

## Attachment #17

<b>NYSDOT 255NAE SUBMITTAL FORM</b>	<b>Non-Architectural / Engineering Services Questionnaire for Specific Project</b> <b>THIS FORM SHALL NOT BE ALTERED AND IT SHALL BE SUBMITTED IN BLACK AND WHITE.</b>										Revised: 4/17/2019				
1A. Contract D or C Number:								1B. Project Name:							
2. NYS Contract Reporter Advertisement Publication Date:     /     /															
3A.	Prime Firm (or Joint-Venture) Name & Address for Correspondence:							3B.	Firm Name & Address of office through which project activities will be coordinated, if different from item 3A.:						
3C. 8-digit NYSDOT Consultant Identification Number (CIN):								3D. 8-digit CIN, if different from item 3A.:							
3E.	Firm Name/Location/CIN of All Additional Offices Performing Work:							3F.	For office through which project activities will be coordinated: Name, Title, Telephone and E-Mail Address of Principal/Officer to Contact:						
3G. Distance to the Regional Office:								3H. Prime / JV's Percentage of Work Allocation:							
4. Personnel by Discipline: List each person only once, by primary function. List number of employees to be utilized <b>on this project</b> in Column A, and total number of employees in Column B.															
(A)		(B)		Project Manager	(A)		(B)		(A)		(B)				
(A)		(B)		Senior Inspector (PCC)	(A)		(B)		(A)		(B)				
(A)		(B)		Senior Inspector (HMA)	(A)		(B)		(A)		(B)				
(A)		(B)		Intermediate Inspector (PCC)	(A)		(B)		(A)		(B)				
(A)		(B)		Intermediate Inspector (HMA)	(A)		(B)		(A)		(B)				
(A)		(B)		Inspector/Technician (PCC)	(A)		(B)		(A)		(B)				
(A)		(B)		Inspector/Technician (HMA)	(A)		(B)		(A)		(B)				
(A)		(B)			(A)		(B)		(A)		(B)				
5. For JOINT VENTURES only: This NYSDOT 255NAE MUST reflect the composite of firms															
5A. Does the proposed joint venture have a written agreement outlining specific areas of responsibility for each participating entity?										Yes	___	No			
5B. Has this Joint-Venture previously performed contractual services?										Yes		No			

6.	List Subconsultant anticipated to perform work on this contract; the type of services to be performed; the percent of work; and if the Prime/Joint Venture has worked with the subconsultant before. If more than two subconsultants attach additional sheets with required information.															
6A.	Firm Name/Location:				8 digit CIN:				6B.	Indicate if firm meets the requirements for:			6C.	Category(s) of Firm's Responsibility:		
										STATUS	YES	NO				
										SDVOB						
										MBE						
										WBE						
6D.	Percent of Work:			6E.	Percent of Participation:			6F.	Worked With Prime/JV Before:			Yes	No	6G.	Distance to Regional Office:	
6H.	Personnel by Discipline: List each person only once, by primary function. List number of employees to be utilized <b>on this project</b> in Column A, and total number of employees in Column B.															
(A)		(B)		Project Manager	(A)		(B)			(A)		(B)				
(A)		(B)		Senior Inspector (PCC)	(A)		(B)			(A)		(B)				
(A)		(B)		Senior Inspector (HMA)	(A)		(B)			(A)		(B)				
(A)		(B)		Intermediate Inspector (PCC)	(A)		(B)			(A)		(B)				
(A)		(B)		Intermediate Inspector (HMA)	(A)		(B)			(A)		(B)				
(A)		(B)		Inspector/Technician (PCC)	(A)		(B)			(A)		(B)				
(A)		(B)		Inspector/Technician (HMA)	(A)		(B)			(A)		(B)				
(A)		(B)			(A)		(B)			(A)		(B)				

6.	List Subconsultant anticipated to perform work (cont'd). If more than two subconsultants attach additional sheets with required information.															
6A.	Firm Name/Location:				8 digit CIN:				6B.	Indicate if firm meets the requirements for:			6C.	Category(s) of Firm's Responsibility:		
										STATUS	YES	NO				
										SDVOB						
										MBE						
										WBE						
6D.	Percent of Work:			6E.	Percent of Participation:			6F.	Worked With Prime/JV Before:			Yes	No	6G.	Distance to Regional Office:	
6H.	Personnel by Discipline: List each person only once, by primary function. List number of employees to be utilized <b>on this project</b> in Column A, and total number of employees in Column B.															
(A)		(B)		Project Manager	(A)		(B)			(A)		(B)				
(A)		(B)		Senior Inspector (PCC)	(A)		(B)			(A)		(B)				
(A)		(B)		Senior Inspector (HMA)	(A)		(B)			(A)		(B)				
(A)		(B)		Intermediate Inspector (PCC)	(A)		(B)			(A)		(B)				
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(A)		(B)		Inspector/Technician (PCC)	(A)		(B)			(A)		(B)				
(A)		(B)		Inspector/Technician (HMA)	(A)		(B)			(A)		(B)				
(A)		(B)			(A)		(B)			(A)		(B)				

