



*Community Development Department*

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**HINESVILLE**  
GEORGIA

RESIDENTIAL REHAB ADVISOR  
REQUEST FOR QUALIFICATIONS  
(RFQ)

# Request For Proposal

**Mail Proposal To:** City of Hinesville Community Development Department  
Attn: Rehab Advisor RFP  
115 East MLK Jr. Drive  
Hinesville, GA 31313

**Hand Deliver To:** City of Hinesville Community Development Department  
Attn: Rehab Advisor RFP  
City Hall Second Floor  
115 East MLK Jr. Drive  
Hinesville, GA 31313

*Please direct questions to [CommunityDevelopment@cityofhinesville.org](mailto:CommunityDevelopment@cityofhinesville.org).*

**Sealed proposals will be accepted on a continuous basis and will be reviewed upon receipt.**

The City of Hinesville Community Development Department (CDD) reserves the right to reject any or all bids and waive informalities in the selection process. During the evaluation process, the CDD also reserves the right to request any additional information deemed necessary to supplement and/or clarify the information provided.

*The responsibility for submitting a response to this request for proposal to the Community Development Department of the City of Hinesville is the responsibility of the proposer.*

**Project Background:**

The Owner Occupied Rehabilitation Program is aimed at rehabilitating substandard single family detached structures of low and moderate income or elderly homeowners throughout the City. Funding for this activity is provided by the U.S. Department of Housing and Urban Development (HUD) Community Development Block Grant (CDBG) or the Georgia Department of Community Affairs Community (DCA) HOME Investment Program (CHIP).

**General Project Information:**

This Request for Proposal (RFP) is being issued to obtain solicitations of bids from certified inspectors and/or licensed general contractors to review single family residential housing units associated with the Owner Occupied Rehabilitation Program and provide a written report of items requiring repair or replacement to bring the unit to state and local standards.

**Exclusion from Bidding:**

The rehab advisor selected to complete Work Write Ups is excluded from bidding on RFP's related to the repair of homes in the Owner Occupied Rehabilitation Program. Further, pricing estimates should be regarded as confidential and not shared with bidders.

**Non-Assignment:**

The work write-up may not be sub-contracted or assigned to another party for completion.

**Code Requirements:**

The latest edition of the following residential construction codes should be adhered/considered when preparing the work write up.

- International Building Code
- International Residential Code for One- and Two- Family Dwellings
- International Fire Code
- International Plumbing Code
- International Plumbing Code
- International Mechanical Code
- International Fuel Gas Code
- International Energy Conservation Code
- National Electrical Code

**Pricing:**

Pricing for materials should be based on residential grade, new materials & current prices. Estimated pricing should be kept confidential and not shared with any other party.

**Required Tasks:**

All areas and components of the home should be inspected for deficiencies. A written report (Work Write Up) should be provided to the Community Development Department that details the needed repair/replacement as well as estimated costs. The inspection should include but is not limited to the following areas:

<u>Exterior</u>	<u>Interior</u>	<u>Components</u>
Doors	Flooring	HVAC
Windows	Walls	Water Heater
Roof	Ceiling	Plumbing
Siding	Insulation	Electrical

The completed work write up should include several photographs of each area or component as well as verbiage and specifications as noted in the attached sample.

**Components (within each Required Task):**

The work write up should include the following categories and note “N/A-No Code Violation” if no work is required. If applicable, clearly note or define the room or area requiring work. Each component should include a brief, but detailed description of the work to be completed, quantity, measurements, and installation/replacement product type. Several photos of the subject area should be included to show location and needed repairs.

Site Work	Drywall & Plaster
Demolition & Disposal	Ceramic Tile
Concrete & Paving	Painting
Masonry	Floors
Metal Work	Heating & Air
Carpentry	Plumbing
Roofing & Sheet Metal	Electrical
Conservation	

**WWU Revisions:**

If needed, the Work Write Up will be revised at no additional fee to accurately depict the project in accordance with all guidelines, requirements, specifications and details outlined in this RFP and its attachments.

