

State of New Jersey Department of the Treasury Division of Property Management and Construction	PRELIMINARY TECHNICAL PROPOSAL	FORM 48B 6/24																															
1. FIRM NAME & ADDRESS: SBE <input type="checkbox"/> FEDERAL ID NUMBER:	2. PROJECT NUMBER: PROJECT TITLE:																																
3. CONTACT PERSON: TITLE: PHONE NUMBER: ()) FAX: ()) E-MAIL:	4. IF JOINT VENTURE; NAME OF ADDITIONAL FIRM(S). (ALL FIRMS MUST BE PRE-QUALIFIED BY THE DPMC) FIRM NAME: <div style="text-align: right;"> <input type="checkbox"/> SBE <input type="checkbox"/> SBE </div>																																
5. FIRMS TOTAL TECHNICAL PERSONNEL BY DISCIPLINE (JV's COMBINED PERSONNEL) <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">ARCHITECTS</td> <td style="width: 50%;">CONSTRUCTION INSPECTORS</td> </tr> <tr> <td>PLANNERS</td> <td>ENVIRONMENTAL ENGINEERS</td> </tr> <tr> <td>LANDSCAPE ARCHITECTS</td> <td>GEOLOGISTS</td> </tr> <tr> <td>INTERIOR DESIGNERS</td> <td>SPECIFICATION WRITERS</td> </tr> <tr> <td>MECHANICAL ENGINEERS</td> <td>ESTIMATORS</td> </tr> <tr> <td>ELECTRICAL ENGINEERS</td> <td>DRAFTSMEN</td> </tr> <tr> <td>CIVIL ENGINEERS</td> <td>SURVEYORS</td> </tr> <tr> <td>STRUCTURAL ENGINEERS</td> <td>SCHEDULERS</td> </tr> <tr> <td>SOILS ENGINEERS</td> <td></td> </tr> <tr> <td>SANITARY ENGINEERS</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">TOTAL PERSONNEL</td> </tr> </table>	ARCHITECTS	CONSTRUCTION INSPECTORS	PLANNERS	ENVIRONMENTAL ENGINEERS	LANDSCAPE ARCHITECTS	GEOLOGISTS	INTERIOR DESIGNERS	SPECIFICATION WRITERS	MECHANICAL ENGINEERS	ESTIMATORS	ELECTRICAL ENGINEERS	DRAFTSMEN	CIVIL ENGINEERS	SURVEYORS	STRUCTURAL ENGINEERS	SCHEDULERS	SOILS ENGINEERS		SANITARY ENGINEERS			TOTAL PERSONNEL	6. KEY SUB-CONSULTANTS FOR THIS PROJECT (ALL KEY SUB-CONSULTANTS MUST BE PRE-QUALIFIED BY THE DPMC) <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 35%;">NAME & ADDRESS:</th> <th style="width: 30%;">SPECIALTY:</th> <th style="width: 10%;">SBE</th> <th style="width: 25%;">PRE-QUAL RATING</th> </tr> </thead> <tbody> <tr> <td style="height: 200px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>			NAME & ADDRESS:	SPECIALTY:	SBE	PRE-QUAL RATING				
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7. ORGANIZATIONAL CHART OF PROPOSED PROJECT TEAM (Include firm's names, team member's names and titles)



8. LIST OF APPLICANT FIRM(s) AND SUB-CONSULTANT(s) KEY PERSONNEL TO BE ASSIGNED TO THIS PROJECT:

FIRM NAME	NAME	TITLE	DISCIPLINE/RESPONSIBILITY

9. WORK BY APPLICANT FIRM(S) WHICH BEST ILLUSTRATES CURRENT QUALIFICATIONS RELEVANT TO THIS PROJECT. ALL PROJECTS MUST HAVE BEEN COMPLETED WITHIN THE PAST 10 YEARS. (Maximum 10 projects per firm/sub-consultant)					
PROJECT NAME AND LOCATION	NATURE OF FIRM'S RESPONSIBILITY	OWNERS NAME AND ADDRESS	COMPLETION DATE OR % COMPLETED	ESTIMATED COST	
				ENTIRE PROJECT	WORK FOR WHICH FIRM WAS/IS RESPONSIBLE

10. PROVIDE ANY ADDITIONAL INFORMATION SUCH AS SPECIAL RESOURCES OR OTHER RELEVANT QUALIFICATIONS OF YOUR FIRM, PROJECT TEAM OR JOINT VENTURE. IF BROCHURES OR PHOTOS OF PROJECTS ITEMIZED IN BOX(es) 9 AND 10 ARE INCLUDED THEY MUST BE CLEARLY NOTED AS TO WHICH FIRM WAS RESPONSIBLE FOR THE WORK.

11. CERTIFICATION BY PREPARER:

I being duly authorized, certify that the information supplied herein, including all attached pages, is complete and correct to the best of my knowledge.

NAME

TITLE

SIGNATURE

DATE

ATTACH SBE CERTIFICATE(S)