Instructions:

- 1. All questions/items on the Financial Prequalification Questionnaire (FPQ) must be completed accurately, thoroughly, and completely. There cannot be any blank spaces or skipped questions.
- The FPQ includes links to various items that must be completed and attached in Excel format into the FPQ. For instructions on attaching documents using Adobe, see below.
- 3. The FPQ requests various written documents. These documents must be inserted in .pdf format into the FPQ. Once inserted, the document must be bookmarked. For instructions on inserting and bookmarking documents using Adobe, see below.
- 4. The black bookmarked items on the left, if clicked on, will take you directly to each portion of the questionnaire.
- 5. The red bookmarked items on the left, identify all required documents to be inserted into the FPQ.
- 6. The blue bookmarked items on the left, identify all required documents to be attached into the FPQ in Excel format.
- 7. If your firm does not possess the information, as requested in the FPQ, you must insert a sheet labeled 'Not Applicable', and the reason(s) why the items/documents/calculations are not applicable to your company. Once inserted, the document must be bookmarked. For instructions on inserting and bookmarking documents using Adobe, see below.
- Please note that the company's primary contact for accounting related questions, or other company employees as deemed necessary by MDOT's Office of Commission Audits, might be contacted to obtain clarification, access to electronic versions of original documentation or other information pertaining to the FPQ.
- 9. Please submit all information electronically to MDOT e-Proposal.

NOTE: All references in the Financial Prequalification Questionnaire to *AASHTO Guide* pertain to the 2016 Edition of the *AASHTO Uniform Audit & Accounting Guide*.

Contacts:

Financial Related Questions/Concerns:

The Office of Commission Audits - (517) 335-5920

Technical Questions/Concerns:

Contract Services Division

<u>Courtney Causie</u> - (517) 290-9421

Resources:

Adobe Acrobat Technical Support: https://helpx.adobe.com/acrobat.html

MDOT Technical Support: MDOT-ServicePrequal@Michigan.gov

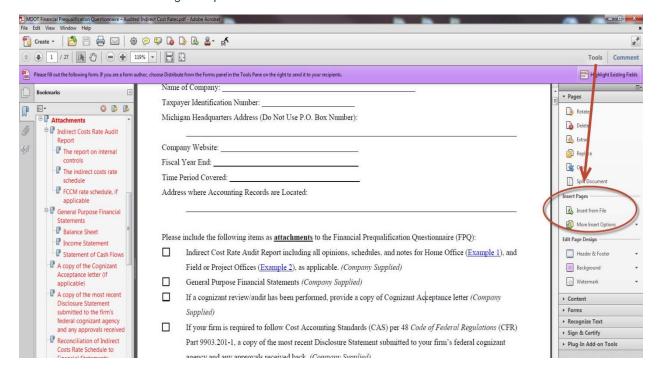
How to insert additional PDF pages into the Financial Prequalification Questionnaire (FPQ):

1. Open the FPQ in which you want to insert the new pages; make sure that all your changes are saved.

If you're not sure if the changes have been saved, choose File --> Save.

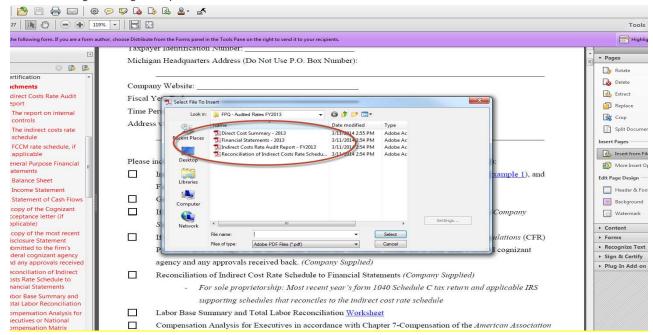
2. Choose 'Insert from File' on the Tools Pages palette.

The Select File to Insert dialog box opens.



