

Consultant Questions & Answers Request for Proposals (RFP) City of Indianapolis/Marion County Pedestrian Plan



Please note that consultant interviews are likely and are tentatively planned for the afternoons of June 18th and 19th.

Who makes up the Project Management Team?

The project management team includes: Sandy Cummings (Marion County Public Health Department), Brad Beaubien (City of Indianapolis), Andy Lutz (City of Indianapolis), Pete Fritz (Indiana State Department of Health), Jamie Palmer (representing APA-Indiana) and Joan Cook (Health by Design). There will be other designees at times.

Who comprises the selection committee?

The consultant selection committee will be a subset of the project management team and possibly representatives from the Indianapolis MPO and IndyGo

Do you only want one copy of the proposal sent by email?

Yes, the proposal must be submitted electronically. Supporting documents (such as work samples) may be sent by regular USPS mail or delivery, but it is not necessary. If doing so, please only send one copy.

Is the 12 page limit 12 pieces of paper (with 2 sides each) or 12 sides total?

There is a limit of 12 pages/sides total, so six sheets of paper if printed double-sided

What is/is not included in the page limit?

Included in the 12-page limit are the executive summary, budget, schedule, general firm description, summary of comparable projects and overview of the team

Not included in the 12-page limit are the proposal cover, cover letter, table of contents, work samples, resumes, professional/additional qualifications

For the technical proposal, do we need to repeat all elements of the scope of work or simply summarize our approach to each task?

A summary of the approach to each task is sufficient.

How was the RFP distributed?

It was distributed to a list of consultants maintained by the Indianapolis MPO, the American Planning Association website/listserv, the American Walks listserve, the APA-Indiana listserve and through the general Health by Design network

How will the identified proposal evaluation criteria be weighted or prioritized?

Each of the six bullet point factors will have equal weight

What is the local match and who are the project financial partners?

This project does not have a local match. It is %100 funded through the American Planning Association by an award from the Centers for Disease Control and Prevention (federal funding). The total project

award to APA-IN and Health by Design is \$135,000.00; a maximum budget of \$95,000.00 is available for the development of the pedestrian plan.

Does this contract require audited rates?

We are seeking clarification from APA/CDC. Per above, this project uses federal funding.

Do rates need to be based on raw direct pay rate times overhead?

We are seeking clarification from APA/CDC. Per above, this project uses federal funding.

Can profit be applied to rate inclusive of overhead?

We are seeking clarification from APA/CDC. Per above, this project uses federal funding.

How will the final plan documents be submitted (electronically vs. hard copy)?

Final documents will be required electronically, including native files

Is the desire to have the consultant be local?

It is not necessary; we see advantages and drawbacks to both local and national firms.

The focus of this project is pedestrian plan development and adoption. What is current status and timetable for development and completion of pedestrian program and community-wide walkability campaign strategies?

The funded project period for all three strategies ends March 2016. It is expected that the pedestrian plan will be adopted at that time. The promotional campaign work is underway; we will be laying groundwork over the next ten months and expect an initial roll-out, though the campaign will largely extend beyond the project period (and live-on). The pedestrian program will be established in parallel to the planning process, looking more at funding, policies, internal systems, etc., again with the expectation that it will become institutionalized and extend in perpetuity.

What are your thoughts re: on-going project management during the planning process? (I.E. client point-of-contact, advisory committee, etc)

Kim Irwin will be the primary point of contact. There will be a significant amount of back-and-forth between the consultant(s) and the project management team. A bi-weekly meeting is anticipated, though at times it may be brief, by phone only, etc.

What emphasis will be on selecting a consultant who has had experience already on these types of plans?

We are seeking a consultant team that demonstrates a clear understanding of what we are trying to accomplish with regard to the role of health and equity factors (and other lenses) in project prioritization. The field is moving rapidly and there are numerous other plans and resources available for reference, so direct experience may not be critical.

Is the vision for this plan is modeled off of any other plans?

While there is not one specific plan that we are looking to as a model, there are a number of plans which have included elements that we'd like to see in this one. Seattle's ped plan and the Nashville MPO's bike/ped plan are two of the leading ones. Other resources are also listed below. Note – though our project will not include a health impact assessment, there are aspects of such a process that could be informative and helpful to this plan.

http://www.seattle.gov/transportation/pedestrian_masterplan/default.htm
<http://www.franklin-gov.com/home/showdocument?id=2555>
http://www.pedbikeinfo.org/pdf/PlanDesign_SamplePlans_Local_Philadelphia2012.pdf
http://activelivingresearch.org/files/2011_HIA_Haggerty.pdf
<http://www.bikewalkalliance.org/blog/621-reflecting-on-equity-in-biking-and-walking-master-plans>

Can you please elaborate on the GIS data available for this project from the City of Indianapolis, Marion County and other regional entities?

The City has a sidewalk layer (with varying degrees of accuracy), parcel layers, land use, ADA ramps, pavement edges, greenways and trails, bus routes and stops. There is not a tree canopy GIS layer. The regional bike, ped and transit plan data will be available. This project does not include new data inventory. Where gaps are identified and exist, we will look to other options for collecting/securing that info.

What level of detail is required for walk / trail inventory / assessment? I.E. local and neighborhood walks or limited primarily to collector walks (Consistent with existing regional pedestrian plan level of detail)?
Per above, this project does not include new data inventory, so the detail will be a function of what is already available.

Given the above responses, what does the 'new GIS data' deliverable (2.4) mean?