It is strongly encouraged for minority-owned and women-owned businesses, socially and economically disadvantaged businesses, HUD Section 3 businesses, and small businesses to submit proposals.

### **Proposal Requirements**

The following are proposal requirements. Your proposal must include all items to be considered complete. Forms are provided for your convenience but are not mandatory. If you opt not to use the forms provided, please format your submission in the order detailed below. Proposals that do not follow this format will be considered incomplete.

*A. Provide information regarding the person or business submitting the proposal to include:*

- Individual Name
- Business Name
- Type of Business (Corporation, Partnership, Individual Proprietorship)
- Number of years in business
- Federal ID Number
- DUNS Number
- Address
- Mailing Address
- Phone Number
- Fax Number
- Email

*B. List at least three project of similar size or nature that you have completed during the past three years to include:*

- Project Name & Address
- Project Type
- Project Cost
- Year Completed
- Reference Name
- Reference Address
- Reference Phone

*C. Outline the process by which you will accomplish the required tasks.*

*D. List the expected compensation for the required tasks.*

*E. Complete the Certification form.*

*F. Complete the Private Employer Affidavit and notarize.*

*G. Complete the E-verify Affidavit.*

*H. Attach a copy of your valid driver's license.*

*I. Attach a copy of your valid state certified inspector license*

*J. Complete registration for a Data Universal Number System (DUNs) account. Page 13*

*K. Complete registration with the System for Awards Management (SAMs). Page 14*

*L. Attach any additional documentation you would like to accompany the proposal.*

*A. Provide information regarding the person or business submitting the proposal.*

Individual Name: \_\_\_\_\_  
Business Name: \_\_\_\_\_  
Type: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual Proprietorship  
Number of years in business: \_\_\_\_\_  
Federal ID No: \_\_\_\_\_ DUNS No: \_\_\_\_\_  
Address: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

*B. List projects of similar size or nature that you have completed during the past three years.*

Project Name & Address: \_\_\_\_\_  
Project Type: \_\_\_\_\_  
Project Cost: \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
Reference Phone: \_\_\_\_\_

Project Name & Address: \_\_\_\_\_  
Project Type: \_\_\_\_\_  
Project Cost: \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
Reference Phone: \_\_\_\_\_

Project Name & Address: \_\_\_\_\_  
Project Type: \_\_\_\_\_  
Project Cost: \_\_\_\_\_ Year Completed: \_\_\_\_\_  
Reference Name: \_\_\_\_\_  
Reference Address: \_\_\_\_\_  
Reference Phone: \_\_\_\_\_

*C. Outline the process by which you will accomplish the required tasks.*

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*D. List the expected lump sum/flat rate compensation for the required task.*

Work Write Up with photos, detailed description of the work to be completed, quantity, measurements, and installation/replacement product type.

\$ \_\_\_\_\_

*E. Certification:*

I certify that this offer to the City of Hinesville is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an offer for the same services, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and verify that I am authorized to sign this proposal as/for the bidder. I further state that the company affiliated with this proposal currently complies with all applicable federal and state laws and directives relative to non-discriminatory practices in employment.

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

Printed Name: \_\_\_\_\_

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



**CITY OF HINESVILLE-PRIVATE EMPLOYER AFFIDAVIT**

**Pursuant to O.C.G.A. § 36-60-6(d), by executing this affidavit under oath, as an applicant for a business license, occupational tax certificate, or other document required to operate a business as referenced in O.C.G.A. § 36-60-6(d), from the City of Hinesville, the undersigned applicant representing the private employer, verifies one of the following with respect to the application for the above mentioned documents:**

**1. Fill out this section after July 1, 2016.**

a) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed more than ten (10) employees.

b) \_\_\_ On January 1<sup>st</sup> of the below signed year the individual, firm, or corporation employed less than ten (10) employees.