3. Open the folder and select the file icon of the PDF document with the pages you want to insert, and then click the Select button.

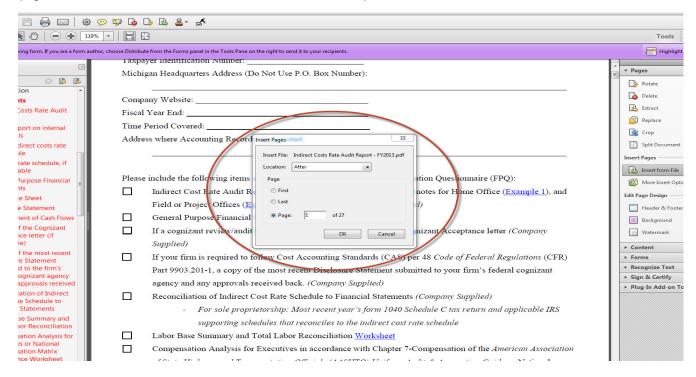
The Insert Pages dialog box ope



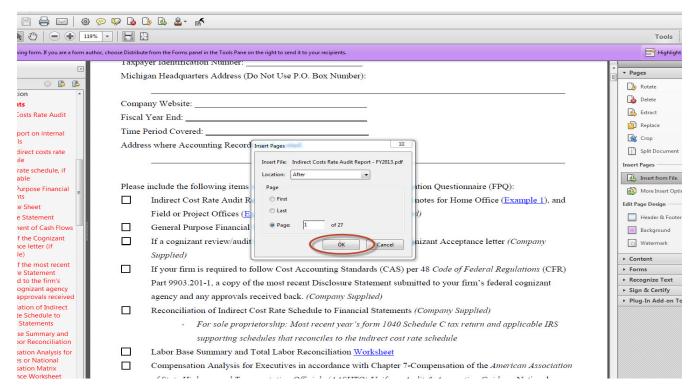
4. In the Page area, click one of the following radio buttons:

- First: Inserts the pages at the beginning of the PDF document, either before or after the first page.
- Last: Inserts the pages at the end of the file, either before or after the last page.
- Page: Inserts the pages either before or after the page number designated in the associated text box.

By default, Acrobat inserts the pages after the page you specify in the Page portion of the Insert Pages dialog box. To have the pages inserted in front instead, select Before on the Location drop-down list.



5. Click the OK button to have Acrobat insert the pages from the selected file.

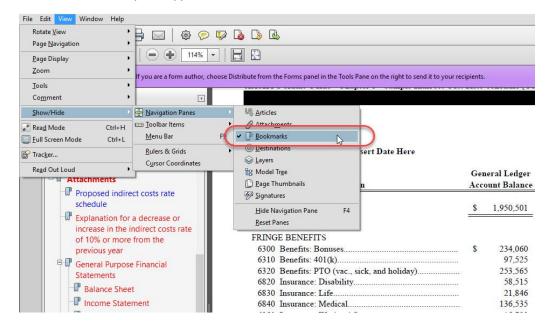


How to bookmark an inserted document in the Financial Prequalification Questionnaire (FPQ):

By navigating to a page, and to a specific view on a page, you can establish the destination of a bookmark link. With a PDF document open, follow these steps:

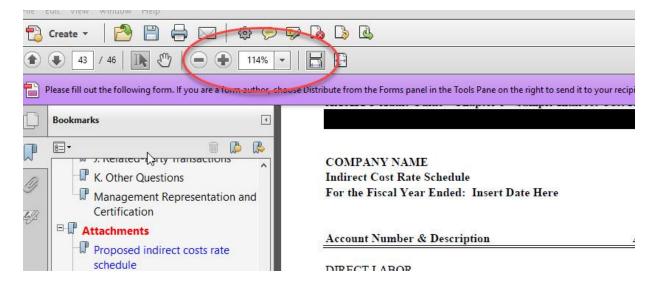
1. If the Bookmark icon isn't visible, choose View→Show/Hide→Navigation pane→Bookmarks

The Bookmarks panel appears on the left of the Document window.

