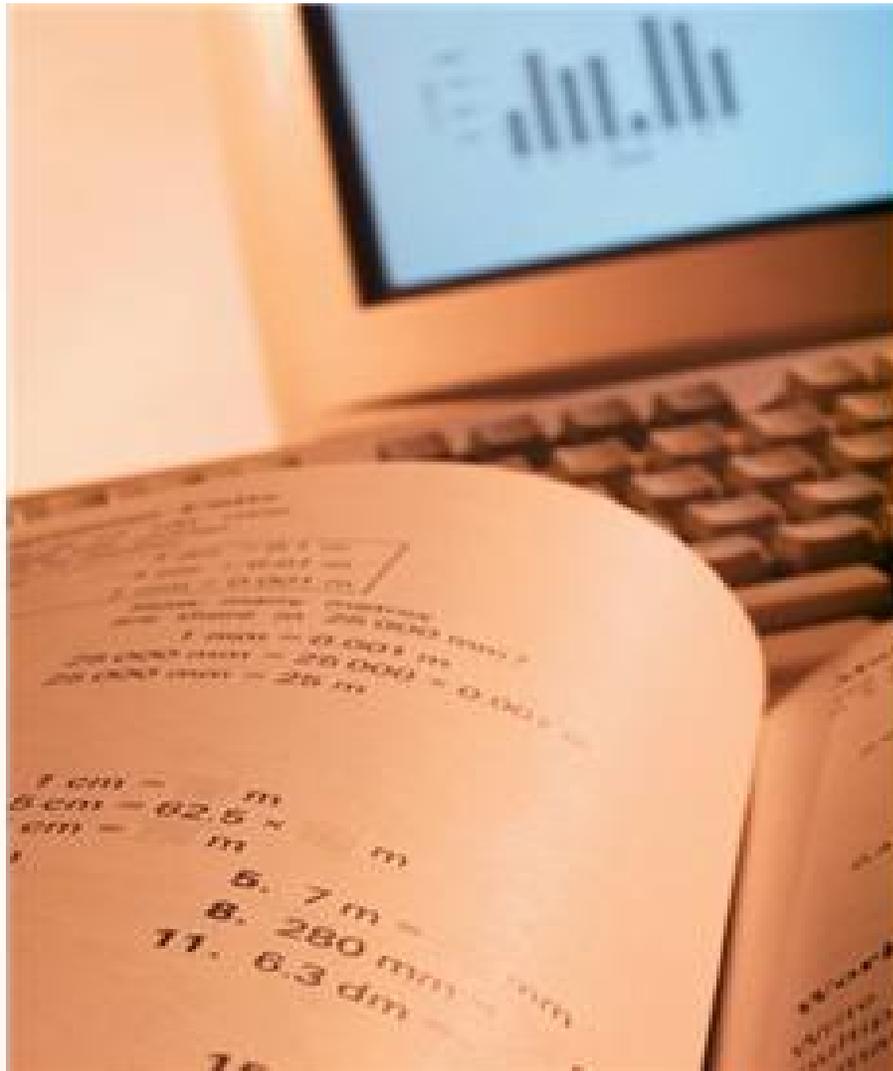


**Arizona Department of Transportation
ENGINEERING CONSULTANTS SECTION**

**Consultant Online Cost Proposal
Preparation Guidelines**



Effective July 1, 2011

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I. INTRODUCTION

Please read the following information to ensure proper completion and submission of the Cost Proposal for this contract. This document contains instructions and parameters for developing the Cost Proposal to be incorporated into the Online Cost Proposal Module of the electronic Contract Management System (eCMS). For screen shot by screen shot instructions, please refer to CP User Manual. The current updated forms are available online in the CP Module of eCMS.

Use the Cost Proposal Checklist, provided as a form in eCMS, to ensure that all of the required documents are uploaded and submitted with your Cost Proposal or your Cost Proposal will be disapproved/returned and final contract execution will be delayed.

Once the Cost Proposal is submitted to ADOT, your firm will have read-only access and will no longer be able to make any changes to it. After ADOT has completed its review, a report in eCMS will indicate any changes that need to be addressed. This report also referred to as the *Change Request Form (formerly Items for Discussion)*, will include a list of items requiring revision, further information, back-up documentation, etc. At this point, eCMS will be open for the firm to make all required changes in eCMS and upload all required back-up documentation, where applicable. When all changes have been made, resubmit the Cost Proposal to ADOT. ADOT will review the resubmitted Cost Proposal and the review cycle will continue until agreement is reached between ADOT and the Consultant at which time, ECS will approve the Cost Proposal and the contract will be executed.

II. PARAMETERS FOR COST PROPOSAL DEVELOPMENT

a) *Cost Proposal Meeting* - In preparation for cost negotiation, the selected Consultant shall complete and submit a Consultant Audit Questionnaire or other information, specified in the SOQ, to ADOT Office of Audit & Analysis within the timeframe specified in the award letter or as outlined in the SOQ Package. Failure to submit this information within the given timeframe may result in ADOT declaring a failed cost negotiation and may proceed to negotiate with the next highest ranked firm.

After award notification, the selected Consultant shall attend a Pre-Negotiation meeting with the ECS Specialist and ADOT Project Manager. The objectives of the Pre-Negotiation meeting may include, but are not limited to the following:

- (1) Achieve a clear and mutual understanding of all contract requirements, terms and conditions
- (2) Identify and resolve any potential problems
- (3) Define the negotiation parameters

Items for Discussion include, but are not limited to, cost proposal format, justification of costs, scope of work, missing or incomplete price sheets, change of key personnel etc.

The objectives discussed at a Pre-Negotiations meeting may also be communicated to the Consultant by the ECS Specialist and ADOT Project Manager by telephone or email.

b) *Scope of Work Basis for Cost Proposal* – Some ADOT Sections require additional information related to the Consultant's proposed implementation of the Scope of Work as

detailed in the Cost Proposal (Pre-Design and Design contracts only). Please contact designated ADOT Project Manager to determine if additional information is required.

c) *Cost Proposal Deadline* - Following agreement on the level of work effort, the Consultant shall submit a detailed Cost Proposal in eCMS for the work to be performed, including the Cost Proposal for each proposed Subconsultant within 21 calendar days from the date of the Pre-Negotiation meeting or other timeframes designated by ECS Specialist. Failure to submit the Cost Proposal within the specified timeframe may result in ADOT declaring a failed cost negotiation and ADOT may proceed to negotiate with the next highest ranked firm. In addition, the Consultant will be locked out of eCMS and the Cost Proposal cannot be submitted. The Consultant shall contact the ECS Contract Specialist as soon as possible, if extenuating circumstances prevent the Consultant from submitting the Cost Proposal in accordance with the established timeframe.

d) *Fixed Fee* - The fixed fee dollar value of the Consultant's compensation for rendering professional engineering services is a percentage of Direct Labor and Overhead only, and is based on the contract schedule, size, duration and complexity of the project. The overall final cost of a project reflects the complexity of the work, the degree of risk involved, and fixed fee (profit). The contract's fixed fee determined by ADOT is automatically calculated in eCMS online Cost Proposal phase.

e) *Allowability of Contract Costs* - The criteria used to determine allowability of contract costs are governed by the ADOT Cost Allowability Guidelines and ADOT Consultant Audit Guidelines (see ECS website for most current version of these guidelines) which contain information on pre-award review requirements. The criteria used to determine allowability of contract costs are also governed by 48 CFR 31, 23 USC 112(b) (2) (B-C), 23 CFR 172.7, 49 CFR 18.22(b), and AASHTO Uniform Audit and Accounting Guide (see ECS website for most current version of these guidelines) for Federal-aid contracts.

