

| State of New Jersey Department of the Treasury Division of Property Management and Construction | <h1 style="margin: 0;">PRELIMINARY</h1> <h1 style="margin: 0;">TECHNICAL PROPOSAL</h1> | <h2 style="margin: 0;">FORM 48B</h2> <p style="margin: 0;">5/06</p> | | | | | | | | |
|--|---|---|-----------------|------------|-----|-----------------|--|--|--|--|
| 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) <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>___ ARCHITECTS</p> <p>___ PLANNERS</p> <p>___ LANDSCAPE ARCHITECTS</p> <p>___ INTERIOR DESIGNERS</p> <p>___ MECHANICAL ENGINEERS</p> <p>___ ELECTRICAL ENGINEERS</p> <p>___ CIVIL ENGINEERS</p> <p>___ STRUCTURAL ENGINEERS</p> <p>___ SOILS ENGINEERS</p> <p>___ SANITARY ENGINEERS</p> </div> <div style="width: 45%;"> <p>___ CONSTRUCTION INSPECTORS</p> <p>___ ENVIRONMENTAL ENGINEERS</p> <p>___ GEOLOGISTS</p> <p>___ SPECIFICATION WRITERS</p> <p>___ ESTIMATORS</p> <p>___ DRAFTSMEN</p> <p>___ SURVEYORS</p> <p>___ SCHEDULERS</p> <p>___ _____</p> <p>___ _____</p> <p>___ TOTAL PERSONNEL</p> </div> </div> | 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; margin-top: 10px;"> <thead> <tr> <th style="width: 30%;">NAME & ADDRESS:</th> <th style="width: 30%;">SPECIALTY:</th> <th style="width: 10%;">SBE</th> <th style="width: 30%;">PRE-QUAL RATING</th> </tr> </thead> <tbody> <tr> <td style="height: 150px;"> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | | NAME & ADDRESS: | SPECIALTY: | SBE | PRE-QUAL RATING | | | | |
| NAME & ADDRESS: | SPECIALTY: | SBE | PRE-QUAL RATING | | | | | | | |
| | | | | | | | | | | |

7. ORGANIZATIONAL CHART OF PROPOSED PROJECT TEAM (Include firm's names, team member's names and titles)

A large empty rectangular box with a black border, intended for drawing an organizational chart. The box is currently blank.

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 / 10 per 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 PROJECT APPROACH, 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)