

Form A: General Information (submit one Form A)

Company Name: _____
Street: _____
City, State, Zip: _____
Primary Contact: _____
Telephone: _____
Email: _____
Web site: _____

Type of organization:

- ☐ Individual ☐ Partnership ☐ Other (explain) _____
☐ Joint Venture ☐ Corporation

Is the vendor an INDOT recognized Disadvantaged Business Enterprise? (check all that apply)

- ☐ Yes, vendor is a Disadvantaged Business Enterprise
☐ No, vendor is not a Disadvantaged Business Enterprise

Note: The IMPO has set an overall annual goal of 3% of all contracted funds to be with Disadvantaged Business Enterprises (DBE). For more information about DBEs please see INDOT's [DBE website](#). If a DBE firm is participating in the contract, please submit the Affirmative Action Certification (AAC) for Disadvantaged Business Enterprises (DBE) form available on the [IMPO website](#).

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

- ☐ Yes. Amount: _____
☐ No. Would the vendor do so if awarded a contract? _____

Does the company currently have or has had litigation in the last five (5) years with the City of Indianapolis?

- ☐ Yes.
☐ No.

Does the company presently find the attached contract boilerplate acceptable?

- ☐ Yes.
☐ No. (Potential changes discussed if vendor selected. This does not guarantee the exemption requests will be accepted and could delay the contract execution.)

Vendor Registration

Vendors should be registered with Indianapolis & Marion County. To register see the Indianapolis Marion County [Vendor Website](#). Vendor Number: _____

Federal ID Unique Entity ID (generated by SAM.gov) _____

Form B: Qualifications Statement (submit one Form B)

Project Manager

Name: _____
Years of relevant experience: _____
% of time for this project: _____
Street: _____
City, State, Zip: _____
Telephone: _____
Email: _____

Other Key Staff

Name: _____ Years of Relevant Experience: _____ % of time on this project _____
Name: _____ Years of Relevant Experience: _____ % of time on this project _____
Name: _____ Years of Relevant Experience: _____ % of time on this project _____

Partnering Vendor

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

Company Name: _____
Street: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Web site: _____

Is this firm an INDOT registered DBE?: ☐ Yes ☐ No

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
 - a. Relevant Experience for Project (maximum two pages)
 - b. Relevant Project Sheets Including Client Name (at least three projects, listing staff who worked on each project and their role)
 - c. Resumes for Key Staff
5. Indianapolis Marion County Vendor Profile Information (Screenshot or PDF print)
6. Signed Questions Addendum Form
7. Password Protected Quote

Form C: References (submit one Form C)

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

Name: _____
Organization: _____
Street: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Referenced Project: _____

Reference #2 (specific to project, no IMPO references please)

Name: _____
Organization: _____
Street: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Referenced Project: _____

Reference #3 (specific to project, no IMPO references please)

Name: _____
Organization: _____
Street: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Referenced Project: _____