

Arkansas State Highway and Transportation Department

Request for Qualifications

30 Crossing



**From: I-530/I-440 Interchange
To: I-40/Hwy 67 Interchange**

CAP Project No: CA0602

Appendix C
Forms

FORM A

ACKNOWLEDGMENT OF RECEIPT

**Acknowledgment of Receipt of
RFQ, RFQ Addenda, and Request for Clarification Matrix Releases
(To Be Attached to SOQ Cover Letter)**

Name of Respondent: _____

Receipt of the following items from the Department for the **30 Crossing Project** is hereby acknowledged:

1. Request for Qualifications (RFQ) Release Date: _____, ____
 2. RFQ Addenda, as listed below.

RFQ Addendum No.	Issue Date
1	
2	
3	
4	
5	

3. Request for Clarification Matrix releases, as noted below.

Request for Clarification Matrix Revision No.	Release Date
1	
2	
3	
4	
5	
6	
7	
8	

Attested By (Printed Name): _____ Date: _____

Signature: _____ Title: _____

Appendix C
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FORM B
RESPONDENT'S ORGANIZATION INFORMATION

Name of Respondent: _____

Respondent (Individual Firm / Joint Venture / Partnership / LLC)
Name of Respondent: _____
Address: _____

Procurement Point of Contact ¹
Name: _____
Address: _____

Telephone: (____) _____ - _____ E-Mail: _____

¹ Note: Procurement Point of Contact (PPC) is the sole point of contact for the Respondent during the Procurement Process, not the Single Point of Contact (SPC), which is the sole point of contact for the Project.

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FORM B - Continued
RESPONDENT'S ORGANIZATION INFORMATION

Name of Respondent: _____

Firm Name	Address, Telephone and E-Mail	State of Incorporation	Equity %	Type Work	Pre-qualified ?	Commercial Contractor License? Y/N	DBE Participant?	
							Y/N	%
Principal Participant(s)								
			%					%
			%					%
			%					%
Major Participant(s)²								
								%
								%
								%
								%

²Note: Lead Designers should be included under the heading of "Designer" in this form.

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Forms
FORM B - Continued
RESPONDENT'S ORGANIZATION INFORMATION

Name of Respondent: _____

Firm Name	Address, Telephone and E-Mail	State of Incorporation	Lead Firm? Y/N	Type Work	DBE Participant?	
					Y/N	%
Designer ³						
						%
						%
						%
						%
Quality Assurance Firm ³						
						%
						%
						%

³ Note: Designers and QA firms not designated as "Lead" may be modified after the RFQ Stage as stipulated in Section 2.3

Appendix C
Forms

FORM C-1
DEBARMENT/SUSPENSION CERTIFICATION

Name of Respondent: _____

Name of Firm: _____

Complete one (1) copy of form to cover all Principal Participants and Major Participants as identified on Form B.¹
1. None of the Respondent, the Principal Participants and the Major Participants ¹ are currently debarred, suspended, disqualified, or is currently removed from bidding or performing work, voluntarily or involuntarily, for any Governmental Authority.
2. None of the Respondent, the Principal Participants and the Major Participants ¹ have been debarred suspended, disqualified, or removed from bidding or performing work, voluntarily or involuntarily, for any Governmental Authority during the past three (3) years. ²
3. None of the Respondent, the Principal Participants and the Major Participants ¹ are subject to any proposed or pending debarment, suspension, or similar actions.

Respondent Certification:

I hereby certify that, to the best of my knowledge, the three (3) above statements are valid, true, and represent a complete and accurate understanding of the condition of the firms represented and identified on Form B as a Principal Participant or Major Participant¹. It is understood and agreed upon that any false acknowledgement, misrepresentation, or inaccuracy may be cause for disqualification of the Respondent from the Procurement Process whether discovered during the Procurement Process or after the Design-Builder selection has been completed.

Respondent's Authorized Representative:

(Printed Name)

(Signature)

(Title)

Date: _____

¹ Note: Firm includes any Affiliate.

² Note: Prior to the SOQ due date listed in the Procurement Schedule.

