

STATE OF IDAHO
TRANSPORTATION DEPARTMENT



BUILDING FACILITY ARCHITECTURAL / ENGINEERING SERVICES HIRING ROSTER

REQUEST FOR STATEMENT OF QUALIFICATIONS 18-01

CLOSES DECEMBER 29, 2017 @ 2:00:00 P.M. M.S.T.

**REQUEST FOR STATEMENT OF QUALIFICATIONS
AND
INSTRUCTIONS**

The Idaho Transportation Department [ITD] is soliciting Statement of Qualifications to fill a roster of firms demonstrating the ability to provide professional Building Facility Architectural and Engineering services to the Idaho Transportation Department and represent the Agency's interests in having projects completed on-time, within budget, and as planned according to Idaho Code 67-2320. Architectural and related consulting engineering services will vary greatly with the selected projects.

Firms are expected to have the expertise necessary to perform the duties described hereafter. The goal of this RFSOQ is to develop a roster of qualified Architectural firms on whom the agency can call to work with agency personnel to oversee the completion of these projects.

ITD hereby requests Statement of Qualifications from firms who are interested in providing professional Architectural Services for the Idaho Transportation Department.

STATEMENT OF QUALIFICATIONS DEADLINE AND DELIVERY REQUIREMENTS

Statement of Qualifications must be received by the Idaho Transportation Department at 3311 W. State Street, Boise, Idaho, 83707 before 2:00:00 PM M.S.T. December 29, 2017. The Idaho Transportation Department is not responsible for lost or undelivered Statement of Qualifications or for failure of the United States Postal Service or the Idaho State Capital Mall Central Mail Room to deliver Statement of Qualifications to the Idaho Transportation Department by the deadline. **Late Statement of Qualifications will not be accepted. Faxed Statement of Qualifications will not be accepted.**

Delivery Address:

Idaho Transportation Department
ATTN: Todd Sorensen
3311 W. State Street
Boise, ID 83707

Statements of Qualifications are to be mailed in a sealed envelope and are to be marked in the lower left hand corner with the following information:

Statement of Qualifications for:	18-01 Building Facility Architectural & Engineering Services
Request for Qualifications Close:	12/29/2017 before 2:00:00 P.M. M.S.T.

A Statement of Qualifications submitted using "Express/Overnight" services must be shipped in a separate sealed inner package identified as stated above and enclosed inside the "Express/Overnight" shipping package.

QUESTIONS

Further information is available by contacting Todd Sorensen, Project Coordinator, at (208) 334-8093 or by email at todd.sorensen@itd.idaho.gov.

Idaho Transportation Department Headquarters Campus (Boise, Idaho)



SCOPE OF SERVICES

The Architect and related consulting engineers shall be licensed to practice in the State of Idaho. It is anticipated that Architectural service providers selected by this RFSOQ process will be utilized for projects where:

1. The individual project fee may exceed the sum of twenty-five thousand dollars (\$25,000.00).
2. The individual project fee may be less than twenty-five thousand dollars (\$25,000.00).

The Idaho Transportation Department reserves the right to at any time issue an individual project RFSOQ that falls within the scope of work parameters of this Architectural Services RFSOQ without prejudice to the Architectural service providers selected under this RFSOQ.

The successful Architectural and consulting engineer team selected through this RFSOQ will provide services for projects, which may include, but are not limited to, system renewals, facility improvements, and/or capital projects. Each ITD project will be evaluated as to the appropriate level of services necessary to meet the agency's needs.

The Idaho Transportation Department is soliciting proposals from qualified Architectural firms for assistance in:

1. Construction, renovation, and replacement of various systems in existing office, warehouse, shop, and maintenance buildings. It should be understood that the work scope may occur in occupied buildings. The construction needs to be coordinated with appropriate phasing that satisfies the needs of the occupants.
2. Major repairs to facilities may include, but are not limited to, replacement of HVAC systems, glazing, roofing, interior finishes, carpeting, paving, and general site improvements.
3. Evaluation and cost estimation of future projects.
4. Meeting with ITD to produce Schematic Drawings and space planning.
5. Provide Architectural Design and Documents.
6. Design development phase services.
7. Desired improvements.
8. Mechanical design documents.
9. Electrical design documents.
10. Structural design scope.
11. Construction documents phase services and administration.
12. Confirming responsiveness of bids or proposals.
13. Evaluation of work.
14. Certificates for payments to contractors.
15. Review change orders.
16. Project completion.
17. Project Cost Estimation
18. Rest Areas
19. Airport Facilities

The Agency reserves the right to investigate and confirm the candidate's financial responsibility. This may include financial statements, bank references, and interviews with past consultants, employees, or creditors. Unfavorable responses to these investigations are grounds for rejection.

