

Proposal for FMSIB Six-Year Plan Preparation



Packet B

Param t ix

Washington State Department of Transportation (WSDOT)
Freight Mobility Strategic Investment Board (FMSIB)
Submitted via email: CSOSubmittals@wsdot.wa.gov

**RE: Statement of Qualifications (SOQ) for
FMSIB Six-Year Plan Preparation**

Dear Selection Committee Members:

FMSIB has been charged by the Washington State Legislature to develop a Six-Year Freight Mobility Strategic Investment Program of the highest priority freight mobility projects for the state. This builds on FMSIB's previous efforts to develop a streamlined application to request freight project proposals from Washington's Metropolitan Planning Organizations (MPOs), Regional Transportation Planning Organizations (RTPOs), Washington Public Ports Association, and local agencies.

The report will be delivered to the legislature in December for funding. The development of the six-year plan is critical to allow Washington State to keep freight moving freely and to remain competitive in local, regional, and international economic markets.

The Parametrix team is structured to efficiently address the project challenges and deliver the report. As project manager, I bring 13 years of experience as a project manager and urban planner, working on transportation studies, alternatives development and analysis, comprehensive plans, and complete streets studies. I am currently assisting FMSIB with establishing the application, communications, and evaluation tool for the Six-Year Freight Mobility Strategic Investment Program. Through this work, we have been able to establish an application process that provides clear direction to statewide freight partners, setting the stage for expanded participation and a strong foundation for building the six-year plan.

I am looking forward to building off of our current work with FMSIB to ensure that the Six-Year Freight Mobility Strategic Investment Program is delivered on time and within budget, allowing Washington to keep freight moving and to support and grow a strong economy. Other benefits of our team include the following:

- ▶ Streamlined team with a solid understanding of the mission and goals of FMSIB for a seamless partnership.
- ▶ Current experience working with FMSIB on a grant assistance project, allowing our team to continue the program work to meet the legislative deadline.
- ▶ A firm with a long history of working with the local agencies in Washington for the past 55 years, providing a broad understanding of the community priorities and needs.

We are excited to continue working with FMSIB on this opportunity.

Sincerely,



Erinn Ellig
Project Manager
206.394.3647
eellig@parametrix.com



Jenny Bailey
Principal-in-Charge
206.394.3656
jbailey@parametrix.com



Consultant Information Form

Firm Name:		FYE Date:	Number of Employees:
Address:			
City:	State:	Zip Code:	County:
Phone:	Fax:	Company Web Site:	
Remit to Address:			
City:	State:	Zip Code:	County:
Phone:		Fax:	
Statewide Vendor Number (SWV) for Remit to Address:		Federal Tax ID Number or Social Security Number:	
Unified Business Identifier Number (UBI):		Date Universal Numbering System (DUNS) Number:	
Year Firm Established:	UDBE/SBE/MSVWBE Certification Number::	NAICS Code & Code Name:	
Proposed Project Manager:		Email:	
Financial Contact:		Email:	

Firm Type:

- Sole Proprietor
 Partnership
 C – Corp.
 Limited Partnership
 Subchapter S Corp.
 Limited Liability Company

Annual Gross Receipt:

- \$0 to \$1 Million
 \$1 Million to \$5 Million
 \$5 Million to \$10 Million
 \$10 Million to \$15 Million
 Over \$15 Million

Note:

Firm Name: Please *do not* use: dba’s – doing business as; combination names when two firms are working together, unless the combination name is the formation of a legally registered new company such as a joint venture; derivatives of your legal name; acronyms; etc. The firm name shown must be your firm’s legal name.

Federal Tax ID Number: Your Federal Tax ID number must be that number registered to your legal firm name. If you do not have a Federal Tax ID number, please use your social security number.

Unified Business Identifier (UBI) Number: Your firm will be **REQUIRED** to acquire a UBI Number prior to execution of an agreement and/or being approved as a Sub-consultant to an existing agreement. This is a Washington State Business license and can be acquired by contacting the Washington State Department of Revenue web site at www.dor.wa.gov

Statewide Vendor (SWV) Number: The Statewide Vendor (SWV) Number is **REQUIRED** for vendors to receive payments. If your firm doesn’t already have an SWV number, your firm will be required to acquire a SWV number prior to execution of an agreement. For additional information, please visit the Office of Financial Management (OFM) at <https://www.ofm.wa.gov/it-systems/accounting-systems/statewide-vendorpayee-services>

FYE Date: Your firm’s fiscal year end date.

