

**STATE OF IDAHO**  
**TRANSPORTATION DEPARTMENT**



**ITD CENTRAL OPERATIONS FACILITY**  
**CONSTRUCTION MANAGEMENT**  
**REQUEST FOR STATEMENT OF QUALIFICATIONS FM92402**  
**CLOSES May 25, 2023 @ 1:59:59 P.M. M.S.T.**

**REQUEST FOR STATEMENT OF QUALIFICATIONS  
AND  
INSTRUCTIONS**

The Idaho Transportation Department [ITD] is soliciting Statement of Qualifications from various Construction Manager Firms. Firms are expected to have the expertise necessary to perform the duties described hereafter. The goal of this RFSOQ is to rank and select a Construction Management 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 by the Idaho Transportation Department at address listed below **AT 1:59:59 PM, (MST), on May 25, 2023**. 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: Facility Management Services  
11331 W Chinden Blvd.  
Boise, Idaho 83714

Statements of Qualifications are to be mailed or delivered 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, Construction Manager As Advisor
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 sealed package identified as stated above.

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](mailto:jacob.jackson@itd.idaho.gov)

## **SCOPE OF SERVICES**

The Construction Management as Advisor Firm shall be licensed to practice in the State of Idaho.

The successful Construction Management 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 Construction Management 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 Construction Management contract. **For this RFSOQ, please do not submit rate schedules as they cannot be considered and will be discarded.**

**INSURANCE:** Prior to executing a Construction Management agreement with ITD, the Construction Management 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 Construction Management 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 Idaho Transportation Department is soliciting proposals from qualified Construction Management Advisor Firm for assistance in:

1. Participate with a team of design professionals to design and administer a new construction project in conjunction with an Engineering 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. Evaluation and cost estimation.
3. Construction documents phase services and administration.
4. Confirming responsiveness of bids or proposals.
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 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 (Mandatory)**
- 2. Construction Manager Information Form (Mandatory)**
- 3. Completed Company Profile (150 Points)**

Describe your firm's:

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

**4. 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.

**5. Experience (600 Points)**

- Describe your experience Constructing ventilation for material and testing laboratories.
- Describe your experience Constructing ventilation for automotive shop space.
- Describe your experience Constructing office space adjacent to material testing laboratory and shop space.
- Describe your experience Constructing 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.
- Provide References according to Attachment 1

**6. Additional Considerations (50 Points)**

- Clarity
- Completeness
- Quality of submission.

## **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.

**CONSTRUCTION MANAGEMENT INFORMATION FORM (Mandatory)**

ITD RFSOQ FM92402  
Construction Manager As Advisor

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

Firm \_\_\_\_\_  
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 \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Telephone \_\_\_\_\_

ATTACHMENT 1  
REFERENCES

**INSTRUCTIONS TO THE OFFEROR:**

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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 Transportation Department.

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: FM92402**  
**RFSOQ Title: Construction Management 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 **THIS PAGE** and your completed reference document, **SECTIONS I through III** to:  
RFSOQ Lead:        Jacob Jackson  
                              Contract Officer  
E-mail:                [jacob.jackson@itd.idaho.gov](mailto:jacob.jackson@itd.idaho.gov)
5. This completed document **MUST** be received no later than May 25, 2023 before 1:59:59 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

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

**Rating Scale**

<b>Category</b>	<b>Score</b>
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**

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

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

Month: \_\_\_\_\_ Year: \_\_\_\_\_ to Month: \_\_\_\_\_ Year: \_\_\_\_\_

**Section III. ACKNOWLEDGEMENT**

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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](mailto:jacob.jackson@itd.idaho.gov)