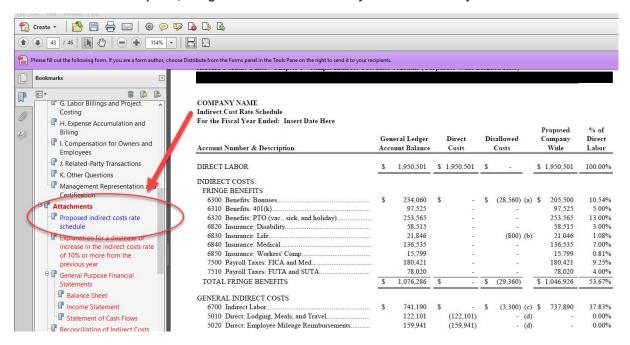


2. Set the magnification of the view that you want by using the Marquee Zoom tool to either zoom in or zoom out.

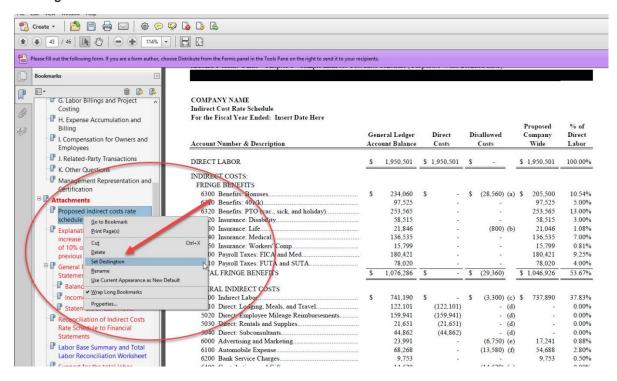
The zoom level that you're at when you create the bookmark is the view that viewers see when they click the bookmark.



3. In the Bookmarks panel, navigate to the bookmark that you want to set as your destination.



Right click the bookmark and choose 'Set Destination'.



5. Test your bookmark by scrolling to another page and viewing it in the Document window; then click your saved bookmark in the Bookmark panel.

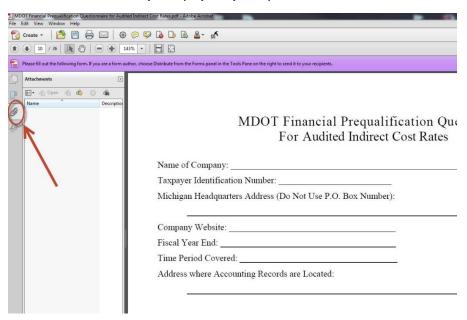
The Document window shows the exact location and zoom that you selected when you created the bookmark.

How to attach Excel Spreadsheets to the Financial Prequalification Questionnaire (FPQ):

1. Open the FPQ in which you want to attach the spreadsheet; make sure that all your changes are saved.

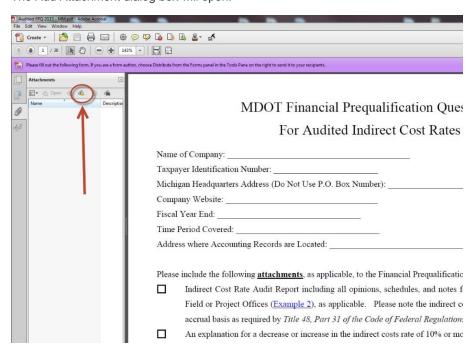
If you're not sure if the changes have been saved, choose File \rightarrow Save/Save As \rightarrow In the File Name List, type or select a name for the file \rightarrow In the Save as Type list, click PDF.