UDBE/SBE/MSVWBE Certification: If your firm is certified as a UDBE/SBE/MSVWBE enter your firm’s certification number. Federal Certifications: Underutilized Disadvantaged Business Enterprise (UDBE), Small Business Enterprise (SBE). State Certifications: Minority, Small, Veteran, Women Business Enterprise. For additional information go to the Washington State Office of Minority & Women’s Business Enterprises web site at www.omwbe.wa.gov

It is critical that your firm name is your legal firm name and that it is the same name assigned to your Federal Tax ID number and is the same name utilized for your SWV number.

CONTRACTOR CERTIFICATION
EXECUTIVE ORDER 18-03 – WORKERS’ RIGHTS
WASHINGTON STATE GOODS & SERVICES CONTRACTS

Pursuant to the Washington State Governor’s Executive Order 18-03 (dated June 12, 2018), the Washington State Department of Transportaion is seeking to contract with qualified entities and business owners who certify that their employees are not, as a condition of employment, subject to mandatory individual arbitration clauses and class or collective action waivers.

Solicitation Title: FMSIB Six-Year Plan Preparation

I hereby certify, on behalf of the firm identified below, as follows (check one):

NO MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm does NOT require its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

OR

MANDATORY INDIVIDUAL ARBITRATION CLAUSES AND CLASS OR COLLECTIVE ACTION WAIVERS FOR EMPLOYEES. This firm requires its employees, as a condition of employment, to sign or agree to mandatory individual arbitration clauses or class or collective action waivers.

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the certifications herein are true and correct and that I am authorized to make these certifications on behalf of the firm listed herein.

FIRM NAME: Parametrix, Inc.
Name of Contractor/Bidder – Print full legal entity name of firm

By: 
Signature of authorized person

Roger W. Flint
Print Name of person making certifications for firm

Title: Chief Operating Officer
Title of person signing certificate

Place: Seattle, WA
Print city and state where signed

Date: 3/8/24

**CONTRACTOR CERTIFICATION
WAGE LAW COMPLIANCE – RESPONSIBILITY CRITERIA
WASHINGTON STATE GOODS & SERVICES CONTRACTS**

Prior to awarding contracts, agencies are required to determine that bidder is 'responsible bidder.' See RCW 39.26.160(2) & (4). Pursuant to legislative enactment in 2017, the responsible bidder criteria include contractor certification that the contractor has not willfully violated Washington's wage laws. See Chapter 258, 2017 Laws (enacting SSB 5301).

Solicitation or Agreement Title: FMSIB Six-Year Plan Preparation


Solicitation Posting Date or Agreement Start Date: February 8, 2024

I hereby certify, under penalty of perjury under the laws of the State of Washington, that the below certification is true and correct and that I am authorized to make the following certification on behalf of the firm listed herein.

CERTIFICATION:

This firm has NOT been determined by a final and binding citation and notice of assessment issued by the Washington Department of Labor and Industries or through a civil judgment entered by a court of limited or general jurisdiction to have willfully violated, as defined in [RCW 49.48.082](#), any provision of RCW chapters [49.46](#), [49.48](#), or [49.52](#) within three (3) years prior to the date of the above-stated date.

FIRM NAME: Parametrix, Inc.
Name of Consultant/Contractor – Print full legal entity name of firm

By:  Roger W. Flint
Signature of authorized person Print Name of person making certifications for firm

Title: Chief Operating Officer Place: Seattle, WA
Title of person signing certificate Print city and state where signed

Date: 3/8/24

Submittal Instructions:

- If submitting a proposal in response to a solicitation, a signed Certification Document for the Prime and all Subs must also be included in your proposal Packet B (see advertisement for additional requirements).
- If requesting to add a Sub to an existing agreement, submit the signed Certification Document to: ConsultantRates@wsdot.wa.gov.

