

REQUEST FOR PROPOSAL PROCESS MATRIX

1.	General description of RFP	Request for Proposals for consulting services to manage and complete an update to the North Fair Oaks Community Plan
2.	List key evaluation criteria	For both lead consulting and subconsulting team members: demonstrated prior successful experience with similar planning projects; demonstrated prior experience in similar communities, including diverse, mixed-income, multilingual communities, and communities of similar size and physical composition; demonstrated experience with specific plan preparation; prior local experience; demonstrated technical capability of all team members to conduct analysis, planning, and implementation to complete required project tasks; personal, professional, and managerial competence and experience to effectively interface with the community, appropriately represent the County, and successfully manage project to completion in a timely and cost-effective manner.
3.	Where advertised	Departmental website, national website of the American Planning Association
4.	In addition to any advertisement, list others to whom the RFP announcement was sent	MIG Consulting; Dyett and Bhatia Consulting; Hogle-Ireland; Anderson Planning Consulting; Alfred Williams Consultancy LLC; Elmwood Consulting; Design, Community and Environment; Bay Area Economics; Strategic Economics; Pacific Municipal Consultants; EDAW; Mid-Valley Engineering; Fukuji Planning and Design; Community Design & Architecture; Wagstaff and Associates; RBF Consulting; PB Placemaking; Mintier-Harnish Planning Consultants; Metropolitan Planning Group; Winter and Company; Peter J Smith & Co.; Town Planning & Urban Design Collaborative; Torti Gallas & Partners; Patty Formosa, Consultant
5.	Total number of RFP's sent to prospective proposers	24
6.	Number of proposals received	11

7.	Who evaluated the proposals	Janet Stone, Housing Dept; Jessica Stanfill, Housing Dept; Steve Monowitz, Planning Dept; William Gibson, Planning Dept; ST Mayer, Health Dept.
8.	In alphabetical order, names of proposers (or finalists, if applicable) and location	<ul style="list-style-type: none"> • Calthorpe Associates, Berkeley CA • Crandall Arambula, Portland OR • Design, Community and Environment, Berkeley CA (<i>finalist</i>) • Dyett & Bhatia, San Francisco CA (<i>finalist</i>) • Fukuji Planning & Design, San Francisco CA • Hogle Ireland, Pasadena CA (<i>finalist</i>) • Kevin Gardner & Associates, San Francisco CA • MIG, Berkeley CA (<i>finalist</i>) • Pacific Municipal Consultants, Rancho Cordova CA • Peter J Smith & Company, Buffalo, NY • RRM Design, Sausalito CA

**County of San Mateo
Contractor's Declaration Form**

I. CONTRACTOR INFORMATION

Contractor Name:	MIG	Phone:	510-845-7549
Contact Person:	CAROLYN VERHEYEN	Fax:	510-845-8750
Address:	800 HEARST AVENUE BERKELEY, CA 94710		

II. EQUAL BENEFITS (check one or more boxes)

Contractors with contracts in excess of \$5,000 must treat spouses and domestic partners equally as to employee benefits.

- Contractor complies with the County's Equal Benefits Ordinance by:
 - offering equal benefits to employees with spouses and employees with domestic partners.
 - offering a cash equivalent payment to eligible employees in lieu of equal benefits.
- Contractor does not comply with the County's Equal Benefits Ordinance.
- Contractor is exempt from this requirement because:
 - Contractor has no employees, does not provide benefits to employees' spouses, or the contract is for less than \$5,000.
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to offer equal benefits when said agreement expires.

III. NON-DISCRIMINATION (check appropriate box)

- Finding(s) of discrimination have been issued against Contractor within the past year by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or other investigative entity. Please see attached sheet of paper explaining the outcome(s) or remedy for the discrimination.
- No finding of discrimination has been issued in the past year against the Contractor by the Equal Employment Opportunity Commission, Fair Employment and Housing Commission, or any other entity.