III. GENERAL COST PROPOSAL COMPLETION GUIDELINES

Follow the guidelines below to complete and submit the Cost Proposal:

1. The Cost Proposal for the Consultant and all Subconsultants shall be entered by the Consultant into the eCMS Cost Proposal module.
2. Back-up documents, which are not listed in the drop down menu, to justify requested Labor Classifications, labor activities, work hours, costs, etc. shall be uploaded in the corresponding areas of eCMS.
3. If utilizing Subconsultants in the contract, details of the Subconsultants' proposals shall be entered by the Consultant in the same manner as the Consultant. A pdf copy of the signed and dated Subconsultant Cost Proposal shall be uploaded in the corresponding Subconsultant tab.
4. The method of compensation for the Subconsultant is generally the same as the Consultant unless otherwise determined by ADOT Office of Audit & Analysis. The Subconsultants shall follow the same guidelines as the Consultant regarding Direct Labor, Overhead, Direct Expenses and Fixed Fee.
5. The Project Principal Labor Classification is not permitted on any Subconsultants' Cost Proposal breakdown.

6. The combined total dollar value of all Subconsultant contracts shall not exceed 49% of the total dollar value of the contract. eCMS will not allow Consultants to submit Cost Proposals that do not conform to this requirement.
7. Provide current Insurance Certificate with all required insurance coverage. Consultant shall certify in the Transmittal Letter that all Subconsultants have all of the same required insurance coverage as the Consultant.
8. Complete and upload the Consultant's W-9 Vendor Registration if this is the Consultant's first contract with ADOT.
9. Attach supporting documentation for the proposed Overhead, Cost per Unit of Work, Specific Rate or Commercial Item Pricing Rate, unless previously provided to ADOT Office of Audit & Analysis.
10. Identify the anticipated direct expense categories for all project-related charges. Provide justification for all Direct Expenses, such as:
 - External Reproduction – need cost sheet from external vendor
 - Mileage – specify personal or company vehicle miles
 - External Fees / Licenses – need cost sheet from external vendor
 - Meals / Lodging / Travel – Per ADOT Travel Policy
 - Delivery / Overnight / Courier – need cost sheet from external vendor

Note: Travel time and mileage to and from project sites is billable to the project; daily commuting time is not billable.

11. Provide supporting documentation for proposed overhead rate (unless previously provided). Generally, the following costs are included in Overhead:
 - Audio/Video equipment & supplies, including VCRs & video cameras
 - Cell phones
 - Copy machines
 - Densometer
 - FAX
 - Mileage for company vehicles
 - Office space considered to be “extra” (except for Construction Administration field office)
 - Postage, Delivery, and/or Courier
 - Survey supplies (including expendable field supplies)
 - Phone charges, both local & long distance
 - Fringe benefits are to be included in the overhead rate and shall not be allowed as part of the direct labor cost

The above list is not “all-inclusive,” but is included to give Consultants and Subconsultants an idea as to what to include in the Overhead cost pools.

“Other Direct Expenses” (ODCs) should include costs which are incurred specifically for a particular task and would not have been included in the standard Overhead cost pool. ODCs may include, but are not limited to, the following:

- Lease/rental of vehicles or other specialty equipment
- Mobilization of equipment

- Travel, including meals, following ADOT Travel Authorization Policy
 - Public meeting costs
12. The Consultant shall provide a list all Key Personnel listed in the SOQ who will work on the project listed in the contract. Key Personnel are those individuals whose qualifications were highly significant in evaluating the overall qualifications of the project team. Key Personnel includes, at a minimum:
- I. The Consultant's registered Project Principal/Owner responsible for the overall technical and administration aspects of the contract;
 - II. The person in direct charge of the overall project work (Project Manager);
 - III. The person in charge of each major engineering discipline/component of the work (for example, bridge, pavement design, environmental);
 - IV. Where applicable, the person in charge of overall scheduling of the project work.

Key Personnel may also include, but are not limited to, Project Engineer, Subconsultants' Team members and any other Key Personnel deemed vital to the completion of the project, and whose qualifications were evaluated by the Selection Panel.

ADOT shall consider the consultant's list of key personnel, and shall approve a list of key personnel during the negotiations, whereupon negotiations are held, prior to execution of the contract. The Department's decision as to key personnel shall be final.

The Consultant may not change any of the key personnel until it has obtained written approval from ADOT Project Manager and ECS through an Administration Determination Letter or Contract Modification. The Consultant shall notify the Department of an anticipated change in the key personnel no later than ten (10) calendar days prior to the change, and shall inform the Department of the reasons the change must be made and shall certify that the overall intent of the contract shall not be impaired by the change.

The Department shall consider any change in key personnel, and at its discretion may decide to terminate the contract for convenience if, in the Department's sole discretion, the Department believes that the project team is materially different due to the proposed key personnel change. The Department shall make its decision within 30 days of the Consultant's request for change of key personnel.

13. Multiple Cost Proposals may be required for Lump Sum and Cost Plus Fixed Fee Multi-Phase contracts. Two different TRACS numbers shall be provided for that purpose. Consultant shall contact the ECS Contract Specialist for assistance on how to enter multiple Cost Proposals for these types of contracts.

IV. COST PROPOSAL REQUIREMENTS FOR SPECIFIC CONTRACT TYPES

The following documents shall be uploaded in eCMS with the Cost Proposal for each of the contract types listed below. The current and most updated forms are available online in the Cost Proposal Module of eCMS.

- a) **Specific Rate** (Supplemental Services and Temp Tech Contracts)
 1. Transmittal Letter signed by the Consultant's Project Principal / Officer of the Firm and Project Manager (use format provided).

