

NEVI DESIGN-BUILD REQUEST FOR QUALIFICATIONS

IDAHO TRANSPORTATION DEPARTMENT

National Electric Vehicle Infrastructure (NEVI) Program

Lewiston Service Area - Key Number 24765

Bliss Service Area - Key Number 24766

Pocatello Service Area - Key Number 24767

REQUEST FOR QUALIFICATIONS APPENDIX A: RFQ FORMS

December 30, 2024

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FORM A

**ACKNOWLEDGMENT OF RECEIPT
OF
REQUEST FOR QUALIFICATIONS, ADDENDA, AND RESPONSE TO QUESTIONS**

Applicant: _____

Service Area: _____

We hereby acknowledge receipt of the Idaho NEVI Program design-build RFQ and subsequent Addenda and responses to questions issued by the Department. The RFQ, any addenda and responses to questions will be posted on the Department's webpage at: [Business | Idaho Transportation Department](#) under the Design-Build tab.

Addendum No. & Date

Response to Questions #1 through: _____

(Signed by authorized Applicant representative)

(Date)

(Printed or typed name)

(Title)

FORM B

IDAHO CODE CERTIFICATION FORM FOR FEDERAL-AID PROJECTS

Applicant: _____

Service Area: _____

Failure to comply with the terms of the referenced Idaho Code may result in breach of contract.

Anti-Boycott Clauses

Per the provisions of Idaho Code §§ [67-2346](#), Anti-Boycott Against Israel Act, and Idaho Code §§ [67-2347A](#), Prohibition on Contracts with Companies Boycotting Certain Sectors, the undersigned certifies that it is not currently engaged in, and will not for the duration of the contract engage in the following:

- Boycott of good or services from Israel or territories under its control;
 - Boycott of any individual company because the individual or company engaged in or supports the exploration, production, utilization, transportation, sale, or manufacture of fossil fuel-based energy, timber, minerals, hydroelectric power, nuclear energy, or agriculture, or
 - Boycott of any individual or company because the individual or company engages in or support the manufacture, distribution, sale, or use of firearms, as defined in Idaho Code § [18-3302\(2\)\(d\)](#).
-

Prohibition on Contracts with Companies Owned or Operated by the Government of China

Idaho Code §§ [67-2359](#) states “a public entity in this state may not enter into a contract with a company to acquire or dispose of services, supplies, information technology, or construction unless the contract includes a written certification that the company is not currently owned or operated by the government of China and will not for the duration of the contract be owned or operated by the government of China. Company certifies that it is not owned or operated by the government of China.

By signing below, Applicant certifies that Applicant and all Major Participants will comply with the aforementioned requirements.

(Signature of Applicant’s authorized representative)

(Date)

Design-Build Conflict of Interest Guidelines

The integrated nature of design-build creates the potential for conflicts of interest (COI). The Idaho Transportation Department (Department) has developed *Design-Build Conflict of Interest Guidelines* (COI Guidelines) and a disclosure process for management and evaluation of these conflicts and the appearance of conflicts. The COI Guidelines are intended to summarize key governing regulations and describe the COI disclosure process. The purpose of the COI Guidelines is to clarify the Department's policy on potential conflicts of interest that may arise when consultants, subconsultants, contractors and subcontractors perform work for the Department relating to a potential design-build project.

Discussion

Both state and federal regulations govern disclosure and management of conflicts of interest in highway contracting processes.

The Department also has a Conflict of Interest and Personal Conduct for Conflicts of Interest policy regarding the actions of Department employees, which is explained in the Idaho Transportation Department Administrative Policy 4021 and 5021.

Sections 40-116 and 40-904, Idaho Code apply to potential Department procurements for design-build projects, and require that reasonable efforts be made to avoid, mitigate, or neutralize organizational conflicts of interest.

The Idaho Board of Licensure of Professional Engineers and Professional Land Surveyors has a conflict of interest rule applicable to professionals licensed by the board, found in 10.01.02 Rules of Professional Responsibility, Subpart 008 Conflict of Interest.

