SOUTHERN CALIFORNIA



#### ASSOCIATION of GOVERNMENTS

**Main Office** 

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### **REQUEST FOR PROPOSAL** COMPASS BLUEPRINT DEMONSTRATION PROJECTS RELEASE DATE – JANUARY 12, 2011

### I. <u>SUMMARY</u>

The Southern California Association of Governments (SCAG) is soliciting proposals from the bench of consultants prequalified for Compass Blueprint Demonstration Projects (Demonstration Projects).

In June 2004, SCAG's Regional Council unanimously approved the Compass Blueprint Growth Vision and Implementation Framework to guide regional planning policy through the integration of land use planning and transportation investment decision-making.

The Demonstration Projects are intended to provide SCAG member jurisdictions the resources to implement these regional policies at the local level. These Demonstration Projects have included transit-oriented development (TOD) districts, main street redevelopment concept plans, local growth visioning, market feasibility analysis, pedestrian-friendly design standards, sustainable planning, public involvement strategies, zoning code revisions and other services. A focus of the current round of projects is the coordination with the region's SB 375 and Sustainable Communities Strategy (SCS) development efforts.

Each jurisdiction selected for a Demonstration Project will receive a customized program of consultant assistance. Consultants will "work for" the local governments, on locally-directed projects and SCAG will be responsible for consultant costs and consultant contract management.

This RFP is comprised of the following seven (7) Demonstration Projects:

| RFP No.     | City/Agency           | Project Title                      |
|-------------|-----------------------|------------------------------------|
| 11-001-BR02 | City of Calimesa      | Calimesa Boulevard Downtown        |
|             |                       | Business District and Riverwalk    |
|             |                       | Implementation Plan                |
| 11-001-BR03 | City of La Mirada     | I-5 Freeway Corridor Specific Plan |
| 11-001-BR04 | City of Los Angeles   | Park 101 District                  |
|             | Urban Design Studio   | (Phase 2)                          |
| 11-001-BR05 | Los Angeles County    | Orange Line BRT Sustainable        |
|             | Metro                 | Corridor Implementation Plan       |
| 11-001-BR06 | City of Moreno Valley | Alessandro Boulevard Corridor      |
|             |                       | Implementation Project             |
| 11-001-BR07 | City of Oxnard        | Downtown East TOD Feasibility      |
|             |                       | Study                              |
| 11-001-BR08 | City of Ventura       | US-101 Capping Project – Phase 2   |

The Regional Council is comprised of 84 elected officials representing 190 cities, six counties,

six County Transportation Commissions and a Tribal Government representative within Southern California.

### THE REQUIREMENTS BELOW APPLY TO EACH OF THE SEVEN (7) DEMONSTRATION PROJECTS. PROPOSALS MUST BE SUBMITTED SEPARATELY FOR EACH DEMONSTRATION PROJECT.

### II. <u>RFP ATTACHMENTS</u>

This RFP is comprised of the following eight (8) parts presented herein as Attachments:

- 1. Proposal Information, Organization, and Content
- 2. Scope of Work
- 3. Proposal Evaluation Form
- 4. Interview Evaluation Form
- 5. Line Item Budget (Cost Proposal)
- 6. Debarment and Suspension Certification
- 7. SCAG Conflict of Interest Form
- 8. Disadvantaged Business Enterprise (DBE)

### III. PROPOSAL SUBMISSION

One (1) electronic PDF copy on CD-ROM (file cannot exceed 10MB, and must be one complete document, without multiple parts) and signed cover letter shall be received by 10:00 a.m. PST (time to be determined by SCAG's time clock) on <u>February 10, 2011</u> and directed to:

Sandee Scott, Sr. Contracts Administrator Southern California Association of Governments 818 W. 7th Street, 12<sup>th</sup> Floor Los Angeles, CA 90017-3435 (213) 236-1996 or <u>scotts@scag.ca.gov</u>

### All submissions are considered a matter of public record.

Your proposal must be received at SCAG by the deadline specified. **Proposals submitted via e-mail will not be accepted**. Any proposal received after the deadline will be rejected.

Note: "proposer," "consultant," "contractor," and "firm" may be used interchangeably throughout this document.

### IV. <u>QUESTIONS AND ANSWERS</u>

The deadline to submit questions is January 26, 2011. Questions must be submitted in writing to the attention of:

Sandee Scott, Sr. Contracts Administrator Email: <u>scotts@scag.ca.gov</u>

### The "Subject:" line of your email must identify the RFP number.

Answers to the questions will be provided by email typically no later than four (4) working days after the deadline to submit questions.

### V. **PROJECTED TIMELINE** (Subject to Change)

|                                 | DATE                      | <u>TIME</u> |
|---------------------------------|---------------------------|-------------|
| RFP Released                    | January 12, 2011          |             |
| Deadline to Submit Questions    | January 26, 2011          | 10:00 a.m.  |
| Posting of Answers to Questions | February 2, 2011          | 4:00 p.m.   |
| RFP Due Date                    | February 10, 2011         | 10:00 a.m.  |
| Proposal Evaluations            | Week of February 21, 2011 |             |
| Consultant Interviews           | Week of March 1, 2011     |             |
| Final Selection                 | March 2011                |             |
| Task Order Execution            | March 2011                |             |

### VI. <u>TASK ORDER – CONTRACT TYPE</u>

Cost Plus Fixed Fee Task Order.

Funding for projects is contingent upon availability of funds at the time of contract award.

### I. <u>BUDGET PARAMETERS</u>

Budget parameters will not be provided. Please submit a cost proposal based on your expertise with this type of project, and the requirements in the Scope of Work.