2. Key Personnel List (use format provided).
3. Prime Consultant and Subconsultants proposing Specific Rates of Compensation shall include details of the rates calculation including salary, overhead and fixed fee dollar value. Fixed fee must be a dollar value only and not a percentage of costs (Temp Tech only).
4. Propose hourly rate for regular time and overtime. Provide justification for requested hourly rate (Supplemental Services only).
5. Provide and attach supporting justification for Direct Expenses.

b) *Cost Plus Fixed Fee and Lump Sum* (Pre-Design and Design Contracts)

1. Transmittal letter signed by the Prime Consultant's Project Principal / Officer of the Firm and Project Manager (use format provided).
2. Key Personnel List (use format provided).
3. Summary of Basis for Cost Proposal (use format provided).
4. Work-hours estimate by phase/task for each labor activity/category. Provide supporting justification if proposing Labor Classes and Labor Activities not listed in eCMS.
5. Provide and attach supporting justification for all Direct Expenses.
6. Attach a Certified Payroll, detailing all employees proposed for this contract with their current payroll rates (use average or weighted format provided). The hourly rates shown must be estimated averages anticipated during the life of the contract and will develop the average rate proposed for each labor classification. The rates should be certified as accurate by either the Project Principal or Project Manager.
7. Enter estimate of Work-Hours for each Labor Class.
8. DBE Prime and Subconsultant Affidavits and/or Good Faith Effort Certificates.
9. Certification of Final Indirect Expenses for Consultants and all Subconsultants (Overhead-based firms only).

c) *Lump Sum By Task Order* (On-Call Contracts)

1. Transmittal letter signed by the Consultant's Project Principal / Officer of the Firm and Project Manager (use format provided).
2. Key Personnel List (use format provided).
3. Attach the certified payroll, detailing all employees proposed for this contract with their current payroll rate (use average or weighted format provided). The hourly rates shown must be estimated averages anticipated during the life of the contract and will develop the average rate proposed for each labor classification. The rates should be certified as accurate by either the Project Principal or Project Manager. Fringe benefits shall be included in the overhead rate calculation and shall not be allowed as part of the labor cost.
4. On-Call DBE Goal Commitment Form.
5. DBE Prime and Subconsultant Affidavits and/or Good Faith Effort Certificates (to be submitted with each Task Order Cost Proposal but not with Initial Cost Proposal).
6. Certification of Final Indirect Expenses for Prime Consultant and all Subconsultants (Overhead-based firms only).

d) *Cost Per Unit of Work* (Geotechnical and Materials Testing Contracts)

1. Transmittal letter signed by the Consultant's Project Principal / Officer of the Firm and Project Manager (use format provided).
2. Key Personnel List (use format provided).
3. Provide and attach supporting justification if proposing Labor Classes not listed in eCMS.
4. Justification and back-up documentation for all Direct Expenses.

e) Cost Plus Fixed Fee by Task Order (Construction Administration Contracts)

1. Transmittal letter signed by the Consultant's Project Principal / Officer of the Firm and Project Manager (use format provided).
2. Key Personnel List (use format provided).
3. Attach the certified payroll, detailing all employees proposed for this contract with their current payroll rate (use average or weighted format provided). The hourly rates shown shall be estimated averages anticipated during the life of the contract and shall develop the average rate proposed for each labor classification. The rates shall be certified as accurate by either the Consultant's Project Principal or Consultant's Project Manager. Fringe benefits shall be included in the overhead rate calculation and shall not be allowed as part of the labor cost.
4. Provide and attach supporting justification if proposing Labor Classes not listed in eCMS.
5. Justification and back-up documentation for all Direct Expenses.
6. On-Call DBE Goal Commitment Form.
7. Certification of Final Indirect Expenses for the Consultant and all Subconsultants (Overhead-based firms only).

A *Cost Proposal Submittal Checklist*, which includes all required documents that must be uploaded in eCMS with the Cost Proposal for each of the contract types, is available in eCMS and is located, in this document, in APPENDIX A.

V. SUBCONSULTANTS COST PROPOSALS AND AGREEMENTS

Subconsultants identified and uploaded during the Online SOQ submittal process for winning firms shall automatically be carried over from into the Online Cost Proposal Module. Firms can not add new Subconsultants to the Online Cost Proposal, if those Subconsultants were not proposed in the SOQ or uploaded in the SOQ proposal process during contract negotiations.

The Department shall conduct a pre-award review on Subconsultants per the following:

- 1) Subconsultants proposing **more** than \$100,000 in costs shall submit Section 3, Parts 1, 2 & 3 of the three-part questionnaire and shall comply with the Contract Cost Allowability Guidelines & Policies (CCAGP) and Advance Agreement Check List (AACL).
- 2) Subconsultants proposing **less** than \$100,000 in costs shall submit in accordance with the Contract Cost Allowability Guidelines & Policies (CCAGP) and Advance Agreement Check List (AACL), two (2) fiscal years' worth of Financial Statements and overhead schedule(s) prepared in accordance with Generally Accepted Accounting Principles (GAAP). Overhead schedules shall be modified in accordance with the CCAGP. Schedules shall be reconciled to the financial statements.

- 3) In instances where expertise is needed from an individual, the Consultant shall submit and justify the hourly rate that is determined to be fair and reasonable.
- 4) Subconsultants' costs that are less than \$50,000 may be designated as lump sum.

The Consultant is responsible for securing the Subconsultants supporting documentation and uploading it into eCMS.

Consultants are required to have written and signed subcontracts with all Subconsultants involved on ADOT contracts. ADOT may request, at any time, a copy of Consultant contracts with Subconsultant related to a contract. Furthermore, all contracts between Prime Consultants and Subconsultants shall include **ALL of the Contract provisions contained in Section 4 of the contract**, which include, but are not limited to: "Contract Modifications," "Insurance," "Indemnification," "Consultant Payments," "Late Submittal of Invoice," "Nonprocurement Debarment and Suspension," "Nondiscrimination," "Affirmative Action," "Participation by Disadvantaged Business Enterprises," "Counting DBE Participation," "Ownership of Data," "Key Personnel," "Retention of Records," "Patents and Copyrights," "Anti-Lobbying," and "Federal Immigration and Nationality Act."

VI. COST PROPOSAL REVIEW

ECS will review Cost Proposals submitted and provide feedback to Consultants about requested changes during the negotiation process. If changes are needed to the Cost Proposal, ADOT will return the Cost Proposal, after it's been reviewed, to the Consultant to make changes and provide additional documentation. When a message has been received that the Cost Proposal has been returned, click on the Review Change Requests button and review all changes requested by ADOT. Respond to the requested changes, using the Change Request form, and then make the requested changes in the appropriate areas of the Cost Proposal. Please be sure to respond to each item listed. If the firm changes any other items in the Cost Proposal that were not in the original submittal, be sure to list and justify those items in a separate document and upload it in the Cost Proposal re-submission to ADOT.

In determining fairness and reasonableness, ADOT shall consider the scope, complexity, professional nature and estimated value of the services to be rendered as specified in 40 USC 1104(a).

For Federal-aid funded contracts, ADOT shall use the indirect expense (overhead) rate, established by a cognizant audit that has been reviewed by ADOT Audit & Analysis for reasonableness in accordance with the FAR Cost Principles contained in 48 CFR 31 for contract negotiation, administration, and payment as specified in 23 USC 112(b)(2)(B-D) and 23 CFR 172.7. Indirect expense (overhead) rate shall not be negotiated.