IV. EMPLOYEE JURY SERVICE (check one or more boxes)

Contractors with original or amended contracts in excess of \$100,000 must have and adhere to a written policy that provides its employees living in San Mateo County up to five days regular pay for actual jury service in the County.

- Contractor complies with the County's Employee Jury Service Ordinance.
- Contractor does not comply with the County's Employee Jury Service Ordinance.
- Contractor is exempt from this requirement because:
 - the contract is for less than \$100,000
 - Contractor is a party to a collective bargaining agreement that began on _____ (date) and expires on _____ (date), and intends to comply when the collective bargaining agreement expires.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct, and that I am authorized to bind this entity contractually.

Carolyn M. Verheyen
Signature

4-16-09
Date

CAROLYN M. VERHEYEN
Name

PRINCIPAL / SECRETARY
Title

**SAN MATEO COUNTY
MEMORANDUM**

DATE: 8/27/09
TO: Faiza Steele FAX: 363-4864 PONY: HRD 163
FROM: Virginia Diehl, Planning
FAX: 4849 PONY: PLN122
SUBJECT: Contract Insurance Approval

The following is to be completed by the department before submission to Risk Management:

CONTRACTOR NAME: MIG

DOES THE CONTRACTOR TRAVEL AS A PART OF THE CONTRACT SERVICES?:

Yes

NUMBER OF EMPLOYEES WORKING FOR CONTRACTOR:

Unknown

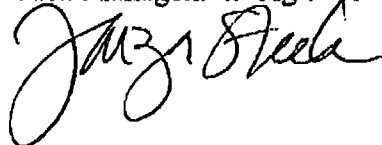
DUTIES TO BE PERFORMED BY CONTRACTOR FOR COUNTY:

Preparation of North Fair Oaks Community Update Plan.

The following will be completed by Risk Management:

INSURANCE COVERAGE:	Amount	Approve	Waive	Modify
Comprehensive General Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Motor Vehicle Liability	1,000,000	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional Liability		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	Statutory	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REMARKS/COMMENTS:				

Risk Management Signature



Date

8/27/09

ACORD CERTIFICATE OF LIABILITY INSURANCE

OP ID A2
MIGIN-1

DATE (MM/DD/YYYY)
04/17/09

PRODUCER
Cook Insurance Services
McDermott-Costa Co., Inc.
276 Dolores Ave
San Leandro CA 94577
Phone: 510-352-2731 Fax: 510-352-8272

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED

Moore Iacofano Goltsman, Inc
dba: MIG
800 Hearst Avenue
Berkeley CA 94710

INSURERS AFFORDING COVERAGE		NAIC #
INSURER A:	Hartford Fire Ins. Co.	19682
INSURER B:	Everest National Insurance Co	10120
INSURER C:		
INSURER D:		
INSURER E:		

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR	INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	57UUNUN8227	04/01/09	04/01/10	EACH OCCURRENCE \$ 100000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300000 MED EXP (Any one person) \$ 5000 PERSONAL & ADV INJURY \$ 100000 GENERAL AGGREGATE \$ 200000 PRODUCTS - COMP/OP AGG \$ 200000
		GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC				
A		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS	57UUNUN8227	04/01/09	04/01/10	COMBINED SINGLE LIMIT (Ea accident) \$ 100000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below OTHER	5900000484091	04/01/09	04/01/10	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER
						E.L. EACH ACCIDENT \$ 100000
						E.L. DISEASE - EA EMPLOYEE \$ 100000 E.L. DISEASE - POLICY LIMIT \$ 100000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
Re: MIG #20064 - San Mateo County Element Update. *except 10 days for non-payment of premium.

CERTIFICATE HOLDER

CSMATEO

County of San Mateo
Planning & Building Dept.
William Gibson
455 County Center 2nd Floor
Redwood City CA 94063

CANCELLATION
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL *30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE
