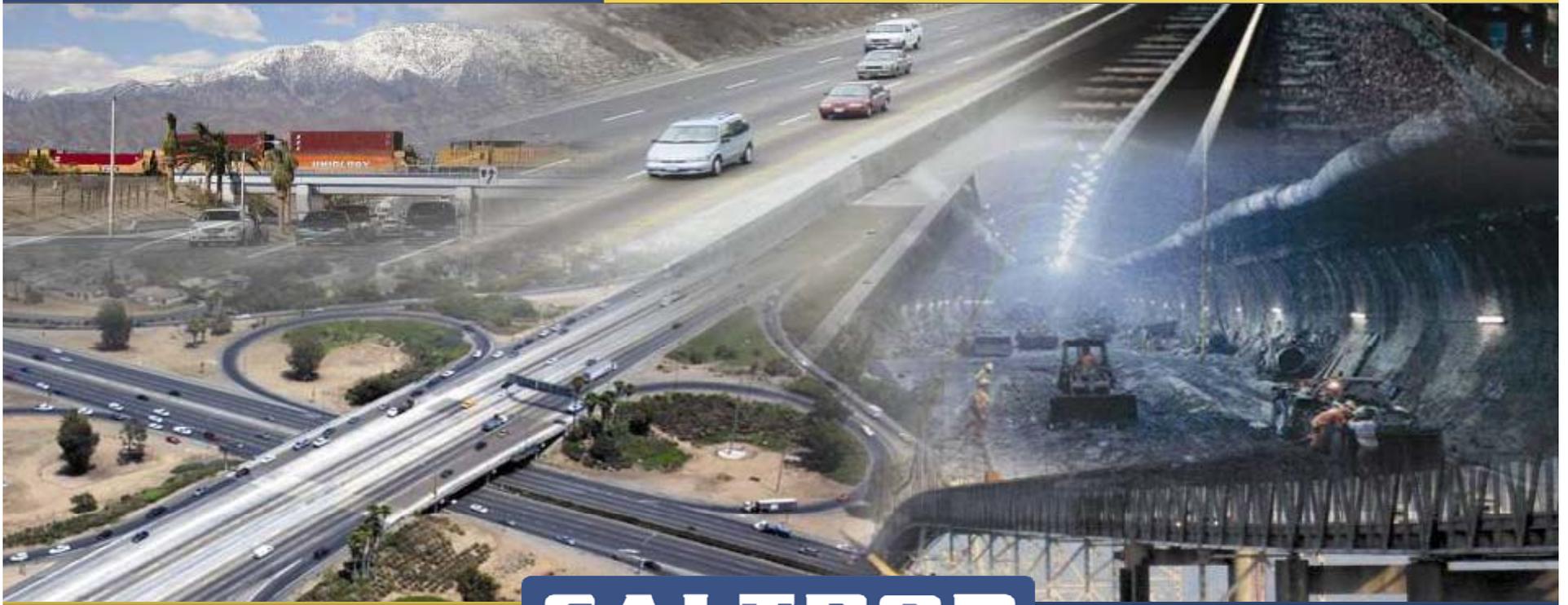


Caltrans CalMentor Program & SOQ Process



CALTROP



Calmentor

Presenters

- **Jeff Shaw, PE**

- **Lisa Anderson**

CALTROP, *a CalMentor Mentor Firm*

Agenda

- CalMentor Program
- Before You Start
- Transmittal Letters / Goal Documentation
- SF330 Part I: Sections A Through H
- Part II: General Qualifications
- Sections 3 through 6
- Red Team Review
- Presentation and Delivery
- Tips to Remember
- Questions and Answers



Background

- CALTROP has been part of the CalMentor Program since inception
- Participate in Districts 7,12,8; District 4; District 11, North Region (Districts 1, 2, 3) and Central Region (Districts 6, 5, 9,10)
- Our graduated proteges are now mentors in District 7.



Working with Primes / Subs

- How do I get to know a prime?
- If you don't know who the players are, use your contacts with CalMentor
 - That's why primes invest their time in mentoring
 - Cost of proposals go down when primes and subs develop relationships

Before You Start

READ!

