PACKET B	
Sia Partners Statement of Qualifications – Community Centered Transportation	
Leadership to Curb Carbon	



PROPOSAL TITLE PAGE

RFQ Title:	Community Centered Transportation Leadership To
	Curb Carbon
Issuing Organization:	Washington State Department of Transportation
Name of Proposing Organization:	Sia Partners
Submission Title:	Sia Partners Statement of Qualifications – Community
	Centered Transportation Leadership to Curb Carbon
Submission Date:	February 16, 2024
Main Point of Contact:	John DePalma, Engagement Lead
	john.depalma@sia-partners.com

PACKET B

February 16, 2024

John DePalma Sia Partners 3120 139th Ave SE suite 500 Bellevue, WA 98005

Washington State Department of Transportation 310 Maple Park Avenue SE P.O. Box 47300 Olympia, WA 98504-7300 Re: RFQ "Community Centered Transportation Leadership to Curb Carbon"

To Whom It May Concern,

I am pleased to transmit the attached proposal titled "Sia Partners Statement of Qualifications – Community Centered Transportation Leadership to Curb Carbon." This proposal outlines Sia Partners' capabilities for fulfilling Washington State Department of Transportation's Request for Qualifications. Herein, we highlight key skills and experience to successfully complete the proposed project.

Thank you for your attention to this matter.

Sincerely,

John DePalma Associate Partner Sia Partners

Consultant Information Form

Firm Name: Sia Partners	US Inc		FYE Date: 2024	Number of Employees: 492		
48 Wall St						
^{City:} 48 Wall St	state: New York	Zip Code: 1000	-	New York		
Phone: 404-202-244	6		Company Web Site	a-partners.com		
Remit to Address: 48 Wall St						
New York	New York	Zip Code: 1000	5	New York		
Phone: 404-202-244	6	Fax:				
Statewide Vendor Number (SWV) fo	r Remit to Address:		D Number or Social S 243189			
Unified Business Identifier Number (UBI):	Date Universal Numbering System (DUNS) Number: 079928918				
Year Firm Established: 1999	UDBE/SBE/MSVWBE Ce 60442741		::: NAICS Cod	le & Code Name:		
Proposed Project Manager: Myrielle Robi	taille	Email: myriell	e.robitaille	e@sia-partners.com		
Financial Contact: Peter Pietruc	ha	Email: Contra	acts-us@)sia-partners.com		
Firm Type: Sole Proprietor Partne Annual Gross Receipt: \$0 to \$1 Million \$1 M	rship ■ C – Corp. □ Limited P illion to \$5 Million □ \$5 Million t	· _	ubchapter S Corp. [] \$10 Million to \$15]	☐ Limited Liability Company Million ■ Over \$15 Million		

Note:

Firm Name: Please <u>do not</u> 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 <u>www.dor.wa.gov</u>

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: 2024 COMMUNITY CONTERED TRANSPORTATIONS LOADERSHIP TO CURB CARISON

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.

SIA PARTAUTRS FIRM NAME: Name of Contractor/Bidder – Print full legal entity name of firm JOHN DEPALMA Print Name of person making certifications for firm authorized person

By:

Title:

ASSOC PARTNER Title of person signing certificate

112/2024

Place: <u>BULLEVUE</u>, WA Print city and state where signed

Date:



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

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

Solicitation or Agreement Title:

2024 COMMUNITY CERITERED TRANSPORTATION LUADUTCSHIP TO CURB 01/18/2024

Solicitation Posting Date or Agreement Start Date:

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 <u>NOT</u> 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 <u>RCW 49.48.082</u>, any provision of RCW chapters <u>49.46</u>, <u>49.48</u>, or <u>49.52</u> within three (3) years prior to the date of the above-stated date.

FIRM N	AME: SIA PARTNERS	5
	Name of Consultant/Contractor – Print	t full legal entity name of firm
By:	Signature of authorized person	JOHN DEPALMA Print Name of person making certifications for firm
Title:	ASSOC. PARTNER Title of person signing certificate	Place: <u>BECLEVUE</u> , WA Print city and state where signed
Date:	02/12/2024	

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: <u>ConsultantRates@wsdot.wa.gov</u>.

