

Northwest Montana Human Resources, Inc. dba Community Action Partnership  
of Northwest Montana (CAPNM)



Proprietary and Confidential

**February 7, 2017**

**REQUEST FOR QUALIFICATIONS (RFQ)**

**Licensed General Contractor/Trade Contractor**

For

**CAPNM Neighborhood Stabilization Program Income I & III**

**ELECTRONIC PROPOSALS SHOULD BE DIRECTED TO:**

**Name:** Becky Sago

**Title:** Operations Manager

**Address:** [bsago@capnwmt.org](mailto:bsago@capnwmt.org)

**Entity:** Community Action Partnership of NW MT, P.O. Box 8300,  
Kalispell, MT 59904-1300

**Phone:** 406-752-6565      **Fax:** 406-205-7971

**Deadline:** **February 17, 2017 at 5:00pm**

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## **GENERAL INFORMATION**

### **a. Agency Overview**

Community Action Partnership of Northwest Montana (CAPNM) is a private, 501 (c)(3) non-profit with the mission “to provide services and advocacy to alleviate poverty, improve lives and strengthen our communities.” CAPNM is a Community Action Agency that provides opportunities for citizens to become self-sufficient. It is governed by a 12-member volunteer Board of Directors representing the private sector, public sector and low-income sectors of our service area. Administrative offices and all records are located in Kalispell (214 Main Street).

Our service area includes four counties (Lake, Lincoln, Flathead and Sanders) in Northwestern Montana, an area of 13,000 square miles, populated by 150,000 residents. It is characterized by small rural towns, with service, tourism, healthcare, logging, forestry and manufacturing industries. Employment is often seasonal; wages low-paying. The population includes a large number of individuals living below the federal poverty rate; in these counties it ranges from 14.2% to 22.4%. While three counties are 90% Caucasian, Lake County is 68% Caucasian, because of the Flathead Indian Reservation.

### **b. NSP I & III Program Overview**

CAPNM has an Interlocal agreement with the City of Kalispell to act as the administrative arm for the Neighborhood Stabilization Program I & III (NSP I & III) and the maintenance of the Northwest Montana Community Land Trust (NWMTCLT).

The NSP I & III funds were authorized under the Dodd Frank Reform and Consumer Protection Act. NSP I & III is a component of the Community Development Block Grant (CDBG). The CDBG regulatory structure is the platform utilized to implement NSP I & III.

NSP I and III were designed to stabilize communities across America hardest hit by foreclosures. NSP I & III Program Income is the financing mechanism utilized to acquire and rehabilitate vacant, abandoned and foreclosed homes. The City of Kalispell in a partnership with Northwest Montana Human Resources, Inc. dba Community Action Partnership of Northwest Montana continues to revolve program income from the original NSP I & III grant funds for the acquisition and redevelopment of vacant, abandoned or foreclosed home within the city limits that will then be placed in the

NWMTCLT. This City of Kalispell will meet its goal of providing long term housing affordability for its work force and service base through this effort.

To the extent financially feasible, NSP I & III grantees planning housing rehab activities must meet the US Department of Housing and Urban Development's (HUD) Housing Quality Standards (HQS) upon completion of rehabilitation activities. Complete details on HUD's HQS including narrative explanation and inspection checklists, are available from CAPNM. Conformance with Energy Star, Leadership in Energy and Environmental Design (LEED), and the International Energy Construction Code (IECC) is strongly encouraged to provide for the most efficient construction techniques.

It is a goal of the Montana NSP I & III that any foreclosed, abandoned or vacant housing unit rehabilitated with NSP I & III funds is safe, structurally sound, and energy-efficient upon completion of rehab activities. The US Department of Housing and Urban Development (HUD) has developed and utilized its Housing Quality Standards (HQS) as the benchmark for units or households to be assisted by the HUD-funded Section 8 Program, which provides rental assistance to income-qualified households; these standards would be the minimum required for rehabilitation of any NSP assisted housing unit.

HUD's Housing Quality Standards address thirteen separate areas of housing conditions, as follows:

- 1) sanitary facilities
- 2) food preparation areas and refuse disposal
- 3) living space and security
- 4) thermal environmental
- 5) lighting and electricity
- 6) structure and materials
- 7) interior air quality
- 8) clean water supply
- 9) absence of lead-based paint
- 10) access (including emergency fire egress and mobility)
- 11) site and neighborhood
- 12) sanitary condition

### **c. Scope of Work**

A Qualified Contractors List (QCL) are requested for our NSP I & III program. This program requires licensed, insured, bonded and/or certified General Contractors to assist CAPNM staff with the rehabilitation of single family homes owned by CAPNM (and/or the NWMTCLT). Respondents to this initial pool will be "active" for three calendar years – 2017 through 2019. There will be a number of homes included in the NSP I & III Program Income cycles.

