

**FORM A**  
**TRANSMITTAL LETTER**

Proposer:

[Proposal Date]

Nebraska Department of Transportation (NDOT)  
State Headquarters  
Attn. Kyle Keller  
1500 Nebraska Parkway  
Lincoln, NE 68502

The undersigned (**Proposer**) submits this Statement of Qualifications (**SOQ**) in response to the Request for Qualifications (**RFQ**) issued by NDOT for a Design-Builder to enter into a Design-Build Agreement (**DBA**) to develop Interstate 80 (I-80) from 50th Street to I-480 Project (Project) as more specifically described in the documents provided with the RFQ. Capitalized terms that are used but not defined in the SOQ shall have the meanings set forth in Exhibit A to the RFQ.

Please find enclosed the following parts of the SOQ, in the following order, which by reference are incorporated herein and made a part of this SOQ:

Part A – this Transmittal Letter

- Form A, Transmittal Letter (signed by duly authorized representatives of all equity members of the Proposer's team)
- Prequalification Status Verification Letter

Part B – Legal Structure

- Form B-1, Proposer's Organization Information, including identification of Major Participants
- Form B-2, Major Participant and Designer Certification
- Form B-3, DBE Goal Declaration Affidavit

Part C – Financial Capacity

Part D – Safety Program

- Form D, Safety Questionnaire

Part E – Category B Key Personnel Experience

- Form E, Category B Key Personnel Experience and Resume Instructions

Part F – Firm Experience and Past Performance

- Form F-1, Firm Experience
- Form F-2, Past Performance

Part G – Team Organization and Category A Key Personnel Experience

- Form G-1, Category A Key Personnel Experience and Resume Instructions
- Form G-2, Category A Key Personnel Work Assignment Commitment of Availability

Part H – Project Understanding and Approach

Pursuant to submitting this SOQ, Proposer acknowledges the following:

1. Proposer has received and reviewed the RFQ and any addenda and certifies that it has carefully examined and is fully familiar with all provisions of the RFQ and is satisfied that such provisions provide sufficient detail regarding the Work to be performed and do not contain internal inconsistencies.
2. Proposer represents that all statements made in the SOQ are true, correct, and accurate as of the date hereof.
3. Proposer understands that NDOT is not bound to accept any SOQ that it may receive.
4. Proposer understands that all costs and expenses incurred by it in preparing this SOQ and participating in the RFQ process will be borne solely by the Proposer, as described in Section 2.15 (Procurement Expenses and Stipend) of the RFQ.
5. Proposer consents to NDOT's disclosure of its SOQ pursuant to the applicable provisions of Nebraska law after award of the DBA.
6. Proposer agrees that NDOT will not be responsible for any errors or omissions in its SOQ.

[To be signed by authorized signatory or signatories of the Proposer, use appropriate signature blocks]

Sample signature block for corporation or limited liability company:

*[Proposer Name]*

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sample signature block for partnership or joint venture:

[Proposer Name]

By: [General Partner or Member's Name]

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sample signature block for attorney in fact:

[Proposer Name]

For: [Name]

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Proposer's Business Address:

[Name]

[Street Address]

[City, State, ZIP]

[Country]

Proposer's State or Country of Incorporation: [State or Country]

**FORM B-1**

**PROPOSER'S ORGANIZATION INFORMATION**

**PART 1  
PROPOSER TEAM SUMMARY**

<b>PROPOSER</b>	
<b>CONTACT PERSON</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

<b>MAJOR EQUITY MEMBER(S) <i>(Duplicate Part 1 for each Equity Member)</i></b>	
<b>NAME OF FIRM</b>	
<b>CONTACT PERSON</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

<b>MAJOR NON-EQUITY MEMBER <i>(Duplicate Part 1 for each Major Non-Equity Member)</i></b>	
<b>NAME OF FIRM</b>	
<b>CONTACT PERSON</b>	
<b>ADDRESS</b>	
<b>TELEPHONE NUMBER</b>	
<b>EMAIL ADDRESS</b>	