### VII. <u>PERIOD OF PERFORMANCE</u>

The anticipated completion date is within twelve (12) months from the execution of a Task Order.

### VIII. SELECTION PROCESS

- Proposals will be ranked in accordance with the criteria described in Attachments 3 and Attachment 4
- Proposers may be invited for an interview

Note - during the selection process and until a Task Order is fully executed, you are prohibited from discussing the project with project applicants, or city staff members.

### IX. <u>SCAG RIGHTS</u>

- 1. SCAG reserves the right to:
  - A. Disqualify any and all proposals that are not submitted in accordance with the required format described in this RFP
  - B. Reject any and all proposals submitted
  - C. Request additional information
  - D. Award all or part of the work contemplated in the RFP
  - E. Remedy errors in the RFP
  - F. Cancel the entire RFP
  - G. Issue a subsequent RFP
  - H. Approve or reject the use of a particular subcontractor/supplier
  - I. Negotiate with any, all or none of the proposers. If SCAG is unable to negotiate cost elements that are acceptable to SCAG, SCAG reserves the right to award the Task Order to another proposer.

- J. Accept other than the lowest priced proposal
- K. Award a Task Order without interviews, discussions, or negotiations
- L. Award a Task Order to one or more proposers
- M. Only award a Task Order, or any portion thereof, to a firm that possesses a valid business license. Firms must possess the licenses by the RFP due date. SCAG must be provided with a copy of this license, if not provided previously.
- N. Only award a Task Order, or any portion thereof, to a firm that passes references checks.
- 2. All proposers should be aware of the Insurance Requirements for award of a Task Order. The Certificate of Insurance must be provided by the successful proposer prior to award of a Task Order. A Task Order may not be awarded if insurance requirements are not met. The insurance requirements are included in the master agreement between SCAG and each consultant prequalified and placed on the bench for Compass Blueprint Demonstration Projects.
- 3. SCAG does not reimburse proposers for the cost of proposal preparation, even in the event of RFP cancellation.
- 4. Ring binders may not be accepted. No binding is preferred.
- 5. Communication between the proposer and any member of the Proposal Review Committee during the selection process is prohibited, except when and in the manner expressly authorized in this Request for Proposal. Violation of this restriction is grounds for disqualification.
- 6. SCAG shall award a Task Order to the firm that it deems to have provided the best value to SCAG or the firm SCAG deems to be the best qualified for the award of a Task Order (or both).
- 7. Every proposal submitted is considered a firm offer that must be valid for a minimum of ninety (90) calendar days.
- 8. If applicable, SCAG prefers that software developed, under SCAG's contract, not incorporate proprietary and/or third party software components. This does not preclude the development of deliverables which interface with commonly-available off-the-shelf software. However, contractors must determine in advance whether SCAG already has, or is willing to procure, appropriate licenses for any proprietary and/or third party software that would be required. Contractors must also provide the impacts of any enhancements and upgrades. <u>SCAG will require delivery of documentation and source code for all electronic intellectual property developed under a SCAG contract prior to releasing final payment to the contractor.</u>

### X. NOTIFICATION OF RIGHT TO PROTEST A TASK ORDER AWARD

Proposers have the right to protest the Task Order award in compliance with SCAG's Policy on Contract Award Protests, which can be viewed online at <u>www.scag.ca.gov</u> under "Doing Business with SCAG." A written protest must be filed with SCAG's Executive Director, or his designee within five (5) working days after posting of the Notice of Intent to Award. SCAG will not accept any verbal protests. The protest must be a detailed, written statement of the protest grounds and reference the RFP number and name of the designated Contracts Administrator. The protest must be submitted to SCAG's Executive Director or his designee via <u>both</u> certified mail and fax using the following address and fax number:

Executive Director Southern California Association of Governments 818 W. 7<sup>th</sup> Street, 12<sup>th</sup> Floor Los Angeles, CA 90017-3435 Fax: (213) 236-1825

The Task Order award is held up when SCAG's Executive Director receives the protest on time. The Task Oder may not be awarded until the protest is either withdrawn or SCAG's Executive Director has rendered a decision.

### PROPOSAL INFORMATION, ORGANIZATION, AND CONTENT

All proposals shall contain, at a minimum, the following information:

### 1. TITLE PAGE

The following must be provided on the title page:

- RFP Number
- Title of the Project
- Name and Address of Firm
- Phone/Fax of Firm
- Prime Contact Person
- Email Address of the Prime Contact Person
- Signature of the Individual Authorized/Obligated to Commit the Firm to this Project

### 2. <u>TABLE OF CONTENTS</u>

A clear identification of the materials by section and page numbers.

### 3. TECHNICAL APPROACH

- A statement and discussion of the project objectives, concerns, and key issues.
- The technical approach for performing the tasks must include a detailed Scope of Work along with the process for executing the requirements and objectives of the project.
- A discussion of the difficulties expected or anticipated in performing the tasks, along with a discussion of how the consultant proposes to overcome or mitigate against those difficulties.
- A detailed schedule for completion of the work, including performance and delivery schedules indicating phases or segments of the project, milestones, and significant events.
- A statement of the extent to which the consultant's proposed approach and Scope of Work will meet or exceed the stated objectives discussed in this RFP. Furthermore, a discussion of how the consultant would modify the project, and/or schedule to better meet these objectives.
- The technical proposal should not exceed 6 single-sided pages (minimum of ½ inch margins and font size 10). This excludes experience, profile of subconsultants, cost proposal, and required forms.

### 4. EXPERIENCE OF PRIME CONSULTANT

• A summary of representative experience that is specifically relevant to the Scope of Work of the project.