CONTRACTOR CERTIFICATION - WAGE THEFT PREVENTION: PROFESSIONAL SERVICES CONTRACTS



Consultant Name: Latham Biopharm Group - Part of Size	a Partners
Consultant's Project Manager: Kimberly Weber	
Project Name to be Evaluated on: (Work must have been completed within Advancing the rVSV Vector Platform Technolog	he last 3 years or is currently being performed.) gy for Filovirus Vaccine Development - Marburg V
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 ye	ars or is currently being performed.)
Prime 02/01/19 03/	d Date Dollar Amount of Services 31/25 3,400,000.00
Sub Sub	
Performan	ce Evaluation
Rating Criteria	Score
Please rate each criteria on a scale of 1 to 10. 1 being low an	ad 10 being high. 1 - Low to 10 - High
1. Was the firm cooperative and responsive during any negotiations whether budget related or work element related?	they were 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: Public Health Vaccines. LLC	
Evaluator's Name: Dr. Joan Fusco, PhD	Evaluator's Title: COO
Firm/Company Address: One Broadway, 14th Floor, Cam	bridge, MA 02142
Phone: (515) 203-9951 Fax:	Date: 02/16/23
Distribution: Original: Return to Consultant being evaluated; a	nd Rev. 2014

Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Consultant Name: Sia Partners				
Consultant's Project Manager: Aurélie	n Labrunye			
Project Name to be Evaluated on: (Work Deptimization of Operation	_	ne last 3 years or i	s currently being performe	ed.)
Type of Work:	s Specs & Estimates	Transportation S	Study Right-of-W	/ay 🖌 Other
Contract Information: (Work must have b				
Start Date		Date		Dollar Amount of Services
Sub 01/01/18	12/3	31/21		725,000.00
	Performanc	e Evaluatio	n	
	Rating Criteria			Score
Please rate each criteria or	a scale of 1 to 10. 1 being low an	d 10 being high.		1 - Low to 10 - High
1. Was the firm cooperative and responsiv budget related or work element related?	e during any negotiations whether	they were		8.00
2. Did the firm complete the project withi	n the total budgeted amount?			9.00
3. Did the firm complete the project withi	n the contract schedule(s)?			8.00
4. Did the firm meet all of your technical	standards and quality expectations?			8.00
5. Was the firm's communication, both or	al and written, clear and concise?			9.00
6. Was the firm's project management sys	tem effective?			9.00
Total Score				51.00
(Total the score by adding the scores for ca	riterias 1 through 6.)			
Average Score (Average the score by dividing the total sc	ore by the total number of criteria t	hat was rated.)		8.50
	Evaluator	Information	•	
Firm/Company Name: City of Mon	treal			
Evaluator's Name: Nathalie Colett	e	Evaluator's Title	[*] Head of Divisio	on - Org Performance
Firm/Company Address: 275, Rue N	lotre-Dame Est Montre	éal, QC H2	Y 1C6	
Phone: (514) 781-5251	Fax:		Date: 02/14/24	
_	Consultant being evaluated; ar OT at 360-705-6838 or email to		ot.wa.gov	Rev. 2014

Consultant Name: SIA Partners	
Consultant's Project Manager: Myrielle Robitaille	
Project Name to be Evaluated on: (Work must have been completed within th ZEV Strategy and Support to the EV charging de	
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 year	
Prime	Date Dollar Amount of Services .9/23 87,350.00
Performanc	e 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 to budget related or work element related?	hey were 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)?	8.00
4. Did the firm meet all of your technical standards and quality expectations?	7.50
5. Was the firm's communication, both oral and written, clear and concise?	8.00
6. Was the firm's project management system effective?	8.00
Total Score	40.50
(Total the score by adding the scores for criterias 1 through 6.)	49.50
Average Score (Average the score by dividing the total score by the total number of criteria th	8.25
Evaluator I	nformation:
Firm/Company Name: Ville de Terrebonne	
Evaluator's Name: Alain de Guise	Evaluator's Title: Cadre-conseil mandats spéciaux
Firm/Company Address: 775 Rue St Jean Baptiste, Terrebo	onne, QC J6W 1B5
Phone: (514) 726-0915 Fax:	Date: 02/12/24
Distribution: Original: Return to Consultant being evaluated; an	