**PART 2**  
**TEAM MEMBER INFORMATION**

Name of Proposer: \_\_\_\_\_

Name of Entity Completing Form B-1: \_\_\_\_\_

Entity's Role (check one box for entity completing Form B-1 as applicable):

- Proposer;  Equity Member;  Major Non-Equity Member;  Guarantor; or  
 Other (describe): \_\_\_\_\_

Year Established: \_\_\_\_\_ State of Organization: \_\_\_\_\_

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

North American Industry Classification Code: \_\_\_\_\_

Name of Official Representative Executing Form A: \_\_\_\_\_

Individual's Title: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Type of Business Organization\* (check one):

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

\* If the entity completing this Form B-1 is a partnership or any other form of a joint venture, attach to this Form B-1 the executed teaming agreement. If an executed teaming agreement does not yet exist, attach a summary of the key terms of the anticipated agreement, including the percentages of ownership roles of the various parties and anticipated execution date.

A. Business Address: \_\_\_\_\_  
Headquarters: \_\_\_\_\_  
Office Performing Work: \_\_\_\_\_

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

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

C. If the entity completing this Form B-1 is a joint venture or newly formed entity (formed within the past two years), complete a separate Form B-1 and Form B-2 for each member or partner of the entity and attach it to the SOQ. In addition, identify the name of such members or partners in the space below.

Name

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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: \_\_\_\_\_

*[Please make additional copies of this form as needed.]*

**FORM B-2**

**MAJOR PARTICIPANT AND DESIGNER CERTIFICATION**

Name of Proposer: \_\_\_\_\_

Firm: \_\_\_\_\_

Complete for each Equity Member, Major Non-Equity Member and Guarantor:
<p>1. Has the firm or any Affiliate<sup>1</sup>, or the owners, officers, or managing employees of either the firm or any affiliate, failed to complete any work it agreed to perform, or had a contract terminated because it was in default, within the past ten years (measured from the date of issuance of this RFQ) and within North America? If yes, describe.</p>
<p>2. Has the firm or any Affiliate<sup>1</sup>, or any director, officer, or employee of either the firm or any affiliate been, in North America, indicted or convicted of bid or other contract-related crimes or violations (e.g., fraud, bribery, collusion, conspiracy, antitrust, etc.) or any felony or misdemeanor related to performance under a contract within the past five years (measured from the date of issuance of this RFQ)? If yes, describe.</p>
<p>3. Has the firm or any Affiliate<sup>1</sup> sought protection under any provision of any bankruptcy act or been subject to a receivership or involuntary bankruptcy proceeding within the last ten years (measured from the date of issuance of this RFQ)? If yes, describe, and provide information concerning any work completed by a surety as a result of the bankruptcy or receivership.</p>
<p>4. Has the firm or any Affiliate<sup>1</sup> been debarred, disqualified, removed, or suspended from performing work for the federal government, any state or local government, or any foreign government within North America, within the last five years (measured from the date of issuance of this RFQ)? If yes, describe.</p>

<sup>1</sup> Note: "Affiliate" has the meaning set forth in Exhibit A of the RFQ.

5. Has the firm or any Affiliate\* been found liable in a civil suit or found guilty in a criminal action for making any false claim or other material misrepresentation to a public entity (including any foreign government in North America) within the past ten years (measured from the date of issuance of this RFQ)? If yes, as to each such inquiry, state the name of the public agency, the date of the inquiry, the grounds on which the public agency based the inquiry, and the result of the inquiry.

6. Has any construction project in North America performed or managed by the firm or, to the knowledge of the undersigned, any Affiliate<sup>1</sup>, involved repeated or multiple failures to comply with safety laws, regulations, rules, or requirements as commonly tracked by the construction industry (including those of a foreign government) within the past ten years (measured from the date of issuance of this RFQ)? If yes, please identify the team members and the projects, provide an explanation of the circumstances, and provide owner contact information including telephone numbers.

7. Has the firm or any Affiliate<sup>1</sup> been disqualified by an owner of a public works project in North America for submitting a “nonresponsive” bid or proposal, or having been found “not responsible” within the last five years (measured from the date of issuance of this RFQ)? If yes, describe.

