FORM A
TRANSMITTAL LETTER

PROPOSER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

QS Date: [DATE]

Director

Project Finance, Debt & Strategic Contracts Division

Texas Department of Transportation

7600 Chevy Chase Drive, Building 2, Suite 400

Austin, Texas 78752

The undersigned (“Proposer”) submits this qualification statement (this “QS”) in response to that certain Request for Qualifications dated as of [DATE] (as amended, the “RFQ”), issued by the Texas Department of Transportation (“TxDOT”) to design, construct and maintainthe I-635 LBJ East Project, as described in the RFQ (the “Project”), pursuant to a Design-Build Contract (“DBC”) and Capital Maintenance Contract (“CMC”). Initially capitalized terms not otherwise defined herein shall have the meanings set forth in the RFQ.

Enclosed, and by this reference incorporated herein and made a part of this QS, are the following:

Volume 1: Transmittal Letter (Form A), Executive Summary, Information Regarding Proposer Team (Form B-1), List of Proposer Team Members (Form B-2), Certification (Form C), Proposer Information / Project Experience / Management Structure, Technical Experience (Forms D-1, D-2 and D-3), Project Description Forms (Form E), Narrative Project Descriptions, Statement of Technical Approach, Safety Questionnaire (Form F), Key Personnel Resumes and References (Form G) and Surety Letter; and

Volume 2: Financial Statements, Material Changes in Financial Conditions and Off-Balance Sheet Liabilities

Proposer acknowledges receipt, understanding and full consideration of all materials posted on TxDOT’s website with respect to the Project

<https://www.txdot.gov/inside-txdot/division/debt/strategic-projects/alternative-delivery/lbj-east/rfq.html>

and the following addenda and sets of questions and answers to the RFQ:

[*Proposer to list any addenda to this RFQ and sets of questions and answers by dates and numbers prior to executing Form A*]

Proposer represents and warrants that it has read the RFQ and agrees to abide by the contents and terms of the RFQ and the QS.

Proposer commits that the Key Personnel designated in the QS for the positions described in the RFQ will be available to serve the role so identified in connection with the Project. Procedures concerning changes of such personnel will be set forth in the RFP; however, the Proposer understands that requests to implement any such change will be subject to prior TxDOT approval, and failure to obtain TxDOT approval for such changes may result in disqualification of the Proposer by TxDOT.

Proposer understands that TxDOT is not bound to shortlist any Proposer and may reject each QS received.

Proposer further understands that all costs and expenses incurred by it in preparing this QS and participating in the Project procurement process will be borne solely by the Proposer, except to the extent of any payment made by TxDOT for work product.

Proposer agrees that TxDOT will not be responsible for any errors, omissions, inaccuracies or incomplete statements in this QS.

This QS shall be governed by and construed in all respects according to the laws of the State of Texas.

Proposer’s business address:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(No.) (Street) (Floor or Suite)

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(City) (State or Province) (ZIP or Postal Code) (Country)

State or Country of Incorporation/Formation/Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*[Insert appropriate signature block from following]*

1. Sample signature block for corporation or limited liability company:

*[Insert Proposer’s name]*

By:

Print Name:

Title:

2. Sample signature block for partnership or joint venture:

*[Ins*e*rt 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:

*[In*sert *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):

🞎 Proposer 🞎 Equity Member 🞎 Guarantor

🞎 Lead Contractor 🞎 Lead Engineering Firm 🞎 Lead Independent Quality Firm

🞎 Other

Name of Entity Completing Form B:

Year Established: State of Organization:

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

North American Industry Classification Code:

Name of Official Representative Executing Form B:

Individual’s Title:

E-mail 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 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 firm’s Official 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**:

**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):**

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 (the “Responding Party”) shall respond either “yes” or “no” to each of the following questions. If the response is “yes” to any question(s), a detailed explanation of the circumstances shall be provided in the space following the questions. The Responding Party shall attach additional documentation as necessary to fully explain said circumstances. Failure to either respond to the questions or provide adequate explanations may preclude consideration of the proposal 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:

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

 Yes 🞎  No 🞎

If yes, please explain:

1. 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:

1. 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.

1. 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:

1. 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:

1. 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:

1. With respect to each of Questions 1-7 above, if not previously answered or included in a prior response on this form, 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 1-6 above.

