

**REQUEST FOR QUALIFICATIONS FOR GENERAL CONTRACTORS TO
CONSTRUCT AND/OR PERFORM REPAIRS AND REHABILITATION ON
RESIDENTIAL PROPERTY 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. Some of the activities in this program involves the acquisition, rehabilitation and resale of abandoned and foreclosed properties and the construction of new homes. 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 general contractors to construct new homes on or perform various repairs and rehabilitation of these properties. This solicitation is designed to enable HAN to develop a pool of qualified contractors. For each property, HAN will provide either a detailed listing of the repairs to be performed or house plans for new construction. This list/plan will be distributed to the contractors in the pool for the purpose of soliciting bids for performing the rehabilitation/new construction. HAN will award the contract to the lowest bid that is both responsive and responsible. HAN reserves the right to reject any or all responses not deemed acceptable.

QUALIFICATIONS OF CONTRACTOR

1. Hold a current license as a general contractor in Georgia. Responders who do not meet this qualification will not be considered.
2. Not be debarred from conducting business with the state of Georgia. Responders who do not meet this qualification will not be considered
3. Posses a current business license/Occupational Tax Certificate where required by local law
4. Have sufficient workers compensation, general liability and builders risk insurance policies in force.
5. Possess sufficient financial stability to enable the contractor to finance the rehabilitation for 30 days while reimbursement from DCA is processed.
6. Demonstrate experience in each of the areas listed under ROLE of CONTRACTOR

ROLE OF CONTRACTOR

The contractor should have considerable experience in construction and/or repair of residential property. Responsibilities are as follows. The following list should not be considered as all inclusive.

1. Perform or subcontract for specified repairs/new construction including but not be limited to electrical, plumbing, HVAC, carpentry, drywall, painting, roofing, floor covering, cabinetry and landscaping.
2. Work with local building inspectors to ensure that the property meets all local, state and national building codes.
3. Ensure compliance with applicable Federal and State of Georgia labor laws.
4. Ensure compliance with applicable Federal, State of Georgia and local environmental laws including laws relating to erosion control and waste disposal.

RESPONSE

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

This RFQ is open ended as program income continues to provide revolving funds as each house is sold. Any response 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. 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.

Required Submittals

A complete response shall be submitted containing the following items:

1. Cover Letter – A cover letter highlighting your qualification and experience and the contractor's commitment to the program and availability.
2. Name and contact information (including contact person and email address) of the organization submitting the response.
3. Additional information required:

- a. Evidence of the qualifications listed under Qualifications of Contractor including but not limited to copies of all licenses and certificates of insurance for workers compensation, general liability and builders' risk insurance.
 - b. A detailed description of experience in residential property construction and/or rehabilitation. (Include all HUD related experience)
 - c. A description of your firm including numbers of professional and support staff, respectively.
 - d. Three references with contact information. At least one of the references should be a banking reference (to substantiate financial ability).
4. Disclosure of any business or familial relationship with members of HAN or City of Newnan Council members or staff.
 5. Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)
 6. Any additional information the respondent feels will strengthen the response
 7. 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's staff and will be rated according to the following criteria:

- Experience in Residential Property Construction/Rehabilitation (0-10 points)
- Ability to perform on a timely basis. (0-10 points)
- Past experience with HUD related Programs (0-5 points)
- Financial Stability and appropriate Insurance (0-10 points)
- Other attributes deemed appropriate (0-5 points)
- Total possible points = 40

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 where work of a similar size and scope have been completed.

1. COMPANY NAME _____
BRIEF DESCRIPTION OF PROJECT _____

COMPLETION DATE _____
CONTACT PERSON _____
PHONE NUMBER _____

2. COMPANY NAME _____
BRIEF DESCRIPTION OF PROJECT _____

COMPLETION DATE _____
CONTACT PERSON _____
PHONE NUMBER _____

3. COMPANY NAME _____
BRIEF DESCRIPTION OF PROJECT _____

COMPLETION DATE _____
CONTACT PERSON _____
PHONE NUMBER _____

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion

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: _____