

STATE OF IDAHO
TRANSPORTATION DEPARTMENT



**ITD CENTRAL OPERATIONS FACILITY
ENGINEER AS LEAD DESIGN SERVICES TEAM**

REQUEST FOR STATEMENT OF QUALIFICATIONS: FM92401

CLOSES MAY 25, 2023 @ 1:59:59 P.M. (MST)

**REQUEST FOR STATEMENT OF QUALIFICATIONS
AND
INSTRUCTIONS**

The Idaho Transportation Department [ITD] is soliciting Statement of Qualifications from various Engineering Firms to lead an assembled group of design professionals. Firms are expected to have the expertise necessary to perform the duties described hereafter. The goal of this RFSOQ is to rank and select an Engineering Firm to design and administer a new construction project for the ITD Central Operations Facility to be located on the State of Idaho Chinden Campus from the ground up to acceptance.

ITD hereby requests Statement of Qualifications from firms who are interested in providing complete professional design services for the Idaho Transportation Department for the ITD Central Operations Facility.

STATEMENT OF QUALIFICATIONS DEADLINE AND DELIVERY REQUIREMENTS

Statement of Qualifications must be received and time stamped by the Idaho Transportation Department at the address listed below **AT 1:59:59 PM, (MST), on May 25, 2023**. The State of Idaho, Idaho Transportation Department, is not responsible for lost or undelivered Statement of Qualifications or for failure of the United States Postal Service, the Idaho State Capital Mall Central Mail Room, or any mail courier service to deliver Statement of Qualifications to the ITD by the SOQ deadline. Late Statement of Qualifications will not be accepted. Fax Statement of Qualifications will not be accepted.

Qualifications Delivery Address:

Idaho Transportation Department
ATTN: Facility Management Services
11331 W Chinden Blvd
Boise, Idaho 83714

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

Statement of Qualifications for:	Central Operations Facility, Engineer as Lead Design Services Team
Request for Qualifications Closes at:	05/25/23 at 1:59:59 P.M. (MST)

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 Jacob Jackson, Facility Management Contracting Officer by telephone at (208) 334-8831 or by email at jacob.jackson@itd.idaho.gov

SCOPE OF SERVICES

The Engineer Firm and consulting engineers and architectural team shall be licensed to practice in the State of Idaho.

The successful Engineer Firm and consulting engineers and architectural team selected through this RFSOQ will have all personnel, materials, and equipment to perform and accurately record the work. Selected Respondents will have the technical knowledge and skills necessary to perform the work as well as current professional registration, licensure, and/or certification in the State of Idaho.

Compensation to successful Engineer Firm and consulting engineers and architectural team selected through this RFSOQ will be based on the types of personnel required for the work, the complexity of the work, the time required to complete the work, and the Selected Respondent's rates as negotiated and included in the professional services contract. **For this RFSOQ, please do not submit rate schedules as they cannot be considered and will be discarded.**

INSURANCE: Prior to executing a professional services agreement with ITD, the successful Engineer Firm and consulting engineers and architectural team selected through this RFSOQ will be required to provide evidence of the coverages listed below and pay all costs associated with insurance coverage. Insurance policies or certificates of insurance will name ITD as the named insured, and the successful Engineer Firm and consulting engineers and architectural team selected through this RFSOQ will maintain these minimum insurance coverages for the duration of the contract:

- a. Professional Liability insurance coverage with minimum coverage of One Million Dollars (\$1,000,000.00) per occurrence and a minimum aggregate policy limit of One Million Dollars (\$1,000,000.00).
- b. Commercial General Liability insurance coverage with minimum coverage of Two Million Dollars (\$2,000,000.00) on an occurrence basis (not claims-made basis).
- c. Worker's Compensation Insurance in an amount required by statute and Employer's Liability Insurance in an amount not less than Five Hundred Thousand Dollars (\$500,000.00) for each occurrence, for all the company's employees to be engaged in work under the contract.

The successful Engineer Firm and consulting engineers and architectural team selected through this RFSOQ using design professionals as subconsultants will be required to obtain evidence that subconsultants have obtained the same minimum insurance coverages as is required above.

The Idaho Transportation Department is soliciting proposals from qualified Engineering firms as the lead design professional to provide, but not limited to, the following:

1. Establish and lead a team of design professionals to design and administer a new construction project in conjunction with a Construction Management Firm (to be established by ITD under a separate qualifications based selection) for the ITD Central Operations Facility to be located on the State of Idaho Chinden Campus from the ground up to acceptance.
2. Provide Architectural and ALL Engineering Design and Documents.
3. Design development phase services.
4. Construction documents, phase services and administration.
5. Evaluation of work.
6. Certificates for payments to contractors.
7. Review of change order requests.
8. Project completion.

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 may be grounds for rejection.

The Agency reserves the right to contact and interview firms listed references to confirm responsibility. Unfavorable responses to these interviews may be grounds for rejection.

