

STANDARD FORM: DOTD 24-102

(Rev. 1/2003)

Professional Engineering and Related Services

1. Project title/location	2a. Announcement date	2b. Project number
3. Firm (as registered with the Louisiana Secretary of State) and mailing address of the office to perform work	3a. Name, title, telephone number, and e-mail address of the official with signing authority for this contract	
	3b. Name, Title, and telephone number of full-time LA licensed engineer in charge (not required for non-engineering projects)	
<p>4. Full-time personnel on firm's payroll in all Louisiana offices, domiciled in Louisiana:</p> <p>a. Civil Engineers, with current Louisiana P.E. registration _____</p> <p>b. Environmental Engineers, with current Louisiana P.E. registration (not included in 4a) _____</p> <p>c. Environmental personnel (non-engineers) _____</p> <p>d. Planning personnel (non-engineers) _____</p> <p>e. Surveying personnel (non-engineers) _____</p> <p>f. Real Estate Professionals (Agents and Certified Appraisers) _____</p> <p>g. Other personnel not included in above categories _____</p> <p>Total personnel domiciled in Louisiana (sum of a – g) _____</p>		
<p>5. Full-time personnel on firm's payroll, not domiciled in Louisiana, to be used on this project:</p> <p>a. Civil Engineers _____</p> <p>b. Environmental Engineers (not included in 5a) _____</p> <p>c. Environmental personnel (non-engineers) _____</p> <p>d. Planning personnel (non-engineers) _____</p> <p>e. Surveying personnel (non-engineers) _____</p> <p>f. Real Estate Professionals (Agents and Certified Appraisers) _____</p> <p>g. Other personnel not included in above categories _____</p> <p>Total personnel not domiciled in Louisiana (sum of a – g) _____</p>		
<p>6. Do you presently have sufficient staff to perform these services in the designated time frame? (Yes/No)</p>		

7. Firm's DOTD audited overhead rate _____%
Self-imposed overhead limitation (applies to Prime and Sub-consultants for this contract)?
(Yes/No) _____ %

8. Identify the the element of work (as defined in the advertisement), and the % of the element to be performed by the firm. Also, identify % of work for the overall project to be performed by the firm.

9. Do you intend to use a sub-consultant(s)? _____ yes _____ no
(For use by the Prime Consultant only)

Name and address	Identify the the element of work (as defined in the advertisement), and the % of the element to be performed by the sub-consultant Also, identify the % of work for the overall project to be performed by the sub-consultant.	Worked with prime before? (Yes/No)
1.		
2.		
3.		
4.		
5.		

10. Staffing Plan – A Diagram showing all personnel specifically assigned to each work element of the project, their duties, and immediate supervisors. The Staffing Plan should also include the same information for Sub-consultants (if applicable).

13. All work by firm (all offices) currently being performed for or selected by the LA DOTD (as Prime or Sub-consultant)

a. Project number, name, and location*	b. Nature of your firm's responsibility (also identify if prime or sub-consultant)	c. Percent complete (by phase/type of work)	d. Contract fees (in thousands)** (by phase/type of work)	
			Total	Remaining
* For retainer contracts, list open task orders individually ** Do not include sub-consultant's fees Total				

14. Use this space to identify the staff members who meet the **minimum personnel requirements** as defined in the advertisement. Also, to provide any additional information or description of resources supporting your firm's qualifications for the proposed project. This section may also be used to submit proposed prices, if required.

15. This is to certify that all information contained herein is accurate and true.

Signature of Official (same as 3a): _____ Date: _____