



STATE OF DELAWARE
DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. BOX 778
DOVER, DELAWARE 19903

SHAILEN P. BHATT
SECRETARY

May 29, 2014

Mr. Alan Marteney
Century Engineering, Inc.
4134 N. DuPont Highway
Dover, DE 19901

Dear Mr. Marteney:

Congratulations! On behalf of the Delaware Department of Transportation, I would like to thank you for your firm's participation as a candidate in the competition for providing consulting services for **Agreement No. 1695-1696 – Erosion and Sediment Control Compliance.**

Your firm will be given the opportunity to negotiate a contract with us for the above referenced Agreement. To begin the process, the following items are needed:

Certificate of General Liability Insurance evidencing regular Liability, Property Damage, Worker's Compensation, and Automobile insurance coverage from an insurance company authorized to do business in the State of Delaware. The minimum amounts of coverage for property damage and personal injury shall be \$1,000,000 combined single limit. The Department is to be named as a certificate holder (not an additional insured).

Certificate of Errors and Omissions Insurance from an insurance company authorized to do business in the State of Delaware in the amount of \$1,000,000. The Department is to be named as a certificate holder.

A current certified payroll for the individuals that may be assigned to work on this Agreement. This must be certified by an officer of your company, and returned both electronically and by hard copy. The hard copy must contain an original signature; the electronic copy should show the signature as well.

Copy of your firm's Delaware Business License.

Submit a list of any potential Direct Costs - Please forward a list of any non-payroll direct expenses you anticipate may be invoiced during this Agreement.

Consultant Billing Rate Initial Request - Please complete this form for any employees that may work on this agreement and are not listed on the approved billing rates document. This must be returned electronically as a spreadsheet.

Confirmation of the attached cost limitations document.

Copy of your firm's Certificate of Authorization.

Review and confirm receipt of the document titled DBE notification.

Confirmation of receipt of the attached approved billing rates for your company.

Submit Subconsultant Agreements - Please forward original, signed agreements you have with subconsultants listed as participants on this agreement in your submitted Expression of Interest. We suggest structuring the agreements to allow for multiple tasks.

Please send all requested items (with the exception of subconsultant agreements, as subconsultants may be added following execution of the agreement) no later than **Wednesday, June 11, 2014** to the attention of Susan Robinson, at susanh.robinson@state.de.us, or via US mail at the address listed above.

The staff at Delaware DOT is looking forward to working with your firm on this contract.

Sincerely,

~Signature on File~

Wendy B. Henry
Consultant Control Coordinator
DelDOT Contract Administration
(302) 760-2531



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DEPARTMENT OF TRANSPORTATION
800 BAY ROAD
P.O. Box 778
DOVER, DELAWARE 19903

SHAILEN P. BHATT
SECRETARY

May 29, 2014

Mr. Brian Bolender
URS Corporation
4051 Ogletown Road, Suite 300
Newark, DE 19713

Dear Mr. Bolender:

Congratulations! On behalf of the Delaware Department of Transportation, I would like to thank you for your firm's participation as a candidate in the competition for providing consulting services for **Agreement No. 1695-1696 – Erosion and Sediment Control Compliance**.

Your firm will be given the opportunity to negotiate a contract with us for the above referenced Agreement. To begin the process, the following items are needed:

Certificate of General Liability Insurance evidencing regular Liability, Property Damage, Worker's Compensation, and Automobile insurance coverage from an insurance company authorized to do business in the State of Delaware. The minimum amounts of coverage for property damage and personal injury shall be \$1,000,000 combined single limit. The Department is to be named as a certificate holder (not an additional insured).

Certificate of Errors and Omissions Insurance from an insurance company authorized to do business in the State of Delaware in the amount of \$1,000,000. The Department is to be named as a certificate holder.

A current certified payroll for the individuals that may be assigned to work on this Agreement. This must be certified by an officer of your company, and returned both electronically and by hard copy. The hard copy must contain an original signature; the electronic copy should show the signature as well.

Copy of your firm's Delaware Business License.

Submit a list of any potential Direct Costs - Please forward a list of any non-payroll direct expenses you anticipate may be invoiced during this Agreement.

Consultant Billing Rate Initial Request - Please complete this form for any employees that may work on this agreement. **We will be utilizing loaded rates for your inspectors** and therefore need this information. This must be returned electronically as a spreadsheet.

Confirmation of the attached cost limitations document.

Copy of your firm's Certificate of Authorization.

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Confirmation of receipt of the attached approved billing rates for your company.

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