Appendix C

Forms

FORM C-2

BUSINESS INTEGRITY CERTIFICATION

Name of Respondent: _____

Name of Firm: _____

Complete one (1) copy of form to cover all Principal Participants or Major Participants as identified on Form B.¹

1. None of the Respondent, the Principal Participants and the Major Participants¹, nor any owner, officer, partner, director, or financial controller of such firms, or respective employee involved in the Project, have been convicted or included as the defendant in a criminal or civil judgment rendered against the firm or relevant individual by a court of competent jurisdiction in any matter involving fraud, anti-trust violations, theft, official misconduct, or other offenses indicating a lack of business integrity or business honesty in the past three (3) years².

If the Respondent takes exception with any portion of this statement, describe the circumstances below:

2. None of the Respondent, the Principal Participants and the Major Participants¹, nor any owner, officer, partner, director, or financial controller of such firms, or respective employee involved in the Project, have been indicted or otherwise criminally or civilly charged by a Governmental Authority with fraud, anti-trust violations, theft, official misconduct, or other offenses indicating a lack of business integrity or business honesty in the past three (3) years².

If the Respondent takes exception with any portion of this statement, describe the circumstances below:

3. None of the Respondent, the Principal Participants and the Major Participants¹, has participated as a prime contractor or equity partner in one or more Governmental Authority contracts terminated for cause or default in the past three (3) years².

If the Respondent takes exception with any portion of this statement, describe the circumstances below:

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FORM C-2 - Continued
BUSINESS INTEGRITY CERTIFICATION

Name of Respondent: _____

Name of Firm: _____

Respondent Certification:

I hereby certify that, to the best of my knowledge, the three (3) statements on Page CC-2-1 are valid, true, and represent a complete and accurate understanding of the condition of the firms represented and identified on Form B as Principal Participant or Major Participant¹. It is understood and agreed upon that any false acknowledgement, misrepresentation, or inaccuracy may be cause for disqualification of the Respondent from the Procurement Process whether discovered during the Procurement Process or after the Design-Builder selection has been completed.

Respondent's Authorized Representative:

(Printed Name)

(Signature)

Date: _____

(Title)

¹ Note: Firm includes any Affiliate.

² Note: Prior to the SOQ due date listed in the Procurement Schedule.

Appendix C
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FORM D²
FIRM - PROJECT REFERENCE

Name of Respondent: _____

Name of Firm: _____

Role on this Project: _____

Complete a copy of this form for the Respondent and each Component Firm that qualifies as a Principal Participant, Major Participant, Lead Designer or Lead Quality Assurance Firm. Provide two (2) representative past projects per firm. ²	
Past Project ¹ : _____	Design-Build: _____ Yes/No
Role on Past Project (include description of equity or lead role):	
<hr/> <hr/> <hr/> <hr/>	
Type of Work on Past Project:	
Streets/ Highways: _____	Bridges/ Structures: _____
Utilities Relocations: _____	Other: _____
Past Project: Location, Description and Nature of Work for which Firm was Responsible:	
<hr/> <hr/> <hr/> <hr/>	
Describe Past Project and Site Conditions:	
<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	

Refer to the Form D Notes on the next page.

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FORM E
FINANCIAL OFFICER CERTIFICATE

Name of Respondent: _____

Name of Major Participant (Firm): _____

I, _____ [Name], the _____ [Title]¹ of the above named Firm [and the _____ [Title] of _____ [Name of Guarantor Entity] (the Guarantor)]², do hereby certify as of the date signed below that:

1. This Certificate is being executed and delivered in connection with the Statement of Qualifications (SOQ) in response to the Request for Qualifications (RFQ) to design, construct, and perform the other required activities (the Work) for the 30 Crossing project issued by the Arkansas State Highway and Transportation Department (Department).

As to the matters herein set forth below that I either have personal knowledge or have obtained information from officers or employees of the Firm [and the Guarantor] in whom I have confidence and whose duties require them to have personal knowledge thereof, I make the certifications herein to the Department pursuant to the requirements of Section 4 of the RFQ with the intent and understanding that the certifications will be relied upon by the Department as a basis for the evaluation of the SOQ contemplated by the RFQ.