ADOT, at its discretion, may request additional financial information and may also require a pre-award review. Selected Consultant(s) shall have a compliant accounting system and shall submit specified financial information to ADOT Office of Audit & Analysis for a pre-award review within the prescribed timeframe prior to submission of the Cost Proposal and execution of the contract, as outlined in the SOQ Package. At the discretion of ADOT Office of Audit & Analysis, the pre-award review shall require an audit of the Consultant's records, in accordance with generally accepted government auditing standards. If Consultant fails to provide this information within the prescribed timeframe, ADOT may declare failed negotiations at which time ADOT reserves the right to reject the selected Consultant's Cost Proposal and ADOT may proceed to negotiate with the next highest ranked firm in accordance with 40 USC § 1104.

ECS shall adhere to procedures outlined in Information Bulletin 10-11 in determining the reasonableness of direct labor rates proposed by the Consultant and Subconsultants.

VII. UNSUCCESSFUL COST NEGOTIATIONS

Unsuccessful or failed cost negotiation may occur for a number of reasons including, but not limited to:

- (1) Failure to submit the Cost Proposal in the required format.
- (2) Failure to submit the Cost Proposal within the prescribed timeframe.
- (3) If irreconcilable differences occur between ADOT and the Consultant in agreeing on a cost for the project over a protracted period of time (after the second revision or more than 90 calendar days after the initial submittal of the Cost Proposal), ADOT may declare that there is an impasse.
- (4) Failure to come to an agreement on work hours for the tasks to be performed, the level/classification of the staff required to complete the tasks, other miscellaneous Direct Expenses, or the final cost of the project in accordance with 40 USC § 1104.
- (5) Failure to submit or respond timely and appropriately to requests for information from any ADOT Office (ECS, Audit & Analysis, ADOT Project Manager).

If any of the above cases exist, ADOT reserves the right to reject the Cost Proposal of the selected Consultant and may proceed to negotiate with the next highest ranked firm in accordance with 40 USC § 1104.

If ADOT and the Consultant cannot negotiate a cost for the project that is fair and reasonable to both parties over a protracted period of time (after the second revision or 90 calendar days after the initial submittal of the Cost Proposal), ECS shall present the firm with the written “Best and Final” offer (BAFO). The firm shall have up to ten (10) business days to accept or reject the offer, as indicated in the letter. If the offer is accepted by the Consultant, ADOT shall move toward final execution of the contract. If the offer is rejected by the Consultant, ADOT reserves the right to negotiate with the next highest ranked firm or re-advertise the contract. Consultant’s non-response to the written BAFO, after the specified timeframe indicated in the letter, shall be regarded by ADOT as the rejection of the offer. In addition, the results of the negotiation and/or award of the contract shall be documented in the contract file.

ADOT also reserves the right to terminate the cost negotiations for administrative reasons such as lack of funding, termination or invalidation of an Intergovernmental Agreement (IGA) or other extenuating circumstances.

VIII. FINAL COST PROPOSAL APPROVAL

The contract compensation clause shall indicate the total dollar value agreed to in the final Cost Proposal and shall be used as a guide in the disbursement of funds. Each contract, modification or task order shall not exceed the budgeted amounts without prior written approval by the State.

IX. ANTI-LOBBYING/DISCLOSURE

Federal Acquisition Regulation (FAR) prohibits the disbursement of Federal-Aid Highway Program (FAHP) funds to pay any person for influencing or attempting to influence a federal agency or Congress in connection with the award of any FAHP funded contract, grant, loan or cooperative agreement. The consultant is required to sign a statement certifying that to the best

of their knowledge and belief, no FAHP funds have been paid or will be paid, by or on behalf of the firm, for the purpose of lobbying.

If the Consultant should report lobbying activities, the Consultant is required to submit Anti-Lobbying/Disclosure Form available in the Forms section of the Cost Proposal Tab in eCMS. These forms can also be supplied to the Consultant by the ECS Specialist and shall be completed and received by ECS staff prior to execution of the contract. The above regulations also apply to Subconsultants and their subconsultants (lower-tier) whose contracts exceed \$100,000.

X. VENDOR REGISTRATION FORM

Firms shall register as a vendor with ADOT in order to receive payment for work done under the contract. If this is the Consultant's first contract with ADOT, or if the firm has changed its name, the Consultant is required to complete and upload the Vendor Registration form located at (http://www.gao.az.gov/vendor/account_setup_home.asp).

XI. INSURANCE

In order for ADOT to enter into a contract with the Consultant, the Consultant shall have the capability and experience to perform the work specified in the Contract. The Consultant is also responsible for any negligent acts which may occur in the course and scope of the Consultant's performance under the contract.

All contracts contain an insurance requirement and indemnification provision. The Consultant shall furnish ADOT with the required Certificate(s) of Insurance as outlined in the Insurance section of the Standard Consultant Contract. The Consultant shall submit and upload signed Certificate of Insurance with the Cost Proposal. A copy of the required Insurance Acord form is available in the Forms section of the eCMS Cost Proposal tab.

The Certificates of Insurance are designed to certify that: (1) a person or company (Consultant) has the type of insurance needed to protect both itself and the State of Arizona against loss resulting from the particular work or service being performed; (2) the policy limits meet the limits of liability required in the contract; (3) the policy is currently in effect and has not expired; (4) the insurance company is a recognized and approved insurer; and (5) special conditions required by the contract are endorsed in the policy.

Contracts require that certificates of insurance name the State of Arizona and ADOT as additional insureds as outlined in the SOQ Package or contract in accordance with ADOT Insurance policy (see ECS website for most current version of this policy).

Below are examples of minimum insurance requirements for Prime and Subconsultants. Complete information regarding all required insurance coverage can be found in Section 4.20 of the contract Uniform Terms and Conditions.

A **MINIMUM SCOPE AND LIMITS OF INSURANCE**: The CONSULTANT shall provide coverage with limits of liability not less than those stated below.

1. Commercial General Liability – Occurrence Form

Policy shall include bodily injury, property damage, personal injury and broad form contractual liability coverage.

- General Aggregate

\$2,000,000

- Products – Completed Operations Aggregate \$1,000,000
 Products and completed operations coverage shall be maintained for 3 years after
 completion of design
- Personal and Advertising Injury \$1,000,000
- Blanket Contractual Liability – Written and Oral \$1,000,000
- Fire Legal Liability \$50,000
- Each Occurrence \$1,000,000

<u>Contract value</u>	<u>Required Insurance</u>
\$0 to \$5,000,000	\$1,000,000-Each Occurrence / \$2,000,000-Aggregate
\$5,000,001 to \$15,000,000	\$5,000,000-Each Occurrence / \$5,000,000-Aggregate
\$15,000,001 to \$50,000,000	\$5,000,000-Each Occurrence / \$10,000,000-Aggregate
\$50,000,001 & up	\$25,000,000-Each Occurrence / \$25,000,000-Aggregate

Consultants shall certify in the Cost Proposal Transmittal Letter that all Subconsultants working on the contract have the same required insurance coverage as the Consultant. Furthermore, ADOT reserves the right to request that Consultant provide proof that their Subconsultants have adequate insurance coverage.

