

Form DB-101
MAJOR PARTICIPANT INFORMATION



rev 1/2017

Design-Build Project:

Submitter (Team) Name:

| | | | |
|-------------------------|--|--|--|
| Company Name: | | Year Established: | |
| Company Address: | | Federal Tax ID: | |
| Company Phone: | | Organization: | <input type="checkbox"/> Corporation |
| Company Fax: | | | <input type="checkbox"/> Joint Venture |
| Contact Name: | | | <input type="checkbox"/> Partnership |
| Contact Phone: | | | <input type="checkbox"/> Other |
| Contact E-mail: | | State of Incorporation: (if applicable) | |

Under penalty of perjury, I certify that:

- I am the company's Official Representative;
- The company is either prequalified to perform work as a consultant or contractor for MoDOT or is able to obtain prequalification status prior to submitting a Proposal;
- To the best of my knowledge and belief, following reasonable inquiry, the information submitted in this SOQ is true and correct.

[to be signed by authorized signatory or signatories of the Proposer and each Major Participant]

[Proposer or Major Participant's Name]

Signature

Date

Typed Name

Title

Form DB-101
MAJOR PARTICIPANT INFORMATION



rev 1/2017

INCUMBENCY CERTIFICATE:

THE UNDERSIGNED HEREBY CERTIFIES THAT HE/SHE IS THE DULY ELECTED AND ACTING _____ SECRETARY OF _____ ("COMPANY"), AND THAT, AS SUCH, HE/SHE IS AUTHORIZED TO EXECUTE THIS INCUMBENCY CERTIFICATE ON BEHALF OF THE COMPANY, AND FURTHER CERTIFIES THAT THE PERSONS NAMED BELOW ARE DULY ELECTED, QUALIFIED, AND ACTING OFFICERS OF THE COMPANY, HOLDING ON THE DATE HEREOF THE OFFICES SET FORTH OPPOSITE THEIR NAMES.

| <u>NAME</u> | <u>OFFICE</u> |
|-------------|---------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

IN WITNESS WHEREOF, THE UNDERSIGNED HAS EXECUTED THIS INCUMBENCY CERTIFICATE:

[Proposer or Major Participant's Name]

By: _____
Signature

Typed or Printed Name

SECRETARY

Title

Date

Form DB-102
REFERENCE PROJECT SUMMARY



rev 5/2021

Design-Build Project:

Submitter (Team) Name:

Reference Project Name:

| | | | |
|--|--|--|---------------------------------------|
| Contact Name: | | Type of Project: | <input type="checkbox"/> Design-Build |
| Contact Address: | | | <input type="checkbox"/> Design |
| Contact Phone: | | | <input type="checkbox"/> Construction |
| Original Project Budget: | | Project Start Date: | |
| Final Project Cost: | | Project End Date: | |
| DBE Goal: | | Workforce Diversity Female Goal: | |
| Actual DBE: | | Workforce Diversity Female Actual: | |
| | | Workforce Diversity Minority Goal: | |
| | | Workforce Diversity Minority Actual: | |
| Were the Workforce Diversity Goals per Craft met? | | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If no, detail the efforts made to be in compliance: | | | |
| | | | |

| MAJOR PARTICIPANTS INVOLVED IN REFERENCE PROJECT | | | |
|--|------|-------------------------------|--------------------|
| MAJOR PARTICIPANT | ROLE | DESCRIPTION OF WORK PERFORMED | PERCENTAGE OF WORK |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| PERSONNEL INVOLVED IN REFERENCE PROJECT | | |
|---|------|-------------------------------|
| List only individuals who are Key Personnel | | |
| NAME (Last, First) | ROLE | DESCRIPTION OF WORK PERFORMED |
| | | |
| | | |
| | | |
| | | |
| | | |

Form DB-102
REFERENCE PROJECT SUMMARY



rev 5/2021

Description of Project:

Form DB-103
RESUME SUMMARY



rev 11/2016

Design-Build Project:

Submitter (Team) Name:

| Key Personnel Title * | Name (Last, First) | Employer's Firm Name | Years of Experience | % Assigned to Project | | On Site (Y/N) |
|-----------------------|-----------------------|----------------------|------------------------|------------------------|---------------------------------|------------------|
| | | | | During Design Phase | During Construction Phase | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

* Proposer may define additional Key Personnel as specified in the Request for Qualifications.

