

SUBCONSULTANT(S) TABLE:

SUBCONSULTANT FIRM NAME:	_____
CONTACT PERSON:	_____
E-MAIL ADDRESS:	_____
TITLE:	_____
ADDRESS:	_____

CITY, STATE ZIP:	_____
TELEPHONE:	_____
FAX NUMBER:	_____
UNIQUE ENTITY ID #:	_____

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*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 DBE Conscious. The DBE goal percentage is set at _____%

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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