|  |
| --- |
| **RFP/Q FORM 1 – SIGNATURE PAGE** |

**I) COMPANY AND CONTACT INFORMATION**

|  |  |
| --- | --- |
| Name of Consultant: |  |

Contact Information – Individual with authority to contractually obligate the Consultant:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email |  |
| Telephone |  |
| Fax |  |
| Address |  |

Contact Information – Individual that can be contacted for clarification on this proposal:

|  |  |
| --- | --- |
| Name |  |
| Title |  |
| Email |  |
| Telephone |  |
| Fax |  |

**II) ADDENDA ACKNOWLEDGEMENT**

Consultant acknowledges receipt of the following addenda, and has incorporated the requirements of such addenda into the proposal:

(*List all addenda dates issued for this RFP/Q and initial*)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| No. | Date/Initials |  | No. |  | Date/Initials |
| No.  | Date/Initials  |  | No.  |  | Date/Initials  |

**III) SIGNATURE**

This proposal must be signed by the person authorized to contractually obligate the Consultant.

|  |  |
| --- | --- |
| *Printed Name* |  |
| *Signature* |  |
| *Date Signed* |  |

|  |
| --- |
| **RFP/Q FORM 2 – MINIMUM QUALIFICATIONS** |

| Item # | Minimum Qualification | Complies | Does Not Comply | If you comply (or do not comply), describe how you meet (or do not meet) the minimum qualification. Be sure to list the qualified client where appropriate. Add any qualifications or measures that may allow you to meet this qualification. |
| --- | --- | --- | --- | --- |
| 1 | Program Lead: A minimum of 3 years Project Management experience with Joint-use Telecom installations. Project Management Certification is desired |  |  |  |
| 2 | Project Engineer: Bachelor’s degree in Electrical Engineering and a minimum of 3 years of practical experience in electrical distribution engineering or operations for a utility including at least one year’s experience in joint use. |  |  |  |
| 3 | Field Tech/Designer: Possess a degree (any), and specialized training or experience that makes the individual uniquely qualified to perform the job responsibilities. Degree in engineering technology or sciences preferred. |  |  |  |
| 4 | Project Controls Analyst: A minimum of 3 years’ experience working on engineering or construction projects, preferably working with project controls and scheduling methods. Proficient in MS Project, MS Excel and Entire Microsoft Office Suite. |  |  |  |
| 5 | Administrative Assistant/Clerk: A minimum of 2 years general office experience performing the full range of office support duties is required. May require public contact experience. |  |  |  |

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| **RFP/Q FORM 3 – PROJECT TEAM** |

The Consultant shall identify the name of their project team role along with their associated firm. Following contract award, the City would expect these individuals to fulfill the lead roles as described below. These individuals are expected to be the lead operational participants for their respective roles and cannot be removed or replaced without written approval by the City.

***NOTE: the “lead” for each role is defined as the individual who will devote the greatest day-to-day time commitment during the project at the operations level. These individuals are expected to be the lead operational participants for their respective roles rather than an executive, partner, or other leadership staff that will not be directly involved in day-to-day operations.***

|  |  |  |
| --- | --- | --- |
| **POSITION / ROLE****ON THE PROJECT TEAM** | **NAME OF LEAD PERSON** | **NAME OF FIRM** |
| **Project Team Role 1** |  |  |
| **Project Team Role 2** |  |  |
| **Project Team Role 3** |  |  |

Please refer to Section 4 of the RFP/Q and Section 8.2.6 RFP/Q Form 3 for a description of the roles and responsibilities each individual is expected to fulfill.

|  |
| --- |
| **RFP/Q FORM 4 – RESUME/BIO OF THE PROJECT TEAM**  |

The Consultant shall provide a **TWO** page resume/bio of each project team individual as identified in RFP/Q Form 3 - Project Team.

**(2 pages maximum each)**

**(You may delete all of these instructions)**

|  |  |
| --- | --- |
| **Role On The Project Team:** |  |
| **Name Of Lead Person:** |  |
|  |

|  |
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| **RFP/Q FORM 5 –** **LIST OF SUBCONSULTANTS** |

The Consultant shall list the Subconsultants who are proposed as part of their overall project team.

