

City of Memphis

Division of Housing and Community Development

Lead Hazard Reduction Grant Program



REQUEST FOR PROPOSAL: INITIAL LEAD INSPECTIONS/ RISK ASSESSMENTS

PROPOSAL NUMBER: 2020-001
DATE ISSUED: **January 9, 2020**

RFP Proposal- Open Submittal period of performance for these activities is 42 months (January 2020 - July 2023)

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REQUEST FOR PROPOSAL –ENVIRONMENTAL FIRMS

INTRODUCTION

Overview

This Request for Proposals (“RFP”) is being issued by the City of Memphis- Division of Housing and Community Development- Lead Hazard Reduction Grant Program (LHRG) in its capacity to act as manager of the HUD’s Office of Lead Hazard Control and Healthy Homes funds. The purpose of this notice is to solicit proposals from Lead Environmental Firms to perform lead inspection/ risk assessments in accordance with HUD, EPA and State guidelines.

Companies with demonstrated experience in performing these types of services and possess and interest making their services available to the LHRG Program are invited to respond to this RFP. “Respondents” means the companies or individuals that submit proposals in response to this RFP. It is understood that the selected Respondent acting as an individual, partnership, corporation or other legal entity, is state licensed and certified in accordance with title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA) (12 U.S.C. 3331 et seq.) and capable of providing the specified services. The Respondent shall be financially solvent and each of its members, if a joint venture, its employees, agents or sub-consultants of any tier shall be competent to perform the services required under this RFP document.

The City is seeking to encourage participation by respondents who are MBE/WBE or Section 3 business enterprises and has a goal for minimum MBE/WBE participation.

Nothing in this RFP shall be construed to create any legal obligation on the part of the Lead Hazard Reduction Program or any respondents. The LHRG Program reserves the right, in its sole discretion, to amend, suspend, terminate, or reissue this RFP in whole or in part, at any stage. In no event shall the LHRG Program be liable to respondents for any cost or damages incurred in connection with the RFP process, including but not limited to, any and all costs of preparing a response to this RFP or any other costs incurred in reliance on this RFP. No respondent shall be entitled to repayment from the LHRG Program for any costs, expenses or fees related to this RFP. All supporting documentation submitted in response to this RFP will become the property of the LHRG Program. Respondents may also withdraw their interest in the RFP, in writing, at any time, as more information becomes known.

The LHRG Program follows federal and local procurement standards, policies and procedures for procurement process. For further information on this requirement, contact the Lead Paint Program- **Tavita Conway, Program Manager, Public Safety Building, 170 North Main Street, 4th Floor, Memphis, TN, 38103, and 901-636-7478.**

Programs and Time of Completion

The City of Memphis- Division of Housing and Community Development- Lead Hazard Reduction Program administers LHRG Program:

The LHRG Program is federally funded through the Office of Lead Hazard Control and Healthy Homes. This program addresses lead hazards found in target homes built before 1978 with children residing under the age of six (6). The environmental inspection firm is expected to perform initial lead inspections and risk assessments on all qualified applicants of the program. The firm must

provide a full detailed report of the findings in the format approved by HUD's 2012 guidelines.

Term of Contract

Award recipients implementing the City of Memphis- Division of Housing and Community Development- LHRG and the Office of Healthy Homes and Lead Hazard Control program shall follow all rules and regulations. The programs referenced above are initiatives under the U.S. Department of Housing and Urban Development (HUD). Respondents are strongly encouraged to read these regulations prior to submitting their response to this RFP.

PROFESSIONAL SERVICE REQUIREMENTS

Scope of Work

The LHRG seeks sealed proposals from qualified respondents to provide lead paint inspection and risk assessment services on properties located in the City of Memphis and Shelby County. Prospective firms must complete an application. The application will be reviewed by a Selection Committee and proposals will be requested from lead firms with sufficient qualifications and experience with similar work. The City seeks to secure contracts with firms who are certified with the State of Tennessee-TDEC lead inspector and risk assessor disciplines. LHRG anticipates multiple requests for services within a short timeframe.

Additional Requirements

This project will comply with all codes, standards, regulations, and workers' safety rules that are administered by federal agencies (HUD, EPA, OSHA, and TDOT), state agency (TDEC), and any other local building codes, regulations and standards that may apply.

A State of Tennessee Certified Lead Inspector will conduct XRF testing in designated housing units according to State of Tennessee Regulations and HUD Guidelines.

During the XRF Testing phase, lead dust wipe samples will be collected from the floor and sill of designated rooms as appropriate. These samples will be delivered to the certified and accredited lab for analysis.

Soil samples will be collected in bare soil areas only at the perimeter of each building and in child play areas. These samples will be delivered to the certified and accredited lab for analysis.

In performing the testing of damaged painted surfaces, the environmental firm will utilize a NITON XLP 300 XRF Analyzer or equivalent to prevent further damage to painted surfaces and eliminate the need for paint chip sampling. Paint chip collection is not anticipated on this project and will not be performed on these houses unless requested by the Client.

At the conclusion of the XRF Testing, all XRF data, hand-drawn floor plan and inspection notes, including photographs of the A, B, C, and D side exteriors and each individual window profile as well as deteriorated interior surfaces will be incorporated into a lead-based paint inspection/ risk assessment report and delivered to the Client.

Costs

LHRG will reimburse client for the services in a lump sum fee for each task of submitted. The approved client will deliver an invoice to the LHRG staff containing fees for each initial lead inspection/ risk assessment performed during the month. Client acknowledges that the fee is based upon the description of the Services, Scope of Work and the Schedule as set out in this Agreement.

EVALUATION CRITERIA AND SCORING

In evaluating responses to this RFP, the LHRG staff will take into consideration the experience, capacity, and costs that are being proposed by the Respondent.

SUBMITTAL REQUIREMENTS

RFP responses must be submitted via hard copy at the Lead Paint Program-Tavita Conway, Program Manager, 170 North Main Street, 4th Floor, Memphis, TN, 38103, and 901-636-7478. Each respondent shall submit one (1) original and two (2) copies of the following documents in a clear, legible, 12-point font, and 8.5 by 11 inch format if submitting via hard copy. Respondents are advised to adhere to the Submittal Requirements. Failure to comply with the instructions of this RFP will be cause for rejection of submittals.

The LHRG reserves the right to seek additional information to clarify responses to this RFP. Each response must include the following:

Letter of Interest

Please submit a Cover Letter of Interest signed by a duly authorized officer or representative of the Respondent, not to exceed two pages in length. The Letter of Interest must also include the following information:

The principal place of business and the contact person, title, telephone/fax numbers and email address.

A brief summary of the qualifications of the Respondent and team.

Description of organization (i.e. Corporation, Limited Liability Company, or Joint Venture).

- The names and business addresses of all Principals of the Respondent. For purposes of this RFP "Principals" shall mean persons possessing an ownership interest in the Respondent.
- If the Respondent is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization's approval rights, if any, over the activities of the Respondent.

The Certification attached hereto at the end of this RFP and incorporated herein by reference must be signed by Respondent and attached to the Letter of Interest.

Threshold Requirements

These documents must be submitted and acceptable before the City of Memphis LHRG staff will review the proposal:

- Current Business License
- Current State of Tennessee Contractor License
- Certificate of Insurance (COI) to include:
 - General Liability Insurance policy must list the City of Memphis as the certificate holder, located at 170 North Main Street, Memphis, Tennessee 38103 with a minimum of \$1,000,000 coverage.

- Comprehensive General Liability Insurance, including Premises and Operations, Contractual Liability, Independent Contractor's Liability, and Broad Form Property and Damage Liability Coverage.
- Current Automobile Liability with minimum limit of \$1,000,000 per occurrence on all owned, hired, and non-owned autos.
- Current National EPA RRP Firm/ Worker Certification
- Current State of Tennessee- TDEC Firm Certification
- Current State of Tennessee- TDEC Inspector/ Risk Assessor Certification
- City of Memphis- Section 3 Opportunity Plan (Final Report must be submitted after completion of work)
- DUNS Registration (Must have an assigned DUNS Number to register on SAM.gov website)
- SAM.gov registration (Must receive "active" status and be assigned a CAGE Code when verified)
- Include completed MW/SBE Application
- Must be in a sealed envelope with **address** on front. Bids must be written in ink and signed (No Pencils).

