

CONSULTANT INFORMATION PAGES (CIP)

CONTRACT NO.: _____

CONTACT PERSON: _____

E-MAIL ADDRESS: _____

TITLE: _____

CONSULTANT FIRM: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____

FAX NUMBER: _____

UNIQUE ENTITY ID# (FROM SAM WEBSITE): _____

ADOT CERTIFIED DBE FIRM? (YES/NO) _____

SUBCONSULTANT(S):	TYPE OF WORK	ADOT CERTIFIED DBE FIRM (YES/NO)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: This page is not evaluated by the Selection Panel but is used by Engineering Consultants Section for administrative purposes.

SUBCONSULTANT(S) TABLE:

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FAX NUMBER:	
UNIQUE ENTITY ID #:	

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NOTE: Each Subconsultant listed in the SOQ must be included in the Subconsultant Table of the CIP. Add additional Subconsultant Table pages as necessary. The CIP is not evaluated by the Selection Panel but is used by Engineering Consultants Section for administrative purposes.

*Please confirm that each Subconsultant listed is in the eCMS database. If a Subconsultant's name is not in the eCMS database, contact ECS at E2@azdot.gov and allow two (2) business days to have the Subconsultant added to eCMS. Click [Here](#) check the eCMS database or go to ECS Website.

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DBE GOAL ASSURANCE/DECLARATION

This Contract is Race Neutral (No DBE Goal-DBE use encouraged).

By signing below, and in order to submit an SOQ proposal and be considered to be awarded for this contract, in addition to all other pre-award requirement, the consultant/Proposer certifies that they will meet the established DBE goal or will make good faith efforts to meet the goal for the contract and that arrangements with certified DBEs have been made prior to SOQ and/or Cost Proposal submission. The proposer will meet the established DBE goal or will make good faith efforts to meet the goal on each Task Order assignment associated with the contract and that arrangements with certified DBEs have been made prior to SOQ and/or Task Order proposal submission.

Signature

Date

Printed Name

Title

SOQ SUBMITTAL CHECKLIST

Place a check mark on the left side of the table indicating compliance with the following items. Only include the Supplemental Services Disclosure Form listed below if the form is requested in the Request for Qualifications:

<input type="checkbox"/>	SOQ is within the page limit indicated in the RFQ
<input type="checkbox"/>	SOQ is combined into one PDF Document no larger than 15 MB
<input type="checkbox"/>	All Amendments are Included and Signed
<input type="checkbox"/>	Introduction Letter (Including all required elements/statements)
<input type="checkbox"/>	SOQ Proposal Formatted According to Requirements Listed in RFQ Section IV, #11.
<input type="checkbox"/>	Correct SOQ Certification List (15 pt OR 9 pt) Signed and Dated by a Principal or Officer of the Firm
<input type="checkbox"/>	Completed Consultant Information Pages (CIP)(Including listing DBE firms, if applicable)
<input type="checkbox"/>	DBE Goal Assurance/Goal Declaration completed (located at the top of this page)
<input type="checkbox"/>	All Subconsultants & Proposed Work Type listed on CIP (Including indicating DBE firms)
<input type="checkbox"/>	Any Additional Required Documents (Specific to RFQ such as Resumes for all Key Personnel named)
<input type="checkbox"/>	Commenting or User Rights Feature Enabled in SOQ PDF Document
<input type="checkbox"/>	Supplemental Services Disclosure Form (Required for <u>Supplemental Services</u> Type Contracts ONLY)

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