

EXHIBIT 40

SAMPLE REQUEST FOR PROPOSALS HOUSING REHABILITATION INSPECTION SERVICES

The City of _____ requests proposals for housing inspection services provided to assist in a project financed with \$ _____ of Community Development Block Grant funds. The project consists of the rehabilitation of housing. Services requested include the following:

- Conduct and complete a checklist to document a preliminary inspection of each house and determine deficiencies in each house based upon housing standards provided by the Missouri Department of Economic Development.
- Prepare a scope of work and obtain a work write-up from the lead risk assessor to determine the feasibility of rehabilitating each house, including a cost estimate for the work.
- Prepare a scope of work and obtain a work write-up from the licensed asbestos inspector to include in the bid specifications for the asbestos removal work for demolitions and rehabs.
- Prepare bid documents and other contract provisions, including drawings and specifications that conform to the requirements from proposed financing sources.
- Collaborate with the city's grant administrator and lead-based paint risk assessor as necessary to ensure CDBG requirements, including HUD and OSHA lead-paint regulations, are met.
- Assist the city with regard to the solicitation of bids and/or negotiated proposals.
- Represent the city during the construction phase of the project and provide necessary drawings and specifications for change orders.
- Be responsible for the approval of construction work required for contractor payment.
- Report to the city periodically on the progress of each project.

Information provided to the city shall include:

- 1) The specialized experience and technical competence of the firm or person with respect to working on CDBG funded rehabilitation projects and/or other housing rehabilitation programs.
- 2) Any experience in each of the building construction trades. The minimum experience required includes at least one-year experience in a building construction supervisory position, trades instructor, full time city code inspector, or as a rehabilitation inspector.

- 3) The past record of performance of the firm or person with respect to such factors as accessibility to clients, ability to meet schedules, communication and coordination skills;
- 4) The firm or person's proximity to and familiarity with the area in which the project is located;
- 5) The capability of carrying out all aspects of required activities, including any experience or education in preparing contract documents, drawings, and specifications.
- 6) Cost of services per housing unit for the following activities:
 - a) Preliminary inspection work and preparation of project specifications for housing rehabilitation projects.
 - b) Preliminary inspection work, preparation of project specifications, and construction monitoring for demolition projects.
 - c) Construction monitoring for housing rehabilitation projects.
- 7) References from previous clients of related work with the firm within the past five years.

The above information should be submitted no later than _____, 5:00 P.M., City Hall, _____ . For more information contact City Clerk at _____ . The City of _____ is an Equal Opportunity Employer and invites participation from minority and woman owned firms.

EXHIBIT 41

SAMPLE REQUEST FOR PROPOSALS **LEAD BASED PAINT RISK ASSESSMENT SERVICES**

The City of _____ requests proposals for lead risk assessment services provided by persons licensed by the Missouri Department of Health to assist in a project financed with \$_____ of Community Development Block Grant funds. The project consists of the rehabilitation of housing. Services requested include the following:

- For all houses that will be occupied by children under six or are rental units, a risk assessment or lead hazard screen must be conducted in accordance with DHSS Work Practice Standards and HUD Guidelines, with the exception of on-going monitoring.
- Risk Assessment for all dwellings constructed before 1978.
- Copies of a risk assessment report, including a lead reduction plan, should be provided to the city and property owner.
- Monitoring of abatement and/or interim control activities and clearance sampling.
- The risk assessor must work in collaboration with the rehabilitation inspector and project administrator.

Information provided to the city shall include:

- 1) The specialized experience and technical competence of the firm with respect to the identification of lead hazards in CDBG funded rehabilitation projects, familiarity with HUD lead safe work practices, or other HUD or federally funded housing rehabilitation programs;
- 2) The past record of performance of the firm with respect to such factors as accessibility to clients and ability to meet schedules;
- 3) The firm's proximity to and familiarity with the area in which the project is located;
- 4) The capability of carrying out all aspects of required activities;
- 5) Familiarity with DNR/EPA's asbestos demolition and renovation compliance requirements;
- 6) Cost of services for the following activities:
 - a) Risk Assessment Services including preparation of a report (lump sum cost per unit);
 - b) A Lead Hazard Screen including preparation or a report (lump sum cost per unit);
 - c) Partial Inspection (Cost per surface tested);
 - d) Project monitoring and clearance testing (cost per unit).