### 5. <u>PROFILE OF SUBCONSULTANTS</u>

- A statement indicating if the firm is local or national and a summary of representative experience relevant to the work described in the Scope of Work for this RFP.
- The location and telephone number of the office from which the work is to be done.
- Identification of the individuals who will perform the work, including officers, project manager and key staff. State the time commitment and include resumes for key individuals.

### 6. LINE ITEM BUDGET (COST PROPOSAL)

 Proposals must include a Line Item Budget in the format and detail shown in Attachment 5. The same detailed budget is required of each subconsultant whose portion of the work is \$25,000 or more.

### 7. <u>REQUIRED FORMS</u>

### Required forms must be submitted separately for each Demonstration Project.

- Line Item Budget (Attachment 5).
- The Debarment and Suspension Certification (Attachment 6) must be fully completed by all parties to the proposal (prime and all subconsultants).
- The SCAG Conflict of Interest Form (Attachment 7) must be fully completed by all parties to the proposal whose portion of the overall work is valued at \$25,000 or more. This requirement also applies to all proposed subconsultants whose portion of the overall work is valued at \$25,000 or more.
- A "Bidder's List of Subconsultants (DBE and Non-DBE) Part I" (Attachment 8A) and a "Bidder's List of Subconsultants (DBE and Non-DBE) – Part II" (Attachment 8B) must be completed by the proposer. Attachment 8C must be signed and dated by the successful proposer at Task Order execution.
- All proposers should ensure that they have completed and submitted Attachment 9).
- The selected consultant will be required complete a Federal Form W-9 which may also be obtained on-line at <u>www.scag.ca.gov</u> under "Doing Business with SCAG."

## Scope of Work

The Scope of Work for each Demonstration Project may be downloaded from SCAG's Compass Blueprint Demonstration Projects website at: <u>http://www.compassblueprint.org/demorfp</u>

Note: The Scope of Work for each Demonstration Project is the original project proposal submitted by each local government partner agency and approved by SCAG.

Attachment 3

### **PROPOSAL** EVALUATION FORM

RFP No. 11-001-BR

\_\_\_\_\_

# Compass Blueprint Demonstration Project

Project/Partner Jurisdiction

Consultant Name: \_\_\_\_\_

| Evaluation Criteria   | Max.<br>Possible<br>Points | Points<br>Earned | Comments |
|---|----------------------------|------------------|----------|
| <u>TECHNICAL APPROACH</u><br>• Tasks & approach clearly described<br>• Creative/innovative approach<br>• Project intent has been met  | 30                         |                  |          |
| CONSULTANT FIRMS:<br>Prime Consultant:<br>• Familiar with regional & local issues<br>• Experience with similar project of the same size and<br>scope<br><u>Sub-Consultants (if any):</u><br>• Each sub provides unique service(s) to the team<br>• Subs are fully capable of performing their tasks | 30                         |                  |          |
| PROJECT MANAGEMENT<br>• Qualifications of key individuals<br>• Time commitment of key individuals   | 20                         |                  |          |
| PROJECT COST     Realistic cost for services to be performed  | 20                         |                  |          |
| REFERENCES<br>• Similar projects completed on time and within budget  | Pass/<br>Fail              |                  |          |
| TOTAL   | 100                        |                  |          |

Name of Evaluator (print): \_\_\_\_\_ Agency: \_\_\_\_\_

Signature of Evaluator:

Date:

Attachment 4

### **INTERVIEW** EVALUATION FORM

### RFP No. 11-001-BR\_\_\_\_\_

# Compass Blueprint Demonstration Project

Project/Partner Jurisdiction

Consultant Name: \_\_\_\_\_

| Evaluation Criteria   | Max.<br>Possible<br>Points | Points<br>Earned | Comments |
|---|----------------------------|------------------|----------|
| <u>TECHNICAL APPROACH</u><br>• Tasks & approach clearly described<br>• Creative/innovative approach<br>• Project intent has been met  | 30                         |                  |          |
| CONSULTANT FIRMS:<br>Prime Consultant:<br>• Familiar with regional & local issues<br>• Experience with similar project of the same size and<br>scope<br><u>Sub-Consultants (if any):</u><br>• Each sub provides unique service(s) to the team<br>• Subs are fully capable of performing their tasks | 30                         |                  |          |
| <ul> <li><u>PROJECT MANAGEMENT</u></li> <li>Qualifications of key individuals</li> <li>Time commitment of key individuals</li> </ul>  | 20                         |                  |          |
| <ul> <li><u>PROJECT COST</u></li> <li>Realistic cost for services to be performed</li> </ul>  | 20                         |                  |          |
| REFERENCES<br>• Similar projects completed on time and within<br>budget   | Pass/<br>Fail              |                  |          |
| TOTAL   | 100                        |                  |          |

| Name of Evaluator (print): Age | ency: |
|--------------------------------|-------|
|--------------------------------|-------|

Signature of Evaluator:

Date:

### LINE ITEM BUDGET (Cost Proposal) INSTRUCTIONS

- 1. SCAG uses the Line Item Budget to assess the fairness and reasonableness of a proposer's costs. Once SCAG awards a Task Order, the <u>negotiated</u> Line Item Budget serves as the basis for reimbursing the proposer (includes Cost Plus as well as Fixed Price Task Orders).
- 2. All proposers must submit a Line Item Budget using the <u>exact format shown on the following</u> page, or may risk having their proposal disqualified. Further, any subconsultant whose portion of the work is \$25,000 or more must also prepare and submit their own Line Item Budget as part of the proposal. The Line Item Budget (Attachment 5) template may be downloaded from SCAG's website at: <u>http://www.scag.ca.gov/business/index.htm</u>.

