# APPENDIX A - FORMS

**List of Forms**

Form AOR Acknowledgement of Receipt

Form L-1 DBT Organization Information

Form L-2 Major Participant Certification

Form DBE Record of DBE Performance

**FORM AOR**

**ACKNOWLEDGMENT OF RECEIPT OF**

**RFQ, ADDENDA AND RESPONSES TO QUESTIONS**

|  |
| --- |
| **NAME OF DBT** |
|  |

We hereby acknowledge receipt of the LSIORB Downtown Crossing RFQ dated March 7, 2012 and subsequent responses to questions and Addenda issued by KYTC, as listed below.

Add additional lines in tables below, if needed.

|  |  |
| --- | --- |
| **Addendum number:** | **Date issued by Agencies:** |
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| **Responses to questions number:** | **Date issued by Agencies:** |
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| --- | --- |
| **SIGNED** |  |
| **DATE** |  |
| **NAME**  (printed or typed) |  |
| **TITLE** |  |

**FORM L-1**

**DBT’S ORGANIZATION INFORMATION**

| **NAME OF DBT** | | | | | | |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
| **Main office and contact details of DBT** | | | | | | |
| Main office address: | | | Contact name | |  | |
|  | | | Title | |  | |
| Telephone No. | |  | |
| Email | |  | |
| **Local or regional contact details of DBT (if different from above)** | | | | | | |
| Local/regional office address: | | | Contact name | |  | |
|  | | | Title | |  | |
| Telephone No. | |  | |
| Email | |  | |
| **NAME(S) OF DBT ENTITY(IES)**  Insert more rows below if needed | | | | | | |
| **DBT Entity** | **Name of firm** | **Address / Telephone / Fax** | | **State of Incorporation** | | **Lead participant % equity share** |
| **MAJOR PARTICIPANTS** |  |  | |  | |  |
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| **DESIGNERS** |  |  | |  | |  |
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| **OTHER FIRMS** |  |  | |  | |  |
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**FORM L-2**

**MAJOR PARTICIPANT CERTIFICATION**

A copy of this Form L-2 shall be completed for each Major Participant. With respect to items (A) through (F), the term “firm” includes any Affiliate including parent companies and subsidiary companies.

Add lines to the answer boxes for items A to G if needed.

|  |  |  |  |
| --- | --- | --- | --- |
| NAME OF DBT | |  | |
| NAME OF FIRM | |  | |
| A) 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, explain. | | | |
|  | | | |
| B) Has the firm or any other officer thereof been indicted or convicted of bid (i.e. fraud, bribery, collusion, conspiracy, antitrust, etc.) or other contract related crimes or violations or any other felony or serious misdemeanor related to performance under a contract within the past five years? If yes, explain. | | | |
|  | | | |
| C) Has the firm ever sought protection under any provision of any bankruptcy act? If yes, explain. | | | |
|  | | | |
| D) Has the firm ever been disqualified, removed, debarred or suspended from performing work for the federal government or any state or local government, or any foreign governmental entity, including ineligibility to bid or work on, or for a violation of law, violation of a safety regulation, or for any other reason? If yes, explain. | | | |
|  | | | |
| E) Has the firm ever 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? If yes, explain. | | | |
|  | | | |
| F) Has the firm that will have primary responsibility for construction ever been fined for violating an environmental regulation? If yes, explain. | | | |
|  | | | |
| G) List 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. State the address, telephone and fax numbers of each named individual. | | | |
| Institution 1 | | | |
| Name of institution |  | | |
| Contact name |  | | |
| Address |  | | |
| Telephone no. |  | | |
| Fax no. |  | | |
| Institution 2 | | | |
| Name of institution |  | | |
| Contact name |  | | |
| Address |  | | |
| Telephone no. |  | | |
| Fax no. |  | | |
| Institution 3 | | | |
| Name of institution |  | | |
| Contact name |  | | |
| Address |  | | |
| Telephone no. |  | | |
| Fax no. |  | | |
| Institution 4 | | | |
| Name of institution |  | | |
| Contact name |  | | |
| Address |  | | |
| Telephone no. |  | | |
| Fax no. |  | | |
| Institution 5 | | | |
| Name of institution |  | | |
| Contact name |  | | |
| Address |  | | |
| Telephone no. |  | | |
| Fax no. |  | | |
| This form must be signed below by an officer of the firm: | | | |
| Name of Firm: | | |  |
| Signature (of an officer of the Firm): | | |  |
| Name of signatory (printed or typed): | | |  |
| Title of signatory: | | |  |
| Date: | | |  |
| DBT: | | |  |

**FORM DBE**

**RECORD OF DBE PERFORMANCE**

A copy of this Form DBE shall be completed for each Major Participant. The term “firm” includes any Affiliate including parent companies and subsidiary companies.

| Form DBE Table 1 RECORD OF DBE PERFORMANCE | | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| NAME OF DBT | | | | | | | | | |
|  | | | | | | | | | |
| NAME OF FIRM | | | | | | | | | |
|  | | | | | | | | | |
| ROLE OF FIRM | Major Participant: | |  | | Designer: | |  |  |  |
| Other (describe): | |  | | | | | | |
| Provide the information requested below for projects completed over the last 10 years where the firm was the prime contractor or prime consultant. Insert more rows below if needed.  For any project where DBE goal was not achieved, use Form DBE Table 2 to provide an explanation, using relevant project name for cross-reference. | | | | | | | | | |
| PROJECT NAME | | DBE participation goal (%) | | DBE participation achieved (%) | | Current Owner Contact  (Name/ Telephone / Email) | | | |
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| Form DBE Table 2 EXPLANATION FOR NON-ATTAINMENT OF DBE GOALS | |
| --- | --- |
| NAME OF DBT | |
|  | |
| NAME OF FIRM | |
|  | |
| For any project listed in Form DBE Table 1 for which the DBE goal was not achieved, provide a maximum ½ page explanation below. Insert more lines and rows below if needed. | |
| PROJECT NAME | BRIEF EXPLANATION (maximum ½ page per project) |
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