8. Has the firm or any Affiliate\* been found, adjudicated, or determined by any state court, state administrative agency, including, but not limited to, the Industrial Commission of Nebraska, federal court or federal agency, to have violated or failed to comply with any law or regulation of the United States or any state within the past ten years (measured from the date of issuance of this RFQ) 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?

9. Have any adverse claims, disputes, or lawsuits between the owner of a public works project in North America and the firm or any Affiliate<sup>1</sup>, in which the claim, settlement, or judgment exceeds \$50,000, settled within the past five years (measured from the date of issuance of this RFQ)? If yes, describe. Provide any information concerning any work completed by a surety during the past five years.

10. Has the firm or any Affiliate<sup>1</sup> been convicted of violating a State or Federal law relating to the employment of undocumented aliens within the past five years (measured from the date of issuance of this RFQ)? If yes, describe.

11. List (on a separate page) up to five financial institutions with which the firm or any Affiliate<sup>1</sup> has done the most business within the past five years and identify the individual at each institution who was in charge of the firm's accounts. Indicate the address, telephone number, and Email address of each individual.

12. Has a surety firm completed performance of a contract in North America on behalf of the firm or any Affiliate<sup>1</sup> or paid for completion of a contractor's performance because the firm or any affiliate was in default or terminated by the project owner within the last five years (measured from the date of issuance of this RFQ)? If yes, describe.

13. Has the firm or any Affiliate<sup>1</sup> been issued a citation by any governmental body for violation of any environmental law, regulation, or permit pertaining to performance of work on a transportation project in North America within the last ten years (measured from the date of issuance of this RFQ)? If yes, describe in Form F-2.

*(Must be signed by an officer of the firm)*

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm's Official Representative:

**Firm:** \_\_\_\_\_

**By:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**FORM B-3**

**DBE GOAL DECLARATION AFFIDAVIT**

Name of Proposer: \_\_\_\_\_

It is understood and agreed by the Proposer that it has carefully examined all documents that form this Request for Qualifications (RFQ) and acknowledges that Nebraska Department of Transportation (NDOT) anticipates that the Overall Project DBE goal will be between 0% and 5% of the contract value for this Design-Build Project. This affidavit further serves to confirm that (INSERT PROPOSER NAME HERE) will exercise good faith efforts to the satisfaction of the Department to meet the proposed Overall Project DBE goal in accordance with DBE Design-Build Program requirements defined in the Request for Proposal (RFP) documents, when issued. The proposed Overall Project DBE goal is considered "Provisional" at this time, as the Department is currently in the process of securing required approvals of the proposed Overall Project DBE goal from U.S. Department of Transportation (U.S. DOT).

It is further understood by the Proposer that in the event the Proposer commits to exceed the established provisional overall DBE project goal, the DBE goal of record will be that committed to by the Proposer. In fulfilling the Proposer's commitment to meet or exceed the established overall DBE project goal, the Proposer will adhere to all DBE provisions set forth in NDOT's DBE Program, this solicitation, regulatory requirements, and any contract which results there from.

The Proposer hereby affirms that it will either meet the DBE goals described in this solicitation or exercise and provide demonstrable evidence to the satisfaction of the Nebraska Department of Transportation (NDOT) that it has aggressively exercised Good Faith Efforts to do so in accordance with defined program requirements, including contractual and regulatory provisions set forth under Title 49, Code of Federal Regulations (CFR), Part 26 and subsequently published Design-Build DBE Federal Registrars.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

The foregoing instrument was acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_,

20 \_\_\_\_\_ by \_\_\_\_\_, acting in his/her capacity as the \_\_\_\_\_  
(Printed name) (Title)

of \_\_\_\_\_, a \_\_\_\_\_  
(Company Name) (State of incorporation) (Type of Company (Corporation/LLC/Partnership))

on behalf of the \_\_\_\_\_.  
(Type of Company (Corporation/LLC/Partnership))

