Form A: General Information (submit one Form A)

Company Name: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Primary Contact: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Website: Click here to enter text.

**Type of organization:**

Individual  Partnership

Joint Venture  Corporation

Other (explain) Click here to enter text.

**Is the vendor a:** (check all that apply)

Minority Business Enterprise (MBE)

Woman Business Enterprise (WBE)

Disability Owned Business Enterprise (DOBE)

Veterans Business Enterprise (VBE)

**Does the company presently carry errors/omissions professional liability insurance?**

Yes. Amount: Click here to enter text.

No. Would the vendor do so if awarded a contract? Click here to enter text.

**Does the company presently find the attached contract boilerplate acceptable?**

Yes.

No. (Potential changes discussed if vendor selected? *Does not guarantee the exemption requests will be accepted and could delay the contract execution*.) Click here to enter text.Form B: Qualifications Statement (submit one Form B)

**Project Manager**

Name: Click here to enter text.

Years of relevant experience: Click here to enter text.

% of time for this project: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

**Other Key Staff**

Name: Click here to enter text. Years of Relevant Experience: Click here to enter text.

Name: Click here to enter text. Years of Relevant Experience: Click here to enter text.

Name: Click here to enter text. Years of Relevant Experience: Click here to enter text.

**Partnering Vendor**   
(if appropriate; if more than one vendor, attach separate sheet(s) with contact information)

Company Name: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Web site: Click here to enter text.

**Is the vendor a:** (check all that apply)

Minority Business Enterprise (MBE)

Woman Business Enterprise (WBE)

Disability Owned Business Enterprise (DOBE)

Veterans Business Enterprise (VBE)

**Please attach the following items:**

1. Cover Letter (maximum one page)
2. Firm Overview (maximum two pages)
3. Project Approach (maximum three pages)
4. Project Team/Firm Experience
   1. Relevant Experience for Project (maximum two pages)
   2. Relevant Project Sheets Including Client Name (at least three projects, listing staff who worked on each project and their role)
   3. Resumes for Key Staff

Form C: References (submit one Form C)

**Reference #1** (specific to project, no IMPO references please)

Name: Click here to enter text.

Organization: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Referenced Project: Click here to enter text.

**Reference #1** (specific to project, no IMPO references please)

Name: Click here to enter text.

Organization: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Referenced Project: Click here to enter text.

**Reference #1** (specific to project, no IMPO references please)

Name: Click here to enter text.

Organization: Click here to enter text.

Street: Click here to enter text.

City, State, Zip: Click here to enter text.

Telephone: Click here to enter text.

Email: Click here to enter text.

Referenced Project: Click here to enter text.