

STATE OF IDAHO
TRANSPORTATION DEPARTMENT



**US 20 NEW PORT OF ENTRY BUILDING USING FEDERAL FUNDS
ARCHITECT AS LEAD DESIGN SERVICES**

REQUEST FOR STATEMENT OF QUALIFICATIONS FM62655

CLOSES June 15th, 2026 @ 2:00:00 P.M. MT

REQUEST FOR STATEMENT OF QUALIFICATIONS AND INSTRUCTIONS

The Idaho Transportation Department [ITD] is soliciting Statement of Qualifications for a Design Team with an Architectural Firm as a lead and all of the respective Engineering Services to design and manage the new Port Of Entry building along US Highway 20, in between Ashton, Idaho and St. Anthony, Idaho, to complete the project on-time, within budget, and as planned according to Idaho Code 67-2320, using Federal Funds.

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, 83703, before 2:00:00 PM (MT), June 15th, 2026. 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: Alex Plew
3311 W State Street
Boise, Idaho 83703

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:	FM62655 - US 20 POE - A&E RFSOQ
Request for Qualifications Close:	06/15/2026 before 2:00:00 P.M. (MT)

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 Alex Plew, Contracting Officer, at (208) 334-8411 or by email at alex.plew@itd.idaho.gov.

Administrative Information

RFSOQ Title:	US 20 POE - A&E RFSOQ (Using Federal Freight Funding)
RFSOQ Project Description:	US 20 POE: Architect as a Lead with Engineering Design Services
RSFOQ Lead:	Alex Plew, Facilities Management Contracting Officer Idaho Transportation Department 3311 W. State Street Boise, Idaho 83703 E-mail: Alexpew@itd.idaho.gov Phone: (208) 334-8411
Submit sealed bid: BIDS MUST BE RECEIVED AT THE PHYSICAL ADDRESS DESIGNATED FOR COURIER SERVICE AND TIME/DATE STAMPED BY ITD PRIOR TO THE CLOSING DATE AND TIME.	Address for Couriers/Physical Address Idaho Transportation Department Attn: Alex Plew / Facility Management 3311 W. State Street Boise, Idaho 83703
Deadline To Receive Questions:	2:00:00 p.m. (MT) on June 1st, 2026 (two weeks before close date)
RFSOQ Closing Date:	2:00:00 p.m. (MT) on June 15 th , 2026
RFSOQ Review Period:	2:00:00 p.m. (MT) on July 13 th , 2026

LOCATION MAP FOR US 20 POE



Approximately 6 miles South of Ashton, Idaho on State Highway 20, near Mile Post 355.

SCOPE OF SERVICES

ITD is requesting proposals for complete design services including observation during construction.

A total project budget of approximately \$3,500,000.00 has been established to include fees, reimbursables, contingencies, and tests, using federal funds.

A relatively complete construction cost estimate will be required following the Schematic Design Phase and must be updated at each additional phase.

The Design Professional and consultants shall be licensed to practice in the State of Idaho for their specific disciplines.

The Design Professional will be responsible for programming, schematic design, design development, construction documents, approvals by the authorities having jurisdiction, bidding, construction administration, and project closeout.

The Design Professional will be required to manage all documents and present to ITD during and at completion of the project.

Documents may include, but are not limited to, meeting minutes, sketches, diagrams, programming analysis, photographs relevant to the project, drawings, project manual, schedules, cost estimates, etc.

The Design Professional will be required to meet monthly with the Project Manager for the purpose of providing a verbal and written report regarding the previous month's progress.

Such monthly meetings will show funds expended in the completion of the project and specific accomplishments related to the completion of the project.

The Design Professional shall keep in mind that during all phases, code compliance, energy efficiency, and building maintenance concerns should be incorporated into the design.

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. Completed Company Profile (200 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.

3. Team Member Qualifications (200 points)

Describe your team's:

- Describe the proposed roles and responsibilities of key personnel.
- Provide a professional resume for each key person
- Include an organization chart of the proposed project team.
- Special expertise (if applicable)

4. Project and Technical Approach (300 points)

- Include a statement of your approach to this specific project, including design philosophy, understanding of program, challenges, and opportunities as well as alternative concepts and methods that might be explored.
- Discuss how you provide leadership to facilitate teamwork and communication among all parties.
- Describe the firm's management approach to the project including approaches to quality, time, and cost estimation. Include your approach to gathering stakeholder input and acceptance.

5. Examples of Similar Work (250 points)

- 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.

6. Additional Considerations (50 points)

- Clarity
- Completeness
- Quality of submission.

SELECTION PROCESS

A selection committee consisting of two (2) ITD District personnel and one (1) ITD Staff employee will evaluate and rank the firms deemed to be the most highly qualified to perform the required services. The Selection Committee may choose to interview any, all, or none of the respondents as may be in the best interest of the State. The initial ranking criteria will be weighted according to the criteria and points indicated in the previous section.

The names of all firms submitting proposals and the names, if any, selected for interview shall be public information. Firms that have not been selected will be notified in writing after the conclusion of the selection process.

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. 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 _____

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

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

10. Please check the appropriate box to identify the legal entity making this proposal.
 Corporation Partnership Individual Joint Venture

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

12. 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

13. 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 _____

14. 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 _____

15. 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

16. 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:

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: FM62655
RFSOQ Title: US 20 POE - A&E RFSOQ

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: Alex Plew
Contract Officer
E-mail: alex.plew@itd.idaho.gov
5. This completed document **MUST** be received no later than June 15th, 2026 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 Construction Management 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

ATTACHMENT 2

**DESIGN PROFESSIONAL SERVICES
SAMPLE AGREEMENT**

(FOR REFERENCE PURPOSES ONLY)