**Disclaimer** – Each proposer is responsible for all mathematical calculations and information provided on the Line Item Budget template.

3. Many items that may be normal business costs and tax deductible <u>may not be allowable</u> under Federal and State contract rules (e.g., dues, advertising, contributions, bad debts, interest expense, meals, and entertainment). For a complete listing, see 48CFR 18.36 and OMB-87.

All costs must be allowable and consistent with Federal cost principles under OMB Circular A-87. Please be aware that the cost-plus-a-percentage-of-cost bid method, where the proposer's profit is a percentage of the reimbursed costs on a project, is not allowed under Federal rules. Also, **contingency fees are <u>not</u> allowed.** 

### 4. Cost Structure

- A. Direct Labor:
  - Direct labor, overhead, and fringe benefits must be shown as separate dollar amounts in the Line Item Budget.
  - Identify Key Personnel by both name and title (e.g., Mary Smith, Sr. Planner). Place an asterisk (\*) next to the name(s) of any Key Personnel. Other professional or support/administrative staff may be identified by title only.
  - A separate Line Item Budget must be provided for each Fiscal Year for any project crossing over multiple Fiscal Years (July June). The labor rate quoted for each position in the Line Item Budget must be the rate that is expected to be received during the applicable fiscal year. Expected merit or cost-of-living increases must be incorporated into the quoted rate. Proposers must provide the maximum rate for each position for proposal evaluation purposes, but if SCAG awards a Cost Plus Fixed Fee Task Order, SCAG will only pay the selected consultant the actual rate paid to the person in a position, and the rates <u>must</u> be traceable to and supported by payroll records.

Note: For Firm Fixed Priced (FFP) Task Orders, SCAG uses the labor and overhead rates quoted in the proposer's Line Item Budget to evaluate the proposed price for each task and cumulatively. Once SCAG has negotiated a final Line Item Budget, during the life of the Task Order, SCAG intends to pay the selected consultant upon completion of each task (unless otherwise agreed to), regardless of the actual cost to complete the task, provided the cost is allowable and allocable, and complies with federal rules and regulations.

- B. Over head:
  - The overhead rate quoted must be the rate that is expected for each Fiscal Year during the life of the Task Order. Prior to Task Order award, proposer must substantiate the rate if SCAG requests it.
- C. Fixed Fee:
  - Fee/Profit is calculated on Direct Labor, Overhead and Fringe Benefits <u>only</u>, not on Subcontractors/Subconsultants.
- D. Other Direct Costs (ODCs)
  - ODCs must be fully substantiated prior to Task Order award. If the Task Order is subject to a
    pre-award audit, SCAG will review support for ODCs similar to that done for Direct Labor,
    Overhead, and Fringe Benefits. If SCAG awards a Cost Plus Fixed Fee Task Order, during the
    life of the Task Order, SCAG will require back-up documentation with the monthly invoices
    to substantiate ODCs.
  - All travel costs must be reasonable, and are limited to those rates stated under California's State Department of Personnel Administration rules, (subject to change) posted at: <u>http://www.dot.ca.gov/hq/asc/travel/ch12/1consultant.htm</u>
- 5. Task Orders less than \$250,000 may require a pre-award audit; those at \$250,000 or more will require a pre-award audit.

#### LINE ITEM BUDGET

#### Consultant: ABC Company

1234 Main Street, Suite 100 Los Angeles, CA 90000 (213) 555-5555 Title of RFP: \_\_\_\_\_

RFP Number: \_\_\_\_\_

| (a)  | (b)                       | Ta    | <sub>(d)</sub> | Ta    | sk 2       | Ta    | sk 3       | <sup>(i)</sup><br>Ta | ۵<br>sk 4  | (k)<br>Ta | <sub>0</sub><br>sk 5 | Та    | <sup>(n)</sup> | Ta    | ւթ<br>sk 7 | Ta    | »<br>sk 8  | (s)<br>Ta | ®          | Tas   | <sup>(v)</sup><br>sk 10 |          | and            |
|--|---------------------------|-------|----------------|-------|------------|-------|------------|----------------------|------------|-----------|----------------------|-------|----------------|-------|------------|-------|------------|-----------|------------|-------|-------------------------|----------|----------------|
| Cost Categories  | Maximum<br>Hourly<br>Rate | т     | BD             | Т     | BD         | Т     | BD         | т                    | BD         | Т         | BD                   | Т     | BD             | т     | BD         | т     | BD         | Т         | BD         | Т     | BD                      |          | otal<br>Tasks) |
|  |                           | Hours | Amount         | Hours | Amount     | Hours | Amount     | Hours                | Amount     | Hours     | Amount               | Hours | Amount         | Hours | Amount     | Hours | Amount     | Hours     | Amount     | Hours | Amount                  | Hours    | Amount         |
| Direct Labor Classification(s):  |                           |       |                |       |            |       |            |                      |            |           |                      |       |                |       |            |       |            |           |            |       |                         |          | \$0            |
| A. Person, Sr. Planner   | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | ş .                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | ş .                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | <u> </u>                  |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | s -                       |       | \$0<br>\$0     |       | \$0<br>\$0 |       | \$0<br>\$0 |                      | \$0<br>\$0 |           | \$0<br>\$0           |       | \$0<br>\$0     |       | \$0<br>\$0 |       | \$0<br>\$0 |           | \$0<br>\$0 |       | \$0<br>\$0              | 0        | \$0<br>\$0     |
|  | <u> </u>                  |       | \$0<br>\$0     |       | \$0        |       | 50<br>50   |                      | \$0<br>\$0 |           | 50<br>50             |       | \$0<br>\$0     |       | \$0<br>\$0 |       | \$0<br>\$0 |           | \$0<br>\$0 |       | \$0<br>\$0              | 0        | \$0<br>\$0     |
|  | ş .                       |       | \$0            |       | \$0        |       | 50         |                      | \$0        |           | 50                   |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | \$ -                      |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
| Subtotal - Direct Labor  |                           | 0     | \$0            | 0     | \$0        | 0     | \$0        | 0                    | \$0        | 0         | \$0                  | 0     | \$0            | 0     | \$0        | 0     | \$0        | 0         | \$0        | 0     | \$0                     | 0        | \$0            |
| Overhead & Fringe (inc. G&A):  |                           |       |                |       |            |       |            |                      |            |           |                      |       |                |       |            |       |            |           |            |       |                         |          | \$0            |
| $\mathbf{a} := \mathbf{a} : \mathbf{a} :$ |                           |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     |          | \$0            |
|  |                           |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     |          | \$0            |
| Subtotal - Overhead & Fringe (inc G&A):  |                           |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     |          | \$0            |
| Fixed Fee  |                           |       |                |       |            |       |            |                      |            |           |                      |       |                |       |            |       |            |           |            |       |                         |          | \$0            |
| <u>1 mai 1 au</u>  |                           |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     |          | \$0<br>\$0     |
| Subtotal - Fixed Fee:  |                           |       | \$0            |       | \$0        |       | \$0        |                      | \$0<br>\$0 |           | 30                   |       | \$0            |       | \$0<br>\$0 |       | \$0        |           | \$0        |       | \$0                     |          | \$0            |
| Other Direct Costs ( ODCs)   |                           |       |                |       |            |       |            |                      |            |           |                      |       |                |       |            |       |            |           |            |       |                         |          | \$0            |
| Travel   | s -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
| Printing - Directly Chargeable Only  | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
| Other  | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
| Other  | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
| Subconsultant(s)*  |                           |       |                |       |            |       |            |                      |            |           |                      |       |                |       |            |       |            |           |            |       |                         | <u> </u> | \$0            |
|  | ş .                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | ş .                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | ş -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
|  | s -                       |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     | 0        | \$0            |
| Subtotal - ODCs:   |                           |       | \$0            |       | \$0        |       | \$0        |                      | \$0        |           | \$0                  |       | \$0            |       | \$0        |       | \$0        |           | \$0        |       | \$0                     |          | \$0            |
| Grand Total  |                           | 0     | <b>\$</b> 0    | 0     | \$0        | 0     | \$0        | 0                    | \$0        | 0         | \$0                  | 0     | <b>\$</b> 0    | 0     | \$0        | 0     | \$0        | 0         | \$0        | 0     | \$0                     | 0        | <b>Ş</b> 0     |

\* if you anticipate the use of subconsultants, use a copy of this template to identify subconsultant cost detail by task in a similar fashion and input final figures under each subconsultant (Hours & Amount by tasks involved

# TITLE 49, CODE OF FEDERAL REGULATIONS, PART 29 DEBARMENT AND SUSPENSION CERTIFICATION

- 1) All persons or firms, including subconsultants, must complete this certification and certify, under penalty of perjury, that, except as noted below, he/she or any person associated therewith in the capacity of owner, partner, director, officer, or manager:
  - a) Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency;
  - b) Have not, within the three (3) year period preceding this certification, been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public transaction, violation of Federal or state antitrust statutes, or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
  - c) Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (federal, state, or local) with commission of any of the offenses listed in subparagraph (1)(b) of this certification; and
  - d) Have not, within the three (3) year period preceding this certification, had one or more public transactions (Federal, state, and local) terminated for cause or default.
- 2) If such persons or firms later become aware of any information contradicting the statements of paragraph (1), they will promptly provide that information to SCAG.

If there are any exceptions to this certification, insert the exceptions in the following space.

Exceptions will not necessarily result in denial of award, but will be considered in determining proposer/bidder responsibility. For any exception noted above, indicate below to whom it applies, initiating agency, and dates of actions.

RFP Number

Name of Firm

Signature (original signature required)

Date

# SCAG CONFLICT OF INTEREST FORM

### SECTION I: INSTRUCTIONS

All persons or firms seeking Federal funded contracts <u>must</u> complete and submit a SCAG Conflict of Interest Form along with the proposal. This requirement also applies to any proposed subconsultant(s). Failure to comply with this requirement may cause your proposal to be declared non-responsive.

In order to answer the questions contained in this form, please review SCAG's Conflict of Interest Policy, the list of SCAG employees, and the list of SCAG's Regional Council members. All three documents can be viewed online at <u>www.scag.ca.gov</u>. The SCAG Conflict of Interest Policy is located under "Doing Business with SCAG," whereas the SCAG staff and Regional Council members lists can be found under "About SCAG."

Any questions regarding the information required to be disclosed in this form should be directed to Justine Block, SCAG Deputy Legal Counsel.

| Name of Firm:     |                 |
|-------------------|-----------------|
| Name of Preparer: |                 |
| Project Title:    |                 |
| RFP Number:       | Date Submitted: |

### SECTION II: QUESTIONS

1. During the last twelve (12) months, has your firm provided a source of income to employees of SCAG or members of the SCAG Regional Council, or have any employees or Regional Council members held any investment (including real property) in your firm?