Proposer responsibilities include understanding construction of residential homes including foundations, framing, siding, roofing, door and window installation, plumbing, electrical, thermal and HVAC systems; the ability to learn, understand and adhere to agency and Trust procurement procedures and practices; the ability to represent CAPNM and maintain a professional working relationship with homeowners and the general public, and the ability to understand all NSP I & III program and community land trust requirements. All proposers must attend a training regarding the community land trust and how it functions as an affordable housing model if selected.

The NSP I & III program operates within Kalispell city limits. Proposer's may have various meetings with CAPNM program staff at dates and times to be determined after the pool of Proposer's are chosen. Success will be defined as the rehabilitation of each home on time and within budget, associated with the project according to the Agency's scope of work and specifications.

Proposers must provide:

1) General Liability Insurance:

i. The Contractor must maintain for the duration of the contract, at its cost, primary standard general liability insurance coverage. The coverage must include tort and other claims of harm or loss arising from: injuries to persons, damages to property, contractual performance, rights to intellectual property, or other liabilities that may be claimed in relation to the provision of services under this Contract. The insurance must cover claims as may be caused by any act, omission or negligence, of the Contractor or the Contractor's officers, employees or agents. Coverage shall include premises operation, products/completed operations hazard, contractual liability and broad form property damage including completed operations.

ii. The Contractor must maintain general liability insurance coverage inclusive of bodily injury, personal injury and property damage. The general liability insurance coverage must be obtained with combined single limits for bodily injury, personal injury, and property damage of \$750,000 per claim; \$1,500,000 per occurrence and \$2,000,000 per aggregate per year.

2) Automobile Liability Insurance as required by the State of Montana:

i. The Contractor must maintain automobile liability insurance coverage. The insurance must cover claims as may be caused by any act, omission, or negligence of the Contractor or the Contractor's officers, employees or agents. Coverage shall be for owned, hired and/or non-owned vehicles.

ii. The Contractor must maintain automobile liability insurance coverage, inclusive of bodily injury, personal injury and property damage, with split limits of \$750,000 per claim, \$1,500,000.00 per occurrence (personal injury) and \$100,000.00 per accident occurrence (property damage), or combined single limits of \$1,000,000.00 per occurrence.

3) Workers Compensation as required by the State of Montana. The Contractor must maintain Workers Compensation insurance coverage with limits of no less than \$100,000 bodily injury each accident, \$100,000 bodily injury by disease each employee and \$500,000 bodily injury by disease policy limit.

4) Business Owner Policy (that includes professional liability or errors and omissions insurance). This policy shall be for no less than \$1 million in professional liability, if applicable.

5) Valid Montana State Licenses, Certificates, Registrations (and local where required) for the profession represented. National certification is required for home inspectors.

6) TIN/EIN on W9 form "signed"

Respondents to this initial pool will be "active" for three calendar years – 2017, 2018 and 2019. Though this solicitation is only for calendar year 2017, CAPNM may, at its discretion, extend an awarded contract with the same contractor up to an additional two-years.

**d. Purpose**

CAPNM staff is seeking to identify and select outside independent Proposer's to perform the activities listed above. The remainder of this document provides additional information that will allow a prospective Proposer to understand the scope of the effort and develop a proposal in the format desired.

This RFQ is to contract with qualified vendors for 1 year. The proposal includes options for two (2) additional years, one year at a time. CAPNM has immediate need for these services.

**e. Who May Respond**

Board certified and licensed General Contractors to practice in the State of Montana. Proposers must certify they are not on any state or federal debarment, suspension or proposed for suspension lists.

**f. Timelines on Proposal Submissions**

1) Closing submission date is **Friday, February 17, 2017, 5:00pm**. Any late or incomplete submissions/proposals will not be evaluated for acceptance or award.