Pursuant to 23 USC § 112(b)(3), the Federal Highway Administration (FHWA) has promulgated administrative rules that affect federally-funded design-build procurements and related procurements. In cases of conflict, Federal regulations take precedence over State regulations on Federal-aid projects. These rules, which are in 23 Code of Federal Regulations (CFR) Parts 635 and 636, are used as the basis for Department guidelines on the subject. (23 CFR § 636.103).

The primary regulation on organizational conflicts of interest in design-build transactions is 23 CFR § 636.116.

23 CFR § 636.117 indicates that Federal Acquisition Regulations (FARs-specifically 48 CFR Part 3, "Improper Business Practices and Personal Conflicts of Interest") will apply to the Department's evaluation committee members in the absence of relevant State laws and procedures.

COI Disclosure Process

An Applicant shall review the codes and policies listed above and complete a COI Disclosure Form at the time of submitting a Statement of Qualifications or Proposal to the Department. An Applicant shall file an amended COI Disclosure Form within 10 Business Days of any material change in the information reported on the COI Disclosure Form.

The identification, assessment, and management of actual or potential conflicts of interest are a joint task between the Department and each Applicant. It requires both parties to work together in an atmosphere of candor and accountability. As the owner, the Department makes the final determination as to the adequacy of any COI management plan offered by each Applicant.

The Department's COI determination is based on a number of factors such as:

- Situational Facts – description of the situation and all known facts specific to the actual or perceived COI

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- Type of Work - specific product or service and contract(s) involved
- Architecture & Engineering Services - specific disciplines involved
- Relationship to management - specific interactions with Department decision-makers
- Public disclosure - timing and availability of product or service

It is important to understand that the specific facts disclosed in any COI situation will be unique to that situation. Therefore, the decisions and conclusions reached in one situation may or may not be directly applicable to another. For example, the definition of "Low-Level Documents" does not isolate an Entity producing them from a potential COI situation. The ultimate determination will take into account other factors including but not limited to those described above.

FORM C

CONFLICT OF INTEREST DISCLOSURE OR POTENTIAL CONFLICT OF INTEREST

Applicant's Name: _____

Service Area: _____

APPLICANT'S DECLARATION

1. Is any Associate (*see definition*) of a Major Participant a former employee or family member of an employee of the Department, DEQ, or OEMR? Yes No
2. Did this Applicant, or any Associate of a Major Participant, participate in preparing any part of the RFQ or RFA, or any documents or reports to which the RFQ or RFA refers?
Yes No

If yes, what specifically was prepared?

3. Does this Applicant, or any Associate of a Major Participant, have any past, present or currently planned interests, which are an actual or potential organizational Conflict of Interest (*as defined in the COI Guidelines*), with respect to performing the Work for the Department? Yes No

If the answer to any of the above questions is "yes," I have attached to this Declaration the following:

- a) All relevant facts;
 - b) Any actions that must be taken to avoid, neutralize, or mitigate such Conflict of Interest (e.g., communications barriers, restraint or restriction upon future contracting activities, or other precaution);
 - c) A description of how a competitive advantage (actual or perceived) has not been gained over other proposers.
4. The signature below certifies that to the best of the signer's knowledge, information and belief, and after thorough review of the Applicant's team, including all Major Participants, and after reasonable inquiry with knowledgeable persons that:
 - A) This Applicant and Major Participants have no business or personal relationships with any other companies or persons that could be considered a Conflict of Interest or potential conflict of interest to the IAWG under the Conflict of Interest Guidelines,

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Department, and FWHA policy, pertaining to any and all work or services to be performed as a result of this Request for Qualifications or Request for Applications and any resulting Contract with the Department, except as disclosed on the present form and;

- B) There are no Associates of this Applicant or Major Participants that have any business or personal relationships with any other companies or persons that could be considered a conflict of interest or a potential conflict of interest to the IAWG, pertaining to any and all work or services to be performed as a result of this Request for Qualifications or Request for Applications and any resulting contract with the Department, except as disclosed on the present form.