Distribution: Original: Return to Consultant being evaluated; and

Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov

Consultant Name: Sia Partners	
Consultant's Project Manager: Anthony James	
Project Name to be Evaluated on: (Work must have been completed within the last 3 years or is curr Fire Prevention Business Transformation	ently being performed.)
Type of Work: Roadway Design Plans Specs & Estimates Transportation Study	Right-of-Way Vother
Contract Information: (Work must have been completed within the last 3 years or is currently being	
Start Date End Date Prime 02/14/22 05/17/22	Dollar Amount of Services 57,000.00
Performance Evaluation Rating Criteria	Score
Rating Criteria Please rate each criteria on a scale of 1 to 10. 1 being low and 10 being high.	1 - Low to 10 - High
 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 (Average the score by dividing the total score by the total number of criteria that was rated.)	10.00
Evaluator Information:	
Firm/Company Name: Puget Sound Regional Fire Authority	
Evaluator's Name: Aaron Tyerma	puty Chief
Firm/Company Address: 24611 116th Ave SE, Kent WA 98030	
Phone: (253) 856-4300 Fax: (253) 856-4317 Date:	02/14/22
Distribution: Original: Return to Consultant being evaluated; and	Rev. 2014

Copy: Fax to WSDOT at 360-705-6838 or email to wsdotcso@wsdot.wa.gov





Proposed Billing Rates

Date: 12-February-2024	
Company Name: Sia Partners	
Address: 3120 139th Ave SE, Suite 500	
City / State / Zip: Bellevue, WA 98005	

Subject: Proposed Labor Classifications and Hourly Billing Rates for <u>2024 Community Centered Transportation Leadership to Curb (</u> Attention: Manager, Contract Services Office

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

Labor Classification	All Inclusive Billing Rate
Community Outreach Coordinator	\$ 121.00
Grant Support	\$ 125.00
Technical PM Specialist	\$ 177.00
Grant Management	\$ 192.00
Grant Program Manager	\$ 201.00
Transportation / Fleet Decarbonization Expert	\$ 209.00
Digital Transformation Expert	\$ 255.00
Project Manager	\$ 280.00
Steering Committee: Digital Transformation Lead	\$ 280.00
Steering Committee: Non-dilutive Funding Lead	\$ 324.00
Steering Committee: Engagement Lead	\$ 331.00
Sustainability Expert	\$ 398.00
방법 이 같은 것이 가지 않는 것이 같은 것이 같다.	

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 Associate Partner

DOT Form 224-011 Revised 12/2018

Labor Classification	All Inclusive Billing Rate
	이 아이는 것 같아요?
	학 위험은 상태 문제
그 말했던 그는 것 같은 것은 것 같은 것 같은 것이 가지 않는 것 같이 가지 않는다.	
	경험 물건 방송 가격을
사람 성도 사람은 가슴을 다 같은 것을 가지 않는 것이 많이 다.	

If additional space is needed, you may submit multiple copies of page 2.

Name	BU	Labor Class	Function	PgM Role	Ra	te	LOE	Hrs./Yr.	Hrs./Mo.	Labo	r Total
Myrielle Robitaille	Sia	Managing Director	Кеу	Program Manager	\$	280	90%	1,872	156	\$	524,160
Amit Mehta	Sia	Manager	Кеу	Grant program manager	\$	209	90%	1,872	156	\$	391,248
Chloe Maximo	Sia	Associate Consultant	Кеу	Outreach coordinator	\$	121	90%	1,872	156	\$	226,512
Deborah Roby	LBG	Senior Associate Consultant	Кеу	Grant management	\$	201	20%	416	35	\$	83,450
Adelaide Masterson	LBG	Senior Analyst	Кеу	Grant support	\$	125	20%	416	35	\$	51,979
Jean Trzcinski	Sia	Partner	Кеу	Sustainability expert	\$	398	15%	312	26	\$	124,176
Nicholas Duplessis	Sia	Senior Manager	Кеу	Digital transformation expert	\$	255	15%	312	26	\$	79,560
Cassidy Cantin	LBG	Director	Кеу	SteerCo	\$	324	10%	208	17	\$	67,361
John DePalma	Sia	Associate Partner	Кеу	SteerCo	\$	331	10%	208	17	\$	68,848
Amy Jo Stolmeier	Sia	Managing Director	Кеу	SteerCo	\$	280	10%	208	17	\$	58,240
Hugues De Vinck	Sia	Senior Consultant	Кеу	Transportation expert	\$	177	15%	312	26	\$	55,224
Paul Esteves	Sia	Associate Manager	Кеу	Technical Specialist	\$	192	50%	1,040	87	\$	199,680

\$ 1,930,438 TOTAL

12 Team Member Count

Year Basis 2080 hrs

25-Mar-2024 Project Start 25-Mar-2025 Project End

> 9,048 Total Program Hours \$213 Blended Rate