FORM A
TRANSMITTAL LETTER

|  |  |
| --- | --- |
| Name of Proposer: |  |

QS Due Date: April 15, 2020

TxDOT’s Authorized Representative
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 Qualifications Statement (this “QS”) in response to that certain Request for Qualifications dated as of January 17, 2020, as amended (“RFQ”), issued by the Texas Department of Transportation (“TxDOT”) to design, construct and maintain the Southeast Connector Project, which consists of approximately 16.6 miles of non-tolled improvements to I-20 from Forest Hill Drive to Park Springs Boulevard, to I-820 from I-20 to Brentwood Stair Road, and to US 287 from Bishop Street to Sublett Road (referred to herein as 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 and Legal Qualifications (Form C), Proposer Information/Team Experience/Management Structure, Technical Experience (Forms D-1, D-2, D-3, and D-4), Project Description Form (Form E), Statement of Technical Approach, Safety Questionnaire (Form F), Key Personnel Work Assignment Form (Form G-1), Key Personnel Resume and References (Form G-2), Surety Letter (Exhibit E), DBE Information (Form J-1), and DBE Reference Form (Form J-2); and

Volume 2: Financial Statements, Material Changes in Financial Condition, Off-Balance Sheet Liabilities, and Bidding Capacity.

Proposer acknowledges receipt, understanding and full consideration of all materials posted on the Project Webpage with respect to the Project (<https://www.txdot.gov/inside-txdot/division/debt/strategic-projects/alternative-delivery/seconnector.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 certifies that if it submits a Proposal, at the time of and as a condition to final award and execution of the Contract Documents and CMC Documents, (a) the Proposer will have an Aggregate Available Bidding Capacity in an amount equal to or greater than the Proposer’s price for the construction work of the Project or (b) the Proposer shall submit for TxDOT approval an updated plan demonstrating how and when the Proposer will achieve a positive Aggregate Available Bidding Capacity after final award of the DBC and CMC.

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 THE 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:

*[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:

*[INS*E*RT 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 [ ]  Independent Quality Firm

[ ]  Lead Maintenance Firm [ ]  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 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, identify the names of the members or partners of such joint venture or Newly Formed entity in the space below. |
|  |  |
|  |  |
|  |  |

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 Representative[[1]](#footnote-1):** |  |
| **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):**

|  |
| --- |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

FORM C
CERTIFICATION AND LEGAL QUALIFICATIONS

|  |  |
| --- | --- |
| **Name of Proposer:** |  |

|  |  |
| --- | --- |
| **Name of Entity:** |  |

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 any 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 10 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?

[ ]  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 10 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 10 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 10 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 10 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** | **FEES 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 10 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 D-4
TECHNICAL EXPERIENCE – MAINTENANCE
EXPERIENCE OF THE LEAD MAINTENANCE FIRM IN THE MAINTENANCE OF REFERENCE PROJECTS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **COMPANY NAME (1)** | **PROJECT NAME, DELIVERY METHOD AND LOCATION (2) & (3)** | **PROJECT COST (4) & (5)** | **START/END DATES** | **LENGTH OF ROAD UNDER MAINTENANCE OBLIGATION** | **LEVEL OF COMPANY’S PARTICIPATION (6)** | **ROLE OF COMPANY FOR THE PROJECT** |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Notes:

(1) A maximum of three projects may be included. In the case of experience provided by a company related to the Lead Maintenance Firm (as permitted in Section 5.1 of the RFQ), specify its relation to the Lead Maintenance Firm, as applicable.

(2) Only list projects on which the Lead Maintenance Firm has worked within the past 10 years.

(3) Only list projects where the Lead Maintenance Firm held a minimum 30% of the ultimate responsibility for the maintenance work. If the Lead Maintenance Firm is a joint venture, only list projects from joint venture members that will be responsible for at least 30% of the Lead Maintenance Firm’s, as applicable, potential maintenance 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 maintenance work for the listed project.

