

SECTION VII - ATTACHMENTS



Rev. 9-16-22

**Required Affidavit for Bidders, Offerors
and Contractors
(KRS 45A.110 & 45A.115)**

Affidavit Effective for One (1) Year from Date of Execution

Instructions: Pursuant to [KRS 45A.110](#) and [45A.115](#), a bidder, offeror, or contractor ("Contractor") is required to submit a Required Affidavit for Bidders, Offerors, and Contractors to be awarded a contract, or for the renewal of a contract. An authorized representative of the contracting party must complete the attestation below, have the attestation notarized, and return the completed affidavit to the Commonwealth.

Attestation

As a duly authorized representative for the Contractor, I swear and affirm under penalty of perjury, that that the Contractor has not knowingly violated campaign finance laws of the Commonwealth of Kentucky and that the award of a contract will not violate any provision of the campaign finance laws of the Commonwealth. For purposes of this attestation, "Knowingly" means that the bidder or offeror is aware or should have been aware of the existence of a violation. The bidder or offer understands that the Commonwealth retains the right to request an updated affidavit at any time.

Signature

Printed Name

Title

Date

Bidder or Offeror Name: _____

Address: _____

Commonwealth of Kentucky Vendor Code (If known): _____

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

State of: _____ Notary: _____

County of: _____ My Commission Expires: _____

LRA AUTHORITY TO DO BUSINESS AFFIDAVIT

ATTESTATION:

I, (NAME)_____,
 affirm that, (COMPANY NAME)_____,
 is duly organized and authorized to do business under the laws of Kentucky and that,
 (COMPANY NAME)_____,
 is in good standing with all government agencies and has the full legal capacity to provide
 the services offered in this SOQ. I further affirm that there are no actions, suits or
 proceedings of any kind pending against
 (COMPANY NAME)_____ or,
 to my knowledge, threatened against
 (COMPANY NAME)_____ before or by
 any court, governmental body, agency, or other tribunal or authority which would, if
 adversely determined, have a materially adverse effect on the authority or ability of
 (COMPANY NAME)_____
 to perform the services as outlined in the
 (COMPANY NAME'S)_____ SOQ.

In response to the RFP, I attest that all
 of the information contained within this
 SOQ is correct and that I am the person
 authorized to make representation for
 and negotiate on behalf of our firm.

 Signature

 Title

 Date

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

 State of

 County of

 Notary

 My Commission Expires

Section 1: Firm Information

SOQ Name	
Firm Name	
Business Address	
Contact Person Name, Telephone Number, and Email Address	
Location of Branch Office(s) and Home Office	
Year Business Established	
Type of Organization (Individual, Partnership, Corporation)	

In response to the RFP, I attest that all of the information contained within this SOQ is correct and that I am the person authorized to make representation for and negotiate on behalf of our firm.

Signature:

Title:

Date:



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Section 2: Team Organization and Qualifications (Page 1)

Organizational Chart – Add project organizational chart in the space below.

Section 2: Team Organization and Qualifications (Page 2)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 3)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 4)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 5)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 6)

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Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	



Section 2: Team Organization and Qualifications (Page 7)

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Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	



Section 2: Team Organization and Qualifications (Page 8)

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Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 9)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 10)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 2: Team Organization and Qualifications (Page 11)

Provide resumes for the specific staff who will be assigned to this project including their role, education/training, licenses, office location, and three similar projects. Similar project description should include project name, client name, team member role, description of services provided by the team member, and status of the project. Up to 10 bios may be included.

Name	
Role	
Education and Training	
Professional Licenses and State of Licensure	
Office Location (City/State)	
Project 1	
Project 2	
Project 3	

Section 3: Cost

Please provide an estimate of costs by task including labor and expenses to complete the scope of work. The project will be contracted as a Cost Plus Fee.



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Section 4. Similar Experience and Client References (Page 1)

Include up to 10 similar relevant projects that your firm has served within the past five years highlighting your firms port development, industrial development railroad/track evaluation and rail coordination, and master planning experience. Include client name, client contact name, email, and phone number.



Section 4. Similar Experience and Client References (Page 2)

Include up to 10 similar relevant projects that your firm has served within the past five years highlighting your firms port development, industrial development railroad/track evaluation and rail coordination, and master planning experience. Include client name, client contact name, email, and phone number.



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Section 5. Project Approach and Schedule (Page 1)

Describe your firm's proposed methodologies, approaches, and timeline to provide all of the general responsibilities as specified and to a satisfactory quality of service.

Section 5. Project Approach and Schedule (Page 2)

Section 5. Project Approach and Schedule (Page 3)

Section 6: Financial Stability

Provide a statement of your firm's financial stability.



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Section 7: Availability

Provide a statement regarding the firm's workload, commitments, and ability to meet required timelines. Charts may be included.



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Section 8: DBE Participation Plan

Provide a summary of the firm's planned DBE involvement on this project including the name(s) of the firm(s) to be included on the team as well as their role.



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