Local Public Agency Name: Fayette County
Posting Date: September 29, 2011

Request for Proposals Notification

Title: ***Sign Inventory to meet MUTCD requirements***

Project Location: *Fayette County, Indiana*

Response Due Date and Time: *October 12, 2011 and no later than 4:00 pm (Eastern time zone)*

This Request for Proposals (RFP) is official notification of needed professional services. This RFP is being issued to solicit a Letter of Interest (LoI) and other documents from firms qualified to perform engineering work on federal aid projects. A submittal does not guarantee that the firm will be contracted to perform any services but only serves notice that that firm desires to be considered.

Contact for Questions: *Mr. Jerry Gobin*
Surveyor
401 Central Avenue
Connersville, Indiana 47331
surveyor@co.fayette.in.us
Telephone: (765) 825-7466

Submittal requirements:

1. Four (4) copies of the LoI (required content and instructions follow)

2. One (1) signed Affirmative Action Certification and associated required documents for all items.

Submit To: *Mr. Jerry Gobin*
Surveyor
401 Central Avenue
Connersville, Indiana 47331

Selection Procedures:

Consultants will be selected for work items further described herein, based on the evaluation of the LoI and other required documents. The Consultant Selection Rating Form that will be used to evaluate and score the submittals is included for your reference. Final selection ranking will be determined by the weighted score totals with the highest score being the top ranked firm.

To be eligible for consideration the prime consultant must be prequalified by the Indiana Department of Transportation (INDOT).

Requirements for LoI

A. General instructions for preparing and submitting a LoI.

1. Provide the information as set out in Item B below, in the same order listed, signed by an officer of the firm. Scanned signed documents or electronically applied signatures are both acceptable. Do not send additional forms, resumes, brochures, or other material unless otherwise noted in the item description.

2. LoI's shall be limited to twelve (12) 8 ½" x 11" pages that include Identification, Qualifications and Key Staff and Project Approach.

3. LoI's must be received not later than "Response Due Date and Time" as shown in the RFP header shown above. Responses received after this deadline will not be considered. Submittals must include all required attachments to be considered for selection.

B. LoI Content

1. <u>Identification, Qualifications and Key Staff</u>
    a. Provide the firm name, address of the responsible office from which the work will be performed and the name and email address of the contact person authorized to negotiate for the associated work.

    b. List all proposed sub consultants, their DBE status, and the percentage of work to be performed by the prime consultant and each sub consultant. (See Affirmative Action Certification requirements below.) A listing of certified DBE's eligible to be considered for selection as prime consultants or sub-consultants for this RFP can be found at the "List of Prequalified Consultants" link on INDOT's Consultants Webpage. (http://www.in.gov/indot/6813.htm).

    c. List the Project Manager and other key staff members, including key sub consultant staff and include the percent of time the project manager will be committed for the contract, if selected. Include project engineers for important disciplines and staff members that will be responsible for the work. Address the experience of the key staff members on similar projects and the staff qualifications relative to the required item qualifications.

d. Describe the capacity of consultant staff and their ability to perform the work in a timely manner relative to present workload.

2. Project Approach

a. Provide a description of your project approach relative to the advertised services. For project specific items confirm that the firm has visited the project site. For all items address your firm's technical understanding of the project or services, cost containment practices, innovative ideas and any other relevant information concerning your firm's qualifications for the project.

Requirements for Affirmative Action Certification

A completed Affirmative Action Certification form is required for all items that identify a DBE goal. The consultant must identify the DBE firms with which it intends to subcontract, include the contract participation percentage of each DBE and list what the DBE will be subcontracted to perform on the Affirmative Action Certification Form. **Copies of DBE certifications, as issued by INDOT, for each firm listed are to be included as additional pages after the form.**

If the consultant does not meet the DBE goal, the consultant must provide documentation in additional pages that evidences that it made good faith efforts to achieve the DBE goal. Please review the DBE program based on any goals set and complete the DBE Affirmative Action Certification form as applicable. What constitutes good faith efforts is explained in detail within the DBE program information referred to above. If no goal is set then no Affirmative Action Certification form is required. INDOT's DBE Program Information is available at INDOT's website.

A listing of certified DBE's eligible to be considered for selection as prime consultants or sub-consultants for this RFP can be found at the "List of Prequalified Consultants" link on INDOT's Consultants Webpage. (http://www.in.gov/indot/6813.htm).

DBE subcontracting goals apply to all prime submitting consultants, regardless of the prime's status of DBE.

Work item details:

Fayette County

Project Location: *Various locations within the Fayette County Limits*

INDOT District covering project: *Greenfield*

INDOT Des#: *1173486*

Project Phases Included: *Preliminary Engineering*

Project Description: *Sign Inventory and Modernization including option for GIS mapping with mobile technology.*

The consultant shall travel to all County-maintained roadways and collect all information for the signs installed as it relates to the Indiana Manual on Uniform Traffic Control Devices (MUTCD):Sign Code, Installation Date (if marked), Word Description (e.g. 35 mph speed limit sign, pedestrian crossing warning sign), Type of Sign backing Material, General roadway direction the sign serves (e.g. northbound traffic), Height of Sign Measured from the top of Ground, General roadway direction the sign serves (e.g. northbound traffic), Type of Sign Structural Support, Sign Support Foundation type (e.g. Earth, Concrete, Gravel), Physical Condition of the Sign, Physical Condition of the support, Location of the signs geographical position information based on the Global Positioning System (GPS). Allowable positional variation from the actual sign location is± 3 feet, Indiana State Plane Coordinates NAD83, General lateral position of the sign (overhead, median, or road-side), Digital photograph of each traffic sign. If the sign is obstructed or its visibility is limited, Physical condition of the sign (e.g. damaged, faded, vandalized), Date the inventory was taken, Name of the person/persons conducting the inventory.