1. No changes to the List of Subconsultants will be allowed without the express written permission of the City. However, the City may be open to the approval of additional subconsultants, or substitution during the project where justified.
2. List each Subconsultant by the firm's proper legal designation and indicate whether their business is carried on as an individual, partnership, or limited company.
3. The undersigned submits that in proposing the subconsultant named below, the undersigned has fully consulted each and has ascertained to complete satisfaction that those named are acquainted with the extent and nature of the work involved and of the proposed project schedule, and that they will execute their work to conform to the requirements of the Scope of Work.
4. The following are the Subconsultant providers which the undersigned proposes for the performance of the Scope of Work:

|  |  |
| --- | --- |
| **Scope of Work** | **Subconsultant** |
|  |  |
|  |  |
|  |  |
|  |  |
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**I declare that the information provided is true and correct to the best of my knowledge.**

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Name of Prime Consultant Signature

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| **RFP/Q FORM 6 – EXECUTION METHODOLOGY**  |

|  |
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| This template must be used. Modifications to the format of this template may result in disqualification (i.e. altering font size, altering font type, adding colors, adding pictures, etc.). Do not list any names or information that can be used to identify the Consultant.The Execution Methodology must cover all requirements as described in the Scope of Work. The purpose of the Execution Methodology is to demonstrate and provide a brief chronological roadmap that describes, in major milestones and activities, the operational means and methods the Consultant will undertake to deliver the Scope of Work. **(2 pages maximum)** **(You may delete all of these instructions)** |

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| **RFP/Q FORM 7 – RISK ASSESSMENT PLAN (CONTROLLABLE)** |

|  |
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| This template must be used. Modifications to the format of this template may result in disqualification (i.e. altering font size, altering font type, adding colors, adding pictures, etc.). Do not list any names or information that can be used to identify the Consultant’s identity. ***You may copy/paste to add or delete individual Risk items, but do not exceed the specified page limits.*** Please use the following format:* **Risk #** – Title of the Risk (critical aspect of the scope)
* **Why is it a Risk?** – A brief description of why the risk is critical a successful project outcome.
* **Solution** – describe all of the following: (a) action steps that will be taken to successfully execute this aspect of the scope, and (b) technical expertise/experience to ensure the proposed action steps will fulfill the Scope of Work.

***Bullet points may be useful for listing recommended action steps.*** **(2 pages maximum)****(You may delete all of these instructions)** |

**SECTION 1 – ASSESSMENT OF CONTROLLABLE RISKS**

|  |  |
| --- | --- |
| **Risk 1:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 2:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 3:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 4:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 5:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

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| **RFP/Q FORM 8 – RISK ASSESSMENT PLAN (NON-CONTROLLABLE)** |

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| This template must be used. Modifications to the format of this template may result in disqualification (i.e. altering font size, altering font type, adding colors, adding pictures, etc.). Do not list any names or information that can be used to identify the Consultant’s identity.***You may copy/paste to add or delete individual Risk items, but do not exceed the specified page limits.*** Please use the following format:* **Risk #** – Title of the Risk item
* **Why is it a Risk?** – A brief description of how the risk may impact the project (cost/schedule/scope/quality).
* **Solution** – include all of the following: (a) action steps to prevent the risk from occurring, (b) definition of potential impacts to project cost/schedule/scope/quality if the risk does occur, and (c) recommended response plan if the risk does occur.

***Bullet points may be useful for listing recommended action steps.*** **(2 pages maximum)** **(You may delete all of these instructions)**  |

**SECTION 2 – ASSESSMENT OF NON-CONTROLLABLE RISKS**

|  |  |
| --- | --- |
| **Risk 1:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 2:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 3:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 4:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

|  |  |
| --- | --- |
| **Risk 5:**  |  |
| **Why is it a Risk?**  |  |
| **Solution:**  |  |

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| **RFP/Q FORM 9 – VALUE ASSESSMENT PLAN** |

|  |
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| This template must be used. Modifications to the format of this template may result in disqualification (i.e. altering font size, altering font type, adding colors, adding pictures, etc.). Do not list any names or information that can be used to identify the Consultant’s identity.***You may copy/paste to add or delete individual Value items, but do not exceed the specified page limits.*** Please use the following format:**Option #** – Title of the Value item **Description –** A brief description of why the option is beneficial to the client and/or project objectives (what outcomes will the option will bring in the short/long term). **Cost/Schedule Impact –** provide definition of anticipated cost ($) and/or schedule impacts (days) as necessary. If no impacts are anticipated, please simply state “$0” or “0 days”**(2 pages maximum)** **(You may delete all of the instructions)** |

|  |  |
| --- | --- |
| **Option 1:**  |  |
| **Description:** |  |
| **Cost Impact:** |  | **Schedule Impact:** |  |

|  |  |
| --- | --- |
| **Option 2:**  |  |
| **Description:** |  |
| **Cost Impact:** |  | **Schedule Impact:** |  |

|  |  |
| --- | --- |
| **Option 3:**  |  |
| **Description:** |  |
| **Cost Impact:** |  | **Schedule Impact:** |  |