YES NO

If "yes," please list the names of those SCAG employees and/or SCAG Regional Council members and the nature of the financial interest:

Name

**Nature of Financial Interest** 

2. Have you or any members of your firm been an employee of SCAG or served as a member of the SCAG Regional Council within the last twelve (12) months?

|   | Position                      | Dates of Service     |
|---|-------------------------------|----------------------|
|   |                               |                      |
| Are you or any managers, partners,<br>partnership to an employee of SCA<br>your proposal? |                               |                      |
| YES NO  |                               |                      |
| If "yes," please list name and the na   | ture of the relationship:     |                      |
| Name  | R                             | elationship          |
|   |                               |                      |
|   |                               |                      |
|   |                               |                      |
| Does an employee of SCAG or a n firm as a director, officer, partner,                     |                               |                      |
|   | indisce, employee, of any pos | inton of management: |
|   | ature of the relationship.    |                      |
|   |                               |                      |
| If "yes," please list name and the n  | -                             | elationship          |

5. Have you or any managers, partners, or officers of your firm ever given (directly or indirectly), or offered to give on behalf of another or through another person, campaign contributions or gifts to any current employee of SCAG or member of the SCAG Regional Council (including contributions to a political committee created by or on behalf of a member/candidate)?

| YES | <b>NO</b> |
|-----|-----------|
|-----|-----------|

If "yes," please list name, date gift or contribution was given/offered, and dollar value:

| Name | Date | Dollar Value |
|------|------|--------------|
|      |      |              |
|      |      |              |
|      |      |              |

### SECTION III: VALIDATION STATEMENT

This Validation Statement must be completed and signed by at least one General Partner, Owner, Principal, or Officer authorized to legally commit the proposer.

### DECLARATION

| I, (printed full name)             |              |             |          | , (  | Social   | Secu   | rity Numbe   | er; op | tional) |
|------------------------------------|--------------|-------------|----------|------|----------|--------|--------------|--------|---------|
|                                    | hereby       | declare     | that     | Ι    | am       | the    | (position    | or     | title)  |
|                                    | of (firm     | m name)     |          |      |          |        | ,            | and    | that I  |
| am duly authorized to execute the  | nis Validati | ion Staten  | nent on  | beha | alf of t | his en | tity. I here | by sta | te that |
| this SCAG Conflict of Interes      | st Form d    | lated       |          |      |          | is c   | orrect and   | curr   | ent as  |
| submitted. I acknowledge that      | any false    | , deceptive | e, or fr | audı | lent s   | tatem  | ents on this | s Vali | dation  |
| Statement will result in rejection | of my con    | tract prop  | osal.    |      |          |        |              |        |         |

Signature of Person Certifying for Proposer (original signature required)

Date

### NOTICE

A material false statement, omission, or fraudulent inducement made in connection with this SCAG Conflict of Interest Form is sufficient cause for rejection of the contract proposal or revocation of a prior contract award.

### **DISADVANTAGED BUSINESS ENTERPRISE (DBE) INFORMATION**

The requirements of 49 Code of Federal Regulations (CFR) Part 26 applies to this RFP.

DBEs and other small businesses are strongly encouraged to participate in the performance of Agreements financed in whole or in part with federal funds (See 49 CFR 26, "Participation by Disadvantaged Business Enterprises in Department of Transportation Financial Assistance Programs"). The Consultant should ensure that DBEs and other small businesses have the opportunity to participate in the performance of the work that is the subject of this solicitation and should take all necessary and reasonable steps for this assurance. The proposer shall not discriminate on the basis of race, color, national origin, or sex in the award and performance of subcontracts.

### **DBE DEFINITION**

A DBE is a-for-profit "small business concern" that is at least 51 percent owned and controlled by one or more socially and economically disadvantaged individuals. One or more such individuals must also control the management and daily business operations. These individuals must be citizens (or lawfully admitted permanent residents) of the United States and (1) any individual who a recipient finds to be a socially and economically disadvantaged individual on a case-by-case basis, or (2) who are either Black Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans, Subcontinent Asian Americans, women, or any other group found to be socially and economically disadvantaged by the Small Business Administration.

### **DBE PARTICIPATION AND GENERAL INFORMATION**

It is the proposer's responsibility to be fully informed regarding their requirements of 49 CFR, Part 26. Particular attention is directed to the following:

- A. A DBE must be a small business firm defined pursuant to 13 CFR 121 and be certified through the California Unified Certification Program (CUCP)
- B. A certified DBE may participate as a prime consultant, subconsultant, or as a vendor of material or supplies.
- C. A DBE must perform a commercially useful function pursuant to 49 CFR 26.55; that is, a DBE firm must be responsible for the execution of a distinct element of the work and must carry out its responsibility by actually performing, managing, and supervising the work.
- D. A prime consultant who is a certified DBE is eligible to claim all of the work in the Agreement toward the DBE participation except that portion of the work to be performed by non-DBE subconsultant.

### PROPOSER'S/BIDDER'S LIST OF SUBCONSULTANTS (DBE AND NON-DBE)

The proposer shall submit the attached "Proposer's List of Subconsultants (DBE and non-DBE) – Part I" form, Attachment 8A, with the proposal listing all subconsultants participating in the performance of this project.

Additionally, the proposer shall submit the attached "Proposer's List of Subconsultants (DBE and non-DBE) – Part II" form, Attachment 8B, with the proposal listing all subconsultants who provided a quote/bid to the proposer, but were not selected to participate as a subconsultant in the performance of this project.

### **SUBMISSION OF DBE INFORMATION**

A "Local Agency Proposer-DBE Information Form" will be included in the Agreement documents to be executed by the successful proposer/bidder. The purpose of the form is to collect data required under 49 CFR 26. Even if no DBE participation will be recorded, the successful proposer must execute and return the form.