7) References from previous clients of related work with the firm within the past five years.

The above information should be submitted no later than _____, 5:00 P.M., City Hall, _____. For more information contact City Clerk at _____. The City of _____ is an Equal Opportunity Employer and invites participation from minority and woman owned firms.

EXHIBIT 42

CONTRACTOR'S DATA SHEET

Firm Name	Street	City and State	Zip Code
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Contact Person/Telephone Number _____ Corporation Partnership Privately Owned

Please enter the names of corporation officers (if corporation), partners (if partnership), Owner (if private):

Name	Title	Address	Social Security No.	Phone No.
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Name	Title	Address	Social Security No.	Phone No.
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Name	Title	Address	Social Security No.	Phone No.
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Name	Title	Address	Social Security No.	Phone No.
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No. of Years in Business	LIST CONSTRUCTION EXPERIENCE OF EACH OF THE PRINCIPALS (Indicate if experience is new construction, rehabilitation, historic renovation):
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Other cities in which your firm or principals have operated:

Business references (include local banks and material suppliers):

Name	Address	Phone No.
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Name	Address	Phone No.
------	---------	-----------

Name	Address	Phone No.
------	---------	-----------

Name	Address	Phone No.
------	---------	-----------

Name	Address	Phone No.
------	---------	-----------

Recent customers with whom you have done business:

Name	Address	Phone No.	\$ Amount
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Name	Address	Phone No.	\$ Amount
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Name	Address	Phone No.	4 Amount
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Firms with which you have established credit:

Name	Address	Phone No.

Have you ever filed for bankruptcy? _____

The undersigned contractor certifies that all information given herein is correct and that the information may be verified from any source and further aggrass:

- 1) That the _____ (City, State, or County) contractors license class _____ and bond therefore are current, and that the undersigned contractor agrees to maintain current status of all licenses and bonds as required by the _____ (City, State, or County.)
- 2) That the contractor will perform the work in accordance with the description of work, general specifications and all applicable _____ (City, State, or County) codes and zoning regulations and be subject to a final inspection by _____.
- 3) That if the work performed by the contractor is found to be unsatisfactory or if the contract relations between the contractor, homeowner, or other parties are found to be unsatisfactory, the _____ (City, State, or County) may remove his/her name from the list of selected contractors without notice.
- 4) That any required insurance and workman's compensation will be provided by the contractor on request.
- 5) That she/he will abide by all applicable equal employment opportunity regulations.

Date	By
	Title

CONTRACTOR INFORMATION FORM

1) **Company Name:** _____

Address: _____

City, State, Zip: _____

Telephone: _____

Employer's Tax No.: _____

Corporation

Sole Proprietorship

Partnership

2) **Principals of Firm**

a) Name: _____ Title: _____

Home Address: _____

City, State, Zip: _____ Telephone: _____

Education: _____

Work Experience: _____

b) Name: _____ Title: _____

Home Address: _____

City, State, Zip: _____ Telephone: _____

Education: _____

Work Experience: _____

c) Name: _____ Title: _____

Home Address: _____

City, State, Zip: _____ Telephone: _____

Education: _____

Work Experience: _____

3) **History of Company**

Number of Years in Business: _____ Number of Employees: Office _____ Trades _____

(give averages if number fluctuates)

Contractor's or H.I. License Number: _____ Where Licensed: _____

Have you ever had your contractor's or home improvement license revoked? Yes No

If yes, give details:

4) **Are you a member of any trade or civic association?**

NAHB NRA NHIC Other _____

Have any members of the firm been sued within the past 18 months by subcontractors, suppliers, or customers? Yes No

If yes, give details:

5) **Types and Limits of Insurance**

Type	Policy Number	Limits of Liability	Company
Property Damage			
Liability			
Workers Comp			

6) **Banking Information**

Bank	Address	Acct. No.	Account Type	Contact Person

7) **References**

Supplier Name	Materials Type	Telephone No.	Contact Person

Subcontractor Name	Trade	Telephone No.	Contact Person

8) **Customers for whom you have completed similar work during the past two years:**

- a) Name: _____ Telephone No.: _____
 Address: _____ City, State, Zip: _____
 Type of Job: _____ Contract Price: _____ Date Completed: _____
- b) Name: _____ Telephone No.: _____
 Address: _____ City, State, Zip: _____
 Type of Job: _____ Contract Price: _____ Date Completed: _____
- c) Name: _____ Telephone No.: _____
 Address: _____ City, State, Zip: _____
 Type of Job: _____ Contract Price: _____ Date Completed: _____
- d) Name: _____ Telephone No.: _____
 Address: _____ City, State, Zip: _____
 Type of Job: _____ Contract Price: _____ Date Completed: _____

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true and complete to the best of the undersigned's knowledge and belief.