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: |  |
| Responsible Department: |  |
| Point of Contact (“POC”) Name: |  |
| **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** |
|  |  |  |

|  |
| --- |
|  |

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

[ ]  Yes [ ]  No

If checked, 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 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 FIR 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 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:

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

The IR of Injury and Illness Cases 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 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:

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

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:

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

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

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Series** | **Year2016** | **Year2017** | **Year2018** |
| **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 | *Rates per 100,000 full-time employees* |
| *10.1* | *9.5* | *9.5* |
| Lead Contractor – Hours-Based Construction 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, BLS.

|  |  |  |  |
| --- | --- | --- | --- |
| **Data Series** | **Year2016** | **Year2017** | **Year2018** |
| **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”) | *Rates per 100 full-time employees* |
| *3.5* | *3.2* | *3.6* |
| Lead Contractor – Rate of TRC | *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 IR, BLS – <http://www.bls.gov/iif/osheval.htm>
* OSHA Forms for Recording Work-Related Injuries and Illnesses – <https://www.osha.gov/recordkeeping/osha-rkforms-winstr_fillable.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** | **Year20\_\_\*** | **Year20\_\_\*** | **Year20\_\_\*** |
| 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-1
KEY PERSONNEL WORK ASSIGNMENT FORM

|  |  |
| --- | --- |
| Name of Proposer: |  |

|  |  |
| --- | --- |
| Key Personnel Assignment¹ | Name of Individual Assigned |
| Project Manager |  |
| Construction Manager |  |
| Design Manager |  |
| Lead Maintenance of Traffic (“MOT”) Design Engineer |  |
| Independent Quality Firm Manager2 |  |
| Professional Services Quality Assurance Manager3 |  |
| Maintenance Manager |  |
| Safety Manager |  |
| Lead MOT Implementation 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 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.

FORM G-2
KEY PERSONNEL RESUME AND REFERENCES

|  |  |  |
| --- | --- | --- |
| **Name:** |  | **Position:** *(Select one.)*[ ]  Project Manager[ ]  Construction Manager[ ]  Design Manager[ ]  Lead Maintenance of Traffic (“MOT”) Design Engineer[ ]  Independent Quality Firm Manager[ ]  Professional Services Quality Assurance Manager☐ Maintenance Manager☐ Safety Manager☐ Lead MOT Implementation Manager |
| **Entity:** |  |
| **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 [ ]  CQM

|  |  |
| --- | --- |
| LIC. No. |  |
| Exp. |  |

[ ]  OSHA – Occupational Safety and Health Administration (30 hours)

|  |  |
| --- | --- |
| LIC. No. |  |
| Exp. |  |

  | [ ]  CPR and First Aid

|  |  |
| --- | --- |
| LIC. No. |  |
| Exp. |  |

[ ]  CHST – Construction Health and Safety Technician by the Board of Certified Safety Professionals

|  |  |
| --- | --- |
| LIC. No. |  |
| Exp. |  |

[ ]  CSHO – Certified Safety and Health Official

|  |  |
| --- | --- |
| LIC. No. |  |
| Exp. |  |

|  |  |
| --- | --- |
| [ ]  Other(s): |  |

  |
| **Additional Relevant Information:** |
|  |

|  |  |
| --- | --- |
| **Project Description/Role** | **Project Value** |
| **Project Name:** |  | [ ]  Below $100 million[ ]  $100 million - $500 million[ ]  Above $500 million |
| **Project Location:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Project Description:** |  |
| **Project Owner/Manager** | **Project Type** |
| **Name:** |  | [ ]  Availability Payment[ ]  Design-Build[ ]  Design-Build-Maintain[ ]  Design-Bid-Build[ ]  Concession |
| **Title:** |  |
| **Agency:** |  |
| **Telephone:** |  |
| **Email:** |  | [ ]  Other: |  |
| **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:** |  | [ ]  Below $100 million[ ]  $100 million - $500 million[ ]  Above $500 million |
| **Project Location:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Project Description:** |  |
| **Project Owner/Manager** | **Project Type** |
| **Name:** |  | [ ]  Availability Payment[ ]  Design-Build[ ]  Design-Build-Maintain[ ]  Design-Bid-Build[ ]  Concession |
| **Title:** |  |
| **Agency:** |  |
| **Telephone:** |  |
| **Email:** |  | [ ]  Other:  |  |
| **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:** |  | [ ]  Below $100 million[ ]  $100 million - $500 million[ ]  Above $500 million |
| **Project Location:** |  |
| **Project Start Date:** |  |
| **Project End Date:** |  |
| **Project Description:** |  |
| **Project Owner/Manager** | **Project Type** |
| **Name:** |  | [ ]  Availability Payment[ ]  Design-Build[ ]  Design-Build-Maintain[ ]  Design-Bid-Build[ ]  Concession |
| **Title:** |  |
| **Agency:** |  |
| **Telephone:** |  |
| **Email:** |  | [ ]  Other:  |  |
| **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 the Southeast Connector 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 maintain the Southeast Connector Project, which consists of approximately 16.6 miles of non-tolled improvements to I-20 from Forest Hill Drive to Park Springs Boulevard, to I-820 from I-20 to Brentwood Stair Road, and to US 287 from Bishop Street to Sublett Road (the “Project”). 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 H and you, as the Reference, are responsible for completing Part II of this Form H 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 Number: |  |
| 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: |  |