An “Indemnification or Hold Harmless” clause shall be included in the contract, which shall be signed by the Consultant, to protect the Department and its employees. The insurance and indemnification provisions in the contract are not negotiable.

XII. SAMPLE REQUIRED FORMS

Attached are sample forms required for various contract types. Most current versions of these forms will be available online in the Cost Proposal Module of eCMS.

COST PROPOSAL SUBMITTAL CHECKLIST

The following checklist is a tool to help you review your Cost Proposal for completeness prior to submittal. Checking boxes to indicate completion of requirements is intended to serve as a reminder for firms and DOES NOT serve as an actual eCMS system check of requirements. The Cost Proposal shall be rejected if any required information or back-up documents related to this contract are not submitted. When all applicable boxes have been checked, indicating completion of requirements, click the “SUBMIT COST PROPOSAL TO ADOT” button to submit your Cost Proposal.

<input checked="" type="checkbox"/>	REQUIREMENTS
GENERAL COST PROPOSAL REQUIREMENTS FOR ALL CONTRACT TYPES	
<input type="checkbox"/>	Transmittal Letter signed by the Prime Consultant Project Principal/Officer of the Firm/Project Manager (ADOT format used).
<input type="checkbox"/>	Key Personnel List (ADOT format used).
<input type="checkbox"/>	Consultant and all Subconsultants Cost Proposal entered into the eCMS.
<input type="checkbox"/>	Back-up documents justifying requested wage classifications, labor activities, work hours, direct expenses, etc., included in the corresponding areas of eCMS.
<input type="checkbox"/>	Pdf copy of signed and dated Subconsultant Cost Proposal uploaded in the corresponding Subconsultant area.
<input type="checkbox"/>	The Project Principal Wage Classification not included in any Subconsultant Cost Proposal breakdown.
<input type="checkbox"/>	Total Subconsultant costs shall not exceed 49% of the total dollar value of the contract.
<input type="checkbox"/>	Current Insurance Certificate with all required insurance coverage.
<input type="checkbox"/>	W-9 Vendor Registration uploaded if first contract with ADOT or no activity with ADOT within the past 18 months.
<input type="checkbox"/>	Supporting documentation uploaded for proposed Overhead, Cost per Hourly Work, Specific Rate or Commercial Item Pricing Rates.
COST PROPOSAL REQUIREMENTS FOR SPECIFIC CONTRACT TYPES	
The following supporting documentation must be uploaded with the Cost Proposal for each of the following contract types.	
1) Specific Rates (Supplemental Services and Temp Tech Contracts)	
<input type="checkbox"/>	a. Temp Tech Only - Prime Consultant and Subconsultant proposing Specific Rates of Compensation include details of the rates calculation including salary, overhead and fee dollar amount.
2) Cost Plus Fixed Fee and Lump Sum (Pre-Design and Design Contracts)	
<input type="checkbox"/>	a. Summary of Basis for Cost Proposal (ADOT format used)
<input type="checkbox"/>	b. Supporting justification provided for additional Labor Classes and Labor Activities not included in the Labor Class and Labor Activity tabs
<input type="checkbox"/>	c. Supporting justification provided for additional Direct Expenses
<input type="checkbox"/>	d. Certified Payroll (ADOT format used)
<input type="checkbox"/>	e. DBE Prime and Subconsultant Affidavits and/or Good Faith Effort Certificate
<input type="checkbox"/>	f. Certification of Final Indirect Expense Form for Consultants and all Subconsultants
3) Lump Sum By Task Order (On-Call Contracts)	
<input type="checkbox"/>	a. Supporting justification provided for additional Labor Classes, and Labor Activity not included in the Labor Class and Labor Activity tabs.
<input type="checkbox"/>	b. Supporting justification provided for additional Direct Expenses
<input type="checkbox"/>	c. Certified payroll (ADOT format used)
<input type="checkbox"/>	d. On-Call DBE Goal Commitment Form
<input type="checkbox"/>	e. Certification of Final Indirect Cost Form – For Overhead-based Prime Consultant and all Subconsultants
4) Per Unit of Work (Geotechnical and Materials Testing Contracts)	
<input type="checkbox"/>	a. Supporting justification provided for additional Labor Classes and Labor Activity not included in the Labor Class and Labor Activity tabs
<input type="checkbox"/>	b. Supporting justification provided for additional Direct Expenses
5) Cost Plus Fixed Fee by Task Order (Construction Administration and Management Consultant Contracts)	
<input type="checkbox"/>	a. Supporting justification provided for additional Labor Classes, and Labor Activity not included in the Labor Class and Labor Activity tabs
<input type="checkbox"/>	b. Supporting justification provided for additional Direct Expenses
<input type="checkbox"/>	c. Certified payroll (ADOT format used)
<input type="checkbox"/>	d. On-Call DBE Goal Commitment Form
<input type="checkbox"/>	e. Certification of Final Indirect Cost Form – For Overhead-based Prime Consultant and all Subconsultants

SAMPLE COST PROPOSAL TRANSMITTAL LETTER

All Cost Proposals submitted must include a Transmittal Letter similar to the sample below on company letterhead and must be signed by the Consultant Project Principal and Project Manager:

Company Letterhead

(Date)

Arizona Department of Transportation
Engineering Consultants Section
205 S. 17th Ave, Room 293E, Mail Drop 616E
Phoenix, AZ 85007-3213

Attn: _____, **Contract Specialist**

Re: Contract #: XXXX-XXX.XX
Contract Description: _____
TRACS No.: _____

Dear _____:

_____ (Prime Consultant) has electronically submitted a Cost Proposal for the above referenced contract through eCMS. The Cost Proposal was prepared in accordance with instructions outlined in the ECS Cost Proposal Preparation Guidelines and eCMS Online Cost Proposal User Manual.

The Cost Proposal was prepared with the following assumptions:

1. _____
2. _____
3. _____
4. _____

_____ (Prime Consultant) has the required insurance requirements outlined in Section 4.20 of the contract and certifies that all Subconsultants working on the contract have the same required insurance coverage as the Prime Consultant. Furthermore, _____ (Prime Consultant) understands that ADOT reserves the right to request that _____ (Prime Consultant) provide proof that Subconsultants working on this contract have the required insurance coverage.

