

City / Town / Other Awarding Authority Prequalification Form

Complete this form and email it with the Engineer's Bid Items Estimate and Detailed Scope of Work to prequal.r109@dot.state.ma.us.

Do not email the project advertisement with this form.

NOTE: A contractor that does not have the Single Class Limit for the assigned Class of Work but wants to bid a project must be given the opportunity to submit a waiver request at least 2 weeks prior to the project's bid opening date to allow for time to appeal a waiver denial.

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| Check all that Apply: Chapter 90 Program | Complete Streets Funding Prog | ogram Shared Streets and Spaces Program |
| Local Bottle Neck Reduction Program | Mass-Works Program | Utility Grants Program |
| Municipal Small Bridge Program | Municipal Paving Program | Municipality Funds |
| Other | | |
| Name of City/Town or OAA: | | |
| COR A CONSORTIUM ONLY Enter all Districts for the Project: District # | District # District # | District # District # District # |
| Description of Work: | | |
| Class of Work (Assigned by MassDOT): | | |
| | fo If yes, how many years? 1 years | |
| | ralue of all Bid Items unless they are on Contingency, Overhead or any other's Estimate is \$200,525.89. he form: \$200,525.89. for an Options Year Contract oject value from the Engineer's Estivate of All Bid Items: \$200,000 x troject value from the Engineer's Estivoject | there a specified bid item or an allowance: Police/Traffic other item not specified as a bid item or allowance. Simulate is \$200,000. $2 = $400,000.$ Stimate is \$200,000. |
| Bid Opening Date: | | |
| Bid Opening Time: | | |
| Start Date: | | |
| End Date: | | |
| Name of Contact Person: | | |
| Telephone #: | | |
| Email Addrass | | |

Notify the MassDOT Prequalification Program of any changes to contact information, bid opening date, total value of all bid items, etc. Email the notification to prequal.r109@dot.state.ma.us. Attach the addendum to the email.