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, D-3, OR D-4]:

|  |
| --- |
|  |

|  |  |
| --- | --- |
| 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-FTW-ALTD-SEConnector@txdot.gov*** ***so that it is received no later than April 15, 2020 at 12:00 noon (Central Time). 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: |  |
| Reference Contact Telephone Number: |  |
| 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 Southeast Connector 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 maintain the Southeast Connector Project, which consists of approximately 16.6 miles of non-tolled improvements to I-20 from Forest Hill Drive to Park Springs Boulevard, to I-820 from I-20 to Brentwood Stair Road, and to US 287 from Bishop Street to Sublett Road (the “Project”). 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 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 Maintenance of Traffic (“MOT”) Design Engineer, Independent Quality Firm (“IQF”) Manager, Professional Services Quality Assurance Manager, Maintenance Manager, Safety Manager and Lead MOT Implementation 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)*:
 [ ]  Project Manager [ ]  Construction Manager
 [ ]  Design Manager [ ]  Lead MOT Design Engineer
 [ ]  IQF Manager [ ]  Professional Services Quality Assurance Manager
 [ ]  Maintenance Manager [ ]  Safety Manager
 [ ]  Lead MOT Implementation Manager

|  |  |
| --- | --- |
| Proposer Key Personnel Name: |  |
| Proposer Key Personnel Firm Name: |  |
| Proposer Key Personnel Telephone Number: |  |
| Proposer Key Personnel Email: |  |

**Reference Information:**

|  |  |
| --- | --- |
| Reference Project Name and Location: |  |
| Reference Project Owner/Manager Name/Title: |  |
| Reference Project Owner/Manager Agency: |  |
| Reference Project Owner/Manager Telephone No.: |  |
| Reference Project Owner/Manager Email: |  |

Project delivery method:
[ ]  Design-Bid-Build [ ]  Design-Build [ ]  Design-Build-Maintain
[ ]  Concession [ ]  Availability Payment

|  |  |
| --- | --- |
| [ ]  Other *(please describe)*: |  |

Project value:
[ ]  Below $100 million [ ]  $100 million - $500 million [ ]  Above $500 million

|  |  |
| --- | --- |
| 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-FTW-ALTD-SEConnector@txdot.gov*** ***so that it is received no later than April 15, 2020 at 12:00 noon (Central Time). 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:  |  |
| Reference Contact Telephone Number: |  |
| 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:

|  |
| --- |
|  |
|  |

**FORM J-1
DBE INFORMATION**

*The Proposer and each Equity Member, Lead Contractor, Lead Engineering Firm, and any other entity (company, joint venture, partnership or consortium) providing engineering or construction experience for the projects referenced on Forms D-1 or D-2, (each of the foregoing referred to herein as a “Proposer Entity”) must submit with the Proposer’s QS a separate Form J-1 for each DBE with which the Proposer Entity, either as prime contractor, engineering firm, or an equity member of the prime contractor, has worked on any project, including but not limited to, projects referenced on Forms D-1 or D-2, in the last three years pursuant to a direct subcontract with a value over $1 million (including all change orders and contract supplements).*

|  |  |
| --- | --- |
| Name of Proposer: |  |
| Name of Entity: |  |

This is a reference for:

[ ]  Proposer [ ]  Equity Member

[ ]  Lead Contractor [ ]  Lead Engineering Firm

[ ]  Other entity providing engineering or construction experience

**DBE Reference Contact:**

|  |  |
| --- | --- |
| Name of DBE Organization: |  |
| Reference Contact Name: |  |
| Reference Contact Title: |  |
| Reference Contact Telephone Number: |  |
| Reference Contact Email: |  |

**Reference Project Information:**

|  |
| --- |
| **Reference Project Description/Role** |
| **Project Name:** |  |
| **Project Location:** |  |
| **Project Delivery Method:** | [ ]  Design-Bid-Build[ ]  Design-Build | [ ]  Design-Build-Maintain[ ]  Concession |
| [ ]  Other:  |  |
| **Dates of Work Performed by DBE:** |  |
| **The value of the work actually performed by the DBE as a percentage of the overall value of the prime contract:** |  |
| **Describe the role and services that the DBE listed above provided relevant to this Project:** |
|  |
| **Describe any problems encountered in connection with this DBE contract identified and corrective actions taken by the Proposer Entity:** |
|  |

|  |
| --- |
| **Reference Project Description/Role** |
| **Project Name:** |  |
| **Project Location:** |  |
| **Project Delivery Method:** | [ ]  Design-Bid-Build[ ]  Design-Build | [ ]  Design-Build-Maintain[ ]  Concession |
| [ ]  Other:  |  |
| **Dates of Work Performed by DBE:** |  |
| **The value of the work actually performed by the DBE as a percentage of the overall value of the prime contract:** |  |
| **Describe the role and services that the DBE listed above provided relevant to this Project:** |
|  |
| **Describe any problems encountered in connection with this DBE contract identified and corrective actions taken by the Proposer Entity:** |
|  |

|  |
| --- |
| **Reference Project Description/Role** |
| **Project Name:** |  |
| **Project Location:** |  |
| **Project Delivery Method:** | [ ]  Design-Bid-Build[ ]  Design-Build | [ ]  Design-Build-Maintain[ ]  Concession |
| [ ]  Other:  |  |
| **Dates of Work Performed by DBE:** |  |
| **The value of the work actually performed by the DBE as a percentage of the overall value of the prime contract:** |  |
| **Describe the role and services that the DBE listed above provided relevant to this Project:** |
|  |
| **Describe any problems encountered in connection with this DBE contract identified and corrective actions taken by the Proposer Entity:** |
|  |

[ADD ADDITIONAL SHEETS AS NECESSARY]

**FORM J-2
DBE REFERENCE FORM**

**Texas Department of Transportation
Request for Qualifications for the Southeast Connector Project**

The Texas Department of Transportation (“TxDOT”) has issued a Request for Qualifications (“RFQ”) seeking qualifications from entities (referred to herein as the “Proposer”) to design, construct, and maintain the Southeast Connector Project, which consists of approximately 16.6 miles of non-tolled improvements to I-20 from Forest Hill Drive to Park Springs Boulevard, to I-820 from I-20 to Brentwood Stair Road, and to US 287 from Bishop Street to Sublett Road (the “Project”). The Proposer has submitted a Qualifications Statement (“QS”) in response to the RFQ that lists you as an individual reference (“Reference”) who was an employee of a Disadvantaged Business Enterprise (“DBE”) at the time the DBE performed services for the reference project(s) and the applicable Proposer Entity (defined below), each as identified by the Proposer in Part I below. The Proposer is responsible for completing Part I of this Form J-2 and you, as the Reference, are responsible for completing Part II of this Form J-2 in accordance with the instructions set forth below.