7.	Use this space to provide a project organizational chart depicting the key individuals (including their name, firm affiliation and project title) that make up your proposed team. This must be limited to one page in length, with a font size no smaller than 10 point. NO OTHER INFORMATION SHOULD BE INCLUDED ON THIS PAGE.
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8.	Brief resume of staff identified in Item #4a1 & 4a2 of the NYSDOT 255NAE (minimum 10 point font, no more than one page per resume. Add additional pages as needed)		
8A.	Name:		Title:
8B.	Assignment Title for this project (from Attachment #4):		
8C.	Firm this person will work for on this project:		
8D.	Employment Status:    Current Employee <input type="checkbox"/> Seasonal <input type="checkbox"/> Unemployed <input type="checkbox"/> Employed by a Different Firm <input type="checkbox"/>		
8E.	Years of experience:	8E.	Years of experience:
8F.	Education:	8F.	Education:
8G.	Licenses / Certifications/Training:		
8H.	Availability Date: (If currently working on a NYSDOT project, indicate name of NYSDOT Project Director who has been notified of this person's submission for this project)		
8I.	Person's Experience & Qualifications:		

8.	Brief resume of staff identified in Item #4a1 & 4a2 of the NYSDOT 255NAE (minimum 10 point font, no more than one page per resume. Add additional pages as needed)		
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8F.	Education:	8F.	Education:
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8G.	Licenses / Certifications/Training:		
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8H.	Availability Date: (If currently working on a NYSDOT project, indicate name of NYSDOT Project Director who has been notified of this person's submission for this project)		
8I.	Person's Experience & Qualifications:		

9.	Approach to Scope of Services: Describe your approach for implementing the Scope of Services as outlined in section III of this RFP. Limited to FOUR pages in length, with a font no smaller than 10 point, unless otherwise specified in the RFP.
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9.	Approach to Scope of Services: (Continued)

9.	Approach to Scope of Services: (Continued).



9.	Approach to Scope of Services: (Continued).

10.	Project Experience - This section is a demonstration of the firm/team's experience. Individual experience with other firms is listed in Item 8 and may NOT be listed in this section. Include experience for offices proposed to work on the project. The box provided for <i>Description and Nature of Firm's Responsibility</i> may be expanded to provide a more detailed description for each of the 10 projects listed. <u>This attachment may not exceed four pages.</u> <b>Project reference shall not be a current NYSDOT employee.</b>				
(1) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(2) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(3) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(4) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(5) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(6) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(7) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(8) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(9) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

(10) Project Name & Location	Project Owner's Name & Address	Project Reference Name, Phone Number & E-mail address	Completion Date (estimated)	Estimated Cost (In Thousands)	
				Entire Project	Cost of Work For Firm
Description and Nature of Firm's Responsibility:					

11.	All information provided in this Technical submission is current, true and accurate. The individual signing below certifies that the staff identified in Item 7 is available as of the date this form is submitted to NYSDOT. Although the consultant is expected to make every effort to provide the proposed key staff, if the advertised start date is delayed and key staff is no longer available, the consultant may propose alternate staff for NYSDOT approval. (This sheet must be signed and dated by an officer/principal of the firm, or of each partner firm of the joint-venture.)		
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Signature from Prime Firm			
Signature:	Printed Name:	Title:	Date:
Signatures from Joint-Venture Partner(s)			
Signature:	Printed Name:	Title:	Date:
Signature:	Printed Name:	Title:	Date:

12.	Additional signature blocks for officer/principal(s) of other partner firms in a joint-venture:		
Signature:	Printed Name:	Title:	Date:
Signature:	Printed Name:	Title:	Date:
Signature:	Printed Name:	Title:	Date:
This NYSDOT 255NAE was prepared by:			
Printed Name:	E-Mail Address:	Telephone Number	