer |
| <input type="checkbox"/> Lead MOT Design Engineer | <input type="checkbox"/> Lead MOT Implementation Manager |
| <input type="checkbox"/> Independent Quality Firm Manager | <input type="checkbox"/> Professional Services Quality Manager |
| <input type="checkbox"/> Utility Manager | <input type="checkbox"/> Safety Manager |

Proposer Key Personnel Name: _____

Proposer Key Personnel Firm Name: _____

Proposer Key Personnel Telephone No.: _____

Proposer Key Personnel Email: _____

Reference Project Information:

Reference Project Name and Location: _____

Reference Project Name of Owner and Owner's Project Manager Name/Title:

Reference Project Owner's Project Manager Email: _____

Reference Project Owner's Project Manager Telephone No.: _____

Reference Contact (filling out Part II) Name, Title, Telephone No., Email:

Project delivery method:

- | | | |
|---|---|--|
| <input type="checkbox"/> Design-Bid-Build | <input type="checkbox"/> Design-Build | <input type="checkbox"/> Design-Build-Maintain |
| <input type="checkbox"/> Concession | <input type="checkbox"/> Availability Payment | |
| <input type="checkbox"/> Other (please describe): _____ | | |

Project value:

- | | | |
|---------------------------------------|--|---------------------------------------|
| <input type="checkbox"/> Below \$100M | <input type="checkbox"/> \$100M - \$500M | <input type="checkbox"/> Above \$500M |
|---------------------------------------|--|---------------------------------------|

The Key Personnel listed above started working on the project: _____

The Key Personnel listed above stopped working on the project: _____

The role and services that the Key Personnel listed above provided relevant to this Project:

PART II: INSTRUCTIONS TO THE REFERENCE

Please complete the questions in this Part II of the Form I, which relate to the Key Personnel and their participation in the reference project described in Part I above.

Please return a completed copy of this Form I by email directly to TxDOT at TxDOT-SAT-ALTD-I35NEXSouth@txdot.gov so that it is received no later than July 8, 2022. Please do NOT send this Form back to the Proposer Entity(ies).

Please provide information for the primary individual completing this Part II:

Reference Contact Name: _____

Reference Organization Name: _____

Reference Contact Title: _____ Telephone No.: _____

Reference Contact Email: _____

Please answer the following questions with regard to the reference project and the Key Personnel identified in Part I above:

To the best of your knowledge, is the Reference information listed in Part I of this Form I accurate?

Yes No

If no, please explain: _____

Please rate the quality of the services listed below rendered by the Key Personnel to your organization:

Service	Excellent	Very Good	Good	Fair	Poor	No Basis
Technical Quality/Aptitude						
Coordination/ Responsiveness						
Partnering/Owner- Contractor Relationship						
Contract Compliance						
OVERALL						

Please elaborate as to the reason for each of the ratings set forth above if rated "Fair" or "Poor":

Technical Quality/Aptitude: _____

Coordination/Responsiveness: _____

Partnering/Owner-Contractor Relationship: _____

Contract Compliance: _____

If given the opportunity, would you choose to work with this Key Personnel again?

Yes No

If no, please explain: _____

Would you prefer, or do you believe it is necessary, to discuss any of your responses by telephone?

Yes No

If yes, please include the best time and telephone number at which you can be reached: _____