Form DB-104
RECEIPT OF ADDENDA



rev 6/2021

Design-Build Project:

Submitter (Team) Name:

| | | | |
|-------------------------|--|---------------|--|
| Addendum Number: | | Dated: | |
| Addendum Number: | | Dated: | |
| Addendum Number: | | Dated: | |
| Addendum Number: | | Dated: | |
| Addendum Number: | | Dated: | |

The undersigned acknowledges receipt of the addenda as indicated above for:

☐ Request for Qualifications

☐ Request for Proposals

☐ Other _____

Signature

Date

Typed Name

Title

Form DB-105
CONFLICT OF INTEREST



rev 6/2021

Design-Build Project:

Submitter (Team) Name:

As required by 23 CFR 636.116 and 7 CSR 10-24.080, the Submitter must provide to MoDOT information regarding all potential organizational conflicts of interest in its proposal, including all relevant facts concerning any past, present or currently planned interests which may present an organizational conflict of interest.

Conflicts:

If there are such conflicts, the information should be attached in a letter addressed to Project Director. The undersigned acknowledges any potential organizational conflicts of interests have been spelled out in an attached letter.

Signature

Date

Typed Name

Title

No Conflicts:

The undersigned acknowledges there are no potential organizational conflicts of interests.

Signature

Date

Typed Name

Title

Design-Build Project:

Submitter (Team) Name:

Responses will be provided in writing and will be posted on the project SharePoint site.

| | | | | FOR MODOT USE ONLY | | |
|-------------|-------------|-------|------------------|--|-------------|--|
| Item Number | RFQ Section | Topic | Comment/Question | Response (Enter a Response, "Moved to Master", or "Withdrawn") | Date Closed | Will change be reflected in future addendum? (Y/N) |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |

Add additional lines as needed.

Form DB-110
COMMITMENT OF KEY PERSONNEL



6/2021

Design-Build Project:

Submitter (Team) Name:

| Section 1 | | Please Circle One | |
|--|--|-------------------|----|
| 1. I am assigned to an existing Design-Build project with MoDOT: | | Yes | No |
| 2. I am pursuing a Design-Build procurement for other MoDOT projects: | | Yes | No |
| 3. I am assigned to or pursuing a Design-Build project for another Entity: | | Yes | No |
| If the Key Personnel answered "No" to question 1, 2, and 3, please skip Section 2 and proceed to signature. If this Key Personnel answered "Yes" to question 1, 2, or 3 continue to Section 2. | | | |
| Section 2 | Key Personnel shall describe their current contractual commitment on existing Design-Build Projects, and their strategy to managing multiple responsibilities on multiple Design-Build Projects where their commitment may overlap. Key Personnel should also include their proposed replacement if a conflict arises between contractual commitments on projects currently in design-build procurement. | | |

Signature

Date

Typed Name

Title

Form DB-110
COMMITMENT OF KEY PERSONNEL



6/2021

Section 2 Continued (if required)

Form DB-802
DEBARMENT, SUSPENSION, INELIGIBILITY,
AND VOLUNTARY EXCLUSION CERTIFICATE



rev 1/2017

Design-Build Project:

Submitter (Team) Name:

The undersigned, under penalty of perjury, certifies that, except as noted below, he/she or any other person associated therewith in the capacity of owner, partner, director, officer, or manager:

- Is not currently under suspension, debarment, voluntary exclusion, or determination of ineligibility by any federal agency.
- Has not been suspended, debarred, voluntarily excluded or determined ineligible by any federal agency within the past 3 years.
- Does not have a proposed debarment pending.
- Has not been indicted, convicted, or had a civil judgment rendered against it by a court of competent jurisdiction in any manner involving fraud or official misconduct within the past 3 years.
- Has not within the past 3 years had one or more public transactions (federal, state or local) terminated for cause or default.

If there are any exceptions to this certification, insert the exceptions in the following space.

[Insert exceptions, if any]

Exceptions will not necessarily result in denial of Award, but will be considered in determining bidder responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of action.

Note: Providing false information may result in criminal prosecution or administrative sanctions.

[To be signed by authorized signatory or signatories of the Proposer and each Major Participant]

[Proposer or Major Participant's Name]

By: _____
Signature

Typed or Printed Name

Title

Date