All required documents, such as the Safety Personnel Form and Insurance Certificates contained in the Cost Proposal Checklist have been uploaded into eCMS. Documents uploaded in eCMS in support of the Cost Proposal include:

- a. _____
- b. _____
- c. _____
- d. _____

We understand that no work on the contract/project can commence without a written Notice to Proceed (NTP) letter from ADOT and that _____ (Prime Consultant) will not be reimbursed for any work undertaken before a written NTP is issued by ADOT.

Respectfully Submitted,

John Doe
Project Principal

John Smith
Project Manager



APPENDIX C State of Arizona Substitute W-9 & Vendor Authorization Form

Purpose: Establish or update a vendor account with the State of Arizona. This form meets the Federal requirements to request a taxpayer identification number (TIN), request certain certifications and claims for exemption, as well as the State of Arizona requirements for vendor establishment.

Instructions: Complete form if
1. You are a U.S. person (including a resident alien);
2. You are a vendor that provides goods or services to an Arizona state agency; **AND**
3. You will receive payment from the State of Arizona.

Return completed form to the state agency with whom you do business, for review and authorization.

See instructions below or refer to the IRS instructions at www.irs.gov for details on completing this form.

Type of Request (Must select at least ONE)

- New Request
- New Location (Additional Mail Code)
- Change (Select the type(s) of change from the following:
 - Tax ID
 - Legal Name
 - Entity Type
 - Minority Business Indicator
 - Main Address
 - Remittance Address
 - Contact Information

Taxpayer Identification Number (TIN) (Provide ONE Only)

Social Security Number (SSN) [] - [] - [] OR Federal Employer Identification Number (FEIN) [] - []

Entity Name Must Provide Legal Name (*Must match SSN or FEIN given. If Individual or Sole Proprietorship enter First, Middle, Last Name.)

Legal Name* []

Entity Type Must Select One of the Following (Coding (X#) is for Internal Purposes Only)

- Individual/Sole Proprietor or Sole Proprietor organized as LLC, PLLC (6I)
- State of Arizona employee (1E) STATE HRIS EIN []
- Corporation NOT providing health care, medical or legal services (5A)
- LLC, PLLC organized as corporation NOT providing health care, medical or legal services (5A)
- Corporation providing health care, medical or legal services (5M)
- LLC, PLLC organized as corporation providing health care, medical or legal services (5M)
- Partnership, LLP or Partnership organized as LLC or PLLC (5C)
- A state, a possession of the U.S., or any of their political subdivisions or instrumentalities (4G)
- An international organization or any of its agencies/instrumentalities (5U)
- Other: Tax Reportable Entity (5P) Description []
- The US or any of its political subdivisions or instrumentalities (2G)
- Other: Tax Exempt Entity (5H)

Minority Business Indicator Must select one of the following (Coding (X#) is for internal purposes only)

- Small Business (01)
- Small Business- African American (23)
- Small Business- Asian (24)
- Small Business - Hispanic (25)
- Small Business- Native American (27)
- Small Business- Other Minority (05)
- Small, Woman Owned Business (06)
- Small, Woman Owned Business- African American (29)
- Small, Woman Owned Business- Asian (30)
- Small, Woman Owned Business- Hispanic (31)
- Small, Woman Owned Business- Native American (33)
- Small, Woman Owned Business- Other Minority (11)
- Woman Owned Business (02)
- Woman Owned Business- African American (17)
- Woman Owned Business- Asian (18)
- Woman Owned Business- Hispanic (19)
- Woman Owned Business- Native American (21)
- Woman Owned Business- Other Minority (08)
- Minority Owned Business- African American (04)
- Minority Owned Business- Asian (32)
- Minority Owned Business- Hispanic (74)
- Minority Owned Business- Native American (15)
- Minority Owned Business- Other Minority (02)
- Non-Profit, IRC §501(c) (88)
- Non-Small, Non-Minority or Non-Woman Owned Business (00)
- Individual, Non-Business (00)

Main Address Where tax information and general correspondence is to be mailed **Remittance Address** Where payment is to be mailed Same as Main

DBA/Branch/Location [] Address [] City [] State [] Zip code []

DBA/Branch/Location [] Address [] City [] State [] Zip code []

Vendor Contact Information

Name [] Title []

Phone # [] Ext. [] Fax [] Email []

Certification Exempt from backup withholding

Under Penalties of perjury, I certify that:
 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) AND
 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding AND
 3. I am a U.S. person (including U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN.

The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

Signature [] Title [] Date []

STATE OF ARIZONA AGENCY USE ONLY - AGENCY AUTHORIZATION

VENDOR: DO NOT WRITE BELOW THIS LINE

State HRIS EIN [] Print Name [] Signature []

AGY [] Title [] Phone # [] Email [] Date []

STATE OF ARIZONA GAO USE ONLY

VENDOR & STATE AGENCY: DO NOT WRITE BELOW THIS LINE

IRS TIN Matching Corporation Commission Vendor Number [] Processed by [] Date Processed []

HRIS GAO-03 Other



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
01/01/2010

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Sample Agency 123 Sample St Phoenix AZ 12345	CONTACT NAME: Sample Agent
	PHONE (A/C, No, Ext): 123-456-7890 FAX (A/C, No): 123-456-7890 E-MAIL ADDRESS: Sample email
INSURED Sample Insured Inc 123 Sample St Phoenix AZ 12345	INSURER(S) AFFORDING COVERAGE
	INSURER A: Sample company NAIC # 12345
	INSURER B: _____ (could have multiple
	INSURER C: _____ companies listed)
	INSURER D: _____
	INSURER E: _____
	INSURER F: _____

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY POLICY CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	<input checked="" type="checkbox"/> GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-SECT <input type="checkbox"/> LOC	Y	Y	Sample no	01/01/10	01/01/11	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) Not required/any amount PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$1,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS	Y	Y	Sample no	01/01/10	01/01/11	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE			This is an optional coverage that may not be shown.			EACH OCCURRENCE \$ AGGREGATE optional amounts \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	Y	Sample no	01/01/10	01/01/11	<input checked="" type="checkbox"/> WC STATU. <input type="checkbox"/> OTH-ERS E.L. EACH ACCIDENT \$500,000 E.L. DISEASE - EA EMPLOYEE \$500,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
A	Professional Liability			Sample no	01/01/10	01/01/11	\$1,000,000 Per occur \$2,000,000 Agg limit

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101 Additional Remarks Schedule if more space is required)

The State of Arizona its departments, agencies boards, commissions, universities and its officers, officials, agents, and employees shall be named as additional insureds with respect to liability arising out of the activities performed by or on behalf of the Contractor. Waiver of subrogation applies

CERTIFICATE HOLDER The State of Arizona Arizona Department of Transportation 205 S. 17th Street Phoenix AZ 85007	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
	AUTHORIZED REPRESENTATIVE <i>Signature of licensed producer</i>