Signature	Title	Date
Signature	Title	Date

Signature

Title

Date

EXHIBIT 43

CONTRACTOR'S PROPOSAL FORM

1) General Information

Date of Proposal: _____

Address of Unit: _____

City: _____ County: _____ State: _____ Zip: _____

Name of Family: _____

Current Address of Family: _____

City: _____ County: _____ State: _____ Zip: _____

Current Telephone Number of Family: _____
(home) (office)

2) How to Fill Out This Proposal:

- a) Carefully review the Initial Property Inspection Form provided to you by the _____ Rehabilitation Program. If any portion is unclear, please contact the Program as soon as possible.
- b) Fully detail the work to be performed in the "Work Specification" column of the Contractor's Proposal Form. The work specification must be consistent with the Program's General Rehabilitation Specifications and/or local codes as appropriate.
- c) A bid price must be provided in the indicated column for each work item requested. The total cost for the work must be provided as indicated.
- d) Please refer to the Contractor Instructions for details regarding other submittal requirements.

BID

Client # _____

Date: _____

From: _____

To: _____

I, the undersigned contractor, have inspected the above listed property and understand the extent and character of the work to be completed as described in the Inspection Report identified as client number _____.

I propose to furnish all labor, materials, and equipment necessary to accomplish the work, as listed in the above documents, on the property located at _____, for the sum of _____ dollars (\$_____).

I will commence the work within _____ calendar days from the date the notice to proceed is received and will complete the work within _____ calendar days after starting the work.

Company Name

Signature

Title

THIS BID MUST HAVE A BREAKDOWN OF YOUR ESTIMATE ATTACHED.

EXHIBIT 44

BID TABULATION FORM

Project Number: _____ City/County of: _____

Housing Rehab Round: _____ Date: _____

HOUSE #							
OWNER'S NAME:							
CONTRACTORS:							
AMOUNT (+10%):							
IINSPECTOR'S ESTIMATE:							
AMOUNT (-10%):							

EXHIBIT 44B

BID ACCEPTANCE

Date: _____

Case No.: _____

This office has received a bid of \$_____ from _____ for rehabilitation work on the structure located at _____ and owned by _____.

Office policy has been to accept a bid within 10% of project estimate. Exceptions of this policy will be justified in writing.

I am accepting this bid based on the following reason:

- 1) Within normal 10% policy. _____
- 2) Extenuating circumstances as explained: _____

Bid acceptance authorized by:

Homeowner

Concurrence:

Community Development Director

NOTICE OF AWARD

To: _____

Project Description:

The OWNER has considered the BID submitted by you for the above described WORK in response to its Advertisement for Bids dated _____, 20____, and Information for Bidders.

You are hereby notified that your BID has been accepted for items in the amount of \$_____.

You are required by the Information for Bidders to execute and return one (1) copy of the enclosed Agreement and furnish the required Certificates of Insurance and a Letter of Credit in the amount of \$_____ from a bank within ten (10) calendar days from the date of this Notice to you. A contract assignment may be made to a bank in lieu of a Letter of Credit.

If you fail to execute said Agreement and to furnish said certificates and/or Letter of Credit within ten (10) days from the date of this Notice, said OWNER will be entitled to consider all your rights arising out of the OWNER'S acceptance of your BID as abandoned. The OWNER will be entitled to such other rights as may be granted by law.

You are required to return an acknowledged copy of this NOTICE OF AWARD to the OWNER.

Dated this _____ day of _____, 20_____.

Owner

By

Title

ACCEPTANCE OF NOTICE:

Receipt of the above NOTICE OF AWARD is hereby acknowledged by _____ this the _____ day of _____, 20_____.

By

Title

Return to