\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

Affix Notary Seal Above

My commission expires: \_\_\_\_\_

*[Modify this form as necessary so that it accurately describes the entity submitting the SOQ. If the entity submitting this SOQ is a Joint Venture, Partnership, or other legal entity, each member/partner in the entity shall submit a separate Form so that all members/partners of the entity acknowledge the statement above.]*

**FORM D**  
**SAFETY QUESTIONNAIRE**

Name of Proposer: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Instructions: Form D (*Safety Questionnaire*) shall be provided by each Equity Member and Major Non-Equity Member. **Each Equity Member and Major Non-Equity Member shall attach a signed OSHA Form 300A, OSHA Form 300 Log, and an EMR letter from their insurance provider for each of the three years listed in the table below.**

1. Provide the following information for the following three years:

Item	2023	2024	2025
<b>Employee hours worked</b>			
<b>Experience Modification Rate (EMR)</b>			
<b>Total Recordable Injuries</b>			
<b>Number of cases with days away from work</b>			
<b>Number of fatalities</b>			

2. Has the Federal Occupational Safety and Health Administration (OSHA) cited and assessed penalties against your firm for any “serious,” “willful,” or “repeat” violations of its safety or health regulations in the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, attach a separate signed page describing the citations, including information about the dates of the citations, nature of the violation, the project on which the citation(s) was or were issued, and the amount of penalty paid, if any. If the citation was appealed to the Occupational Safety and Health Appeals Board and a decision has been issued, state the case number and the date of the decision.)

3. Has the cited and assessed penalties against your firm in the past five years?

Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes, attach a separate signed page describing each citation.)

## FORM E

### CATEGORY B KEY PERSONNEL EXPERIENCE AND RESUME INSTRUCTIONS

Name of Proposer: \_\_\_\_\_

Instructions: The Proposer shall complete the table below providing the requested information.

Position	Name	Years and months of Relevant Experience
Quality Manager		
Safety Manager		
Environmental Compliance Manager		

Include, as attachments to this Form E, a resume for each Category B Key Personnel that includes the following information in the following order. The page limit for each resume is **two pages**.

1. A summary of the **relevant experience** working on projects of similar size, scope and complexity, including the total number of years and months of relevant experience for the Category B Key Personnel position.
2. Document the relevant Project experience that demonstrates meeting the **Category B Key Personnel Responsibilities and Experience Requirements set forth in RFQ Section 3.3.5 (Category B Key Personnel Experience)**, including the following:
  - Project Name
  - Delivery Method
  - Position Title
  - Time in this position [From [year] / [month] to [year] / [month] equals total of \_\_\_\_\_ years \_\_\_\_\_ months]
  - Average number of hours worked per week on Project
  - Project Description (include construction value)
  - Detailed description of project responsibilities related to position title
  - Explanation regarding the relevance of this experience to the minimum qualifications for the Category B Key Personnel position
  - Project Representative for each project (list name, phone number, and email)
3. As relevant to the Category B Key Personnel role, a list of the following:
  - All formal education, including institution attended, attendance date
  - Any certifications, registrations, and other credentials, including expiration date.

**FORM F-1**  
**FIRM EXPERIENCE**

Name of Proposer: \_\_\_\_\_

Instructions: Provide a summary of **relevant** firm experience for the Major Participants working on projects of similar size, scope and complexity, consisting of no more than **3 projects** for each Major Participant.

One Form F shall be completed for each project. This form may be modified; however, the information shall be presented in the order requested and prompts shall be conspicuous to facilitate review. The page limit for each project is limited to **2 pages**.

Name of Firm: \_\_\_\_\_

Affiliation: \_\_\_\_\_

Name of Client (Owner/Agency, Contractor, etc.):

Client Contact Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Project name, location, description, and nature of work for which firm was responsible:

Project Status (as of Proposal Date):

Project Delivery Method: \_\_\_\_\_

Project Cost (US\$): \_\_\_\_\_

Work Performed Date: From: \_\_\_\_\_ To: \_\_\_\_\_

Describe how the work performed demonstrates meeting the minimum Roadway Design/Bridge Design/Drainage Design Experience Requirements for the Design Firm, if applicable.