- Instructions from the RFQ
- Latest Caltrans SOQ Submittal Instructions (download from <http://Caltrans-opac.ca.gov/aeinfo.htm>)
 - Paper Size – 8 ½ x 11 (except organizational chart)
 - Font Size – minimum of 8 pt (except organizational chart)
- Instructions for the SF330 documents
 - Understand what each form requires and have a system in place for capturing required information early on

Before You Start

- Primes should contact subs early, be specific in their request and provide them with editable (Word format) SF330 templates, if needed
 - Subconsultants may prefer to use templates customized with their company colors
- Primes should provide subs with a sample completed template, if needed

Before You Start

- Primes should set a due date for receiving information, allowing subs enough time to prepare the documents and primes enough time to review and request changes, if needed
 - Subconsultants should confirm receipt of the submittal request
- Primes should know the role(s) they want subconsultants to fill so that documents can be tailored accordingly

Transmittal Letters / Goal Documentation

- Primes transmittal letter
 - Limited to three pages (on company letterhead)
 - List all subconsultants and % of utilization
 - Signed by person authorized to obligate firm
 - Disclose former Caltrans employees listed on the organizational chart , include:
 - Individual's full name
 - Separation date from Caltrans
 - Functional responsibility while w/Caltrans – last 24 months of employment
 - Addenda acknowledgement

Transmittal Letters / Goal Documentation

- Subconsultants transmittal letter (on company letterhead)
 - Limited to one page
 - State commitment to prime
 - Indicate specific portion of work
 - Address to Prime's Principal-In-Charge
 - Use address closest to project location
 - Signed by person authorized to obligate firm

Transmittal Letters / Goal Documentation

- Goal Documentation

- Disadvantaged Business Enterprise (DBE / UDBE)

- Federally-funded ,13.5% annual program participation goal
- 6.75% race neutral 6.75%, race-conscious
- Contract Goals limited to Underutilized DBEs (UDBEs): African American, Native American, Asian Pacific American, and Women
- All DBE participation is counted towards the Race Neutral portion of the overall DBE Goal
- Forms: ADM227F – DBE / UDBE Participation, ADM312F – UDBE GFE Documentation

CALTROP

DBE / UDBE: ADM227F and 312F

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION
DISADVANTAGED BUSINESS ENTERPRISE (DBE) INFORMATION / UNDERUTILIZED DBE (UDBE) PARTICIPATION
 ADM-0227F-A&E (Rev. 09-30-2009) Page 1 of 2 (Use for A&E CONTRACTS FEDERALLY FUNDED IN WHOLE OR IN PART)

PART A – CONSULTANT'S INFORMATION (Refer to Instructions in Page 2 of this form. Consultant shall ensure all information provided is complete and accurate.)

(A1) CONSULTANT'S BUSINESS NAME (A2) AGREEMENT NUMBER (A3) DATE

(A1) CONSULTANT'S BUSINESS ADDRESS (A1) CITY (A1) STATE (A1) ZIP CODE

(A1) CONTACT PERSON (A1) BUSINESS PHONE () (A1) FAX NUMBER () (A1) EMAIL ADDRESS

PART B – DBE/UDBE INFORMATION AND DOCUMENTATION (Refer to instructions in Page 2 of this form. Consultant shall verify DBE certifications or UDBE firms are certified as DBEs.)

(1) List name(s) and addresses of all DBEs/UDBEs that will participate in this Agreement:	(2) Area Code & Phone Number	(3) Tier	(4) Description of Work, Service, or Materials Supplied	(5) DBE/UDBE or CUCP Certification Number	(6) Ownership Code	(7) Percent of Contract	(8) Caltrans Use Only %
1B <i>EXAMPLE</i> Jane Prime Inc., 1234 Jane's Street, Jane's City, CA, 04321	(XXX) 000-1111	0	Construction Engineering and Inspection	XXXXXXXXXX	7, 5	45%	
2B <i>EXAMPLE</i> Joe Subcontractor Inc., 4567 Joe's Street, Joe's City, CA, 07654	(XXX) 111-0000	1	Construction Engineering and Inspection	000000000000	6	45%	
<i>EXAMPLE</i> Supplier International LLC, 1100 X Street, Supplier's City, CA, 45670	(111) XXX-0001	2	Construction Engineering and Inspection	111111111111	3	10%	