- 2. Before attaching documents, be sure all changes to the Excel spreadsheet(s) are saved prior to opening the FPQ.
- 3. Locate the Attachments panel (Paperclip Icon)

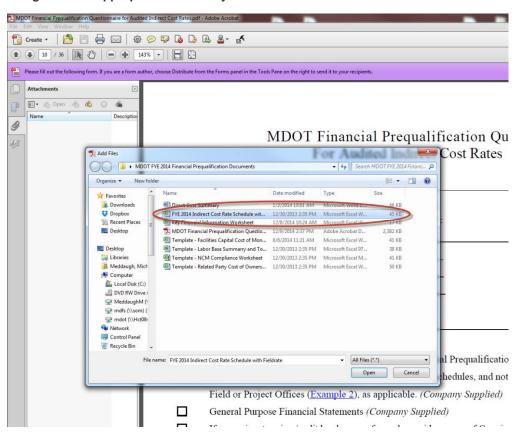


4. In the Attachments Panel, select the "Add a New Attachment" icon.

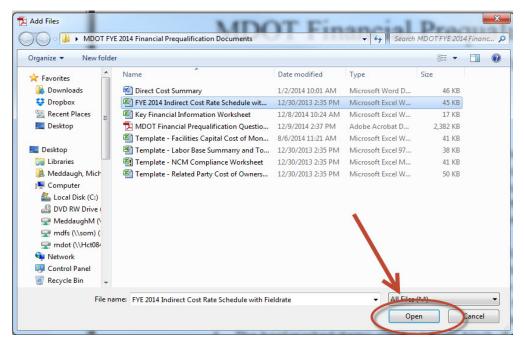
The Add Attachment dialog box will open.



5. Navigate to the appropriate Excel file you want to attach.



6. Double click on a the selected file or select "Open" to complete the process.



7. Verify the appropriate document has been attached.

| MD MD | OT Financial Prequalification Questionnaire for Audited India | ect Cost Rates.pdf - Adobe Acrobat | |
|--------|--|---|-----------|
| File 8 | TERRO CONTROL CONTROL DOTATION | | |
| 13 | | □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ | |
| • | 10 / 36 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| • | Please fill out the following form. If you are a form author, ch | coose Distribute from the Forms panel in the Tools Pane on the right to send it to your recipients. | |
| | Attachments | | |
| | Open to to the | | |
| (n | Name Description E) FYE 2014 Indirect Cost Rate Sch | | |
| 6 | | MDOT Financial Prequalifica | ation One |
| 49 | | • | |
| | A | For Audited Indirect Co | st Rates |
| | | | |
| | | Name of Company: | |
| | | Taxpayer Identification Number: | |
| | | Michigan Headquarters Address (Do Not Use P.O. Box Number): | |
| | | | |
| | | Company Website: | |
| | | Fiscal Year End: | |
| | | Time Period Covered: | |
| | | | |

| Name | e of Company: | | | | |
|--------|--|-----------|---|--|--|
| Taxpa | ayer Identification Number: | | _ | | |
| Michi | igan Headquarters Address (Do Not Use P.O. Bo | ox Num | ber): | | |
| Comp | pany Website: | | | | |
| Fiscal | l Year End: | | | | |
| | Period Covered: | | | | |
| Addre | ess where Accounting Records are Located: | | | | |
| | • | | ect Cost Rate(s): | | |
| | (Please limit all rates to a Indirect Cost Rate | ı two-de | cimal percentage, e.g., 127.39%) Rate Type: (Home office, field office, other, etc.) | | |
| | muncet Cost Nate | | Rate Type. (Home office, field office, other, etc.) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | ost of Money (FCCM) Rate(s): | | |
| | , | a two-d | ecimal percentage, e.g., 0.39%) | | |
| | FCCM Rate | | Rate Type: (Home Office, Field Office, Other, etc.) | | |
| | | | | | |
| | | | | | |
| | | | | | |
| Dlang | a include the following attachments as applical | bla to th | ne Financial Prequalification Questionnaire (FPQ): | | |
| | | | | | |
| | Indirect Cost Rate Audit Report including the report on internal controls and all opinions, schedules, and notes for | | | | |
| | Home Office (Example 1), and Field or Project Offices (Example 2), as applicable. Please note the indirect costs rate must be calculated on the accrual basis as required by <i>Title 48</i> , <i>Part 31 of the Code of Federal Regulations</i> | | | | |
| | | s require | ta by 11tte 48, Part 31 of the Coae of Federal Regulations | | |
| | (Company Supplied) | C | 7. 1 | | |
| | General Purpose Financial Statements (Comp | | • | | |
| | | ovide a c | copy of the Cognizant Acceptance letter (Company Supplied) | | |
| | Direct Cost Summary Worksheet | | | | |
| | Support for labor rates of individuals that are, or might be, assigned to MDOT projects. This support must include | | | | |
| | | lassifica | ation, and actual current pay rate: and a company officer mus | | |
| | certify the labor rates (Company Supplied) | | | | |
| | If multiple rates are proposed, an explanation of when each rate will be utilized. (Company Supplied) | | | | |
| | Complete the Average Wage Rate Worksheet. | | | | |