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<p>1. Type of Federal Action:</p> <p><input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance</p>	<p>2. Status of Federal Action:</p> <p><input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award</p>	<p>3. Report Type:</p> <p><input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change</p> <p>For Material Change Only: year _____ quarter _____ date of last report _____</p>
<p>4. Name and Address of Reporting Entity:</p> <p><input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:</p> <p>Congressional District, if known: 4c</p>	<p>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):</p>	<p>b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):</p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the Government when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not more than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____ Print Name: _____ Title: _____ Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only</p>		<p>Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)</p>

APPENDIX E

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFPEE-001."
9. For a covered Federal action where there is an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individuals performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Engineering Consultants Section (ECS)
Disadvantaged Business Enterprise (DBE)
Subconsultant Intended Participation Affidavit**

Consultant:			
DBE Subconsultant:			
*DBE Tier-Subconsultant:			
- Subcontracted by:		DBE or Non-DBE:	
Contract No.:		Task Order No.:	
Contract Description:		TRACS No.:	

**Tier-Subconsultant refers to any subconsultant that is contracted to another subconsultant at any level.*

Directions:

1. This Affidavit must be completed by all DBE Subconsultants and DBE Tier-Subconsultants and signed by an officer or principal of the subconsultant DBE firm and submitted to the Consultant.
2. A separate Affidavit must be submitted for EACH proposed Subconsultant DBE firm.
3. List all full and partial services to be provided by the above named DBE Subconsultant firm.
4. All partial services provided must be fully explained. If not, the DBE will be considered to be responsible for the entire services to be performed. Attach additional sheets as necessary.
5. All DBE Subconsultant Affidavits must be submitted with the Cost Proposal.

List All Full and Partial Services to be Provided by the Above Named DBE Subconsultant or DBE Tier-Subconsultant Firm <i>(Partial services must be explained. Use additional sheets if necessary)</i>	
Above Named DBE's % Participation for the Total Contract/Task Order	
Contract DBE Goal	

Subconsultant Certification:

I certify that:

- My firm has made an arrangement/agreement with the above named Consultant to do work listed above for the proposed contract.
- My firm agrees to the proposed DBE commitment above and agrees to perform the services in accordance with the DBE provisions of the contract.
- My firm will complete 100% of the work listed above or intends to subcontract ___% of the work to another DBE firm and/or ___% to another Non-DBE firm. Name of firm(s): _____.

I understand that:

- The use of my DBE firm for the items of work listed above is a condition of the Consultant being awarded this contract.
- My firm must attend any pre-negotiation partnering conferences or other required meetings related to this contract.
- If I assign any work to a non-certified DBE firm, I must inform the Consultant because the work will **NOT** count towards the DBE goal and it will LOWER my DBE participation.
- I understand that failure to comply with the information shown on this form will be considered grounds for contract sanctions and other sanctions.
- I declare under penalty of perjury in the second degree, and any other applicable state or federal laws that the statements made on this document are true and complete to the best of my knowledge.

Subconsultant Name: _____ **Date:** _____

Officer Signature: _____ **Title:** _____



**ARIZONA DEPARTMENT OF TRANSPORTATION
ENGINEERING CONSULTANTS SECTION**

CONSULTANT CERTIFICATION OF GOOD FAITH EFFORTS

The intent of this certification is to document the good faith efforts implemented by the proposing consultant in soliciting and utilizing DBE firms to meet DBE participation requirements for this contract. This certificate will assist ADOT in determining whether the proposing consultant has implemented comprehensive good faith efforts. ADOT Civil Rights Office will determine whether the consultant has made a satisfactory good faith effort to secure DBEs to meet the advertised contract goal. The burden of proof rests with the consultant.

Failure to implement good faith efforts to secure DBE participation to the satisfaction of ADOT will result in the rejection of the proposal.

I, _____, do hereby acknowledge that I am the _____ of
Project Principal or Project Manager Title

_____, who has been identified as the proposing consultant on the following ADOT Project:
Name of Firm

Contract No.	Task Order No.	Project Title	Estimate Contract Amount	DBE Percentage	
				ADOT Goal	Proposed

Provide a brief summary on why you believe your firm is unable to meet the DBE participation goals on this project (Attach additional pages if necessary.)

I hereby certify that I have utilized comprehensive "good faith" efforts to solicit and utilize DBE firms to meet the DBE participation requirements of this contract proposal, as demonstrated by my responses to the following questions:

A. Notifying DBE Firms of Contracting Opportunities

- In the table below, indicate which firms received written notification of work items to be subcontracted. In the appropriate space, also indicate when firms received subsequent telephone solicitations. Please attach additional page(s) so that all DBE companies contacted are listed. (The ADOT Civil Rights Office reserves the right to request copies of all written solicitations to DBE firms related to this certificate.)

Name and Address of DBE Companies Contacted	Phone Number	Date of Written Notification	DBE (Yes/No)	Date of Follow-up Telephone Call

APPENDIX H

2. Identify publications in which announcements or notifications to DBEs were placed and published, if any. (The ADOT Civil Rights Office reserves the right to request copies of all announcements or notifications related to this certificate.)

Published Announcement/Publication (please describe)	Date

3. Identify DBE associations or organizations that received written notifications from the consultant, including dates of all notifications. Provide name of person and date of follow-up call. If no follow-up calls made, explain why not. (Attach copies of letters sent as proof of notification.)

DBE Association/Organization	Date of Notification	Contact Person	Date of Follow-Up Call

4. Were the services of the ADOT's Disadvantaged Business Enterprise Support Services Office (602.712.7761) used to assist in the recruitment of DBE firms?

Yes No

Contact was made by: Telephone Written Correspondence

Date contacted: _____ Person Contacted: _____

B. Identifying Consultant Work Items

Consultants are encouraged to select portions of work to be subcontracted in a manner which will increase the likelihood of meeting DBE goals. In selecting work to be subcontracted, consultant will consider, where appropriate, breaking down contracts into economically feasible units to facilitate DBE participation.

5. Which portion(s) or section(s) of the contract proposal, in terms of the nature of work, were selected to be subcontracted to DBE firms (or broken down into economically feasible units to facilitate DBE participation)?

C. Providing Assistance to DBEs

6. Explain any efforts undertaken to provide DBE firms with adequate information about project scope of work and requirements of the contract:

APPENDIX H

7. Describe any efforts undertaken to assist interested DBE firms in obtaining lines of credit or insurance required by ADOT or the consultant:

8. Describe any efforts undertaken, to assist interested DBE firms in obtaining necessary equipment, supplies, materials or related assistance or services.

9. Describe any other efforts initiated to provide special assistance to DBE firms interested in participating in the project.

D. Soliciting Interested DBE Firms

Consultants must solicit services in good faith with interested DBE firms. Proposals from interested DBE firms must not be rejected by consultants without sound justification.

10. Indicate in the table below which DBE firms submitted proposal to your firm for this contract. Also, provide a brief explanation of why any of these DBE proposals were rejected.