PART C: FOR CALTRANS USE ONLY (Verification Completed By Civil Rights, Office of Business and Economic Opportunity, or Designee):

(C1) PRINT VERIFIER'S NAME (C1) SIGNATURE (C2) DATE (C3) REVIEWED BY (INITIAL AND DATE)

(C4) DBE PARTICIPATION YES (%) NO (C5) UDBE PARTICIPATION YES (%) NO

ADA Notice For individuals with sensory disabilities, this document is available in alternate formats. For information call (916) 654-6410 or TDD (916) 654-3880 or write Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

ADM227F



DBE / UDBE: ADM227F and 312F

STATE OF CALIFORNIA • DEPARTMENT OF TRANSPORTATION

BIDDER/PROPOSER UNDERUTILIZED DISADVANTAGED BUSINESS ENTERPRISE (UDBE) GOOD FAITH EFFORTS DOCUMENTATION

ADM-0312F (REV 10/2009) Page 1 of 4 (CONTRACTS FEDERALLY FUNDED IN WHOLE OR IN PART) Lock Data on Form

CONTRACTOR'S NAME	IFB OR RFP OR RFQ NUMBER	DATE
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AUTHORITY: Title 49, Code of Federal Regulations, Part 26 (49 CFR 26)

INSTRUCTIONS: Form ADM-0312F must be submitted when: (1) the UDBE goal is not met, or (2) only partial UDBE goal is met. Bidder/Proposer is strongly encouraged to submit the ADM-0312F to protect the bidder's/proposer's eligibility if Caltrans determines the bidder/proposer failed to meet the UDBE goal. Bidder/Proposer is responsible to (1) verify certifications of DBE/UDBE firms, and (2) ensure information provided is complete and accurate. Please use additional sheets as necessary. For more good faith effort (GFE) and certification information, please refer to the following documents:

- If solicitation is an Invitation for Bid (IFB) or Request for Proposal (RFP), please see *Notice to Bidders/Proposers Disadvantaged Business Enterprise (DBE) Program and Underutilized DBE (UDBE) Participation Goal*.
- If solicitation is a Request for Qualifications (RFQ), please see *Statement of Qualifications Submittal Instructions* identified in the RFQ.

1. ADVERTISEMENT DOCUMENTATION
List names and dates of each general circulation newspaper, trade paper and minority focused paper or other publication in which a request for UDBE participation was placed. Attach a copy of the advertisements or proof of publication.

TITLE OF PUBLICATION	PUBLICATION DATE(S)	TITLE OF PUBLICATION	PUBLICATION DATE(S)

2. UDBE DOCUMENTATION

a. List the names and dates of written notices sent to UDBE firm certified as DBEs soliciting bids for the contract.
 b. List the dates and methods used for following up initial solicitations to determine with certainty whether or not the UDBEs were interested.
 c. Attach a copy of any solicitation package, phone records, fax confirmations or solicitation follow-up correspondence sent to UDBE firms.
 d. Identify information submitted to the bidder for this solicitation.

Check the appropriate box: IFB RFP RFQ

SOLCITATION

DATE MAILED	DATE PHONED	DATE OF FOLLOW-UP	FOLLOW-UP METHOD PHONEMAIL	NAME OF FIRM SOLICITED	CONTACT NAME	PHONE NUMBER

ADM312F



Transmittal Letters / Goal Documentation

- Disabled Veteran Business Enterprise (DVBE)
 - State-funded, at least 3% annual program participation goal
 - STD840
 - GSPD 105 Bidder Declaration
- Small Business Enterprise (SBE)
 - State-funded, 25% annual program participation goal

Transmittal Letters / Goal Documentation

State of California—Department of General Services, Procurement Division
GSPD-05-105 (EST 8/05)

Solicitation Number _____

BIDDER DECLARATION

1. Prime bidder information (Review attached Bidder Declaration Instructions prior to completion of this form):

- a.** Identify current California certification(s) (MB, SB, SB/NVSA, DVBE): _____ or None ____ (If "None," go to Item #2)
- b.** Will subcontractors be used for this contract? **Yes** ___ **No** ___ (If yes, indicate the distinct element of work your firm will perform in this contract e.g., list the proposed products produced by your firm, state if your firm owns the transportation vehicles that will deliver the products to the State, identify which solicited services your firm will perform, etc.). Use additional sheets, as necessary.
- _____
- c.** If you are a California certified DVBE: (1) Are you a broker or agent? **Yes** ___ **No** ___
(2) If the contract includes equipment rental, does your company own at least 51% of the equipment provided in this contract (quantity and value)? **Yes** ___ **No** ___ **N/A** ___