| Please | identify the company's primary contact(s) for accounting questions: |
|--------|---|
| | Name: |
| | Title: |
| | Number of Years in this Capacity: |
| | Number of Years with this Company: |
| | Phone Number: |
| | E-mail Address: |
| | Mailing Address (if different than headquarters address previously listed): |
| | |
| | |
| | |
| Please | identify the individual(s) who completed the FPQ: |
| | Name: |
| | Title: |
| | Phone Number: |
| | E-mail Address: |

A. Background Information

| A.2. Business Form . What form of business | any formed? | |
|---|---------------------------------|---|
| 11.2. Dusiness Form. What form of ousiness | entity is the company? | |
| Sole Proprietorship Partne | ership C Corporation | Limited Liability Company |
| S Corporation | Other: | |
| A.3. Parent/Subsidiary. Is the company a su | ubsidiary of any other compa | any or part of a controlled group? |
| Yes No | | |
| If yes, please explain: | | |
| A.4. Common Ownership. Does the compa | ny own or control any other | company or legal entity (e.g., trust or foundation) |
| through common ownership? (AASHTO | Guide Section 8.23.B) | |
| ☐ Yes ☐ No | | |
| If yes, please explain: | | |
| A.5. Ownership. Please identify the stockhol | lders, partners, or other owner | ers with greater than five percent ownership of the |
| company and their respective percentage | es of ownership. Identify all | company officers including titles. |
| Tab | ole 1: Company Ownership | |
| Name | Title | Ownership |
| | | Percentage |
| | | % |
| | | e |
| | | % % % % |
| | | % % % % % |
| | | % % % % % % % % % % % % % % % |
| | | % % % % % % % % % % % % % % % % % % % |
| | | % % % % % % % % % % % % % % % % % % % |
| | | % % % % % % % % % % % % % % % % % % % |

| A.7. Locations. How many offices does the | he company | operate in Mich | igan, and wh | ere are these o | offices located? |
|--|---------------|-----------------|--------------|-----------------|-------------------------|
| 1. Number: | | | | | |
| 2. Locations: | | | | | |
| A.8. Number of Employees. | | | | | |
| 1. How many employees (including | ng managers | and principals) | does the com | npany currentl | y employ globally? |
| a. Full time: b | o. Part time: | | | | |
| 2. Has this number changed since | | | | | |
| ☐ Yes ☐ No | | • | | | |
| If yes, please explain: | | | | | |
| A.9. Revenue Sources. 1. For the most recent fiscal year, | what nercen | tage of the com | nany's reven | ue was genera | ted from the following? |
| a. State government: | - | - | | • | rom the following. |
| b. Federal government: _ | | _ | _ | | |
| 2. Please specify all revenues earn | | | | | |
| 2. Flease specify all revenues earn | | • | | isuitant: | |
| | | oss Company I | | | |
| | As a Primo | e Consultant | As a Subco | onsultant | Total |
| Revenues from MDOT Projects | | | | | |
| Revenues from Other Customers | | | | | |
| Total Company Gross Revenue | CAADN | 1 C B | | | |
| | | et Company R | | | |
| | As a Primo | e Consultant | As a Subco | onsultant | Total |
| *Net Revenues from MDOT Projects | | | | | |
| Net Revenues from Other Customers | | | | | |
| Total Company Net Revenue | | | | | |