This would include incorporating health data that is not already mapped into GIS. It would also include the identification of existing data gaps and needs. It will be important for us to understand what those gaps/needs are and what needs to be done moving forward to address them.

Have pedestrian screen line counts been accomplished along with bicycle counts, and is that information available?

We have been doing ped/bike screen line counts since fall of 2012; the City also uses trail counters in various places. We will need to determine those locations and which ones distinguish between pedestrians and cyclists.

Will the MPO be a part of the Management Team, as well as the City and County to facilitate data collection in the initial two tasks?

Though they're not represented on the project management team, we expect full access to MPO staff knowledge, experience and guidance and their data for this process.

Has the City or County prepared a transition plan and is data available in GIS for this plan?

The City of Indianapolis does not have an ADA transition plan. It is our best understanding that the absence of that plan is related to past consent-decree action. Some elements of a typical ADA-transition plan will be addressed in this plan. We believe that related data and GIS layers are available, though accuracy is unknown.

Has GIS been updated based on IndyGo's recent Comprehensive Operational Analysis (COA)?

We believe that it has (or will be very soon), but we will confirm with IndyGo staff.

What does the 'completed walk audits' deliverable (3.6) entail?

Those activities will largely be led by the Health by Design team, with consultant input and support based on location, assessment needs, and identified overlap with a parallel pedestrian crash analysis project that is currently underway.

Have you identified key stakeholder groups?

We have an established network of Health by Design partners, but are open to input and suggestions. Priorities may include IMPD/law enforcement, the disability community, the broader health community, neighborhood groups, etc. There will be a combination of interest groups and geographically focused stakeholders.

General comments on public engagement:

The public engagement in this process is not intended to identify where people want sidewalks. Instead, we hope to educate the public on current decision-making processes and constraints, provide information about prioritization options/scenarios, and have a public dialogue about values and trade-offs as to the best use of constrained resources. The recent IndyGo COA process looking at ridership vs. coverage provides a useful model. Through current Plan 2020 and past planning efforts, the public has been asked repeatedly for input. The expectation is that we reference that input and build on it as related to project prioritization.

What is the list of project related data and data sets that are available?

The tables below include the data we expect to use as part of this planning process. This is a draft/working list. In the first table, not all sources are identified and/or verified. The second table has confirmed data sets available through the Marion County Public Health Department.

Data	Category	Source	Notes
Crashes 1	Crash	ARIES	
Crashes 2	Crash	IEMS	
Crime rates	Crime	IMPD	
Age	Demo/SES	Census	
Educational attainment	Demo/SES	Census	
Household vehicles	Demo/SES	Census	
Income	Demo/SES	Census	
Poverty	Demo/SES	Census	
Race	Demo/SES	Census	
Schools - free/reduced lunch	Demo/SES	DOE	
Trip generators	Destinations		Schools, parks, worksites, transit stops, multiunit housing, hospitals/medical, food retail
Anticipated pop growth	Economic		
Anticipated real estate growth	Economic		
Anticipated residential growth	Economic		
Property values	Economic		
Tax base	Economic		
Chronic Disease 1	Health	MCPHD/ISDH/BRFSS	Such as cardiovascular, asthma, arthritis, etc.
Chronic Disease 2	Health	MCPHD/ISDH/BRFSS	Such as cardiovascular, asthma, arthritis, etc.
Diabetes	Health	MCPHD/ISDH/BRFSS	
Mental Health 1	Health	MCPHD/ISDH/BRFSS	
Mental Health 2	Health	MCPHD/ISDH/BRFSS	
Obesity	Health	MCPHD/ISDH/BRFSS	
Physical Activity 1	Health	MCPHD/ISDH/BRFSS	Guidelines, past 30-days, etc.
Physical Activity 2	Health	MCPHD/ISDH/BRFSS	Guidelines, past 30-days, etc.
ADA ramps 1	Transpo	DPW	Current
ADA ramps 2	Transpo	DPW	Anticipated
Crosswalks	Transpo	DPW	
Ped signals 1	Transpo	DPW	Countdown
Ped signals 2	Transpo	DPW	Non-countdown
Ped signals 3	Transpo	DPW	Actuated
Planned/funded projects	Transpo	DPW	
Sidewalk condition	Transpo	DPW	
Sidewalk existing	Transpo	DPW	
Sidewalk gaps	Transpo	DPW	
Trails 1	Transpo	DPW	Current
Trails 2	Transpo	DPW	Anticipated
Transit 1	Transpo	IndyGo	Lines current
Transit 2	Transpo	IndyGo	Lines anticipated
Transit 3	Transpo	IndyGo	Stops current

Transit 4	Transpo	IndyGo	Stops anticipated
Manual counts	Use	HbD/DPW	
Trail counts	Use	DPW	

Marion County Public Health Department data:

Data Point	Source	Geographic Unit
% Overweight/Obese in Adults	2012 CHA	Zip Code
% Diabetes in Adults	2012 CHA	Zip Code
Physical Activity outside of work	2012 CHA	Zip Code
Destinations within 10 min. walk from home	2012 CHA	Zip Code
Perceived safety in neighborhood	2012 CHA	Zip Code
Poor Mental Health Days in past 30 days	2012 CHA	Zip Code
Diagnosed Depression	2012 CHA	Zip Code
Hospitalization - Diabetes	Annual hospital discharge DX	Zip Code
Hospitalization – Coronary atherosclerosis	Annual hospital discharge DX	Zip Code
Hospitalization – Cerebrovascular disease	Annual hospital discharge DX	Zip Code
% of population with a disability	US Census (has 5 specific questions)	Census tract and block groups (started in 2013)