2. If no subcontractors will be used, skip to certification below. Otherwise, list all subcontractors for this contract. (Attach additional pages if necessary):

Subcontractor Name, Contact Person, Phone Number & Fax Number	Subcontractor Address & Email Address	CA Certification (MB, SB, DVBE or None)	Work performed or goods provided for this contract	Corresponding % of bid price	Good Standing?	51% Rental?

CERTIFICATION: By signing the bid response, I certify under penalty of perjury that the information provided is true and correct.

Page ____ of ____

GSPD 105
Bidder
Declaration

Transmittal Letters / Goal Documentation

ATTACHMENT _____
Solicitation Number _____

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION
DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS
STD. 840 (REV. 8/2009)

A. Designation Of Option – Check the appropriate box(es) to indicate the option(s) with which you choose to comply, complete the applicable sections and attach the required supporting documentation. You are advised to read all instructions carefully prior to completing this form. Remember that only California certified DVBEs who can provide related goods and/or services may be used to satisfy these program solicitation requirements. DVBEs must perform a commercially useful function. During contract performance, all requests for substituting DVBE subcontractors must be made in accordance with the provisions of California Code of Regulations, Title 2, §1896.64(c).

OPTION A – I commit to meeting the full DVBE Agreement participation requirement.
Complete: STD. 840, Section A (check the box on this form) and Bidder Declaration form GSPD-05-105 (located elsewhere in the solicitation)

OPTION B – I submit a copy of my firm's "Notice of Approved DVBE Business Utilization Plan."
Complete: STD. 840, Section A (check the box on this form) and Bidder Declaration form GSPD-05-105 (located elsewhere in the solicitation)

STATE OF CALIFORNIA – GENERAL SERVICES PROCUREMENT DIVISION
DOCUMENTATION OF DISABLED VETERAN BUSINESS ENTERPRISE PROGRAM REQUIREMENTS
STD. 840 (REV. 8/2009)

Date Contacted / /	DVBE Company Name				
DVBE Contact Name & Reference #	Telephone Number () - ext.	Fax Number () -	E-mail (if available)		
Street Address, City, State, and Zip Code					
<input type="checkbox"/> DVBE was selected and is listed on the GSPD-05-105 <input type="checkbox"/> DVBE Approved BUP is Attached.					

Date Contacted / /	DVBE Company Name				
DVBE Contact Name & Reference #	Telephone Number () - ext.	Fax Number () -	E-mail (if available)		
Street Address, City, State, and Zip Code					
<input type="checkbox"/> DVBE was selected and is listed on the GSPD-05-105 <input type="checkbox"/> DVBE Approved BUP is Attached.					

Date Contacted / /	DVBE Company Name				
DVBE Contact Name & Reference #	Telephone Number () - ext.	Fax Number () -	E-mail (if available)		
Street Address, City, State, and Zip Code					
<input type="checkbox"/> DVBE was selected and is listed on the GSPD-05-105 <input type="checkbox"/> DVBE Approved BUP is Attached.					

Page 5 of 6

ATTACHMENT _____
Solicitation Number _____

DVBE Program Requirements Supplier Checklist (Rev. 2-28-2005)
Please do not submit this checklist with your bid. It is provided for your use only. Checking every box of your elected compliance option does not guarantee that your bid will be deemed compliant.

OPTION A: COMMITMENT TO DVBE AGREEMENT PARTICIPATION

STD. 840 included with bid

Designated the Commitment Option in Section A – Checked the first box of the form STD. 840

Bidder Declaration form GSPD-05-105 completed and included with bid

Proposed DVBE participation meets the 5% requirement (unless a different percentage is specified)

OPTION B: BUSINESS UTILIZATION PLAN (BUP) *If this solicitation specifies higher participation goals than the bidder's utilization plan, the bidder is required to meet these goals.*

Prior to the bid due date – Submitted a BUP to DGS-PD and received approval

STD. 840 included with bid

Designated the BUP Option in Section A – Checked the third box of the form STD. 840

