

FORM B-1¹

INFORMATION REGARDING PROPOSER AND EQUITY MEMBERS

(for Public Release)

Name of Proposer: _____

Entity (check one box for entity completing Form B-1, as applicable):

Proposer or Equity Member

Name of Entity Completing Form B-1:

Year Established: _____ State of Organization: _____

Federal Tax ID No. (if applicable): _____ Telephone No.: _____

North American Industry Classification Code (if applicable): _____

Name of Official Representative Executing Form B-1: _____

Individual's Title: _____

Type of Business Organization (check one):

- Corporation
- Partnership
- Joint Venture
- Limited Liability Company
- Other (describe)

A. Business Address: _____

Headquarters: _____

Office Working on P3 Project: _____

Official Representative Telephone Number: _____

B. Indicate the role of the entity in the space below.

¹ *This form will be used to provide information about any Equity Members that have been identified as of the Proposal Due Date for which the Proposer did not submit information in its SOQ.*

- C. If the entity completing this Form B-1 is a Joint Venture or newly formed entity (formed within the past two years), complete a separate Form B-1 and Form C for each member or partner and attach it to the Proposal. In addition, identify the name of such members or partners in the space below.

Name

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am the firm's Official Representative:

By: _____ Print Name: _____

Title: _____ Date: _____

[Please make additional copies of this form as needed.]

FORM B-2²

SUMMARY INFORMATION REGARDING PROPOSER

Project Name: Transform 66 P3 Project
Affiliated and Subsidiary Companies of the Proposer

Proposers shall complete the table and include the addresses of affiliates or subsidiary companies (including Equity Members and Major Non-Equity Members) as applicable. By completing this table, Proposers certify that all affiliated and subsidiary companies (affiliated companies being companies that are owned at least 10% by the same parent, and subsidiary companies being companies that are wholly owned by the Proposer) of the Proposer that may participate in any way in the P3 Project are listed.

<input type="checkbox"/> The Proposer does not have any affiliated or subsidiary companies.
<input type="checkbox"/> Affiliated and/ or subsidiary companies of the Proposer are listed below.

Relationship with Proposer (Affiliate or Subsidiary)	Full Legal Name	Address

^{2 2} *This form will be used to provide information about any affiliates and subsidiary companies of the Proposer that have been identified as of the Proposal Due Date for which the Proposer did not submit information in its SOQ.*

FORM B-3³

**INFORMATION ABOUT MAJOR PARTICIPANTS AND IDENTIFIED
SUBCONTRACTORS**

Proposer Name _____

Entity Name / Contact	Address of Head Office	Telephone / Fax	Specialty / Assignment	Subcontractor / Major Participant

Add additional sheet(s) as necessary.

The undersigned Proposer hereby certifies that it has not entered into any substantive negotiations with Major Participants and/or Major Professional Services Firms resulting in an agreement to enter into any Subcontracts with respect to the Project, except for those listed above. Proposer agrees that it will follow the requirements in the Comprehensive Agreement with respect to Subcontractors.

I declare under penalty of perjury under the laws of the Commonwealth of Virginia that the foregoing declaration is true and correct.

[Signature page follows.]

³ *This form will be used to provide information about any Major Participants and any other subcontractors that have been identified as of the Proposal Due Date for which the Proposer did not submit information in its SOQ.*

Executed: _____, 2016.

(Signature)

(Name printed)

(Title)

(Proposer)

STATE of _____ COUNTY (CITY) of _____

I _____, a Notary Public in and for the State and County(City) aforesaid, hereby certify that this day personally appeared before me and made oath that he/she is duly authorized to make the above statements and that such statements are true and correct.

Subscribed and sworn to before me this ____ day of _____, 2016

_____ My Commission expires: _____
Notary Public

FORM B-4

KEY PERSONNEL RESUME FORM

Brief Resume of Key Personnel anticipated for the P3 Project.
a. Name & Title:
b. P3 Project Assignment:
c. Name of Firm with which you are now associated:
d. Years' experience: With this Firm ____ and Years With Other Firms ____ Years Please list chronologically (most recent experience first) your employment history, position, general responsibilities, and duration of employment for the last fifteen (15) years. (NOTE: If you have less than 15 years of experience, please list the experience for those years you have worked. P3 Project specific experience shall be included in Section (g) below):
e. Education: Name & Location of Institution(s)/Degree(s)/Year/Specialization:
f. Active Registration: Year First Registered/ Discipline/ Registration #:
g. Document the extent and depth of your experience and qualifications relevant to the P3 Project. <ol style="list-style-type: none">1. <i>Note your specific responsibilities and authorities for each project, not those of the firm.</i>2. <i>Note whether experience is with current firm or with other firm.</i>3. <i>Provide beginning and end dates for each project; projects older than fifteen (15) years will not be considered for evaluation.</i> (List at least three (3), but no more than five (5) relevant projects* for which you have performed a similar function.)
* On-call contracts with multiple task orders (on multiple projects) may not be listed as a single project.
h. For Key Personnel required to be on-site full-time until final acceptance, provide a current list of assignments, role, and the anticipated duration of each assignment.