

**CONNECTICUT DOT  
STATEMENT OF QUALIFICATIONS  
FOR THE PROPOSER  
FORM: SOQ C255**

<b>A</b>	Project No. for which firm is filing:  Name of Proposer (see RFQ document for definition):
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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 Construction Manager. See RFQ Document for definition)

Name _____	Signature _____
Title _____	Date _____

**PROPOSER INFORMATION(Lead firm if Joint Venture)**

<b>B</b>	Firm and year est. _____	<input type="checkbox"/> DBE (Certified by CT Dept. Of Transportation)
	Parent Co. _____	<input type="checkbox"/> SBE (Certified by CT Dept. Of Admin. Services)
	Address _____	Phone _____
	_____	Fax _____
	_____	e-mail _____
	City _____	State _____ ZIP _____
	Contact _____	Title _____

**PROJECT STAFFING**

<b>C</b>	Personnel by Discipline: a) No. in firm; b) No. in firm assigned to this project; c) Sub contractors assigned to this project.										
	a	b	c		a	b	c		a	b	c
	_____	_____	_____	Administrators	_____	_____	_____	Foremen	_____	_____	_____
	_____	_____	_____	Construction Project Managers	_____	_____	_____	Administrative staff	_____	_____	_____
	_____	_____	_____	Construction Project Engineers	_____	_____	_____		_____	_____	_____
	_____	_____	_____	Estimators	_____	_____	_____	Other staff	_____	_____	_____
	_____	_____	_____	Drafters	_____	_____	_____		_____	_____	_____
	_____	_____	_____	Schedulers	_____	_____	_____		_____	_____	_____
	_____	_____	_____	Quality Control Managers	_____	_____	_____		_____	_____	_____
	_____	_____	_____	Quality Control Staff	_____	_____	_____		_____	_____	_____
	_____	_____	_____	Superintendents	_____	_____	_____		_____	_____	_____

**D**

**STAFFING**

In the space below please indicate the proposed construction 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.

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## SUBCONTRACTORS INFORMATION

**E** The Proposer should list subcontractors it wishes to showcase as part of its team. This section must list any "Key Personnel" employed by a subcontractor. Use additional copies of this page as necessary.

Firm _____	<input type="checkbox"/> DBE (Certified by CT Dept. of Transportation)
Address _____	<input type="checkbox"/> SBE (Certified by CT Dept. of Admin. Services)
City _____	State _____ ZIP _____
Contact _____	FEIN _____
Phone _____	Year established _____
Responsibilities on this project _____	

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Firm _____	<input type="checkbox"/> DBE (Certified by CT Dept. of Transportation)
Address _____	<input type="checkbox"/> SBE (Certified by CT Dept. of Admin. Services)
City _____	State _____ ZIP _____
Contact _____	FEIN _____
Phone _____	Year established _____
Responsibilities on this project _____	

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Firm _____	<input type="checkbox"/> DBE (Certified by CT Dept. of Transportation)
Address _____	<input type="checkbox"/> SBE (Certified by CT Dept. of Admin. Services)
City _____	State _____ ZIP _____
Contact _____	FEIN _____
Phone _____	Year established _____
Responsibilities on this project _____	

## PROPOSER 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 Proposer (Lead construction firm in the case of a Joint Venture).

1	<input type="checkbox"/> As Prime	<input type="checkbox"/> As Subcontractor	Project \$(000) _____	Firm's Portion \$(000) _____
2	<input type="checkbox"/> As Prime	<input type="checkbox"/> As Subcontractor	Project \$(000) _____	Firm's Portion \$(000) _____
3	<input type="checkbox"/> As Prime	<input type="checkbox"/> As Subcontractor	Project \$(000) _____	Firm's Portion \$(000) _____
4	<input type="checkbox"/> As Prime	<input type="checkbox"/> As Subcontractor	Project \$(000) _____	Firm's Portion \$(000) _____

# PROPOSER EXPERIENCE AND QUALIFICATIONS

**F**

Continued

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

**G**

**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		

**H**

**Project Controls** – Describe the firm’s ability to implement projects controls such as scheduling, document management, and change management. Include software programs/systems used and identify which project listed in section F that made use of these systems.

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## PROJECT QUALIFICATIONS SUMMATION

I

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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## ACKNOWLEDGEMENT OF ADDENDA

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**J**

This section is used to identify the proposer's knowledge of all addenda that have been issued. Failure to acknowledge receipt of ALL addenda may be cause rejection of the SOQ. This form shall be signed by the Project Executive as defined in the RFP documents.

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I hereby acknowledge receipt of the following addenda:

Addendum Number	Addendum Date

I also acknowledge that the attached Statement of Qualifications has taken into account all addenda.

Name of Project Executive: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_