

Posting Date: July 10, 2017

## Request for Proposals Notification

**Title:** City of Indianapolis, Department of Public Works Construction Inspection for Meridian St. & St. Clair St., Alabama St. & 16<sup>th</sup> St., Michigan St. & Tecumseh St. Pedestrian Improvements (Des # 1500438, 1500434 & 1500432) in Greenfield District

**Response Due Date & Time:** August 4, 2017 at 4:00 PM EST

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 the firm will be contracted to perform any services but only serves notice the firm desires to be considered.

**Contact for Questions:** Mark Zwoyer, Administrator  
1200 Madison Avenue, Suite 200  
Indianapolis, IN 46225  
317-327-5523  
Mark.Zwoyer@indy.gov

### Submittal Requirements:

1. Letter of Interest – 4 Copies (required content and instructions follow)
2. One (1) signed Affirmative Action Certification and associated required documents for all items if the DBE goal is greater than 0%.

**Submit To:** Rick Brost, Assistant Administrator  
1200 Madison Avenue, Suite 200  
Indianapolis, IN 46225  
317-327-2306  
Rick.Brost@indy.gov

**Selection Procedures:**

Consultants will be selected for work further described herein, based on the evaluation of the Letter of Interest (LOI) and other required documents. The Consultant Selection Rating Form 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
- ☐ Rank totals with the lowest rank total being the top ranked firm

**Requirements for Letters of Interest (LOI)****A. General instructions for preparing and submitting a Letter of Interest (LOI).**

1. Provide the information, as stated in Item B below, in the same order listed and signed by an officer of the firm. Signed and scanned documents, or electronically applied signatures are 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, Key Staff, and Project Approach.
3. LOI's must be received no later than the "Response Due Date and Time"; as shown in the RFP header above. Responses received after this deadline will not be considered. Submittals must include all required attachments to be considered for selection.

**B. Letter of Interest Content****1. Identification, Qualifications and Key Staff**

- 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 "Prequalified Consultants" link on the Indiana Department of Transportation (INDOT) Consultants Webpage. (<http://www.in.gov/indot/2732.htm>).

- c. List the Project Manager and other key staff members, including key sub consultant staff, and the percent of time the project manager will be committed for the contract, if selected. Include project engineers for important disciplines and staff members 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 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 greater than 0%. 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, they must provide evidence of a good faith effort to achieve the DBE goal; said evidence must be provided in additional documentation. Please review the DBE program based on set goals and complete the DBE Affirmative Action Certification form as applicable. What constitutes as a good faith effort is explained in detail within the DBE program information referred to above. If no goal is set, no Affirmative Action Certification form is required. Indiana Department of Transportation's (INDOT) DBE Program Information is available at the Indiana Department of Transportation'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 "Prequalified Consultants" link on the Indiana Department of Transportation (INDOT) Consultants Webpage. (<http://www.in.gov/indot/2732.htm>).

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

**Work item details:**

Local Public Agency: City of Indianapolis, Department of Public Works

Project Location: Meridian St. & St. Clair St., Alabama St. & 16<sup>th</sup> St., Michigan St. & Tecumseh St.

Project Description: Construction of ADA Ramps, Pedestrian crosswalk warning signs, flashing beacons

INDOT Des #: 1500438, 1500434, 1500432

Phases Included: Construction Inspection

Estimated Construction Amount: DES#1500438 - \$583,300.00; DES#1500434 - \$590,100.00; DES#1500432 - \$182,100.00

Funding: HSIP

Term of Contract: Until Project Completion

DBE goal: 3%

Required Prequalification Categories:

- |                                                                      |                                                                          |
|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> 5.2 Environmental Document Preparation - CE | <input type="checkbox"/> 12.1 Project Management for Aquisition Services |
| <input type="checkbox"/> 6.1 Topographical Survey Data Collection    | <input type="checkbox"/> 12.2 Title Search                               |
| <input type="checkbox"/> 8.1 Non-Complex Roadway Design              | <input type="checkbox"/> 12.4 Appraisal                                  |
| <input type="checkbox"/> 9.1 Level 1 Bridge Design                   | <input type="checkbox"/> 12.5 Appraisal Review                           |
| <input type="checkbox"/> 11.1 Right of Way Plan Development          | <input checked="" type="checkbox"/> 13.1 Construction Inspection         |
| <input type="checkbox"/> Additional Categories Listed Below:         |                                                                          |

[Click here to enter Additional Categories](#)

