

Office of the City Engineer

44 West Washington Street Shelbyville, Indiana 46176 Phone 317 392-5110 Fax 317 392-5110

Request for Proposals Notification

Title: City of Shelbyville Safe Streets for All (SS4A) Action Plan

RFP Issued: June 8, 2023

Proposals Due Date and Time: June 28, 2023 at 4:00 pm.

Project Description: The City of Shelbyville is looking for qualified firms to create a Comprehensive Safety Action Plan. The Action Plan must develop a holistic, well-defined strategy to prevent roadway fatalities and serious injuries within the City of Shelbyville. The Safety Action Plan must include all the components laid out by the U.S. Department of Transportation (DOT) in the SS4A grant. Components of a SS4A action plan can be found on Table 1 in the SS4A 2022 NOFO found at

https://www.transportation.gov/sites/dot.gov/files/2022-08/SS4A-NOFO-FY22-Amendment-1.pdf The Action Plan must include the entire City of Shelbyville's jurisdictional area.

Contact for Questions: John Kuntz, City Engineer

44 W. Washington St Shelbyville, IN 46176

317-392-5102

john.kuntz@cityofshelbyvillein.com

Requirements for Letters of Interest (LOI)

- 1. 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.
- 2. List firm's qualifications and experience that they have in making Safety Action Plans or similar planning efforts.
- List the Project Manager and other key staff members who will be working on this
 project, if selected. Included staff qualification and key experience related to this
 project and breakdown of estimated percentage of work each staff member will
 perform.
- 4. Provided unique ways your firm will approach this project and how they will approach the safety of both pedestrians and vehicles.
- 5. Proposed schedule on when components of the action plan will be completed.
- 6. LOI's shall be limited to twelve (12) pages.

Submission: LOI's shall be submitted electronically (pdf) to **John Kuntz** at email address **john.kuntz@cityofshelbyvillein.com**. LOI's must be received no later than the "Proposals

Due Date and Time" listed above. Responses received after this deadline will not be considered.

Project Fee: If selected, the firm will be paid through cost reimbursement with an agreed upon maximum cost.

Project Schedule: If selected, the proposed completion date for the Action Plan will be April 1, 2024.

Selection Procedures: Consultants will be selected for work based on the evaluation of the LOI. The Consultant Selection Rating Form used to evaluate and score 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.

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

- 1. The Consultant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participating in covered transactions by any Federal department or agency.
- 2. Where the Consultant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Title VI Assurance

The Recipient, in accordance with the provisions of Title VI of the Civil Rights Act of 1964 (78 Stat. 252, 42 U.S.C. §§ 2000d to 2000d-4) and the Regulations, hereby notifies all bidders that it will affirmatively ensure that for any contract entered into pursuant to this advertisement, disadvantaged business enterprises will be afforded full and fair opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, or national origin in consideration for an award.

Shelbyville RFP Selection Rating for: SS4A Action Plan

Consu	ltant	Name:	
Consii	Ifant	Name:	

	Evaluation Criteria to be Rated by Scorers							
Category	Scoring Criteria	Scale	Score	Weight	Weighted			
Capacity of Team to do Work	Evaluation of the team's personnel and equipment to perform the project on time.							
	Availability of more than adequate capacity that results in added value.	1		20				
	Adequate capacity to meet the schedule.	0		20				
	Insufficient available capacity to meet the schedule.	-1						
	Technical Expertise: Unique Resources that yield a relevant added value or efficiency							
Team's Demonstrated Qualifications	to the deliverable.							
	Demonstrated outstanding expertise and resources identified	2		15				
	Demonstrated high level of expertise and resources identified	1						
	Expertise and resources at appropriate level.	0						
	Insufficient expertise and/or resources.	-3						
Project Manager	Predicted ability to manage the project, based on: experience in size, complexity, type,							
	subs, documentation skills. Confirmed by relevant references and/or past clients.							
	Demonstrated outstanding experience in similar type and complexity.							
	Demonstrated high level of experience in similar type and complexity.	1	20	20				
	Experience in similar type and complexity shown in resume.	0						
	Experience in different type or lower complexity.	-1						
	Insufficient experience.							
Approach to Project	Project Understanding and Innovation that provides cost and/or time savings.							
	High level of understanding and viable innovative ideas proposed.			15				
	High level of understanding of the project.		1					
	Basic understanding of the project.	0						
	Lack of project understanding.	-3						
			Weighted	Sub-Total:				

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.

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:	:
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Title:		Date:	