Name/ Contact Person of DBE Firm	Work Proposed and Explanation for Rejecting Proposal

11. Other comments or information you want ADOT to consider as part of your Good Faith Effort:

--

**Arizona Department of Transportation
Engineering Consultants Section**

**On-Call Contract Disadvantaged Business Enterprise (DBE)
Goal Commitment Form**

Contract No.: _____

(Firm name), (CONSULTANT) certifies that:

- (1) The CONSULTANT will meet or exceed the ___% DBE goal or make good faith efforts to meet the goal for the above referenced contract

and

- (2) The CONSULTANT will meet or exceed the ___% DBE goal or make good faith efforts to meet the goal on each Task Order associated with the above referenced contract;

Firm Name: _____

Principal Name: _____

Principal Signature: _____

Date: _____

**ARIZONA DEPARTMENT OF TRANSPORTATION
Engineering Consultants Section**

Certification of Final Indirect (Overhead) Costs
(For overhead-based Consultants and Subconsultants Only)

Note: Only submit with the initial Cost Proposal and Modifications for which a new overhead rate is proposed.

Contract Number: _____

Firm Name: _____

Proposed Indirect (Overhead) Cost Rate: _____

Date of Proposal Preparation: _____

Fiscal Period Covered:* _____ **to** _____

I, the undersigned, certify that I have reviewed the proposal to establish final indirect cost rates for the fiscal period as specified above and to the best of my knowledge and belief:

1. All costs included in this proposal to establish final indirect cost rates are allowable in accordance with the cost principles of the Federal Acquisition Regulations (FAR) of title 48, Code of Federal Regulations (CFR), part 31 _____ and _____
2. This proposal does not include any costs which are expressly unallowable under the cost principles of the FAR of 48 CFR 31 _____

All known material transactions or events that have occurred affecting the firm's ownership, organization and indirect cost rates have been disclosed.

Signature: _____

Print Name: _____

Title: _____ **Date:** _____

* **Refers to the firm's fiscal year's most recent complete financial statements.**

Arizona Department of Transportation

ENGINEERING CONSULTANTS SECTION CERTIFIED PAYROLL - AVERAGE HOURLY RATE

Firm Name:

Contract No.:

LABOR CLASSIFICATIONS EMPLOYEE NAME	ACTUAL HOURLY PAYROLL RATE	AVERAGE HOURLY RATE	PROPOSED RATE FOR CLASSIFICATION
Project Principal	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Project Manager	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Senior Project Engineer	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Project Engineer	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Engineer / Designer	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Technician Drafter	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Project Surveyor	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00

APPENDIX K

LABOR CLASSIFICATIONS EMPLOYEE NAME	ACTUAL HOURLY PAYROLL RATE	AVERAGE HOURLY RATE	PROPOSED RATE FOR CLASSIFICATION
(2) Person	\$0.00		
	\$0.00		
		\$0.00	\$0.00
(3) Person	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Senior Environmental Planner	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Environmental Planner	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Secretarial / Clerical	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00
Administrative Support	\$0.00		
	\$0.00		
	\$0.00		
	\$0.00		
		\$0.00	\$0.00

SAMPLE

INSTRUCTIONS FOR CERTIFIED PAYROLL: List the individuals who will be working on the project under the appropriate classification with their actual hourly rate. Should there be more than one individual in a classification, average all the hourly rates for that classification. Project Principal or Project Manager must sign and date the certified payroll.

I CERTIFY THAT THE ABOVE RATES ARE TRUE AND ACCURATE FOR THE PEOPLE LISTED ABOVE AS OF THIS DATE.

Signature

Date

Print Name

Arizona Department of Transportation

ENGINEERING CONSULTANTS SECTION CERTIFIED PAYROLL - WEIGHTED AVERAGE RATE

Firm Name:

Contract Number:

INSTRUCTIONS FOR CERTIFIED PAYROLL: List the individuals who will be working on the project under the appropriate classification with their actual hourly rate. Please show the weighted percent for each individual in each classification and the appropriate weighted average hourly rate. Project Principal or Project Manager must sign and date the certified payroll.

LABOR CLASSIFICATIONS EMPLOYEE NAME	CURRENT PAYROLL RATE	PERCENT OF INVOLVEMENT	WEIGHTED AVG RATE	PROPOSED RATE FOR CLASSIFICATION
Project Principal				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Project Manager				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Senior Project Engineer				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Project Engineer				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Engineer / Designer				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Technician Drafter				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Project Surveyor				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00

Arizona Department of Transportation

ENGINEERING CONSULTANTS SECTION CERTIFIED PAYROLL - WEIGHTED AVERAGE RATE

Firm Name:

Contract Number:

INSTRUCTIONS FOR CERTIFIED PAYROLL: List the individuals who will be working on the project under the appropriate classification with their actual hourly rate. Please show the weighted percent for each individual in each classification and the appropriate weighted average hourly rate. Project Principal or Project Manager must sign and date the certified payroll.

LABOR CLASSIFICATIONS EMPLOYEE NAME	CURRENT PAYROLL RATE	PERCENT OF INVOLVEMENT	WEIGHTED AVG RATE	PROPOSED RATE FOR CLASSIFICATION
(2) Person Survey Crew				
Person 1	\$0.00	100.00%	\$0.00	
Person 2	\$0.00	100.00%	\$0.00	
		200.00%	\$0.00	\$0.00
(3) Person Survey Crew				
Person 1	\$0.00	100.00%	\$0.00	
Person 2	\$0.00	100.00%	\$0.00	
Person 3	\$0.00	100.00%	\$0.00	
		300.00%	\$0.00	\$0.00
Senior Environmental Planner				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Environmental Planner				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Secretarial / Clerical				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00
Administrative Support				
	\$0.00		\$0.00	
	\$0.00		\$0.00	
	\$0.00		\$0.00	
		0.00%	\$0.00	\$0.00

I CERTIFY THAT THE ABOVE RATES ARE TRUE AND ACCURATE FOR THE INDIVIDUALS LISTED ABOVE.

Print Name: _____

Signature _____

Title _____

Date _____

**Arizona Department of Transportation
Engineering Consultants Section**

SUMMARY OF BASIS FOR COST PROPOSAL

Describe how the firm plans to approach the Scope of Work items below as reflected in the submitted Cost Proposal. Provide any other information as deemed appropriate or as requested by the ADOT Project Manager. Upload this completed document with the completed online Cost Proposal to be submitted for the contract.

GENERAL INFORMATION

Location
Description of Project
Purpose
Construction Cost
Organization
Length of Services
Project Schedule
Progress Meetings
Responsibility Chart

DESIGN REFERENCES

ASHTO Publications

DESIGN CRITERIA

Supplemental Design Criteria

DESIGN WORK PERFORMED BY CONSULTANT

Public Information Meetings and Public Hearings
Data Collection and Survey
Cost Estimates
Drainage Report
Geotechnical Investigations
Structures
Traffic and Analysis and Change of Access Report
Right-of-Way
Utilities and Railroad