^{*}Net MDOT revenue is defined as all monies paid directly or indirectly to a consultant by MDOT, for the consultant's fiscal year, for any work performed for MDOT as both a prime consultant and as a subconsultant, minus any monies paid by the consultant to its subconsultant(s) for MDOT work performed during the consultant's fiscal year.

A.10. Contract Mix.

| a. Lump sum: | % | b. Cost plus (time and materials):% | | | |
|---------------------------|--|--|--|--|--|
| c. Cost plus fixed | fee:% | d. Other:% | | | |
| If other, please ex | | | | | |
| | | | | | |
| What percentage o | f the company's n | non-MDOT revenue was generated from the following contract payment t | | | |
| a. Lump sum: | % | b. Cost plus (time and materials):% | | | |
| c. Cost plus fixed f | ee:% | d. Other:% | | | |
| If other, please explain: | | | | | |
| | | | | | |
| | | | | | |
| Countries/States the | e Company is Cı | Currently Doing Business In. How many countries and states is the co | | | |
| rrently doing busine | | the experience of the state of the experience of | | | |
| , , | 2. States: | | | | |
| 1. Countries: | Please provide a list of the countries and states: | | | | |
| | st of the countries | s and states. | | | |

B. Accounting: General Background

| | End. Has the company used the same fiscal year end for the past two years? |
|---------------------------------------|---|
| | □Yes □ No |
| | If no, please explain: |
| | |
| B.2. Accounting | g Method/Basis. |
| 1. What | basis of accounting does the company use to prepare general purpose financial statements? |
| | Cash Accrual Hybrid |
| | If hybrid, please explain: |
| | |
| 2. Was t | he company's indirect cost rate schedule prepared on the accrual basis? |
| | ☐ Yes ☐ No |
| rate is in calculate B.3. Suspension | direct cost rate schedule was not prepared on the accrual basis, please provide an explanation of how the a compliance with FAR part 31.201-2(a)(3). Please note that the FAR does not allow a rate that was ed on a cash or income-tax basis. Or Debarment. Has the company, its parent, subsidiary, or any owner, stockholder, officer, partner, of the company been suspended or debarred from doing business by any State or the Federal government? Yes \text{No} \text{No} |
| | If yes, please explain in detail: |
| B.4. Preparing | the Indirect Cost Schedule. |
| 1. How | frequently does the company prepare an indirect cost rate schedule to determine costs eligible for |
| reimb | ursement per FAR Part 31? |
| | Annually Other |
| | If other, please explain: |
| | |

| 2. Was the most recent indirect cost rate schedule prepared by the company or by another entity (e.g., CPA firm |
|--|
| ☐ Internal staff ☐ External party |
| If external Party, please explain: |
| |
| 3. Period covered by most recent indirect cost schedule: |
| One-year period ended |
| Other (please explain): |
| |
| B.5. Fraud, Abuse, and Contract Violations. Is the company's management aware of any instances of fraud, illegal a |
| abuse, or violations of contracts provisions or grant agreements? |
| ☐ Yes ☐ No |
| If yes, please explain: |
| |
| |
| B.6. Knowledge of FAR Part 31. Are appropriate personnel within the company familiar with FAR Part 31? |
| Yes. Please identify the personnel names and titles: |
| |
| |
| No. If no, please explain: |
| |
| B.7. Audits/Examinations. Within the past three years, has a CPA or governmental agency performed an independ |
| audit, review, attestation, or compilation of the company's financial data or any phase of operations? |
| |
| ☐ Yes. If yes, please complete the following (if applicable). ☐ No |
| a. Financial Statements: Audit Review Compilation Attestation |
| |
| Other (please explain): |
| Name of CPA or Agency: Primary Contact: |
| Fiscal Year End Covered: |