Attached a copy of the BUP Approval letter from DGS-PD

Bidder Declaration form GSPD-05-105 completed and included with bid

Page 6 of 6

STD840



SF330: Part I

- Required Documents
 - **Section A-C:** Contract Information
 - **Section D:** Organizational Chart
 - **Section E:** Resumes
 - **Section F:** Projects
 - **Section G:** Key Personnel Participation in Example Projects
 - **Section H:** Additional Information

The image shows a stack of SF330 forms. The top form is titled 'ARCHITECT - ENGINEER QUALIFICATIONS PART I - CONTRACT-SPECIFIC QUALIFICATIONS'. It includes sections for contract information, organizational chart, and a table for key personnel. The table has columns for 'Name', 'Title', 'Experience', and 'Check if Branch Office'. The forms are stacked, showing sections H, G, F, E, D, and C.

Section A-C: Contract Information

- List address closest to project
- Check whether office is branch
- List your role(s) in the contract as provided by the prime
- Fill in Part B and C only
 - **Part A is for Prime**

ARCHITECT - ENGINEER QUALIFICATIONS							
PART 1 - CONTRACT-SPECIFIC QUALIFICATIONS							
A. CONTRACT INFORMATION							
1. TITLE AND LOCATION (City and State)							
2. PUBLIC NOTICE DATE		3. SOLICITATION OR PROJECT NUMBER					
B. ARCHITECT-ENGINEER POINT OF CONTACT							
4. NAME AND TITLE							
5. NAME OF FIRM							
6. TELEPHONE NUMBER		7. FAX NUMBER	8. E-MAIL ADDRESS				
C. PROPOSED TEAM <small>(Complete this section for the prime contractor and all key subcontractors)</small>							
9. FIRM NAME				10. ADDRESS		11. ROLE IN THIS CONTRACT	
(Check)	Prime	Key Subcontractor	Other Subcontractor				
a.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
b.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
c.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
d.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
e.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
f.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
g.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
h.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			
i.			<input type="checkbox"/>	CHECK IF BRANCH OFFICE			

Section D: Organizational Chart

- Section D is required of primes only
- Organizational chart should show clear reporting relationships and include all roles required for scope of work
- Roles on organizational chart should be identical to roles on resumes

Section E: Resumes

- Be selective in choosing the right individuals for the project
- Limit 5 projects, not to exceed 2 pages
- List project features, role and responsibility of individual

E. RESUMES OF KEY PERSONNEL PROPOSED FOR THIS CONTRACT <small>(Complete one Exhibit E for each key person)</small>			
12. NAME		13. ROLE IN THIS CONTRACT	
		14. YEARS EXPERIENCE	
		A. TOTAL	
		B. WITH CURRENT FIRM	
15. FIRM NAME AND LOCATION (City and State)			
16. EDUCATION (DEGREE AND SPECIALIZATION)		17. CURRENT PROFESSIONAL REGISTRATION (STATE AND DISCIPLINE)	
18. OTHER PROFESSIONAL QUALIFICATIONS (Publications, Organizations, Training, Awards, Etc.)			
19. RELEVANT PROJECTS			
1) TITLE AND LOCATION (City and State)		2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	
		CONSTRUCTION (If Applicable)	
3) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE		Check if project performed with current firm	
a.			
1) TITLE AND LOCATION (City and State)		2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	
		CONSTRUCTION (If Applicable)	
3) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE		Check if project performed with current firm	
b.			
1) TITLE AND LOCATION (City and State)		2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	
		CONSTRUCTION (If Applicable)	
3) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE		Check if project performed with current firm	
c.			
1) TITLE AND LOCATION (City and State)		2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	
		CONSTRUCTION (If Applicable)	
3) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE		Check if project performed with current firm	
d.			
1) TITLE AND LOCATION (City and State)		2) YEAR COMPLETED	
		PROFESSIONAL SERVICES	
		CONSTRUCTION (If Applicable)	
3) BRIEF DESCRIPTION (Brief scope, size, cost, etc.) AND SPECIFIC ROLE		Check if project performed with current firm	
e.			