2. Bankruptcy/insolvency proceedings: [There has been no Insolvency Event relating to the Firm [or Guarantor] or any of its Affiliates that has occurred within the most recent three (3) fiscal years whether or not such proceeding was ultimately dismissed.] [If such an event has occurred in the most recent three (3) fiscal years, attached hereto as Annex A is a detailed description of an Insolvency Event relating to the Firm [or the Guarantor].]³

For the purposes of this certification, "Insolvency Event" means any voluntary or involuntary bankruptcy, insolvency, liquidation, restructuring, suspension of payments, scheme of arrangement, appointment of provisional liquidator, receiver or administrative receiver, resolution or petition for winding-up or similar proceeding, under any applicable law, in any jurisdiction.

3. Material Changes in Financial Condition: [No material change in the financial condition of the Firm [or Guarantor] has occurred, or is projected to occur, as applicable (i) within the most recently completed three (3) fiscal years that is not reflected in the its audited financial statements; (ii) since the date of its audited financial statements for its most recently completed fiscal year; or (iii) during the next fiscal quarter following the date of the SOQ.] [Attached hereto as Annex B is a detailed description of material changes in the financial condition of the Firm [or the Guarantor].]⁴

Refer to the Form E Notes on the next page.

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Forms

FORM E - Continued
FINANCIAL OFFICER CERTIFICATE

IN WITNESS WHEREOF, the undersigned has duly executed this Certificate as of the date below.

(Printed Name)

(Signature)

(Title)

(Firm)

Date⁵: _____

Form E Notes:

1. This Certificate must be provided by the Firm’s Chief Financial Officer, Treasurer, or other similar financial officer. If the Firm does not have this type of corporate officer internally and will rely on the financial officer of an Affiliate, such as an investment advisor or financial manager, both the financial officer delivering this certificate and a duly authorized signatory of the Firm must sign this certificate.
2. Each Major Participant Firm must provide its own separate Certificate; however, if any such Firm is proposing a Guarantor entity, only one consolidated Certificate is required for the Guarantor and its guaranteed Firm. If the Firm has no Guarantor, all references to “Guarantor” should be deleted from this Certificate.
3. Complete the appropriate certification and delete the sentence that is not applicable. Do not provide an Annex A if there is no Insolvency Event to disclose.
4. Complete the appropriate certification and delete the sentence that is not applicable. Do not provide an Annex B if there is no material change in financial condition to disclose. Further instructions regarding material changes are provided in Annex B.
5. The executed date must not be earlier than seven (7) days prior to the SOQ due date as shown on the Procurement Schedule.

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FORM E
FINANCIAL OFFICER CERTIFICATE
ANNEX A
INSOLVENCY EVENT SUMMARY

Name of Respondent: _____

Name of Principal Participant (Firm): _____

Role on this Project: _____

EVENT [A]	Date: [Begin] to [End]
[Provide relevant information and details concerning the event.]	

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FORM E
FINANCIAL OFFICER CERTIFICATE
ANNEX B
MATERIAL CHANGE IN FINANCIAL CONDITION¹

Name of Respondent: _____

Name of Major Participant (Firm): _____

Role on this Project: _____

MATERIAL CHANGE [A]	Date: [Date]
[Provide description of material change including changes or disruptions in executive management.]	
[Provide actual and projected impacts on capacity to provide a complete and responsive Proposal.]	
[Provide detailed description of projected impacts during the term of the Project.]	

¹Note: Refer to the next page for instructions regarding Annex D.

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FORM E
FINANCIAL OFFICER CERTIFICATE
ANNEX B - Continued
MATERIAL CHANGE IN FINANCIAL CONDITION

Name of Respondent: _____

Name of Major Participant (Firm): _____

Role on this Project: _____

Instructions:

If applicable, Annex B should include the following details regarding material changes in the Firm or Guarantor's financial condition:

1. A description of each material change, actual and projected, and any related changes or disruptions in executive management;
2. Actual and projected impacts on the affected Firm's organizational and financial capacity and its ability to remain engaged in the Procurement Process and submit a responsive proposal; and
3. A detailed description of any other projected impacts, positive and negative, of the changes experienced and anticipated to be experienced in the periods ahead, including the likelihood that the circumstances of the change or impacts thereof will continue during the Project term.