SOLICITATION CYCLE

It is anticipated that the solicitation cycle for RFSOQ 18-01 shall be in force until December 31, 2018. The Idaho Transportation Department reserves the right to award future projects based upon prototypical designs to the Architectural firm selected by this RFSOQ, if deemed to be in the best interest of the Idaho Transportation Department. Solicitations by RFSOQ for "Statements of Qualifications" (SOQ) from applicants who desire to provide professional Architectural services will be made periodically hereafter at a time to meet the Idaho Transportation Department needs.

STATEMENT OF QUALIFICATIONS CONTENT AND FORMAT

It is essential that the Agency be able to easily match a vendor's response with this RFSOQ's requirements for information. This RFSOQ and its format should be incorporated into the actual response. Where asked, indicate compliance and/or note any exceptions to the requirements and provide responses to any questions that follow. The original and three (3) printed versions of the SOQ's must be submitted on 8½ by 11-inch paper in standard three-ring binders. Please include a thumb drive copy (in pdf, MS Word, or Rich Text Format) of your SOQ along with the printed copies. Foldouts for charts, tables, spreadsheets, and single-line diagrams are acceptable. Pre-printed materials, such as brochures or technical documents, may be included, but whenever possible should be placed within the three-ring binders. **Submittals not provided in the following format will complicate the evaluation and comparison process and may therefore be declared non-responsive.**

The Statement of Qualifications must be organized in sections containing the numbered sections below:

- 1. Cover Letter**
- 2. Architectural Firm Information Form**
- 3. Consulting Engineer Firm(s) Information Form(s) - multiple if needed**
- 4. Completed Company Profile**

Describe your firm's:

- History
- Size
- Resources
- Special expertise
- Volume of work
- Financial stability
- Along with any other information that would be helpful to characterize the firm.

5. Project Approach

- Describe your approach to providing the service outlined in "Scope of Services".
- Discuss how you provide leadership to facilitate teamwork and communication among all parties.
- Provide a professional resume for each key person proposed to be assigned to the Agency's projects.
- Describe the proposed roles and responsibilities of key personnel.
- Include two organizational chart of a typical project team: one involving a Construction Manager and one in which does not include a CM for a Design / Bid / Build.
- Describe your firms ability to produce a rapid turnaround and typical timelines for Facility Improvements under 5,000 square feet and those greater than 5,000 square feet.

6. Experience

- Briefly describe other projects designed or executed by your firm that demonstrate relevant experience. Extensive descriptions of vaguely related projects are discouraged.
- List all projects for which you have performed similar work in the past three years; please also identify those performed for public agencies. For each project listed, include the name, title, address, phone number and email address of a person who may be contacted regarding your performance on the project. Projects listed for which your firm worked in an auxiliary capacity or in a venture or partnership should include the name, title, address, phone number, email address and a contact person of the lead firm.
- Provide References according to Attachment 1

7. Additional Considerations

- Clarity
- Completeness
- Quality of submission.

SELECTION PROCESS

The purpose of this Request for Statement of Qualifications is to establish the roster from which the Idaho Transportation Department may choose to contract through individual Task Orders throughout the contract period. Any resultant agreement will not be a guarantee to purchase services. The Idaho Transportation Department may choose to interview several of the top firms. However, at its discretion, The Idaho Transportation Department may dispense with interviews and select a firm to perform the individual project work.

Selected references may be contacted.

The Idaho Transportation Department expects to evaluate proposals and provide written notification of the roster within 30 days of receipt of submittals.

PROPOSAL GUIDELINES

1. The Idaho Transportation Department will not be liable for any costs incurred in the preparation and production of a proposal, or any work performed prior to the execution of a contract.
2. All proposals and other materials will become the property of the Idaho Transportation Department.
3. All information contained in this RFSOQ and acceptable provisions of the selected firm's response will be made a part of the executed agreement for services.
4. Upon request, the submitting firm shall submit additional information as requested by the Idaho Transportation Department.
5. The Idaho Transportation Department reserves the right to:
 - Waive any informalities or irregularities and reject any or all proposals received as a result of this RFSOQ
 - Select all or part of the respondent's proposal
 - Negotiate changes in the scope of work or services to be provided
 - Conduct investigations required to determine the submitting firm's performance record and ability to perform the assignments specified as a part of this RFSOQ
 - Negotiate separately with any source in a manner deemed to be in the best interests of the Agency
6. If, through any cause, the contracted firm shall fail to fulfill in a timely and proper manner its obligations under this agreement, or if the firm shall violate any covenants, terms, or conditions of the agreement, then the Agency can cancel the contract without prejudice by giving at least five (5) days prior written notice to the firm of such termination.