## LPA Consultant Selection Rating Sheet

Sample:

|                                                                                                                                                                                                               |                                                                                                                             |              |              |               |                            |                       |  |  |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--------------|--------------|---------------|----------------------------|-----------------------|--|--|--|
|                                                                                                                                                                                                               |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| <b>RFP Selection Rating for</b> _____                                                                                                                                                                         |                                                                                                                             |              |              |               |                            | <b>Des. No.</b> _____ |  |  |  |
| (City, County, Town) or (Local Public Agency)                                                                                                                                                                 |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| <b>Services Description:</b> _____                                                                                                                                                                            |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| <b>Consultant Name:</b> _____                                                                                                                                                                                 |                                                                                                                             |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| <b>Evaluation Criteria to be Rated by Scorers</b>                                                                                                                                                             |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| <b>Category</b>                                                                                                                                                                                               | <b>Scoring Criteria</b>                                                                                                     | <b>Scale</b> | <b>Score</b> | <b>Weight</b> | <b>Weighted Score</b>      |                       |  |  |  |
| <b>Past Performance</b>                                                                                                                                                                                       | <b>Performance evaluation score averages from historical performance data.</b>                                              |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Quality score for similar work from performance database.                                                                   |              |              | 6             |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Schedule score from performance database.                                                                                   |              |              | 3             |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Responsiveness score from performance database.                                                                             |              |              | 1             |                            |                       |  |  |  |
| <b>Capacity of Team to do Work</b>                                                                                                                                                                            | <b>Evaluation of the team's personnel and equipment to perform the project on time.</b>                                     |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Availability of more than adequate capacity that results in added value.                                                    | 1            |              | 20            |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Adequate capacity to meet the schedule.                                                                                     | 0            |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Insufficient available capacity to meet the schedule.                                                                       | -1           |              |               |                            |                       |  |  |  |
| <b>Team's Demonstrated Qualifications</b>                                                                                                                                                                     | <b>Technical Expertise: Unique Resources that yield a relevant added value or efficiency to the deliverable.</b>            |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Demonstrated outstanding expertise and resources identified for required services for value added benefit.                  | 2            |              | 15            |                            |                       |  |  |  |
|                                                                                                                                                                                                               | 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           |              |               |                            |                       |  |  |  |
| <b>Project Manager</b>                                                                                                                                                                                        | <b>Predicted ability to manage the project, based on: experience in size, complexity, type, subs, documentation skills.</b> |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Demonstrated outstanding experience in similar type and complexity.                                                         | 2            |              | 20            |                            |                       |  |  |  |
|                                                                                                                                                                                                               | 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           |              |               |                            |                       |  |  |  |
| <b>Approach to Project</b>                                                                                                                                                                                    | <b>Project Understanding and Innovation that provides cost and/or time savings.</b>                                         |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | High level of understanding and viable innovative ideas proposed.                                                           | 2            |              | 15            |                            |                       |  |  |  |
|                                                                                                                                                                                                               | High level of understanding of the project.                                                                                 | 1            |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Basic understanding of the project.                                                                                         | 0            |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               | Lack of project understanding.                                                                                              | -3           |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               |                                                                                                                             |              |              |               | <b>Weighted Sub-Total:</b> |                       |  |  |  |
|                                                                                                                                                                                                               |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| It is the responsibility of scorers to make every effort to identify the firm most capable of producing the highest 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 49CFR118.36.                                                                                             |                                                                                                                             |              |              |               |                            |                       |  |  |  |
|                                                                                                                                                                                                               |                                                                                                                             |              |              |               |                            |                       |  |  |  |
| 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. 4-7-16)                                                                                                                                                                                            |                                                                                                                             |              |              |               |                            |                       |  |  |  |

Des. #: [Click here to enter text.](#)**Affirmative Action Certification (AAC) for Disadvantaged Business Enterprises (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: <http://www.in.gov/indot/2732.htm>.

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.

**I. DBE Subconsultants to be applied toward DBE goal for the RFP item:**

| Certified DBE Name to DBE | Service Planned | Estimated Percentage to be Paid* |
|---------------------------|-----------------|----------------------------------|
|                           |                 | %                                |
|                           |                 | %                                |
|                           |                 | %                                |
|                           |                 | %                                |

**II. DBE Subconsultants to be utilized beyond the advertised DBE goal for the RFP item:**

| Certified DBE Name to DBE | Service Planned | Estimated Percentage to be Paid* |
|---------------------------|-----------------|----------------------------------|
|                           |                 | %                                |
|                           |                 | %                                |
|                           |                 | %                                |
|                           |                 | %                                |

**Estimated Total Percentage Credited toward DBE Goal:** \_\_\_\_\_

**Estimated Percentage of Voluntary DBE Work Anticipated over DBE Goal:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\* It is understood that these individual firm percentages are estimates only and that percentages paid may be greater or less as a result of negotiation of 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.