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 printed version and three copies 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) 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 in the appropriate sections. **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 (Mandatory)**
- 2. Engineer Firm Information Form (Mandatory)**
- 3. Consulting Engineer and Architect Firm(s) Information Form(s) - multiple if needed**
- 4. Completed Company Profiles (150 Points)**

Describe your firm's and your listed consulting engineering firm's:

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

5. Project Approach (200 Points)

- 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.

6. Experience (600 Points)

- Describe your experience designing & developing ventilation for material and testing laboratories.
- Describe your experience designing & developing ventilation for automotive shop space.
- Describe your experience designing & developing office space adjacent to material testing laboratory and shop space
- Describe your experience designing & developing fuel systems.
- 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.

7. Additional Considerations (50 Points)

- Clarity
- Completeness
- Quality of submission.
- Reference Responses, if contacted.

SELECTION PROCESS

ITD will establish a committee to review the Statement of Qualification and rank the firms based off of the material submitted according to content and format prescribed. The ITD may choose to interview several of the top firms. However, at its discretion, The ITD may dispense with interviews and select a firm to perform the design work for this project according to Idaho Code 67-2320

Listed references may be contacted to determine a firm's responsibility.

The ITD expects to evaluate proposals and provide written notification of the ranking within 30 days of receipt of submittals.

PROPOSAL GUIDELINES

1. The ITD 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 or task order.
2. All proposals and other materials will become the property of the ITD.
3. The ITD is a public agency. All documents in its possession are public records subject to inspection and copying under the Idaho Public Records Act, Chapter 1, Title 74, Idaho Code. The Public Records Act contains certain exemptions – one of which that is potentially applicable to part of your response is an exemption for trade secrets. Trade secrets include a formula, pattern, compilation, program, computer program, device, method, technique or process that derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by other persons and is subject to the efforts that are reasonable under the circumstances to maintain its secrecy.

If any Respondent claims any part of a submittal is exempt from disclosure under the Idaho Public Records Act, the Respondent must: 1.) Indicate by marking the pertinent document "CONFIDENTIAL"; and 2.) Include the specific basis for the position that it be treated as exempt from disclosure. Marking the entire proposal as "Confidential" is not in accordance with Idaho Public Records Act and will not be honored.

ITD, to the extent allowed by law and in accordance with these Instructions, will honor a nondisclosure designation. By claiming materials to be exempt from disclosure under the Idaho Public Records Act, Respondent expressly agrees to defend, indemnify, and hold ITD harmless from any claim or suit arising from ITD's refusal to disclose such materials pursuant to the Respondent's designation. Any questions regarding the applicability of the Public Records Act should be addressed to your own legal counsel prior to submission.

4. 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.
5. Upon request, the submitting firm shall submit additional information as requested by the ITD.
6. The ITD 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
7. If, through any cause, the contracted firm shall fail to fulfill in a timely and proper manner its obligations under an dually executed agreement resulting from this RFSOQ, 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.

ADDENDA

In the event it becomes necessary to revise any part of this RFSOQ, addenda will be issued. Information given to one Respondent will be available to all other Respondents if such information is necessary for purposes of submitting an SOQ or if failure to give such information would be prejudicial to uninformed Respondents. It is the Respondent's responsibility to check for addenda prior to submitting the SOQ. Failure to do so may result in the proposal being declared non-responsive. No addenda will be issued fewer than four (4) business days before the proposal deadline unless the deadline is extended. Proposer shall indicate within their cover letter the addenda number(s) which they have incorporated into their submittal.

MODIFICATION OR WITHDRAWAL OF SUBMITTAL

A submittal may be modified or withdrawn by the Respondent prior to the submission deadline set forth in this RFQ. After the submission deadline, the submittal shall remain in effect for a minimum of 90 days for evaluation purposes.

ENGINEER FIRM(S) INFORMATION FORM (Mandatory)

Central Operations

Facility, Engineer as Lead Design Services Team

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

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

1. Name, title, address, and telephone number of the firm's officer responsible to the Agency for all work to be provided, if awarded, as a result of this RFSOQ:

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

2. Please check the appropriate box to identify the legal entity making this proposal.
 Corporation Partnership Individual Joint Venture
3. If a joint venture, please attach a separate sheet identifying other firm(s) in association.
4. 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

5. 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 _____

6. 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 _____

7. 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

8. 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: _____

CONSULTING DESIGN PROFESSIONAL FIRM INFORMATION FORM (Mandatory) Central
Operations Facility, Engineer as Lead Design Services Team

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, if awarded, as a result of 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: _____

Section I. RATING

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

Rating Scale	
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. Ability to manage the project cost (minimize change orders):

10 9 8 7 6 5 4 3 2 1 0

2. Ability to maintain the project schedule (complete on-time or early):

10 9 8 7 6 5 4 3 2 1 0

3. Quality of constructability reviews:

10 9 8 7 6 5 4 3 2 1 0

4. Professionalism and ability to manage design professionals and sub-contractors:

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. Project close-out process (warranties, as-builts, operating manuals, tax clearance, etc. submitted promptly):

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. Communication, explanation of risks, and documentation:

10 9 8 7 6 5 4 3 2 1 0

9. Ability to follow the owner's directions, rules, regulations, and 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 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

Email directly to jacob.jackson@itd.idaho.gov