I hereby certify that I am authorized to sign as an authorized Representative for the Applicant regarding the foregoing affirmations and attached representations.

Complete Legal Name of Applicant: _____

Address: _____

Fed ID No.: _____

Signature: _____

Name (type/print): _____

Title: _____

Telephone: _____

Date: _____

ATTACH ALL NECESSARY DISCLOSURES AND EXPLANATIONS TO THIS FORM.

FORM F

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION, AND OTHER RESPONSIBILITY MATTERS**

Applicant: _____

Service Area: _____

Name of Major Participant: _____

By signing this document the Major Participant certifies to the best of their knowledge and belief they:

- 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 a three-year period preceding this proposal 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 government entity (federal, state or local) with commission of any of the offenses enumerated in paragraph (b) of this certification; and
- d. Have not within a three-year period preceding this application/proposal had one or more public transactions (federal, state or local) terminated for cause or default.

Signature: _____

Firm: _____

Printed Name: _____

Title: _____

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FORM I
INSTALLATION HISTORY

Applicants may use this form to submit a maximum of five (5) examples.

Applicant:			Example ___ of ___
Service Area:			
Major Participant's Name & Role on this Installation (prime, sub, consultant, etc.)		Name of Client:	
Address/Specific Location:			
Contact Name, Phone, Email:			
Scope Description:			
EVSE Contract Start Date:		EVSE Operational Start Date:	
Contract Value:		Type of Property Agreement:	
Connector type(s), number, power level:		NEVI-compliant EVSE? (Y / N)	Yes No
Charger Uptime – First Six Months:		Charger Uptime (%) – Since Operational Start Date:	
Summarize Workforce Development Efforts:			
List any safety incidents and approach to resolving them:			
If Applicant does not have installation experience or provided information does not fit into a category above, describe how Applicant plans to meet requirements or provide information below:			

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Major Participant's Name & Role on this Installation (prime, sub, consultant, etc.)		Name of Client:	
Address/Specific Location:			
Contact Name, Phone, Email:			
Scope Description:			
EVSE Contract Start Date:		EVSE Operational Start Date:	
Contract Value:		Type of Property Agreement:	
Connector type(s), number, power level:		NEVI-compliant EVSE? (Y / N)	Yes No
Charger Uptime – First Six Months:		Charger Uptime (%) – Since Operational Start Date:	
Summarize Workforce Development Efforts:			
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Address/Specific Location:			
Contact Name, Phone, Email:			
Scope Description:			
EVSE Contract Start Date:		EVSE Operational Start Date:	
Contract Value:		Type of Property Agreement:	
Connector type(s), number, power level:		NEVI-compliant EVSE? (Y / N)	Yes No
Charger Uptime – First Six Months:		Charger Uptime (%) – Since Operational Start Date:	
Summarize Workforce Development Efforts:			
List any safety incidents and approach to resolving them:			
If Applicant does not have installation experience or provided information does not fit into a category above, describe how Applicant plans to meet requirements or provide information below:			

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Address/Specific Location:			
Contact Name, Phone, Email:			
Scope Description:			
EVSE Contract Start Date:		EVSE Operational Start Date:	
Contract Value:		Type of Property Agreement:	
Connector type(s), number, power level:		NEVI-compliant EVSE? (Y / N)	Yes No
Charger Uptime – First Six Months:		Charger Uptime (%) – Since Operational Start Date:	
Summarize Workforce Development Efforts:			
List any safety incidents and approach to resolving them:			
If Applicant does not have installation experience or provided information does not fit into a category above, describe how Applicant plans to meet requirements or provide information below:			