1. Name of firm, address, and telephone number of your firm's main office:

Firm _____
Address _____
City, State, Zip _____
Telephone _____
Email: _____

2. Name, title, address, and telephone number of the firm's officer responsible to the Agency for all work to be provided under this RFSOQ:

Name/Title Address _____
City, State, Zip _____
Telephone _____
Email: _____

3. Please check the appropriate box to identify the legal entity making this proposal.

Corporation Partnership Individual Joint Venture

4. If a joint venture, please attach a separate sheet identifying other firm(s) in association.

5. If yes to any of the following questions, please attach a separate sheet of explanations; state the project(s), date, owner and reason.

Has your firm or joint venture failed to accept a contract or to complete a contract awarded to you?

Yes No

Has your firm or joint venture under another or previous name failed to accept a contract or to complete a contract awarded to you?

Yes No

Has your firm or joint venture had a contract terminated or been given written notice or demand incident to a proposed contract termination?

Yes No

6. State the name, agent's name, address, telephone number of your current bonding company(s) and identify any other sureties used by your firm during the past five (5) years.

Name _____
Address _____
City, State, Zip _____
Telephone _____

7. State the name, agent's name address, and telephone number of your current insurance company(s) that provides or during the past five (5) years have provided coverage for your firm in the areas of liability, builder's risk and workers' compensation.

Name _____
Address _____
City, State, Zip _____
Telephone _____

8. If yes to any of the following questions, provide complete explanation on a separate sheet.

Has you firm ever been denied coverage or had coverage terminated or cancelled by any insurer during the past five (5) years? If so, please state the company, date and reason.

Yes No

Within the past five (5) years has your current firm or any predecessor organization been involved as a party or filed a claim in any bankruptcy, litigation or arbitration?

Yes No

9. Name, title and signature of your firm's officer from No. 2 above who was responsible for the preparation of this form.

Name: _____ Email: _____

Signature: _____ Title: _____

1. Name of firm, address, and telephone number of your firm's main office:

Firm _____
Address _____
City, State, Zip _____
Telephone _____
Email: _____

2. Name, title, address, and telephone number of the firm's officer responsible to the Agency for all work to be provided under this RFSOQ:

Name/Title Address _____
City, State, Zip _____
Telephone _____
Email: _____

3. Please check the appropriate box to identify the legal entity making this proposal.

Corporation Partnership Individual Joint Venture

4. If a joint venture, please attach a separate sheet identifying other firm(s) in association.

5. If yes to any of the following questions, please attach a separate sheet of explanations; state the project(s), date, owner and reason.

Has your firm or joint venture failed to accept a contract or to complete a contract awarded to you?
 Yes No

Has your firm or joint venture under another or previous name failed to accept a contract or to complete a contract awarded to you?
 Yes No

Has your firm or joint venture had a contract terminated or been given written notice or demand incident to a proposed contract termination?
 Yes No

6. State the name, agent's name, address, telephone number of your current bonding company(s) and identify any other sureties used by your firm during the past five (5) years.

Name _____
Address _____
City, State, Zip _____
Telephone _____

7. State the name, agent's name address, and telephone number of your current insurance company(s) that provides or during the past five (5) years have provided coverage for your firm in the areas of liability, builder's risk and workers' compensation.

Name _____
Address _____
City, State, Zip _____
Telephone _____

8. If yes to any of the following questions, provide complete explanation on a separate sheet.

Has you firm ever been denied coverage or had coverage terminated or cancelled by any insurer during the past five (5) years? If so, please state the company, date and reason.
 Yes No

Within the past five (5) years has your current firm or any predecessor organization been involved as a party or filed a claim in any bankruptcy, litigation or arbitration?
 Yes No

9. Name, title and signature of your firm's officer from No. 2 above who was responsible for the preparation of this form.

Name: _____ Email: _____

Signature: _____ Title: _____

ATTACHMENT 1
REFERENCES

INSTRUCTIONS TO THE OFFEROR:

Offerors are allowed three (3) completed reference questionnaires. The completed references questionnaires must be from individuals, companies, or agencies with knowledge of the offeror's experience that is similar in nature to the products or services being requested by this RFSOQ, and are within the last 3 years from the date this RFSOQ was released by the Idaho Department of Lands.

