FORM F – BUSINESS ORGANIZATION

| Team Member: | | | |
|---------------------------|--|---|---|
| | | | |
| Business Organization: | ☐ Corporation ☐ Joint Venture | ☐ Partnership - General ☐ Partnership - Limited ☐ Partnership - Association | ☐ Limited Liability Company ☐ Other: |
| | Year Established: | | |
| | Federal Tax ID: | | |
| | State of Incorporation: | | |
| | Date of Incorporation: | | |
| | DUNS Number (if any): | | |
| Name of Chair or | Chief Executive Officer: | | |
| Name o | f Chief Financial Officer: | | |
| Team Member Repre | sentative | | |
| Name: | | | |
| Firm: | | | |
| Address: | | | |
| Email: | | | |
| Phone: | | | |
| C | Complete the following sections to only needed if the Team Mer | for entities comprising the Team | |
| Team Member Entity | 1 | | |
| Firm (or other): | | | |
| Business Organization: | ☐ Corporation☐ Joint Venture | ☐ Partnership - General ☐ Partnership - Limited ☐ Partnership - Association | ☐ Limited Liability Company☐ Other: |
| Roles: | | | |
| Equity Member: | ☐ Yes, percent equity interest: ☐ No | | |
| Contact Name: | | | |
| Contact Address: | | | |
| Contact Email: | | | |
| Contact Phone: | | | |
| Team Member Entity | 2 | | |
| Firm (or other): | | | |
| Business Organization: | ☐ Corporation ☐ Joint Venture | ☐ Partnership - General ☐ Partnership - Limited ☐ Partnership - Association | ☐ Limited Liability Company ☐ Other: |
| Roles: | | | |



FORM F – BUSINESS ORGANIZATION

| Team Member: | | | | |
|---|------------------------------|------------------|---|---|
| | | | | |
| Equity Member: | ☐ Yes, percent e | equity interest: | | |
| Contact Name: | | | | |
| Contact Address: | | | | |
| Contact Email: | | | | |
| Contact Phone: | | | | |
| Team Member Entity | 3 | | | |
| Firm (or other): | | | | |
| Business Organization: | ☐ Corporation☐ Joint Venture | | ☐ Partnership - General ☐ Partnership - Limited ☐ Partnership - Association | ☐ Limited Liability Company ☐ Other: |
| Roles: | | | | |
| Equity Member: | ☐ Yes, percent e | equity interest: | | |
| Contact Name: | | | | |
| Contact Address: | | | | |
| Contact Email: | | | | |
| Contact Phone: | | | | |
| Under penalty of perjury, I certify that the foregoing is true and correct, and that I am an Authorized Representative of the Team Member to which this form relates: | | | | |
| | Signature: | | | |
| | Printed Name: | | | |
| | Title: | | | |
| | Date: | | | |



FORM G – SURETY LETTER

[Instructions: Include a letter on Surety Company letterhead as shown]

Transbay Joint Powers Authority 425 Mission Street, Suite 250 San Francisco, CA 94105

Re: Civil and Tunnel Project for Transbay Joint Powers Authority

Letter of Intent to Issue Security

Dear Transbay Joint Powers Authority,

_____ (the Respondent) has submitted this letter in support of the Statement of Qualifications (SOQ), submitted in response to the Request for Qualifications (RFQ) for The Portal civil and tunnel project (Project) issued by the Transbay Joint Powers Authority (TJPA) on October 27, 2023, as amended. Respondent seeks to be included in the short list of Respondents invited to propose on the Project described in the Request for Qualifications.

The Surety has reviewed the TJPA's RFQ and the Respondent's SOQ. The Surety hereby certifies that it intends to issue on behalf of the Respondent, as security for performance under the Progressive Design-Build agreement, a Performance Bond and a Payment Bond for the benefit of the Owner each in the amount of \$1,900,000,000, in the event the Respondent is selected for final negotiations and execution of the Progressive Design-Build agreement, and which will be revised to reflect any price adjustment.

This commitment is subject to standard underwriting requirements at the time of the bond request, including a review of acceptable bond forms, contract terms, and our standard underwriting considerations. This letter is not an assumption of liability, nor is it a bid bond.