|  |  |
| --- | --- |
| **Option 4:**  |  |
| **Description:** |  |
| **Cost Impact:** |  | **Schedule Impact:** |  |

|  |  |
| --- | --- |
| **Option 5:**  |  |
| **Description:** |  |
| **Cost Impact:** |  | **Schedule Impact:** |  |

|  |
| --- |
| **RFP/Q FORM 10 – PAST PERFORMANCE SURVEYS FOR THE PROJECT TEAM** |

Insert Consultant Name is performing Past Performance Surveys as part of an RFP/Q process and has identified your organization as one of their previous or current clients. Please evaluate your satisfaction with the performance of the Consultant and their Project team role for the project identified in Part A.

**PART A – CLIENT REFERENCE & PROJECT INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Client: | Previous Client Organization Name | Project Name: | Insert brief project title |
| Reference: | Individual reference person’s name | Proj. Duration (months): | Approx. total duration |
| Job Title: | Individual reference person’s role | Project Size ($): | Approx. total dollar value |
| Email: | Reference person’s email | Project Type: | Standardized type |
| Phone: | Reference person’s contact number | Delivery Method: | Insert project delivery  |

**PART B – COMPANY & PERSONNEL BEING EVALUATED**

**.**

|  |  |
| --- | --- |
| Name of the Consultant: | Insert proposing company’s name |
| Name of Key Personnel: | Insert name & role (i.e. John Smith, Project Manager) |
|  | Insert additional members as needed (i.e. Jane Doe, Lead Arch.) |

**PART C – PERFORMANCE EVALUATION**

Please rate your level of satisfaction with the Consultant personnel’s performance on a scale of 1 to 10 (with 10 representing that you were very satisfied and 1 representing that you were very unsatisfied).

* Ratings will be applied for (a) our company overall, and (b) each individual listed in Part B above.
* If you wish to provide separate ratings for our firm or an individual, simply complete multiple forms.

|  |  |  |  |
| --- | --- | --- | --- |
| **No.**  | **CRITERIA**  | **UNIT**  | **RATING**  |
| 1 | Ability to successfully achieve client scope objectives and deliverables | (1-10) |  |
| 2 | Ability to manage project cost | (1-10) |  |
| 3 | Ability to manage project schedule | (1-10) |  |
| 4 | Quality of work | (1-10) |  |
| 5 | Ability to proactively identify, communicate, and mitigate potential risk items | (1-10) |  |
| 6 | Overall professionalism and responsiveness to requests | (1-10) |  |
| 7 | Ability to follow client rules & regulations | (1-10) |  |
| 8 | Ability to maintain positive relationships with stakeholders/licensing participants | (1-10) |  |
| 9 | Overall client satisfaction and willingness to hire the individual again | (1-10) |  |

Please provide any recommendations or lessons learned from your project experience:

|  |
| --- |
|  |

Printed Name of Client Reference Job Title Signature

Thank you for your time and effort!

**Please return the completed survey to: <<insert proposing company’s contact info>>**

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| **RFP/Q FORM 11 – NARRATIVE OF RELATED EXPERIENCE** |

|  |
| --- |
| This template must be used. Modifications to the format of this template may result in disqualification (i.e. altering font size, altering font type, adding colors, adding pictures, etc.). Please provide up to three (3) separate narratives of related project experience for your firm. Each narrative is limited to a single (1) page in length, and must address the following components:* Related Project Information: Name, Client, current status of the project, project duration, and approximate construction budget.
* Narrative, including a description of the following:
	+ Summary of specific roles and responsibilities of the Consultant and their project team within the related project.
	+ Narrative of operational approaches, means and methods, and execution strategies.
	+ Identification of key challenges encountered and how they were addressed.

**(1 page maximum per narrative)****(You may delete all of the instructions above)** |

**Related Project Information:**

|  |  |  |  |
| --- | --- | --- | --- |
| Project Name |  | Project Duration |  |
| Client |  | Project Budget |  |
| Current Status |  |  |  |

**Narrative of Related Project Experience:**

|  |
| --- |
|  |

|  |
| --- |
| **RFP/Q FORM 12 – RFP/Q ASSUMPTIONS** |

|  |
| --- |
| ***Note: This Form will not be rated or scored as a part of the evaluation process. It will only be viewed once the evaluation process is fully completed.***Please list/describe a summary of the Consultant’s major assumptions and expectations that have been made in preparing the proposal. This should include items/tasks that the Consultant has assumed the City will perform, items/tasks required from the City, and items/tasks that have not been included in the proposal (items the Consultant feels are outside the scope of work).**(no page limit)****(You may delete these instructions)** |

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