Main Proposal

Please provide the following information (this information is the main substance for the selection criteria stated under the Section A: Evaluation and Scoring):

1. Years of experience and detailed qualifications in performing the range of services on various property, please include team's resumes of key personnel. Please provide the number of full-time and part-time employees. Respondents should provide narrative examples of three (3) projects that are similar in nature to projects described in the RFP.
2. If you engage independent contractors, how many do you intend to hire? Do you intend to cover them with workers compensation? *(All independent contractors will be required to have worker's compensation coverage and appropriate licenses, which will be the responsibility of the respondent)*
3. Capacity to complete the testing of multiple structures within a short period of time. Please provide the number of properties your company has serviced in the past year. Please also provide a timeline including approximately how long it takes to complete testing, how long does it take for results to be received from lab, the length of time to generate a report.
4. Respondents should state whether they are an MBE/WBE or Section 3 business enterprise. If so, please provide a copy of a current MBE/WBE certification letter.

SELECTION PROCESS

The Selection Committee comprised of the LHRG staff will review qualifications in accordance with the evaluation criteria set forth herein and objectives and policies established through the Office of Housing and Community Development. Proposals that are submitted timely and

comply with the mandatory requirements of the RFP will be evaluated in accordance with the terms of the RFP.

QUESTIONS

Questions regarding this RFP should call Tavita Conway, Program Manager @ 901-636-7478 for discussion.

SUBMITTAL DUE DATE

RFP open period of performance for these activities is 42 months (January 2020 - July 2023) if submitting electronically. Please keep all contents together, do not submit partial packets. Ensure all contents are included in the completed packet prior to submission, this is for both hand delivery and electronic submissions. Responses to this Request can be mailed or hand delivered to: Office of Housing and Community Development OR submitted electronically to Public Safety Building, 170 North Main Street, 4th Floor, Memphis, TN, 38103, and 901-636-7446, Tavita.Conway@memphistn.gov. Each Respondent is responsible for labeling the exterior of the sealed envelope containing:

The proposal response with the proposal number: 2020-001

Proposal name: Initial Lead Inspections/ Risk Assessments

Proposal due date and time: Open Submittal period of performance for these activities is 42 months (January 2020 - July 2023)

Firm's name: _____

Hard copies must be delivered to:

Lead Hazard Reduction Grant Program
City of Memphis-HCD
Public Safety Building
170 North Main Street, 4th Floor
Memphis, TN 38103-1877

ATTN: Tavita Conway

CERTIFICATION FORM NOTE

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION.

The undersigned hereby certifies, on behalf of the Respondent named in this Certification (the "Respondent"), that the information provided in this RFP submittal to the LHRG is accurate and complete, and I am duly authorized to submit same. I hereby certify that the Respondent has reviewed this RFP in its entirety and accepts its terms and conditions.

(Name of Respondent)

(Signature of Authorized Representative)

(Typed Name of Authorized Representative)

(Title)

(Date)



Division of Housing & Community Development
CONFLICT OF INTEREST DISCLOSURE REVIEW FORM

Program Management please review and verify the information contained in this disclosure form.

Name: _____ Program Name: _____
Address: _____ City, State, Zip: _____

TYPE OF POTENTIAL OR ACTUAL CONFLICT:

- Applicant's Family Member is employee
Work in the program area? YES NO
Functions/responsibilities with
respect to program area? YES NO
- Applicant is employee
Work in the program area? YES NO
Functions/responsibilities with
respect to program area? YES NO
- YES to any one of the above Family Member &/or Employee responses means there is a Conflict – Stop Process
- Gifts to or from applicant? YES NO
- Business Relations? YES NO
- Legal Proceedings and Debarment? YES NO
- YES to any one of the above Gifts, Business Relations, &/or Legal Proceedings and Debarment responses means there is a Potential Conflict – Send to COI Review Committee
- Do not send to COI Review Committee if all of above responses are NO therefore, there is no conflict

Program Representative: _____ Date: _____
Supervisor: _____ Date: _____
Manager: _____ Date: _____

REVIEWED BY COI REVIEW COMMITTEE

RECOMMENDATION of COI Review Committee:

- Conflict – Stop Process No Conflict – Continue to Process Ask for HUD Waiver

Compliance: _____ Date: _____
Accounting: _____ Date: _____
Legal: _____ Date: _____

