

# **REQUEST FOR QUALIFICATIONS FOR HOME INSPECTORS TO PERFORM INSPECTIONS ON RESIDENTIAL PROPERTY TO BE ACQUIRED UNDER THE NEIGHBORHOOD STABILIZATION PROGRAM**

## **Purpose of Request for Qualifications**

The Housing Authority of Newnan (HAN) is a Sub-Recipient for the Neighborhood Stabilization Program administered by the City of Newnan for Coweta County. One of the activities in this program involves the acquisition, rehabilitation and resale of abandoned and foreclosed properties. These properties must be sold to low, moderate and middle income families whose household income is at or below 120% of the area median income for the county in which the property is located. HAN is looking to engage qualified Home Inspectors to inspect the properties. This solicitation is designed to enable HAN to develop a pool of Home Inspectors best suited to provide the services at the most competitive cost. Selection will be made by HAN and City of Newnan's staff, and HAN reserves the right to reject any or all responses not deemed acceptable. Selection will be based on the qualifications of the Home Inspector to perform the services outlined below as well as on the estimated fees provided in the response. Inclusion in the pool will be granted to those Home Inspectors deemed to be most responsive and responsible.

## **QUALIFICATIONS OF INSPECTOR**

The inspector must possess the following minimum qualifications. Responders who do not meet these qualifications will not be considered.

1. Hold a current license to complete home inspections in Georgia
2. Not be debarred from conducting business with the state of Georgia.
3. Posses a current business license/Occupational Tax Certification where required by local law
4. Have appropriate professional liability, general liability and worker's compensation insurance in force.

## **ROLE OF INSPECTOR**

The inspector should have considerable experience in performing inspections of residential property. Responsibilities include, but are not limited to:

1. Perform complete home inspections of residential real estate.
2. Recommend repairs needed to bring the property up to local, state and national building codes.

3. Recommend repairs needed to enhance the marketability of these properties.
4. Estimate cost of all needed repairs.

## **RESPONSE DATE**

One original copy of the submittal must be delivered to the Housing Authority of Newnan, Attention: NSP (Sandra Strozier), 48 Ball Street, GA 30263.

**This RFQ is open ended as program income continues to provide revolving funds as each house is sold.** Any submittal may be withdrawn or modified prior to acceptance.

## **Administrative Guidance**

This RFQ is designed to provide interested respondents with basic information needed to submit a response that will meet the minimum requirements. It is not intended to limit a response's content or exclude any relevant or essential data. Respondents are encouraged to expand upon the minimum requirements of the RFQ. HAN may award a contract based on the responses received without further discussion of such responses. Neither HAN nor City of Newnan will be responsible for any costs associated with the preparation of responses to this RFQ. If you should have any questions about this RFQ, please contact Sandra M. Strozier at (770) 683-8237, [sstrozier@numail.org](mailto:sstrozier@numail.org).

## **Required Submittals**

A complete response shall be submitted containing the following items:

1. Cover Letter – A cover letter summarizing the offer being proposed to HAN and the inspector's commitment to the program and time schedule.
2. Name and contact information (including contact person and email address) of the organization submitting the response.
3. Specific Details of Proposed Services
  - a. Evidence of each of the qualifications listed under Qualifications of Inspector, including but not limited to copies of licenses and certificates of insurance.
  - b. A detailed description of experience in inspecting residential property.
  - c. A description of your firm including numbers of professional and support staff, respectively.
  - d. Proposed turn-around time for completion of the inspection after receipt of request for an inspection.
  - e. Three references with contact information.
  - f. Proposed rate per inspection.
4. Disclosure of any business or familial relationship with members of HAN or City of Newnan Council members or staff.
5. Any additional information the respondent feels will strengthen the submittal
6. Contractor affidavit under O.C.G.A. § 13-10-91(b)(1)

6. The following statement -

“The undersigned hereby certifies/certify that the information contained in this response is true, complete and correct to the best of my/our knowledge.”

Signed \_\_\_\_\_

Date \_\_\_\_\_

Signed \_\_\_\_\_

Date \_\_\_\_\_

**Evaluation Criteria**

Each respondent should follow the above required format. All submittals will be carefully considered by HAN and City of Newnan staff and will be rated according to the following criteria:

Experience in inspecting property of this type. (10 points)

Ability to perform on a timely basis. (10 points)

Compensation being requested. (10 points)

Other attributes deemed appropriate (0-5 points)

Total possible points = 35

This numerical representation will indicate, based on the responses submitted, the best qualified, most responsive and most responsible proposer.

**HOWEVER, HAN ACKNOWLEDGES THAT THERE MAY BE SOME SUBJECTIVITY IN EVALUATION OF THE LISTED CRITERIA. EVERY EFFORT WILL BE MADE BY HAN OR ANY PANEL OF JUDGES TO BE IMPARTIAL AND FAIR IN THE EVALUATION PROCESS. NOTWITHSTANDING THE ABOVE, HAN RESERVES THE RIGHT TO REJECT ANY OR ALL RESPONSES.**

FAILURE TO RETURN THIS PAGE AS PART OF YOUR BID DOCUMENT  
MAY RESULT IN REJECTION OF BID

**REFERENCES**

HAN requests a minimum of THREE (3) references.

1. COMPANY NAME \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

2. COMPANY NAME \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

3. COMPANY NAME \_\_\_\_\_  
CONTACT PERSON \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

## **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

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This certification is required by the HUD regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6.. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the

method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to, check the Non-procurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Typed Name: \_\_\_\_\_

Typed Title: \_\_\_\_\_

Corporate Seal (where appropriate)

Date: \_\_\_\_\_

State of: \_\_\_\_\_

County of: \_\_\_\_\_