



ADDENDUM NO. 3

REQUEST FOR PROPOSAL (RFP) # 1688-13 HOUSING QUALITY INSPECTION SERVICES RE: HUD HOUSING CHOICE VOUCHER PROGRAM

(Released April 22, 2013)

May 17, 2013

To all prospective bidders:

The purpose of this addendum is to share Questions and Answers concerning the requirements of the RFP.

Q (1) Initial Inspections - Please advise if owner is allowed 30 days to correct violation? Same as annual inspections?

A. No, not the same. Landlord will usually make corrections ASAP and contact inspector and request a re-inspection.

Q (2) Life Threatening Re-inspections - Because it will be necessary to return within 24 hours to make sure violation was corrected, it is possible that two re-inspections will be processed ...inspector must conduct a second re-inspection if non-life threatening violations were identified in which the owner and/or family is allowed 30 days. Will HHA pay for the first inspection that identifies the violations and the two sequent re-inspections?

A. Yes.

Q (3) Initial Inspections - If utility service is NOT available at time of initial inspection and according to HHA's Admin Plan, Contractor must return to unit to make sure all utilities are operational after the unit has met all other HQS requirements ...see Admin Plan page 8-12. Again,

this could possible create two re-inspections. Will HHA pay for both re-inspections? Same question for appliances - see Admin Plan page 8-12.

A. When scheduling an Initial Inspection landlord should be informed that electricity must be on in order to ensure that all owner supplied appliances are operational. **If** the unit meets all other HQS requirements, **except the utility is not available**, then there would be a need for **only one** re-inspection after notification that electricity is on.

Q (4) Will the mentioned confirmatory inspection be considered a re-inspection? And will HHA pay for said inspection? See Admin Plan page 8-12

A. For tenant supplied appliances a physical (not tenant certified) re-inspection needs to be conducted within 30 days after lease-up. HHA will pay for re-inspections of this type.

Q (5) Is it possible to get a copy of the bidder's list? If so, please send as email attachment.

A. A bidders list is not available. The names of respondents will be announced at the time RFP's are opened.

Linda M Kennedy, CPPB, Contract Manager
On behalf of the Housing Authority of the City of Hartford

ATTACHMENT 1

**SECTION 4
PROPOSAL FORM - REVISED**

The undersigned agrees to provide services in accordance with the Scope of Services, and all other documents contained in this Request for Proposal. Fixed prices shall be inclusive of all work incidental to completing the task (such as scheduling, communicating, reporting, data entry, etc.).

A.	ITEM DESCRIPTION	FIRM PRICE
1.	Initial Inspection including Rent Reasonableness Survey:	\$ _____ each
2.	Annual Inspection	\$ _____ each
3.	Complaint/Special Inspection w/in 24-48 hours:	\$ _____ each
4.	Emergency Re-inspection:	\$ _____ each
5.	Re-inspection:	\$ _____ each

B. ADDITIONAL COSTS (Itemize all costs which would be an additional charge to the Authority, together with the fee for such items). Note: All costs associated with the performance of this agreement will be factored into determining the most advantageous offer to the Authority.

The Undersigned agrees to hold its offer open for 90 days from the date of RFP opening.

Signed by: _____ Print Name _____

Name of Company _____

Address _____

Telephone _____ Email _____

ATTACHMENT 2

**RENT REASONABLENESS DETERMINATION
FOR NEW LEASE-UPS, RENT INCREASE REQUESTS**

Tenant Name _____

Street Address _____ Hartford, CT _____

(Circle one)

Unit Condition	Excellent	Good	Fair	Poor
Unit Size	Very Large	Large	medium	Small
Bedroom Size	Very Large	Large	Medium	Small
No. of Bedroom	1	2	3	4
No. of Bathrooms	1	1 ½	2	2 ½

Owner Provided Amenities (check those that apply)

<input type="checkbox"/> Dishwasher	<input type="checkbox"/> Refrigerator
<input type="checkbox"/> Ceiling Fans	<input type="checkbox"/> Range
<input type="checkbox"/> Central Air	<input type="checkbox"/> Unit Cable Ready
<input type="checkbox"/> Garbage Disposal	<input type="checkbox"/> Security System
<input type="checkbox"/> Covered/Off Street Parking	<input type="checkbox"/> Modern Appliances
<input type="checkbox"/> Window air	<input type="checkbox"/> Energy Efficient Cert. Unit
<input type="checkbox"/> Washer/Dryer Hookups	<input type="checkbox"/> Handicap Accessible
<input type="checkbox"/> Laundry Facilities	<input type="checkbox"/> Other _____
<input type="checkbox"/> Working Fireplace	
<input type="checkbox"/> Carpeting throughout	

Inspector Signature _____

Date _____