*If the employer selected (a) please fill out section 2 below. This is not your Federal Tax ID Number (EIN).*

**2. The employer has registered with and utilizes the federal work authorization program, also known as E-Verify, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 36-60-6(a). The undersigned private employer also attests that its federal work authorization user identification number and date of authorization are listed below:**

\_\_\_\_\_ Federal Work Authorization User Identification Number

\_\_\_\_\_ Date of Authorization

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false statement, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties by such statute.

Executed on the \_\_\_ day of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (City), \_\_\_\_\_ (State)

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_ DAY OF \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
NOTARY PUBLIC

\_\_\_\_\_  
My Commission Expires

G. E-Verify Affidavit:

**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of City of Hinesville has registered with, is authorized to use and uses the federal work authorization program commonly known as E-verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present and affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are a follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number/E-verify User Number (4 to 6 digits)

\_\_\_\_\_  
Date of Authorization                      Date of contract between Contractor & Public Employer

\_\_\_\_\_  
Legal Name of Contractor (please print)                      Contract Number

\_\_\_\_\_  
Legal Address of Contractor                      City, State, & Zip Code

\_\_\_\_\_  
Name of Project                      Contract Amount

City of Hinesville  
\_\_\_\_\_  
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.  
Executed on \_\_\_\_ of \_\_\_\_\_, 20\_\_ in \_\_\_\_\_ (city), \_\_\_\_\_ (state).

\_\_\_\_\_  
Signature of Authorized Officer or Agent

\_\_\_\_\_  
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public                      Commission Expires

- H. Please attach a copy of your valid driver's license as a required component of the Private Employer verification.
- I. Please attach a copy of your valid inspectors license/certificate.
- J. Attach any additional documentation you would like to accompany the proposal.

# How to Request a Data Universal Number System (DUNS Number)

## What is a DUNS Number?

- A DUNS Number is a unique identification number for each physical location of a business organization that is used to track how federal grant money is allocated.
- Contractors are required to provide the 9-digit DUNS Number.

## Who needs a DUNS Number?

- All businesses or other organizations receiving money from the U.S. Federal government through contracts or grants are required to have a DUNS Number.
- For the City of Hinesville HUD and DCA programs all agencies seeking funding must have a DUNS number.

## How to obtain a DUNS Number

You may receive your free DUNS Number by internet or by phone.

- By internet: Go to <http://fedgov.dnb.com/webform> and request a DUNS Number. If one does not already exist, it will be created within one business day.
- By Phone: Call 1-866-705-5711
  - Please have the following available when you call
    - Legal Name of Organization
    - Trade style, Doing Business As (DBA), or any other name by which your organization is commonly recognized
    - Physical Address, City, State and Zip Code
    - Mailing Address (if applicable)
    - Telephone number
    - Fax number
    - Name of CEO/Organization Owner
    - Contact Name
    - SIC Code (Line of Business)/Primary Type of Business\*\*\*
    - Legal structure of the Organization (corporation, partnership, etc)
    - Year the Organization Started
    - Number of Employees at your location
    - Headquarters Name and Address

\*\*\*Note: The SIC code may be obtained from [http://www.osha.gov/pls/imis/sic\\_manual.html](http://www.osha.gov/pls/imis/sic_manual.html). This is a manual that can be referenced for the SIC code which is a coding system that identifies the type of business.

# How to Register with System for Award Management (SAM)

## Ensure to register for a DUNS Number

- Refer to the instruction sheet provided

## Go to SAM website: <https://sam.gov/SAM/>

- Click Login (Top right corner)

## If you have a login:

- Enter your email address and password
- Click Sign In
- Enter your one-time security code that was sent to the phone number on file
- Click Submit
- Accept SAM Terms & Conditions

## If you do not have a login:

- Click Create an account
- Enter your email
- Click Submit
- Confirmation Page
- An Email is sent to your account (follow the link to confirm email address within 24hours)
- Create a password
- Select an option to receive your security code
- Enter number and submit
- Receive Code / Enter Code / Submit
- Print out personal key code (keep in a safe place for future use)
- Enter key and submit
- Your login account is created for free and you can now log in to sam.gov