Estimates of the impact on revenues, expenses, and the change in equity must be provided separately for each material change. A reference to the notes in the financial statement is not sufficient to address the requirement to discuss the impact of any material change. Where a material change will have a negative financial impact, the Firm must describe measures to be undertaken to insulate the Project from any recent material change and any material change currently in progress or reasonably anticipated in the future. If the financial statement indicates that expenses and losses exceed income in each of the three (3) completed fiscal years (even if a material change has not occurred), the Firm must describe measures that will be undertaken to make the entity profitable in the future and an estimate of when the Firm will be profitable.

At the discretion of the Department, any failure to disclose a prior or pending material change may result in disqualification from the Procurement Process. The Department will consider a material change in financial condition to include:

1. An event of default or bankruptcy involving the Firm, its parent company, whether acting as a "guarantor" or not, or any controlled subsidiary or other Affiliate;
2. A change of 10% or more in the tangible net worth of net assets;
3. A sale, merger or acquisition exceeding 10% of the value of net assets prior to the sale, merger, or acquisition that in any way involves the Firm, its parent company, or Guarantor;
4. A negative change in credit rating for the Firm, its parent company, or Guarantor;
5. Inability to meet material conditions of loan or debt covenants by the Firm, its parent company, or Guarantor that required or will require a waiver or modification of agreed financial ratios, coverage factors, or other loan stipulations or additional credit support from shareholders or other third parties; or
6. In the current and three (3) most recent completed fiscal years, the Firm or its parent company either:
 - a. Incurred a net operating loss;
 - b. Sustained charges exceeding 5% of the then shareholder equity due to claims, changes in accounting, write-offs or business restructuring; or
 - c. Implemented a restructuring/reduction in labor force exceeding 200 positions or involved the disposition of assets exceeding 10% of the then shareholder equity.

Appendix C
Forms

FORM F

CONFLICT OF INTEREST STATEMENT

Name of Respondent: _____

Name of Firm: _____

Attention is directed to 23 CFR Part 636 Subpart A, and in particular, to Subsection 636.116 regarding organizational Conflicts of Interest. Section 636.103 defines "organizational conflict of interest" as follows:

“Organizational conflict of interest means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the owner, or the person’s objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.”

Respondents are advised that in accordance with Department policy, firms that have assisted with the Project procurement and document preparation will not be allowed to participate in any Respondent organization.

This Conflict of Interest Statement, and any adjoining Form(s) F-1, must identify all Component Firms and document information relating to past, existing, anticipated, or potential interest(s) of the respective firm(s) including the Respondent, contractor, engineering, or subcontractor firms, their respective chief executives, directors, and Key Personnel that may result, or could be viewed as, an organizational conflict of interest in connection with this RFQ.

Respondent must disclose any past, present, or planned contractual or employment relationships with any Department employee, officer, or employee; or any member firm or employee of the CAP Program Management Consultant (Garver LLC, HNTB Corporation, Mayer Brown LLP, Ernst & Young Infrastructure Advisors LLC, High Street Consulting Group, Inc., and Stephens, Inc.) or the Environmental Design Consultant (CH2M Hill, Inc., Terracon Consultants LLC, NTB Associates, Inc., Flat Earth Archeology LLC, and J. Kelly Referrals and Information Services, Inc.) and any other circumstances that might create a financial interest in the Respondent if the Respondent is awarded the DBA by the Department. The Respondent must also disclose whether it has an ownership interest of 10% or more of the stock of any other Respondent and whether it has any overlapping directors with any other Respondent. The Respondent must also disclose any contractual relationships with any other Respondent in the nature of a joint venture, as well as relationships wherein the Respondent is a contractor, consultant, subcontractor, or subconsultant to another Respondent or Component Firm. The foregoing is provided by way of example, and does not constitute a limitation on the disclosure obligations.

Certification

The undersigned hereby certifies that, to the best of his or her knowledge and belief, that there **ARE** __, or **ARE NOT** __, any Conflicts of Interest for the Respondent or any/all of the respective Component Firms. If selecting the affirmative response, the undersigned hereby affirms that all known Conflicts of Interest are identified on the following Form(s) F-1, and that the Form(s) F-1, in their totality as presented, represent the complete and factual representation of any involvement or conflict of any/all firms regarding this Project and that no other involvement or conflict exists, or is anticipated to exist.

Attested By (Printed Name): _____ Date: _____

Signature: _____ Title: _____

In the event that a conflict is identified, the Respondent must complete a Form F-1 for each firm conflict instance.