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: Parametrix
Consultant's Project Manager: Erinn Ellig
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) FMSIB 6-Year Program Set Up Support

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input checked="" type="checkbox"/> Prime	02/01/24	01/31/2025	30000
<input type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High

1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10
2. Did the firm complete the project within the total budgeted amount?	10
3. Did the firm complete the project within the contract schedule(s)?	10
4. Did the firm meet all of your technical standards and quality expectations?	10
5. Was the firm's communication, both oral and written, clear and concise?	10
6. Was the firm's project management system effective?	10
Total Score	60
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: FMSIB		
Evaluator's Name: Kjristien Lund	Evaluator's Title: Interim Director	
Firm/Company Address: PO Box 40965, Olympia WA 98504		
Phone: 206-612-8138	Fax:	Date: 3-1-23

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: Parametrix
Consultant's Project Manager: Bardia Nezhati
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Nevada State Freight Plan

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input checked="" type="checkbox"/> Prime	09/13/21	09/30/24	500,000.00
<input type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	60.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10.00
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: Nevada Department of Transportation		
Evaluator's Name: Kevin Verre	Evaluator's Title: Chief of Program Development	
Firm/Company Address: 1263 S. Stewart Street Carson City, Nevada 89712		
Phone: (775) 888-7712	Fax:	Date: 03/14/24

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Washington State Department of Transportation

Performance Evaluation Completed by Reference

Consultant Name: Parametrix
Consultant's Project Manager: Amy Cummings
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Transportation Alternatives Program

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input checked="" type="checkbox"/> Prime	03/16/22	02/29/24	465,000.00
<input type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High

1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	8.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	7.00
5. Was the firm's communication, both oral and written, clear and concise?	7.00
6. Was the firm's project management system effective?	8.00
Total Score	50.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	8.33
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: Nevada Department of Transportation		
Evaluator's Name: Rebecca Kapuler	Evaluator's Title: Assistant Chief, Multimodal Planning	
Firm/Company Address: 1263 S. Stewart Street, Carson City, NV 89712		
Phone: (775) 888-7120	Fax:	Date: 03/15/24

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotco@wsdot.wa.gov

**Washington State
Department of Transportation**

**Performance Evaluation
Completed by Reference**

Consultant Name: Parametrix
Consultant's Project Manager: John Perlic
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is currently being performed.) Tacoma Dome Link Extension Phase 2

Type of Work:

Roadway Design
 Plans Specs & Estimates
 Transportation Study
 Right-of-Way
 Other

Contract Information: (Work must have been completed within the last 3 years or is currently being performed.)

	Start Date	End Date	Dollar Amount of Services
<input type="checkbox"/> Prime	04/22/18	12/31/24	23,356,884.28
<input checked="" type="checkbox"/> Sub			

Performance Evaluation	
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether they were budget related or work element related?	10.00
2. Did the firm complete the project within the total budgeted amount?	10.00
3. Did the firm complete the project within the contract schedule(s)?	10.00
4. Did the firm meet all of your technical standards and quality expectations?	10.00
5. Was the firm's communication, both oral and written, clear and concise?	10.00
6. Was the firm's project management system effective?	10.00
Total Score	60.00
(Total the score by adding the scores for criterias 1 through 6.)	
Average Score	10.00
(Average the score by dividing the total score by the total number of criteria that was rated.)	

Evaluator Information:		
Firm/Company Name: Sound Transit		
Evaluator's Name: Eric Chipps (for Curvie Hawkins)	Evaluator's Title: Principal Transportation Planner	
Firm/Company Address: 401 S. Jackson St. Seattle, WA 98104		
Phone: (206) 398-5020	Fax: (206) 398-5215	Date: 03/12/24

Distribution: Original: Return to Consultant being evaluated; and
 Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Proposed Billing Rates

Date: _____

Company Name: _____

Address: _____

City / State / Zip: _____


Subject: Proposed Labor Classifications and Hourly Billing Rates for _____

Attention: Manager, Contract Services Office

Below are the highest anticipated hourly billing rates for the identified labor classifications.

Labor Classification	All Inclusive Billing Rate

Note: Proposed Billing Rates, as submitted, shall be reviewed, accepted, and incorporated as an exhibit to the agreement. The Proposed Billing Rates shall be effective throughout the life of the agreement in accordance with the agreement payment provision.

Respectfully,

 Signature _____
 Title _____