### **DBE SOURCES**

Consultants interested in locating DBE subconsultants may refer to the following source:

Statewide DBE Database of the CUCP (California Unified Certification Program): http://www.californiaucp.com/ Click on "General Information" Click on "CUCP Statewide DBE Directory"

Also, the following agency may be contacted for assistance in locating DBE firms in California:

Caltrans Office of Certification 1-866-810-6346

### **DBE CERTIFICATION**

The DBE firm <u>must</u> hold a current California Unified Certification Program (CUCP) DBE certification at the time of proposal submission. DBE certifications outside of California will <u>not</u> be accepted. Firms that are DBE certified outside of California may apply for a CUCP DBE certification by contacting one of the six certifying agencies listed below.

# For DBEs located within the southern California region, certification must be from one of the following agencies:

- 1. Department of Transportation (Caltrans)
- 2. City of Los Angeles
- 3. Metropolitan Transportation Authority (Metro)
- 4. Orange County Transportation Authority (OCTA)
- 5. City of San Diego
- 6. San Diego County Regional Airport Authority

http://www.dot.ca.gov/ http://www.lacity.org/bca/ www.metro.net www.octa.net www.sandiego.gov www.san.org

### Attachment 8A

### BIDDER'S LIST OF SUBCONSULTANTS (DBE AND NON-DBE) - PART I

The proposer shall list all subconsultants (both DBE and non-DBE) in accordance with Title 49, Section 26.11 of the Code of Federal Regulations. The listing is required in addition to listing DBE subconsultants elsewhere in the proposal. Photocopy this form for additional firms.

| FAX                       | Receipts                    | Description of Portion of Work to be Performed  | (Certified DBE?)   |
|---------------------------|-----------------------------|---|--|
|                           | $\Box$ < \$1 million        |   | YES  |
|                           |                             |   | □ NO   |
|                           |                             |   | If YES list DBE #  |
|                           |                             |   |  |
|                           | $\square > $ \$15 million   |   | Age of Firm (Yrs.)   |
| Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts | Description of Portion of Work to be Performed  | SCAG Use Only<br>(Certified DBE?)  |
|                           | $\Box$ < \$1 million        |   | YES  |
|                           | $\Box$ < \$5 million        |   | □ NO   |
|                           | □ < \$10 million            |   | If YES list DBE #  |
|                           | $\Box$ < \$15 million       |   |  |
|                           | $\square > \$15$ million    |   | Age of Firm (Yrs.)   |
| Contact/<br>Phone/        | Annual<br>Gross<br>Beceinte | Description of Portion of Work to be Performed  | SCAG Use Only<br>(Certified DBE?)  |
| ГАА                       |                             |   | YES  |
|                           |                             |   |  |
|                           |                             |   | If YES list DBE #  |
|                           |                             |   |  |
|                           | $\square > $15$ million     |   | Age of Firm (Yrs.)   |
| Contact/                  | Annual                      |   | SCAG Use Only  |
|                           |                             | Description of Portion of Work to be Performed  | (Certified DBE?)   |
| ГАЛ                       |                             |   | YES  |
|                           |                             |   |  |
|                           |                             |   | If YES list DBE #  |
|                           |                             |   |  |
| <u> </u>                  | $\square > $15 million$     |   | Age of Firm (Yrs.)   |
|                           | Phone/<br>FAX               | Phone/<br>FAXGross<br>Receipts $FAX$ $\square < \$1 million$ Phone/<br>FAXGross<br>Receipts $\square < \$1 million$ | Image: Contact/       Annual         Phone/       Gross       Description of Portion of Work to be Performed         FAX       Image: Contact/       Annual         Phone/       Gross       Description of Portion of Work to be Performed         FAX       Image: Contact/       Annual         Image: Contact/       Annual       Image: Contact/         Image: Contact/       Annual       Image: Contact/         Image: Contact/       Annual       Image: Contact/         Image: Contact/       Annual       Description of Portion of Work to be Performed         Image: Contact/       Annual       Description of Portion of Work to be Performed         Image: Contact/       Annual       Description of Portion of Work to be Performed         Image: Contact/       Annual       Image: Contact/         Image: Contact/       Annual       Image: Contact/         Image: Contact/       Annual       Image: Contact/         Image: Contact/       Annual       Contact/         Image: Phone/       Gross       Description of Portion of Work to be Performed         Image: Contact/       Annual       Contact/         Image: Phone/       Gross       Description of Portion of Work to be Performed         Image: FAX       Receipts |

### BIDDER'S LIST OF SUBCONSULTANTS (DBE AND NON-DBE) – PART II

The proposer shall list all subconsultants who provided a quote or bid but were not selected by the proposer to participate as a subconsultant on this project. This is required for compliance with Title 49, Section 26 of the Code of Federal Regulations. Photocopy this form for additional firms.

| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts<br>□ < \$1 million     | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|--|---------------------------|--|--|-----------------------------------|
|  |                           | $\Box$ < \$5 million                               |  | □ NO                              |
|  |                           | $\Box$ < \$10 million                              |  | If YES list DBE #                 |
|  |                           | $\square$ < \$15 million                           |  |                                   |
|  |                           | $\square > $15 million$                            |  | Age of Firm (Yrs.)                |
| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts                        | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|  |                           | □ < \$1 million                                    |  | YES                               |
|  |                           | $\Box$ < \$5 million                               |  | □ NO                              |
|  |                           | $\Box$ < \$10 million                              |  | If YES list DBE #                 |
|  |                           | $\Box$ < \$15 million                              |  |                                   |
|  |                           | $\square > \$15$ million                           |  | Age of Firm (Yrs.)                |
| Firm Name/<br>Address/<br>City, State, ZIP | Contact/<br>Phone/<br>FAX | Annual<br>Gross<br>Receipts                        | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|  |                           | $\square < \$1$ million                            |  | YES                               |
|  |                           | $\Box$ < \$5 million                               |  |                                   |
|  |                           | □ < \$10 million                                   |  | If YES list DBE #                 |
|  |                           | $\Box$ < \$15 million                              |  |                                   |
|  |                           | $\square > \$15$ million                           |  | Age of Firm (Yrs.)                |
|  |                           |  |  |                                   |
| Firm Name/<br>Address/<br>City State ZIP   | Contact/<br>Phone/        | Annual<br>Gross<br>Bosointe                        | Description of Portion of Work to be Performed | SCAG Use Only<br>(Certified DBE?) |
|  |                           | Gross<br>Receipts                                  | Description of Portion of Work to be Performed | (Certified DBE?)                  |
| Address/                                   | Phone/                    | Gross<br>Receipts<br>□ < \$1 million               | Description of Portion of Work to be Performed | (Certified DBE?)                  |
| Address/                                   | Phone/                    | Gross           Receipts           □ < \$1 million | Description of Portion of Work to be Performed | (Certified DBE?)                  |
| Address/                                   | Phone/                    | Gross<br>Receipts<br>□ < \$1 million               | Description of Portion of Work to be Performed | (Certified DBE?)                  |

### INSTRUCTIONS – LOCAL AGENCY PROPOSER DBE INFORMATION (CONSULTANT CONTRACTS)

### SUCCESSFUL PROPOSER:

#### Attachment 8C must be signed and dated by the successful proposer at Task Order execution.

The form requires specific information regarding the consultant or other contract: Local Agency, Location, Project Description, Total Contract Amount, Proposal Date, and successful Proposer's Name.

The form has a column for the Work Item Number and Description or Services to be Subcontracted to DBEs. The prime consultant shall indicate all work to be performed by DBEs including, if the prime consultant is a DBE, work performed by its own forces, if a DBE. The DBE shall provide a certification number to the prime consultant. Enter DBE prime consultant's and subconsultant's certification number. The form has a column for the Names of DBE certified contractors to perform the work (must be certified on or before the proposals are due and include DBE address and phone number).

Enter the Total Claimed DBE Participation dollar amount of items of work in the total DBE Dollar Amount column. (If 100% of item is not to be performed by the DBE, describe exact portion of time to be performed by the DBE). Go to <u>http://www.dot.ca.gov/hq/LocalPrograms/lam/prog\_p/p10consult.pdf</u> and see "Notice to Proposers Disadvantaged Business Enterprise Information," (Exhibit 10-I) to determine how to count the participation of DBE firms.

**Local agencies (SCAG)** should complete the Contract Number, Federal-aid Project Number, Federal Share, and Contarct Award fields and verify that all information is complete and accurate before signing and sending a copy of the form to the District Local Assistance Engineer within 15 days of contract execution. Failure to submit a completed and accurate form within the 15-day time period may result in the deobligation of funds on this project.

**District DBE Coordinator** should verify that all information is complete and accurate. Once the information has been verified, the **District Local Assistance Engineer** signs and dates the form.

### Local Agency Proposer DBE Information (Consultant Contracts)

| LOCAL AG  | ENCY:  | LOCATION:  |  |                                 |  |
|---|--|--|--|---------------------------------|--|
| PROJECT D   | ESCRIPTION:  |  |  |                                 |  |
| TOTAL CON   | NTRACT AMOUNT (\$)   |  |  |                                 |  |
| PROPOSER  |  |  |  |                                 |  |
|   | ·····  |  |  |                                 |  |
| WORK<br>ITEM NO.<br>(Task No.)  | DESCRIPTION OF SERVICES TO BE<br>SUBCONTRACTED (or contracted if<br>the proposer is a DBE) | DBE CERTIFICATION<br>NUMBER AND<br>EXPIRATION DATE | NAME OF DBEs<br>(Must be certified at the time<br>proposals are due – include DBE<br>address and phone number) | DOLLAR<br>AMOUNT OF<br>EACH DBE |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  |  |                                 |  |
| For Local Agency (SCAG) to Complete: Local Agency Contract Number Federal-Aid Project Number: Federal Share:        |  |  | Total Claimed DBE<br>Participation   | \$                              |  |
| Contract Awar   |  |  | _  | %                               |  |
| Local Agency certifies that the DBE certifications have been verified and all information is complete and accurate. |  |  |  | ~%                              |  |
| Print Nam<br>Local Age  | e Signature<br>ncy Representative  | Date   |  |                                 |  |
| (Area Cod   | e) Telephone No.   |  |  |                                 |  |
| For Calt  | ans Review:  |  |  | 1                               |  |
|   |  |  | Signature of Proposer  |                                 |  |
|   |  |  |  |                                 |  |
|   |  |  | Date (Area Co  | de) Tel. No.                    |  |
| Print Name     Signature     Date       Caltrans District Local Assistance Engineer     Date                        |  |  | Person to Contact (Please Type or Print)   |                                 |  |

#### FOR SCAG USE:

Distribution: (1) Copy – Fax immediately to the Caltrans District Local Assistance Engineer (DLAE) upon execution. FAX No. (213) 897-2999 (2) Copy – Include in award package to Caltrans District Local Assistance

(3) Original – Local Agency files