1. 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 phone and email address.
2. 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.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm’s Official 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  | LEVEL OF COMPANY’S PARTICIPATION (6) | 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 United States Dollars. Identify exchange rates of amounts in other currencies using the exchange rate as of the Cut-Off Date, including 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 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 WORKS COMPLETED BY CUT-OFF DATE  | LEVEL OF COMPANY’S PARTICIPATION (6) | 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 United States 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 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 LEAD 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)** | **FEES EARNED BY COMPANY ON THE PROJECT AS OF THE CUT-OFF DATE (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 Lead Independent Quality Firm has worked within the past ten years.
3. Only list projects where the Lead Independent Quality Firm held a minimum of 30% of the ultimate responsibility for the quality assurance experience. If the Lead Independent Quality Firm is a joint venture, only list projects from joint-venture members that will perform at least 30% of the Lead Independent Quality Firm’s potential work for the Project.
4. In thousands of United States 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 Lead Independent Quality Firm for providing quality assurance services for the project as of the Cut-Off Date.
8. Indicate the type of services for which the Lead 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 any innovative approaches or unique outreach or marketing concepts used successfully by the Proposer’s team member to encourage DBE participation.)*

|  |  |  |
| --- | --- | --- |
| **Contract Goal** | **Actual** | **Variance** |
|  |  |  |

**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 QUESTIONNAIRE**

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 has no QS page limitation. 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 **Fatal Injury Rate** is calculated as follows:

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

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 fatal injury rates.

**Example:**

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

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

The **Incidence Rate of Injury and Illness Cases** (“IR”) is calculated as follows:

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

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 incidence rates.

**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 **Incidence Rate** would be calculated as follows:

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

The same formula can be used to compute the **Incidence Rate** 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 **Incidence Rate** for these 3 cases is computed as:

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

**Table 1.** Work-related Fatalities. Adapted from the United States Department of Labor, Bureau of Labor Statistics.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Series** | **Year****2014** | **Year****2015** | **Year****2016** |
| **Fatal Injury Rate 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 | *Rates per 100,000 full-time employees* |
| *9.8* | *10.1* | *10.1* |
| Lead Contractor - Hours-Based Construction Fatal Injury Rate (FIR) | *Rates per 100,000 full-time employees* |
| FIR | FIR | FIR |

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Series** | **Year****2014** | **Year****2015** | **Year****2016** |
| **Incidence Rate of Injury and Illness Cases (“IR”) per 100 Full-Time Workers** |
| Industry Average - Nonfatal occupational injuries and illnesses for “Highway, Street and Bridge Construction”, as defined by the North American Industry Classification System (NAICS 2373), Total Recordable Cases | *Rates per 100 full-time employees* |
| *3.8* | *3.6* | *3.5* |
| Lead Contractor - Rate of Total Recordable Cases | *Rates per 100 full-time employees* |
| 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 incidence rate, Bureau of Labor Statistics (BLS) - [www.bls.gov/iif/osheval.htm](http://www.bls.gov/iif/osheval.htm)
* OSHA Forms for Recording Work-Related Injuries and Illnesses - [https://www.osha.gov/recordkeeping/RKforms.html](https://na01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.osha.gov%2Frecordkeeping%2FRKforms.html&data=01%7C01%7CRSmith2%40mayerbrown.com%7C02ab99a3fb344614159608d5cb068c05%7C09131022b7854e6d8d42916975e51262%7C0&sdata=FZ2Ky4Smhf6E2gAsSD99%2F21G5RWMwlHne4MReq%2BOqWM%3D&reserved=0)
* Industry Injury and Illness Data - [www.bls.gov/iif/oshsum.htm](http://www.bls.gov/iif/oshsum.htm)
* Hours-based fatal injury rates – www.bls.gov/iif/oshcfoi1.htm
* Occupational Safety & Health Statistics, BLS Handbook Chapter 9 - [www.bls.gov/opub/hom/pdf/homch9.pdf](http://www.bls.gov/opub/hom/pdf/homch9.pdf)
1. 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.** National Council on Compensation Insurance 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.