GIS database system to include the following features:
Sign inventory information described above.
User interface modules to allow the County to input future data, query existing data,and generate reports for various needs.

The consultant shall work with the County when designing interface modules to ensure that the modules meet the working needs of the various users.

A Mobile Mapping solution
The database system shall be compatible ESRI GIS Systems
The database system shall be linked to the digital photographs of the signs

Estimated Construction Amount: *$50,000.00*

Funding: *HSIP funding*

Term of Contract: *Fall 2011-Spring 2012*

DBE goal: *0 %*

Required Prequalification Categories:

- *4.1 Routine and minor Highway Safety Analysis*
- *8.1 Non-complex Roadway Design*
- *8.2 Complex Roadway Design*
- *10.3 Complex Roadway Sign Design*

LPA Consultant Selection Rating Sheet

RFP Selection Rating for _____ Des. No. _____

(City, County, Town, etc.) - or - (Local Public Agency)

Consultant Name: _____ Services Description: _____

Evaluation Criteria to be Rated by Scorers

Category	Scoring Criteria	Scale	Score	Weight	Weighted Score
Past Performance	**Performance evaluation score averages from historical performance data.**				
	Quality score for similar work from performance database.			6	
	Schedule score from performance database.			3	
	Responsiveness score from performance database.			1	
Capacity of Team to do Work	**Evaluation of the team's personnel and equipment to perform the project on time.**			20	
	Availability of more than adequate capacity that results in **added value**.	1			
	Adequate capacity to meet the schedule.	0			
	Insufficient available capacity to meet the schedule.	-1			
Team's Demonstrated Qualifications	**Technical expertise: Unique Resources that yield a relevant added value or efficiency to the deliverable.**			15	
	Demonstrated outstanding expertise and resources identified for required services for value added benefit.	2			
	Demonstrated high level of expertise and resources identified for required services for value added benefit.	1			
	Expertise and resources at appropriate level.	0			
	Insufficient expertise and/or resources.	-3			
Project Manager	**Predicted ability to manage the project, based on: experience in size, complexity, type, subs, documentation skills.**			20	
	Demonstrated outstanding experience in similar type and complexity.	2			
	Demonstrated high level of experience in similar type and complexity.	1			
	Experience in similar type and complexity shown in resume.	0			
	Experience in different type or lower complexity.	-1			
	Insufficient experience.	-3			
Approach to Project	**Project Understanding and Innovation that provides cost and/or time savings.**			15	
	High level of understanding and viable innovative ideas proposed.	2			
	High level of understanding of the project.	1			
	Basic understanding of the project.	0			
	Lack of project understanding.	-3			
Location	**Location of assigned staff office relative to project.**			5	
	Within 50 mi.	1			
	51 to 150 mi.	0			
	151 to 500 mi.	-1			
	Greater than 500 mi.	-2			
				Weighted Sub-Total:	

It is the responsibility of scorers to make every effort to identify the firm most capable of producing the highest quality deliverables in a timely and cost effective manner without regard to personal preference.

I certify that I do not have any conflicts of interest associated with this consultant as defined in 49CFR18.36.

I have thoroughly reviewed the letter of interest for this consultant and certify that the above scores represent my best judgment of this firm's abilities.

Signature: _____

Print Name: _____

Title: _____

Date: _____

(Form Rev. 3-30-10)

(Rev. 03-29-10)

Request for Proposals Bulletin_____

Project_____

AFFIRMATIVE ACTION CERTIFICATION FOR DBE

I hereby certify that my company intends to affirmatively seek out and consider Disadvantaged Business Enterprises (DBEs) certified in the State of Indiana to participate as part of this proposal. I acknowledge that this certification is to be made an integral part of this proposal. I understand and agree that the submission of a blank certification may cause the proposal to be rejected. I certify that I have consulted the following DBE website to confirm that the firms listed below are currently certified DBEs:
https://financial.gmis.in.gov/psc/guest/EMPLOYEE/ERP/c/SOI_APPS_MWBE.SOI_DBE_CERT.GBL?&
I certify that I have contacted the certified DBEs listed below, and if my company becomes the CONSULTANT, these DBEs have tentatively agreed to perform the services as indicated.
I understand that neither my company nor I will be penalized for DBE utilization that exceeds the goal. After contract award, any change to the firms listed in this Affirmative Action Certification to be applied toward the DBE goal must have prior approval by INDOT's Economic Opportunity Division.

SUBCONSULTANTS

DBE SUBCONSULTANTS TO BE APPLIED TOWARD GOAL

Certified DBE Name	Service Planned	Estimated percentage to be paid to DBE*

DBE SUBCONSULTANTS TO BE USED BEYOND GOAL

Certified DBE Name	Service Planned	Estimated percentage to be paid to DBE*

Estimated Total Percentage Credited toward DBE Goal:_____

Estimated Percentage of Voluntary DBE Work Anticipated over DBE Goal:_____

Name of Company:_____

By:_____ **Date:**_____

*It is understood that these individual firm percentages and dollar amounts are estimates only and that amounts paid may be greater or less as a result of negotiation of the contract scope of work. My firm will use good faith efforts to meet the overall DBE goal through the use of these or other certified and approved DBE firms.