Regards,

Signature Name of Authorized Signatory Title Name of Surety Company



FORM H – INSURANCE LETTER

[Instructions: Include a letter on Insurance Company letterhead as shown]

Transbay Joint Powers Authority 425 Mission Street, Suite 250 San Francisco, CA 94105 Re: Civil and Tunnel Project for Transbay Joint Powers Authority Letter of Intent to Issue Insurance Dear Transbay Joint Powers Authority, (the Respondent) as _____ 's insurance broker of record. We represent We write in support of Respondent's submission in response to the Transbay Joint Powers Authority's (TJPA) Request for Qualifications to Provide Progressive Design-Build Services for the Portal civil and tunnel project. We affirm that we have reviewed and understand the insurance requirements contained in the RFQ. We affirm that, if awarded the ultimate contract contemplated under this RFQ and the subsequent RFP, Respondent will be able to fully comply with all insurance requirements as presented in this RFQ, for itself as well as for all of its subcontractors, for both onsite and offsite work. We understand that, should Respondent submit a Proposal in response to the TJPA's Request for Proposal for the above-mentioned contract, and subsequently fail to satisfy the insurance requirements as they have been outlined in this RFQ and the subsequent RFP, such failure may result in Respondent's Proposal being deemed nonresponsive. Regards, Signature Name of Authorized Signatory



Title

Name of Insurance Company

FORM I – FINANCIAL STATUS

[Instructions: Include financial statements prepared by a Certified Public Accountant, including all exhibits and notes, for the three most recently completed fiscal years]



FORM J - ORGANIZATIONAL CONFLICTS OF INTEREST

Organizational conflict of interest means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the TJPA, or the person's objectivity in performing work is or might be otherwise impaired, or a person has an unfair competitive advantage.

[Instructions: For each Team Member, include an organizational conflict of interest letter covering the items below]

- 1. Name of Team Member and name of the Respondent Team.
- 2. The name, address, telephone number, and federal taxpayer identification number, if applicable.
- 3. A description of the nature of the services rendered by or to be rendered on the Project or related thereto.
- 4. A statement of any past (within the past three years), present, or currently planned financial, contractual, organizational, or other interests relating to the performance of the Work of the Project.
 - a. For contractual interests, such statement must include the name, address, telephone number of the client or client(s), a description of the services rendered to the previous client(s), and the name of a responsible officer or employee who is knowledgeable about the services rendered to each client, if, in the three years preceding the date of the statement, services were rendered to the TJPA or any other client respecting the same subject matter of the Project, including planning, financing, and approvals. The client and contract number under which the services were rendered must also be included, if applicable.
 - b. For financial interests, the statement must include the nature and extent of the interest and any entity or entities involved in the financial relationship. For these and any other interests enough such information must be provided to allow a meaningful evaluation of the potential effect of the interest on the performance of the work of the Project.
- 5. A statement that no actual or potential conflict of interest or unfair competitive advantage exists with respect to the services to be provided in connection with the contract.
- 6. A signature by an authorized representative, including typed name, title, and date.

Failure to provide the required statement may result in a Respondent being determined ineligible for award. Misrepresentation or failure to report any fact may result in the assessment of penalties associated with false statements or such other provisions provided for by law or regulation.



FORM K - CERTIFICATIONS AND QUESTIONNAIRE

| Team Member: | | |
|--|---|--|
| General | | |
| Team Member has the ability to procure and obtain a valid and current California Contractor's license with a Class A designation: | □ Yes □ No □ n/a | If no, explain: |
| Team Member has the ability to provide engineering or architectural services per California law: | □ Yes □ No □ n/a | If no, explain: |
| Safety | | |
| Team Member's Experience Modification Rate (EMR)s for the most recent three years: | | |
| Team Member's average total recordable incident rate (TRIR) for the most recent three years: | | |
| Team Member's average lost time incident rate (LTIR) for the most recent three years: | | |
| The undersigned certifies that the Team Member has an acceptable shall be deemed acceptable if its experience modification rate for th of 1.00 or less, and its average total recordable injury or illness rate a recent three-year period does not exceed the applicable statistical states. Team Member is a party to an alternative dispute resolution system Code. | e most recen and average I tandards for i | t three-year period is an average ost time incident rate for the most ts business category or if the |
| Business Matters | | |
| Team Member has defaulted on any loans in last five years: | □ Yes □ No | If yes, explain: |
| Team Member has no outstanding unsatisfied judgments or liens with a right of enforcement (i.e., where the underlying loan is in default): | □ Yes □ No | If yes, explain: |
| Team Member is currently for sale or involved in potential expansion, acquisition or merger that might impact its ability to perform this Project: | □ Yes □ No | If yes, explain: |
| Team Member can provide needed services to this Project considering its current and projected work backlog: | □ Yes □ No | If no, explain: |
| Team Member has failed to complete a contract or been removed from a project in the last five years: | □ Yes □ No | If yes, explain: |
| Team Member has been assessed liquidated damages for failing to complete a project within the contract time within the last five years (subject to the following allowances: one project, up to five percent of the contract time allowed; two additional projects, up to two percent of the contract time allowed): | □ Yes □ No | If yes, explain: |
| Team Member has had any citation or penalties assessed against it by the Environmental Protection Agency, Air Quality Management District, or any Regional Water Quality Control Board for the past three years: | □ Yes □ No | If yes, explain: |
| Team Member has had any instances of having to pay back wages or penalties for willfully failing to comply with state prevailing wage laws or federal Davis-Bacon prevailing wage requirements in the last three years: | □ Yes □ No | If yes, explain: |



