**Project & DB Contract #:** I-40 Resurfacing and Rehabilitation Shelby County (DB2501)

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| --- | --- |
| **Design-Builder/Name of Company:** |  |
| **Year Established:** |  |
| **Federal Tax ID No.:** |  |
| **Name of Official Representative:** |  |
| **Contact Person:** |  |
| **Address:** |  |
| **Telephone No.:** |  |
| **Fax No.:** |  |
| **E-mail address:** |  |

**Business Organization (check one):**

 [ ]  Corporation (If yes, indicate the State and Year of Incorporation):

 [ ]  General Partnership Joint Venture

[ ]  Other (describe):

|  |  |
| --- | --- |
| **Business Address:** |  |
| **Office Performing Work:** |  |
| **Contact Telephone Number:** |  |

If the entity is a Joint Venture or General Partnership, indicate the name and role of each member company in the space below. Complete a separate Design-Build Information form (Form A) for each member company and attach it to the Proposal. Also indicate the name and role of each other financially liable party and attach a separate form.

|  |  |
| --- | --- |
| Name of Member Company | Role |
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Under penalty of perjury, I certify that I am the company’s official representative, and that, to the best of my knowledge and belief, following reasonable inquiry, the foregoing is true and correct.

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| --- | --- | --- | --- |
| **Signature:** |  | **Print Name:** |  |
| **Date:** |  | **Title:** |  |

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| --- | --- |
| 1. **Design-Builder/Company Name:** | 2. **DB Contract #:** DB2501**Project:** I-40 Resurfacing and Rehabilitation  |
| 1. **Owner Contract No./State Project No.:**
 | 1. **Type (Construction, Design-Build, Design):**
 |
| 1. **Name of Prime:**
 | 6. **Company Role:**(joint venture partner, subcontractor, etc.) |
| 7. **Owner (Name):** Address: Phone:Contact Person:  | 8. **Original Project Budget:** $ **Final Project Cost:** $**Work Carried by Own Forces (%):** |
| 9. | **Original Project Schedule Milestones:**  |
| **Project Completion Schedule Milestones:**  |
| 10. **Project Description and Nature of Work Performed by Your Company:** |

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| **Project & DB Contract #:** | I-40 Resurfacing and Rehabilitation Shelby County (DB2501) |

| **RFP Book No. and Section ID** | **Question** | **Reserved for Agency Response** |
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| For TDOT use only |
| The ATC: |
| [ ]  | Is Approved |[ ]  Does not qualify as an ATC but may be included in the Proposal without an ATC. |[ ]  Is conditionally approved with identified conditions attached. |
|[ ]  Is Not approved |[ ]  Does not qualify as an ATC and may **not** be included in the Proposal. |[ ]  Is deemed to take advantage of an error or omission in the RFP and will not be considered. The RFP will be revised to correct this. |
|[ ]  Is not approved in its present form, but may be approved upon satisfaction, in TDOT’s sole discretion, of certain identified conditions that shall be met or certain clarifications or modifications that shall be made upon resubmittal. |

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| **Project & DB Contract #:** | I-40 Resurfacing and Rehabilitation Shelby County (DB2501) |
| **Proposer Name:** |  |
| **Date:** |  |

1. Description. Provide a detailed description and schematic drawings of the ATC configuration or other appropriate descriptive information (including, if appropriate, product details [i.e., specifications, construction tolerances, special provisions] and a traffic operational analysis, if appropriate).
2. Usage. Describe where and how the ATC is to be used on the Project.
3. Deviations. Reference all requirements of the RFP that are inconsistent with the proposed ATC, explain the nature of the deviations from said requirements, and submit a request for approval of such variance(s).
4. Analysis. Submit an analysis justifying use of the ATC and why the variance to the requirements of the RFP should be allowed.
5. Impacts. Discuss potential impacts on vehicular traffic, the environment, community, safety, Project life-cycle, design life, and future repair and maintenance.
6. History. Provide a detailed description of other projects where the ATC has been used, the success of such usage, and names and telephone numbers of project owners that can confirm such statements.
7. Risks/Opportunities. Describe any added risks or opportunities to TDOT and other entities associated with implementing the ATC.
8. Costs. Describe the ATC implementation costs to TDOT, the Proposer/Design-Builder, and other entities (right-of-way, utilities, mitigation, long term maintenance, etc.). Include an estimate of any cost savings that would accrue to TDOT or related third-party(ies) should the ATC be approved and implemented.
9. Schedule. Identify any reduction in the time to reach Substantial Completion resulting from implementing the ATC, including, as appropriate, a description of the methods and commitments to reducing time on the Project.
10. Environmental. Provide a preliminary analysis of potential impacts on environmental clearances (including impacts to any current environmental approvals, changes to an environmental permit application, and/or changes or need for additional governmental/environmental approvals) and an analysis of whether the Proposer believes a reevaluation or supplemental environmental document(s) would or would not be required and why if the ATC were to be approved and implemented.

**Note to the Proposer:**

1. Right-of-Way. If the Proposer’s ATC requires additional or modified right-of-way compared to the BTC, the Proposer is to submit an Initial Right-of-Way (ROW) Acquisition Exhibit containing the ROW Acquisition Sheets and ROW Acquisition Table that includes all proposed areas of right-of-way and easements and proposed Property Maps/Present Layouts that clearly depict the proposed acquisitions. The format of this submittal is to adhere to TDOT Roadway Design format.
2. Traffic modeling. If applicable, provide the Proposer’s traffic modeling files and summary of the revisions made to the Project’s traffic model if the ATC modifies the Project’s geometry, number of lanes, or other configuration element.

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| **Project & DB Contract #:** | I-40 Resurfacing and Rehabilitation Shelby County (DB2501) |
| **Proposer Name:** |  |
| **Date:** |  |

The undersigned acknowledges receipt of the addenda to the RFP as indicated below.

**ADDENDA**

|  |  |  |  |
| --- | --- | --- | --- |
| Addendum/Clarification No. |   | Dated |   |
| Addendum/Clarification No. |   | Dated |   |
| Addendum/Clarification No. |   | Dated |   |
| Addendum/Clarification No. |   | Dated |   |
| Addendum/Clarification No. |   | Dated |   |

Failure to acknowledge receipt of all addenda may cause the Proposal package to be considered non-responsive to the solicitation. Acknowledged receipt of each addendum must be clearly established and included with response to this RFP.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Print Name:** |  |
| **Date:** |  | **Title:** |  |