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Major Participant's Name & Role on this Installation (prime, sub, consultant, etc.)		Name of Client:	
Address/Specific Location:			
Contact Name, Phone, Email:			
Scope Description:			
EVSE Contract Start Date:		EVSE Operational Start Date:	
Contract Value:		Type of Property Agreement:	
Connector type(s), number, power level:		NEVI-compliant EVSE? (Y / N)	Yes No
Charger Uptime – First Six Months:		Charger Uptime (%) – Since Operational Start Date:	
Summarize Workforce Development Efforts:			
List any safety incidents and approach to resolving them:			
If Applicant does not have installation experience or provided information does not fit into a category above, describe how Applicant plans to meet requirements or provide information below:			

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FORM K

KEY PERSONNEL

Applicant: _____

Service Area: _____

KEY PERSONNEL: Project Manager

Name: _____

Position: _____

Phone: _____ Email: _____

Company: _____ Years With Company: _____

Years of EVSE Experience: _____

Availability For This Project: _____ % Time Commitment Anticipated For This Project: _____ %

Reference 1 Name: _____

Reference 1 Position: _____

Reference 1 Company: _____

Ref. 1 Phone: _____ Email: _____

Reference 2 Name: _____

Reference 2 Position: _____

Reference 2 Company: _____

Ref. 2 Phone: _____ Email: _____

KEY PERSONNEL: Designer

Name: _____

Position: _____

Phone: _____ Email: _____

Idaho Professional Engineer License Number: _____

Company: _____ Years With Company: _____

Years of EVSE Experience: _____

Availability: _____ % Time Commitment Anticipated For This Project: _____ %

Reference 1 Name: _____

Reference 1 Position: _____

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Reference 1 Company: _____

Ref. 1 Phone: _____ Email: _____

KEY PERSONNEL: Electrician/Installation Manager

Name: _____

Position: _____

Phone: _____ Email: _____

Company: _____ Years With Company: _____

Years of EVSE Experience: _____

Availability: _____ % Time Commitment Anticipated For This Project: _____ %

Reference 1 Name: _____

Reference 1 Position: _____

Reference 1 Company: _____

Ref. 1 Phone: _____ Email: _____

KEY PERSONNEL: Operations & Maintenance Manager

Name: _____

Position: _____

Phone: _____ Email: _____

Company: _____ Years With Company: _____

Years of EVSE Experience: _____

Availability: _____ % Time Commitment Anticipated For This Project: _____ %

Reference 1 Name: _____

Reference 1 Position: _____

Reference 1 Company: _____

Ref. 1 Phone: _____ Email: _____

KEY PERSONNEL: (Other*)

Name: _____

Position: _____

Phone: _____ Email: _____

Company: _____ Years With Company: _____

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Years of EVSE Experience: _____

Availability: _____ % Time Commitment Anticipated For This Project: _____ %

Reference 1 Name: _____

Reference 1 Position: _____

Reference 1 Company: _____

Ref. 1 Phone: _____ Email: _____

* *Copy as many tables as necessary to include all Major Participants*

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FORM O

ORGANIZATION INFORMATION

Applicant: _____

Service Area: _____

Applicant Certification

The undersigned certifies that they are the authorized representative and have the authority to act on behalf of the Applicant, that all information and documentation submitted to the Idaho Transportation Department in their Statement of Qualifications are truthful and correct, and that the Applicant and their team are in compliance with and will continue to comply with all applicable state and federal laws.

Applicant: _____

Company Type*: _____

Contact Name: _____

Contact Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Signature: _____ Date: _____

Major Participant Information:

EVSE Supplier: _____

Company Type*: _____

Contact Name: _____

Contact Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Property Owner: _____

Company Type*: _____

Contact Name: _____

Contact Title: _____

Mailing Address: _____

Phone: _____ Email: _____

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Utility Company: _____

Company Type*: _____

Contact Name: _____

Contact Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Designer: _____

Company Type*: _____

Contact Name: _____

Contact Title: _____

Mailing Address: _____

Phone: _____ Email: _____

Other Major Participant: _____

Company Type*: _____

Contact Name: _____

Contact Title: _____

Mailing Address: _____

Phone: _____ Email: _____

*Refer to list of company types in definition of "Applicant" or add other description as appropriate.
Copy "Other Major Participant" table as many times as needed.