Describe major risks or challenges encountered during design/construction and strategies implemented to resolve/mitigate these items:

Describe use of innovative designs, methods, or materials:

Highlight the Key Personnel and their role in reference project:

Provide the following information for the referenced project:

Percent of Total Work Performed by Firm (% design or % construction): \_\_\_\_\_

Value of Liquidated Damages and Claims: \_\_\_\_\_

Any Litigation against Firm? Yes \_\_\_\_ No \_\_\_\_

**FORM F-2**  
**PAST PERFORMANCE**

Name of Proposer: \_\_\_\_\_

Name of Major Participant: \_\_\_\_\_

Instructions: Provide the requested information below for each Major Participant relating to any project issues resulting in claims/litigation, etc. and termination, as applicable, and any awards, citations and/or commendations received on projects for the past 5 years. Include N/A if not applicable. Should additional lines be needed by Proposers to address subject areas identified in the table below, Proposer shall add additional lines within each subject area as appropriate.

**Claims, Litigation, Dispute Proceedings, and Arbitration:**

Project Issue	Owner / Agency That Initiated Action	Resolution / Outcome	Is Unresolved or Action Outstanding?	Current Owner Contact Name and Contact Information

**Termination:**

Include information for any project termination for cause or that required completion by another party.

Project Name	Describe Reason for Termination	\$ Amount Involved	Current Owner Contact Name and Contact Information

**Awards, Citations, and/or Commendations:**

Attach all listed citations to this Form.

Name of Award, etc.	Year Received	Project and Location	Work for Which Award, Citation, etc. Was Received

**FORM G-1**

**CATEGORY A KEY PERSONNEL EXPERIENCE AND RESUME INSTRUCTIONS**

Name of Proposer: \_\_\_\_\_

Instructions: The Proposer shall complete the table below providing the requested information.

<b>Position</b>	<b>Name</b>	<b>Years and months of Relevant Experience</b>
Project Manager		
Construction Manager		
Design Manager		
Lead Structural Engineer		
Traffic Control Implementation Manager		

Include, as attachments to this Form G-1, a resume for each Category A Key Personnel that includes the following information in the following order. The page limit for each resume is **two pages**.

1. A summary of the **relevant experience** working on projects of similar, scope and complexity, including the total number of years and months of relevant experience for the Category A Key Personnel position.
2. Document the relevant Project experience that demonstrates meeting the **Category A Key Personnel Responsibilities and Experience Requirements set forth in RFQ Section 3.3.7 (Team Organization and Category A Key Personnel Experience)**, including the following:
  - Project Name
  - Delivery Method
  - Position Title
  - Time in this position [From [year] / [month] to [year] / [month] equals total of \_\_\_\_\_ years \_\_\_\_\_ months]
  - Average number of hours worked per week on Project
  - Project Description (include construction value)
  - Detailed description of project responsibilities related to position title
  - Explanation regarding the relevance of this experience to the minimum qualifications for the Category A Key Personnel position

- Project Representative for each project (list name, phone number, and email)
3. As relevant to the Category A Key Personnel role, a list of the following:
- All formal education, including institution attended, attendance date
  - Any certifications, registrations, and other credentials, including expiration date.

**FORM G-2**

**CATEGORY A KEY PERSONNEL WORK ASSIGNMENT FORM AND COMMITMENT  
OF AVAILABILITY**

Name of Proposer: \_\_\_\_\_

<b>Category A Personnel Assignment</b>	<b>Name of Individual and Employer</b>
Project Manager	
Construction Manager	
Design Manager	
Lead Structural Manager	
Traffic Control Implementation Manager	

**COMMITMENT OF AVAILABILITY**

The named Category A Key Personnel, the employer of the named Category A Key Personnel, and the Proposer commit that if the Proposer is awarded the DBA, the Category A Key Personnel will be committed, available, and active to fulfill Project responsibilities.

***[Replicate as necessary, one per Category A Key Personnel]***

**Proposer:** \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Employer of named Category A Key Personnel:** \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

**Named Category A Key Personnel:** \_\_\_\_\_

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