References not received prior to the RFSOQ Closing Date and time will receive a score of "0" for that reference. References outside the 3 years (see paragraph above), and references determined to be not of a similar nature to the products or services requested by this RFSOQ will also receive a score of zero (0) points. **Determination of similar will be made by using the information provided by the reference in Section II of the Reference Questionnaire, General Information and any additional information provided by the reference.**

If more than three (3) qualifying references are received, the first three (3) fully completed references received will be used for evaluation purposes. References will be averaged.

1. Offers must complete the following information on page 2 of the "Reference's Response To" document before sending it to the Reference for response.
 - a. Print the name of your reference (company/organization) on the "REFERENCE NAME" line.
 - b. Print the name of your company/organization on the "OFFEROR NAME" line.
 - c. Enter the RFSOQ Closing date and time in Instruction 5 (see the INSTRUCTIONS block.)
2. Send the "Reference's Response To" document to your references to complete.

NOTE: It is the offeror's responsibility to follow up with their references to ensure timely receipt of all questionnaires. Offerors may e-mail the RFSOQ Lead prior to the RFSOQ closing date to verify receipt of references.

REFERENCE QUESTIONNAIRE
RFSOQ Number: 18-01
RFSOQ Title: Architectural Engineering Services

REFERENCE _____ **NAME** _____ **(Company/Organization):** _____

OFFEROR _____ **(Vendor)** _____ **NAME** _____ **(Company/Organization):** _____
_____ has submitted a proposal to the Idaho Transportation Department. We've chosen you as one of our references.

INSTRUCTIONS

1. Complete **Section I. RATING** using the Rating Scale provided.
2. Complete **Section II. GENERAL INFORMATION** (*This section is for information only and will not be scored.*)
3. Complete **Section III. ACKNOWLEDGEMENT** by manually signing and dating the document. (*Reference documents must include an actual signature.*)
4. E-mail or fax **THIS PAGE** and your completed reference document, **SECTIONS I through III** to:
RFSOQ Lead: Todd Sorensen
Project Coordinator
E-mail: todd.sorensen@itd.idaho.gov
5. This completed document **MUST** be received no later than December 29 before 2:00:00 p.m. (Mountain Time). Reference documents received after this time will not be considered. **References received without an actual signature will not be accepted.**
6. DO **NOT** return this document to the Offeror (Vendor).
7. In addition to this document, the State may contact references by phone for further clarification if necessary.

Section I. RATING

Using the Rating Scale provided below, rate the following numbered items by circling the appropriate number for each item:

Category	Score
Poor or Inadequate Performance	0
Below Average	1 – 3
Average	4 – 6
Above Average	7 - 9
Excellent	10

Circle **ONE** number for each of the following numbered items:

1. Rate the overall quality of the vendor's services:

10 9 8 7 6 5 4 3 2 1 0

2. Rate the response time of this vendor:

10 9 8 7 6 5 4 3 2 1 0

3. Rate how well the agreed upon, planned schedule was consistently met and deliverables provided on time. *(This pertains to delays under the control of the vendor):*

10 9 8 7 6 5 4 3 2 1 0

4. Rate the overall customer service and timeliness in responding to customer service inquiries, issues and resolutions:

10 9 8 7 6 5 4 3 2 1 0

5. Rate the knowledge of the vendor's assigned staff and their ability to accomplish duties as contracted:

10 9 8 7 6 5 4 3 2 1 0

6. Rate the accuracy and timeliness of the vendor's billing and/or invoices:

10 9 8 7 6 5 4 3 2 1 0

7. Rate the vendor's ability to quickly and thoroughly resolve a problem related to the services provided:

10 9 8 7 6 5 4 3 2 1 0

8. Rate the level of the vendor's communication with your organization:

10 9 8 7 6 5 4 3 2 1 0

9. Rate the vendor's flexibility in meeting business requirements:

10 9 8 7 6 5 4 3 2 1 0

10. Rate the likelihood of your company/organization recommending this vendor to others in the future:

10 9 8 7 6 5 4 3 2 1 0

Section II. GENERAL INFORMATION

1. Please include a brief description of the Architectural Engineering services provided by this vendor for your business:

2. During what time period did the vendor provide these services for your business?

Month:_____ Year:_____ to Month:_____ Year:_____

Section III. ACKNOWLEDGEMENT

I affirm to the best of my knowledge that the information I have provided is true, correct, and factual:

Signature of Reference

Date

Print Name

Title

Phone Number

E-mail address