FORM K - CERTIFICATIONS AND QUESTIONNAIRE

| | Team Member: | | |
|---|---|--|---|
| Team Member, any of its officers, supervisors, managers, or any firm or individual has been convicted of a crime involving the awarding of a contract of a government construction project, the bidding or performance of a government contract, antitrust statutes, racketeering statutes, safety and health regulations, environmental laws, laws banning workplace discrimination, laws governing wages, hours or labor standards, or laws involving fraud, theft, or any other act of dishonesty: | | | If yes, explain: |
| Team Member's officers, supervisors, managers, or any firm or individual currently have any delinquent liability to an employee, the state, or any awarding body for any assessment of back wages or related damages, interest, fines or penalties pursuant to any final judgment, order, or determination by any court or any federal, state, or local administrative agency, including a confirmed arbitration award: | | | If yes, explain: |
| Debarmen | t, Suspension, and Other Responsibility Matters | | |
| primary ma | " for the purposes of this certification, means officers; dir inagement or supervisory responsibilities within a busine ubsidiary, division, or business segment, and similar posi | ss entity (e.g | |
| The Signato | ory certifies, to the best of its knowledge and belief, that | the Team M | ember and/or any of its Principals: |
| a) | ☐ Have ☐ Have not been debarred, suspended, propose award of contracts, or otherwise prevented from propo or completing by any Federal, state, or local agency with offer; | sing, biddin | g on, performing as a subcontractor, |
| b) | ☐ Have ☐ Have not had a professional or business liceryear period preceding this offer; | nse suspend | ed or revoked within the three (3) |
| c) | ☐ Have ☐ Have not been declared non responsible by procurement within the three (3) year period preceding | | gency in the context of a |
| d) | ☐ Have ☐ Have not, within the three (3) year period precivil judgment rendered against them for: commission of obtaining, attempting to obtain, or performing a public contract; violation of Federal or state antitrust statutes a commission of embezzlement, theft, forgery, bribery, fa false statements, tax evasion, or receiving stolen proper safety or environmental laws or regulations, including, apprentices on a public work project, federal or state propers. | of fraud or a (Federal, standard relating to the Isification of ty; violation without limit | criminal offense in connection with ate, or local) contract or sub- he submission of offers; or r destruction of records, making of labor, employment, health, tation, laws pertaining to use of |
| e) | ☐ Have ☐ Have not, within the three (3) year period pro otherwise criminally or civilly charged by a government offenses enumerated in subparagraph d) above; | eceding this | offer, been indicted for, or |
| f) | ☐ Has ☐ Has not, within the three (3) year period preceany private owner, Federal, state, or local agency. | eding this of | fer, received a notice of default by |
| g) | \Box Has \Box Has not been a debtor in a bankruptcy proceed five years. | eding or rece | eivership at any time during the last |
| h) | In the last five years an insurance carrier has \square has not any form of insurance. | □ refused to | o renew any insurance policy, for |
| i) | Within the last five years, a surety firm ☐ has ☐ has not toward the completion of a contract on behalf of the Te | | |
| j) | Within the last five years there \(\subseteq \text{was } \subseteq was not a period but was without workers' compensation insurance or st | od in which | the Team Member had employees |
| k) | During the last five years, there \(\sigma\) was \(\sigma\) was not a peri | od of time v | when the Team Member had no |



FORM K - CERTIFICATIONS AND QUESTIONNAIRE

Team Member:

The Team Member shall provide immediate written notice to the TJPA if, at any time prior to contract award, the Team Member learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

Team Members may provide clarifying information regarding any of their responses on a separate page. The TJPA reserves the right to request additional information about any response. Failure of the Team Member to furnish a certification or provide such additional information as requested by the TJPA may render the SOQ being deemed nonresponsive.

Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this provision. The knowledge and information of a Signatory is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

The certification of this provision is a material representation of fact upon which reliance was placed when making award. If it is later determined that the Signatory knowingly rendered an erroneous certification, the TJPA may terminate the contract resulting from this solicitation for default.

Under penalty of perjury, I certify that the foregoing is true and correct, and that I am an Authorized Representative of the Team Member to which this form relates:

| Signature: | |
|---------------|--|
| Printed Name: | |
| Title: | |
| Date: | |