| b. Indirect Cost Rate: | ☐ Audit ☐ Review ☐ Compilation ☐ Attestation | | | | |
|---|--|--|--|--|--|
| | Other (please explain): | | | | |
| Was the indirect cost rate calculated in accordance with FAR Part 31? | | | | | |
| Name of CPA or Agend | y: | | | | |
| | | | | | |
| | ed: | | | | |
| | | | | | |
| c. Project Audits: | ☐ Audit ☐ Review ☐ Compilation ☐ Attestation | | | | |
| | Other (please explain): | | | | |
| Name of CPA or Agency: | | | | | |
| Primary Contact: | | | | | |
| Fiscal Year End Covere | ed: | | | | |

Management Representation and Certification

I, the undersigned, hereby certify that the following is true and accurate:

- 1. I am an owner and/or officer of this company and am duly authorized to sign this representation and certification on behalf of the aforementioned company, and that through my signature the company is responsible for this Management Representation and Certification.
- 2. I certify that to the best of my knowledge and belief this Financial Prequalification Questionnaire (FPQ) and attachments are a complete and accurate representation of the aforementioned company's cost accounting and billing practices.
- 3. I certify that I have reviewed this proposal to establish final indirect cost rate(s) and to the best of my knowledge and belief: (1) All costs included in this proposal are allowable in accordance with cost principles of the Federal Acquisition Regulation (FAR) of title 48, Code of Federal Regulations (CFR), part 31; and (2) This proposal does not include any costs which are expressly unallowable under applicable cost principles of the FAR of 48 CFR part 31.
- 4. All known material transactions or events that have occurred affecting the company's ownership, organization and indirect cost rates have been disclosed.
- For the annual accounting period represented by the overhead cost rate included with this submission, and the two (2) annual accounting periods preceding the annual accounting period represented by the overhead cost rate included with this submission: Any documentation related to our accounting system, internal control, financial information and overhead cost rate, from any independent audit, examination, compilation, or review of the overhead cost rate will be made available to MDOT or its representatives to audit, examine, review, assess, inspect, investigate, copy, and/or scan if MDOT or its representative deems it necessary. In addition, any CPA working papers resulting from any independent audit, examination, compilation, or review will be made available to MDOT or its representatives to audit, examine, review, assess, inspect and/or investigate. Any such audit(s), examination(s), review(s), assessment(s), inspection(s), investigation(s) performed as part of, or as a result of the information provided as part of this prequalification process will allow MDOT to make financial adjustment to charges for which this company has requested reimbursement via an MDOT service contract, and require this company, in a Prime Consultant and/or Subconsultant role, to be directly liable for any monies owed MDOT. The abovementioned audit, examination, review, assessment, inspection, and/or investigation and its corresponding potential liability is separate and distinct from those contract audits performed by MDOT, however, any irregularities determined may involve a review of charges made to existing contracts or contracts that have been closed out by MDOT, for the period of time stated above. By submitting this application, this company agrees to comply with the Audit and Record Keeping language provided in the Michigan Department of Transportation Consultant Prequalification Application Instructions.
- 6. I acknowledge that the information in this FPQ and attachments are being submitted for the express purpose of seeking and being eligible to be awarded contracts with the Michigan Department of Transportation, and that these contracts may include federal funding.

| Printed Name | | |
|-----------------------------|-------|----------------|
| Electronic Signature | Title | Date Completed |

Note: The representations on this FPQ were made by, and are the responsibility of, the company's management.