Section E: Resumes

- “Role” is the role key personnel is performing on this project
- Years with current firm: Don’t use fractions
- Note the difference between the completion date of your service versus the completion date of construction

SF330 Part I: Section F

- 10 projects maximum, one per page, include photos
- Feature a combination of prime and subconsultant projects
- Verify reference information is current
- Similar in scope and size
- Select projects key personnel worked on

F. EXAMPLE PROJECTS WHICH BEST ILLUSTRATE PROPOSED TEAM'S QUALIFICATIONS FOR THIS CONTRACT <small>(Present as many projects as requested by the agency, or 10 projects, if not specified. Complete and submit 7 for each project.)</small>			20. EXAMPLE PROJECT KEY NUMBER
21. TITLE AND LOCATION (City and State)			22. YEARS COMPLETED
			PROFESSIONAL SERVICES CONSTRUCTION (if applicable)
23. PROJECT OWNER'S INFORMATION			
A. PROJECT OWNER	B. POINT OF CONTACT NAME	C. POINT OF CONTACT TELEPHONE NO.	
24. BRIEF DESCRIPTION OF PROJECT AND RELEVANCE TO THIS CONTRACT (include scope, size, and cost)			
25. FIRMS FROM SECTION C INVOLVED WITH THIS PROJECT			
(1) Firm Name	(2) Firm Location (City and State)	(3) Role	
A.			



Section H: Additional Information

- Demonstrate understanding of project requirements and scope
- Highlight past performance / relevant experience of firms and key team members
- Include photos of similar work
- Primes limited to 4 pages
- Subs limited to 2 pages
- Section I: Must be signed by an authorized representative

Part II: General Qualifications

- Not required for Caltrans submittals
- May be required for other agencies

Section 3: Table or Graph

- Primes must submit a table or graph (i.e. bar chart, pie chart) showing the percentage of availability of the team

Section 4: Communication Plan

- Primes must show accessibility of the team by providing a communication plan that outlines the chain of command including after hours and emergency situations that may arise

Section 5: Work Force Analysis Chart

- Required for primes and subconsultants with more than 50 employees
- Fewer than 50 employees must provide a statement and is exempt
 - Company letterhead

Work Force Analysis

	Caucasian		Black		Hispanic		Asian/ Pacific Islander		Native American/ Native Alaskan		Total Calif. Work Force	
	M	F	M	F	M	F	M	F	M	F	M	F
Executives/Managers												
Licensed Professional Engineers/Surveyors/ Architects												
Other Technical/ Professional												
Office/Clerical												
Other Misc.												
TOTAL												
PERCENT OF TOTAL												

Section 6: Nondiscrimination Plan

- Primes and subconsultants with 50 or more employees must provide a description of the firm's nondiscrimination program
- A prime or subconsultant with fewer than 50 employees must provide a statement and is exempt from the requirement

Red Team Review

- 2-Day “Pens Down” Rule
 - Separates writing and production; timely proposal completion
- Red Team = Fresh Set of Eyes!
 - Team of 2-4 people
 - Check for accurate and relevant content
 - Conveying the right message
 - Check for grammatical errors
 - Check for compliance

Presentation and Delivery

- Professional Appearance
 - Write concisely; entire proposal should appear as if it were written by one author
 - Free from grammatical errors
 - Clearly label cover: client name, project name, SOQ #
 - May incorporate firm and client's colors into cover / proposal design
 - Include tabbed sections to easily find information

Presentation and Delivery

- Get the SOQ where it needs to go
 - Caltrans requires 2 delivery locations, usually with different number of copies
 - Make sure the right number of SOQ copies get to the right location
 - Make sure package is labeled correctly
 - Plan well in advance for your delivery method and timing – don't wait until the SOQ is complete
 - Hand delivery safest, when feasible; provide clear delivery instructions

Tips to Remember

- Download the most current Caltrans documents when the RFQ hits the streets
- Check website daily for addenda (Caltrans and BidSync)
- Develop a process of completion / schedule
- Demonstrate that you are both a responsive and responsible bidder
 - SOQ package is compliant and meets all terms in the RFQ
 - SOQ package is accurate and relevant to the scope of work and showcases your ability to successfully complete the contract
- Always triple check for grammar, compliance and completeness
- Ensure your SOQ is delivered on time
- Incorporate feedback / “lessons learned” into your SOQ



Questions and
Answers
Thank you!