**PART I: INSTRUCTIONS TO THE PROPOSER**

*The Proposer and each Equity Member, Lead Contractor, Lead Engineering Firm, and any other entity providing engineering or construction experience for the projects referenced on Forms D-1 or D-2 (each of the foregoing referred to herein as a “Proposer Entity”) must prepare a copy of this Form J-2 for each of the DBEs listed on Form J-1 to be submitted with the Proposer’s QS. TxDOT will randomly select DBEs listed on Form J-1 and deliver a copy of each corresponding Form J-2 to the DBE 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:**

|  |  |
| --- | --- |
| Name of Proposer: |  |
| Name of Entity: |  |

**DBE Reference Contact:**

|  |  |
| --- | --- |
| Name of DBE Organization: |  |
| Reference Contact Name: |  |
| Reference Contact Title: |  |
| Reference Contact Telephone Number: |  |
| Reference Contact Email: |  |

**Reference Project Information:**

*Projects in the last three years the Proposer Entity has worked with DBE pursuant to a direct subcontract valued over $1 million (including all change orders and contract supplements).*

|  |
| --- |
| **Reference Project Description/Role** |
| **Project Name:** |  |
| **Project Location:** |  |
| **Project Delivery Method:** | [ ]  Design-Bid-Build[ ]  Design-Build | [ ]  Design-Build-Maintain[ ]  Concession |
| [ ]  Other:  |  |
| **Dates of Work Performed by DBE:** |  |
| **The value of the work actually performed by the DBE as a percentage of the overall value of the prime contract:** |  |
| **Describe the role and services that the DBE listed above provided relevant to this Project:** |
|  |

|  |
| --- |
| **Reference Project Description/Role** |
| **Project Name:** |  |
| **Project Location:** |  |
| **Project Delivery Method:** | [ ]  Design-Bid-Build[ ]  Design-Build | [ ]  Design-Build-Maintain[ ]  Concession |
| [ ]  Other:  |  |
| **Dates of Work Performed by DBE:** |  |
| **The value of the work actually performed by the DBE as a percentage of the overall value of the prime contract:** |  |
| **Describe the role and services that the DBE listed above provided relevant to this Project:** |
|  |

|  |
| --- |
| **Reference Project Description/Role** |
| **Project Name:** |  |
| **Project Location:** |  |
| **Project Delivery Method:** | [ ]  Design-Bid-Build[ ]  Design-Build | [ ]  Design-Build-Maintain[ ]  Concession |
| [ ]  Other:  |  |
| **Dates of Work Performed by DBE:** |  |
| **The value of the work actually performed by the DBE as a percentage of the overall value of the prime contract:** |  |
| **Describe the role and services that the DBE listed above provided relevant to this Project:** |
|  |

**PART II: INSTRUCTIONS TO THE REFERENCE**

*Please complete the questions in this Part II of this Form J-2, which relate to the DBE and its participation in the reference project(s) described in Part I above.*

***Please return a completed copy*** ***of this Form J-2 by email directly to TxDOT at*** ***TxDOT-FTW-ALTD-SEConnector@txdot.gov*** ***so that it is received no later than May 1, 2020. Please do NOT send this Form J-2 back to the Proposer Entity.***

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

|  |  |
| --- | --- |
| Reference Organization Name: |  |
| Reference Contact Name: |  |
| Reference Contact Title: |  |
| Reference Contact Telephone Number: |  |
| Reference Contact Email: |  |

Please answer the following questions with regard to the reference project(s) and the DBE identified in Part I above:

To the best of your knowledge, is the Reference information listed in Part I of this Form J-2 accurate?

[ ]  Yes [ ]  No

If no, please explain:

|  |
| --- |
|  |
|  |

Please rate the quality of your overall experience working with the Proposer Entity on the project(s) identified in Part I above:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Very Good** | **Good** | **Fair** | **Poor** | **No Basis** |
| Coordination/Responsiveness |  |  |  |  |  |
| Contractor-Subcontractor Relationship |  |  |  |  |  |
| Contract Compliance (other than timely payment) |  |  |  |  |  |

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

|  |  |
| --- | --- |
| Coordination/Responsiveness: |  |
|  |
| Contractor-Subcontractor Relationship: |  |
|  |
| Contract Compliance (other than timely payment): |  |
|  |

How many payments for services were not timely made according to contract requirements, and what percentage of the total number of payments made under the contract were not timely?

|  |
| --- |
|  |
|  |

If given the opportunity, would you choose to work with the Proposer Entity 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:

|  |
| --- |
|  |
|  |

1. NOTE: This should be the same person identified on Forms B-1 and C for the Proposer in accordance with Section 6.1(b) of the RFQ. [↑](#footnote-ref-1)