RFP SUBMITTAL REQUIREMENTS CHECKLIST

Please provide Checklist with response to RFP

- Contractor Application
- Letter of Interest
- Certification(s)/ Lead- Based Paint Certification(s)*
- Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the Secretary of State (If Respondent is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
- Certificate of Insurance
- State License and or Certification
- Evidence of Financial Stability (most recent financial statements)
- Certificate to do Business with City of Memphis
- References
- Description of Company
- Capacity of Company
- Pricing Proposal (compensation of duties for lead testing, lead risk assessments and reports)
- MBE/WBE Certification, if applicable
- Conflict of Interest Statement
- Lead Inspection/ Risk Assessment Template
- Section 3 Opportunity Plan
- RFP Submittal Requirements Checklist



CITY OF MEMPHIS
LEAD HAZARD REDUCTION PROGRAM
170 NORTH MAIN ST.
MEMPHIS, TN 38103 (901) 636-5323 (LEAD)

CONTRACTOR APPLICATION

Date: _____

I. FIRM IDENTIFICATION:

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

BUSINESS PHONE: _____ HOME PHONE: _____

MONTH & YEAR ESTABLISHED: _____

II. OWNERSHIP OF FIRM:

Type of Ownership? Individual _____ Partnership _____ Corporation _____

Is more than 50% ownership owned by a minority or female? _____

Name and address of all stockholders and/or partners:

| <u>NAME. TITLE. ADDRESS</u> | <u>% OF OWNERSHIP</u> |
|-----------------------------|-----------------------|
|-----------------------------|-----------------------|

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

III. MANAGEMENT (Use same format for additional management personnel)

NAME: _____ POSITION: _____

EDUCATION: _____

MANAGEMENT OR TECHNICAL TRAINING: _____

IV. As a general contracting firm, list the work the firm normally performs with its own forces:
 (Please Check) Commercial _____ Residential _____
 New Construction _____ Remodeling _____ Repairs _____ Demolition _____
 Lead Remediation (please specify) _____

V. ABILITY TO PERFORM WORK: RESOURCES

(1) Labor

Supervisory Personnel, including Lead Supervisors

| NAME | YEARS EXPERIENCE | RESPONSIBILITIES |
|-------|------------------|------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Regular Office Force

| NAME | POSITION & RESPONSIBILITIES |
|-------|-----------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Number of Regular Field Workers by Trades, Including Lead Certified workers.

| TRADE | Number of Workers |
|-------|-------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Names of Remainder of Personnel not already listed on this form:

(2) Trade References

List material suppliers who will carry your firm's account for thirty (30) days more.

| NAME | PHONE # | CONTACT PERSON |
|-------|---------|----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

(3) Supervision: Will be contractor personally supervise the "on-the-job" work? If not, can he readily secure competent supervision?

(4) Professional/Technical Assistance
Name, address and telephone number of firm's attorney (if any)

(5) List of Equipment, tools, machinery currently owned by firm

VI. LICENSES/CERTIFICATE:

Licenses and Certificates in Effect

(ALL PROOF OF LICENSES REQUIRED)

| <u>Type</u> | <u>Amount</u> |
|-------------|---------------|
| _____ | _____ |

| | |
|--|--|
| | |
| | |
| | |
| | |

VII. CONTRACTS OR JOBS RECENTLY COMPLETED: (List all for previous year; attach another page if necessary).

| NAME/ADDRESS | PHONE # | DESCRIPTION | AMOUNT |
|--------------|---------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

VIII. CONTRACTS OR JOBS IN HAND:

| NAME/ADDRESS | PHONE # | DESCRIPTION | AMOUNT |
|--------------|---------|-------------|--------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

IX. FINANCIAL:

| <u>Name of Bank and Branch</u> | <u>Name of Loan Officer</u> Familiar with contractor's credit |
|--------------------------------|--|
| | |
| | |
| | |

Average size of monthly payroll during preceding 12 months: _____

X. INSURANCE REQUIREMENTS (see attached)

A. Proof of Insurance required, attach Certificate of Insurance

B. Record of Surety and Fidelity Bonds: (List bonds obtained during last two years -bids payment or performance).

| <u>Date</u> | <u>Contract or Job</u> | <u>Type of Bond</u> | <u>Amount Surety Company & Agent</u> |
|-------------|------------------------|---------------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

C. Is there any pending litigation with which your company is engaged? If so, please state the nature of this litigation.

D. Does anyone working with this firm have a financial investment with any other contracting firm associated with the City of Memphis? If so, state with whom and the particular interest.

XI. COMMENTS:

(SIGNATURE OF CONTRACTOR)

(DATE)