

Louisiana Department of Transportation and Development

ACKNOWLEDGMENT OF RECEIPT

(To be attached to Statement Of Qualifications cover letter)

(Name of Proposer)

We hereby acknowledge receipt of the St. Francisville Mississippi River Bridge Design-Build Project Request For Qualifications dated December 15, 2004, and subsequent addenda and responses to questions issued by the Louisiana Department of Transportation and Development.

ADDENDUM Number

Date Issued

Response to Questions Number

Date Issued

(Signed)

(Date)

(Printed or Typed Name)

(Title)

FORM B
BACKLOG INFORMATION

Name of Proposer: _____

Company Name	Number of Contracts in Force	Total Contract Value (US\$ Millions)	Value of Work Remaining by Year (US\$ Millions)		
			2004	2005	2006
Principal Participant(s)					
Designer					
Quality Control Engineer					
Others					

FORM B
BACKLOG INFORMATION

Name of Proposer: _____

OUTSTANDING PROPOSAL/BID INFORMATION

Company Name	Number of Proposals / Bids Outstanding	Total Potential Value (US\$)
Principal Participant(s)		
Designer		
QC Engineer		
Other Firms		

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FORM E-1
PAST PROJECT DESCRIPTION

Name of Proposer: _____

Name of Firm: _____
Project Role: _____ Principal Participant: ____ Designer: ____ Quality Control Engineer: ____ Other (Describe): _____
Years of Experience: _____ Roads/Streets: _____ Bridges/Structures: _____ Utility Relocations: _____
Project Name, Location, Description, and Nature of Work for which the Firm was responsible: _____ _____ _____ _____ _____ _____ _____
Describe Site Conditions: _____ _____ _____ _____
(Use additional sheets as necessary to describe project and site conditions)
List any awards, citations, and/or commendations received for the project: _____ _____
Name of Client (Owner/Agency or Contractor): _____ Address: _____ _____ Contact Name: _____ Telephone number: _____ Owner's Project or Contract No.: _____ Facsimile Number: _____ Contract Value (US\$): _____ Final Value (US\$): _____ Percent of Total Work Performed by Firm: _____ Commencement Date: _____ Planned Completion Date: _____ Actual Completion Date: _____ Amount of Claims: _____ Any Litigation? Yes ____ No ____

FORM L-1
PROPOSER'S ORGANIZATION INFORMATION

PROPOSER			
Name of Entity: Address:			
Contact Name:		Title:	
Telephone Number:		Facsimile Number:	E-mail:
LOCAL / REGIONAL CONTACT (if different from above)			
Name: Address:			
Telephone Number:		Facsimile Number:	E-mail:
NAME(S) OF PROPOSER ENTITY(IES)			
Company Name	Address and Telephone and Facsimile Numbers	State of Incorporation	Lead Participant (include percent) Yes No
Principal Participant(s)			
Designer			
Quality Control Engineer			
Other Firm(s)			

FORM L-2
PRINCIPAL PARTICIPANT AND DESIGNER CERTIFICATION

Complete this Form L-2 for each Principal Participant and the Designer.

1. Has the firm* ever failed to complete any work it agreed to perform or had a contract terminated because it was in default? If yes, describe.

2. Has the firm* or any officer thereof been indicted or convicted of bid or other contract related crimes or violations or any felony or misdemeanor related to performance under a contract within the past five years? If yes, describe.

3. Has the firm* ever sought protection under any provision of any bankruptcy act? If yes, describe.

4. Has the firm* ever been debarred or suspended from performing work for the federal government or any state or local government? If yes, describe.

5. List on a separate page, up to five financial institutions with which the firm* has done the most business during the past five years and identify the individual at each institution who was in charge of the firm's accounts. Indicate the address and telephone and facsimile numbers of each individual.

(Must be signed by an officer of the firm)

Firm: _____

By: _____

Title: _____

Name of Proposer: _____

* (Note: "Firm" includes any Affiliate, including a parent company or subsidiary companies.)

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FORM PP
PAST PERFORMANCE

Name of Proposer: _____

Firm Name: _____

Awards, Citations, and/or Commendations

Name of Award, Citation, or Commendation	Year Received	Project and Location	Work for Which Award, Citation, or Commendation was Received

Litigation, Claims, Dispute Proceedings, and Arbitration

Project/Issue	Owner/Agency Initiated Action	Resolution/Outcome	Indicate if Unresolved or Outstanding Action	Current Owner Contact Name and Telephone and Facsimile Numbers

FORM PP
PAST PERFORMANCE

Liquidated Damages

Project Name	Cause of Delay(s)	Amount Assessed	Describe Outstanding Damage Claims by Any Owner	Current Owner Contact Name and Telephone and Facsimile Numbers

Termination for Cause

Project	Describe Reason for Termination	Dollar Amount Involved	Current Owner Contact Name and Telephone and Facsimile Numbers

Disciplinary Action

Project	Describe Action Taken	Current Owner Contact Name and Telephone and Facsimile Numbers

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FORM R
PAST REVENUE

Proposer's Name: _____

Proposer Entities/Firm Name	Total Revenue by Year (\$US in Millions)		
	2001	2002	2003
Principal Participant(s):			
Designer:			
Quality Control Engineer:			
Other Firm(s):			

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FORM RFQ-C

Proposer's Question Request

Proposer's/Firm's Name: _____

Request For Qualifications or Appendix Section Number	Question	Reserved for Louisiana Department of Transportation and Development Response

Use additional sheets as necessary.

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**FORM S
SAFETY QUESTIONNAIRE**

Proposer's Name: _____

Firm Name: _____

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

Item	2001	2002	2003
Employee hours worked (Do not include non-work time, even though paid)			
Number of lost workday cases			
Number of restricted workday cases			
Number of cases with medical attention only			
Number of fatalities			

2. Are internal accident reports and report summaries sent to management? To what levels and how often?

Position	No	Yes	Monthly	Quarterly	Annually

3. Do you hold site meetings for supervisors? Yes _____ No _____
 How Often? Weekly ____ Bi-Weekly ____ Monthly ____ Less often, as needed ____

4. Do you conduct project safety inspections? Yes _____ No _____
 By whom? _____
 How Often? Weekly ____ Bi-Weekly ____ Monthly ____

5. Does the firm have a written safety program? Yes _____ No _____

6. Does the firm have an orientation program for new hires? Yes _____ No _____
 If yes, what safety items are included? _____

**FORM S
SAFETY QUESTIONNAIRE**

7. Does the firm have a program for newly hired or promoted foremen? Yes ___ No ___

If yes, does it include instruction of the following?

Topic	Yes	No
Safety Work Practices		
Safety Supervision		
On-site Meetings		
Emergency Procedures		
Accident Investigation		
Fire Protection and Prevention		
New Worker Orientation		

8. Does the firm hold safety meetings which extend to the laborer level? Yes ___ No ___

How often? Daily ___ Weekly ___ Bi-Weekly ___ Less often, as needed ___

9. For the Proposer only, indicate the safety record on the last Project to which the indicated key personnel were assigned:

Key Person	Total hours worked by all employees on the Project	Number of lost workday cases on the Project	Number of restricted workday cases on the Project	Number of cases with medical attention only on the Project	Number of fatalities on the Project
Project Principal					
Project Manager					
Construction Manager					