**FORM G**

**KEY PERSONNEL RESUME AND REFERENCES**

|  |  |
| --- | --- |
| **Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Firm:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **Position:** *(Select one.)*🞎 Independent Quality Firm Manager🞎 Construction Manager🞎 Project Manager🞎 Design Manager🞎 Professional Services Quality Assurance Manager 🞎 Lead Maintenance of Traffic (MOT) Design Engineer |
| **Degree:**🞎 Associate🞎 Undergraduate🞎 Graduate🞎 Doctoral | **Field/Program:**🞎 Engineering🞎 Construction Management🞎 Architecture🞎 Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **College/University** *(Name and Location)*: | **Years of Experience:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *(Relative to selected position)* |
| **Licenses/Certifications:** *(Select all that apply. Provide the license/certification number and expiration date. Attach applications for Texas P.E. License, if applicable.)* |
| 🞎 Professional Engineer (Date Since: \_\_\_\_\_\_)State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_LIC. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Texas P.E. License Application attached, if applicable🞎 ASQ – American Society of Quality☐CQI ☐CQE ☐CQMLIC. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 OSHA – Construction Safety & Health (30 hours)LIC. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 🞎 CPR and First AidLIC. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 CHST – Construction Health & Safety Technician by the Board of Certified Safety ProfessionalsLIC. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 CSHO – Certified Safety and Health OfficialLIC. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Exp. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_🞎 Other(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **Additional Relevant Information:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| **Project Description/Role** | **Project Value** | **Project Type** | **Project Owner/Manager** |
| **Project Name:****Project Location:****Project Start Date:****Project End Date:****Project Description:** | 🞎 Below $100M🞎 $100M - $500M🞎 Above $500M | 🞎 Availability Payment🞎 Design-Build🞎 Design-Build- Maintain🞎 Design-Bid-Build🞎 Concession🞎 Other:  | **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 Name:****Project Location:****Project Start Date:****Project End Date:****Project Description:** | 🞎 Below $100M🞎 $100M - $500M🞎 Above $500M | 🞎 Availability Payment🞎 Design-Build🞎 Design-Build- Maintain🞎 Design-Bid-Build🞎 Concession🞎 Other: | **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 Name:****Project Location:****Project Start Date:****Project End Date:****Project Description:** | 🞎 Below $100M🞎 $100M - $500M🞎 Above $500M | 🞎 Availability Payment🞎 Design-Build🞎 Design-Build- Maintain🞎 Design-Bid-Build🞎 Concession🞎 Other: | **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 I-635 LBJ East 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 an approximately 11-mile section of Interstate Highway (“IH”) 635 from east of U.S. Highway (“US”) 75 to IH 30, including the IH 30 Interchange with transitional work on IH 635 extending south of the interchange, approximately 1.2 miles in length, and an approximately 1.5-mile section of IH 30 from west of Gus Thomasson Road to east of N Galloway Avenue in Dallas County, Texas pursuant to a Design-Build Contract and an associated Capital Maintenance Contract. The Proposer intends to submit a Qualifications Statement 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 or Lead Independent Quality Firm, as applicable) (each of the foregoing referred to herein as a “Proposer Entity”) must prepare a copy of this Form for each of the project owners included in the Forms E to be submitted with the Proposer's Qualification Statement (each a “Reference”). After completing all of the questions in Part I of this Form for a specific Reference, the Proposer Entity must deliver the form to the applicable Reference so that the Reference may complete Part II below and return a completed copy directly to TxDOT by e-mail by the date indicated in Part II below.*

**Proposer Information:**

Proposer Entity Name:

Proposer Contact Name:

Proposer Contact Tel No: E-mail:

This is a reference for (check one): 🞏 Lead Contractor (or other entity providing construction experience)
🞏 Lead Engineering Firm 🞏 Lead Independent Quality Firm

**Reference Project Information:**

Reference project name:

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)

Other:

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 May 31, 2018:

 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, which relate to the reference project and the Proposer Entity(ies) described in Part I above.*

***Please return a completed copy of this Form by e-mail directly to TxDOT at*** TxDOT-DAL-ALTD-LBJEast@txdot.gov ***so that it is received no later than July 6, 2018. 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: Tel No.:

Reference Contact E-mail:

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 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 phone? 🞎 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 I-635 LBJ East 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 an approximately 11-mile section of Interstate Highway (“IH”) 635 from east of U.S. Highway (“US”) 75 to IH 30, including the IH 30 Interchange with transitional work on IH 635 extending south of the interchange, approximately 1.2 miles in length, and an approximately 1.5-mile section of IH 30 from west of Gus Thomasson Road to east of N Galloway Avenue in Dallas County, Texas pursuant to a Design-Build Contract and an associated Capital Maintenance Contract. The Proposer intends to submit a Qualifications Statement in response to the RFQ that will list you as a Reference (defined below) with respect to the Key Personnel 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 must prepare a copy of this Form for each of the project owners listed on Form G to be submitted with the Proposer’s Qualification Statement (each a “Reference”) for each of the following Key Personnel positions: Independent Quality Firm Manager, Construction Manager, Project Manager, Design Manager, Professional Services Quality Assurance Manager and Lead Maintenance of Traffic (MOT) Design Manager. After completing all of the questions in Part I of this Form for a specific Reference, the Proposer must deliver the Form to the applicable 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 Key Personnel Position (check one):

 🞏 Independent Quality Firm Manager 🞏 Construction Manager 🞏 Project Manager

 🞏 Design Manager 🞏 Professional Services Quality Assurance Manager 🞏 Lead Maintenance of Traffic (MOT) Design Manager

Proposer Key Personnel Name:

Proposer Key Personnel Firm Name:

Proposer Key Personnel Tel. No: E-mail:

**Reference Information:**

Reference project name and location:

Reference project owner/manager name/title:

Reference project owner/manager agency:

Reference project owner/manager tel. no: E-mail:

Project delivery method: 🞎 Design-Bid-Build 🞎 Design-Build 🞎 Design-Build-Maintain 🞎 Concession 🞎 Availability Payment 🞎 Other (please describe)

Other:

Project value: 🞎 Below $100M 🞎 $100M - $500M 🞎 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, 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 by e-mail directly to TxDOT at*** TxDOT-DAL-ALTD-LBJEast@txdot.gov ***so that it is received no later than July 6, 2018. 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: Tel No.:

Reference Contact E-mail:

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 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 phone? 🞎 Yes 🞎 No

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