2) Inquires. Any questions concerning the RFQ requirements must be directed to:

<b>Name</b>	Marney McCleary, Housing Director, CAPNM
<b>Address</b>	Mailing - PO Box 8300, Kalispell, MT 59904 Physical - 214 Main Street
<b>Phone</b>	406-758-5411
<b>FAX</b>	406-565-4834
<b>Email</b>	mmccleary@capnwmmt.org
<b>Name</b>	Jeff Jordan, Housing Program Manager
<b>Address</b>	Mailing - PO Box 8300, Kalispell, MT 59904 Physical - 214 Main Street
<b>Phone</b>	406-758-5424
<b>FAX</b>	406-565-4834
<b>Email</b>	jjordan@capnwmmt.org

3) Due Dates

**All RFQ's are due by 5:00 PM on Friday, February 17, 2017 and must be sent to the attention of Becky Sago, Operations Manager, Community Action Partnership of Northwest Montana, P.O. Box 8300, Kalispell, Montana 59904-8300.** Any RFQ received at the designated location after the required time and date specified for receipt shall be considered late and non-responsive. Any late proposals will not be evaluated for award.

4) Schedule of Events

Event	Date
1. RFQ Distribution to Contractors	February 7, 2017
2. Proposal Due Date	By 5:00 PM on February 17, 2017
3. Target Date for Review of Qualifications	February 24, 2017
4. Anticipated decision and selection of Contractors	February 28, 2017
5. Anticipated commencement date of work	March 1, 2017

**g. Conditions of Qualifications**

All cost incurred in the preparation of a proposal responding to this RFQ will be the responsibility of the Offeror and will not be reimbursed by CAPNM.

**h. Right to Reject**

CAPNM reserves the right to reject any and all proposals received in the response to this RFQ. A negotiated contract for the accepted proposal will be based upon the factors described in this RFQ.

**i. Preferential Hiring. Small, Local and/or Minority-Owned Businesses**

Priority will be made by CAPNM to utilize small, local and minority owned businesses.

An Offeror qualifies as a small business firm, if it meets the definition of “small business” as established by the Small Business Administration (13 CFR 121.201).

**j. Travel**

Travel will be reimbursed at the most recent allowable rates for mileage (and, where applicable, lodging and per diem) as published by the General Services Administration. Other direct project expenses will be reimbursed at actual, with copies of receipts provided with the invoice. <http://www.gsa.gov/portal/content/104877>.

**k. Instructions for Submission Preparation**

Your electronic proposal should be addressed as follows and emailed electronically if possible to:

Name: Becky Sago  
Title: Operations Manager  
Address: [bsago@capnwmmt.org](mailto:bsago@capnwmmt.org)  
Memo Line: RFQ for Licensed General / Trade Contractors  
Entity: Community Action Partnership of NW MT., P.O. Box 8300,  
Kalispell, MT 59904-1300

Award of any contracts resulting from this RFQ will be based upon the most responsive Contractor whose qualifications will be the most advantageous to CAPNM in terms of functionality, and other factors as specified within this RFQ.

CAPNM reserve the right to:

- 1) Reject any or all offers and discontinue this RFQ process without obligation or liability to any potential Contractor;
- 2) Accept other than the lowest price quoted,
- 3) Award a contract on the basis of initial offers received, without discussions or requests for the best and final offers, and
- 4) Award more than one contract.

Proposer’s submission shall be submitted in several parts as set forth below. The Contractor will confine its submission to those matters sufficient to define its proposal and to provide an adequate basis for CAPNM’s evaluation of the Contractor’s offer.

Proposer’s submission is response to this RFQ will be incorporated into the final agreement between CAPNM and successful Contractors. Complete submissions will include the following components:

- 1) Executive Summary
- 2) Scope, Approach and Methodology
- 3) Project Deliverables (rehabilitation of each home on time and within budget, associated with the project according to the Inspector’s scope of work and specifications)
- 4) Project Management Approach

The detailed requirements for each of the above mentioned sections are outlined below. In addition, a complete submission will also contain the following Attachments:

- i. Attachment A: Proposer Qualifications Submission Form (pages 10-11)
- ii. Attachment B: Proposer Information Form (pages 12-13)
- iii. Attachment C: Submission Price Proposal (page 14)

iv. Attachment D: Conflict of interest Certification (pages 15–16)

v. Attachment E: Debarment Certification (page 17)

Detailed Response Requirements:

**EXECUTIVE SUMMARY.** This section will present a high-level synopsis of the Proposer’s responses to the RFQ. The Executive Summary should be a brief overview of the engagement, and should identify the main features and benefits of the Proposer’s ability to complete the work on time and within budget.

**SCOPE, APPROACH, AND METHODOLOGY.** Include detailed procedures and technical expertise by phase. This section should include a description of each major type of work being requested of the Proposer. All information that is provided will be held in strict confidence. The proposal should reflect each of the sections identified herein including Attachments.

**PROJECT MANAGEMENT APPROACH.** Include the method and approach used to manage the overall project. Briefly describe how the engagement proceeds from beginning to end.

### **I. Scoring/Evaluation.**

All submissions will be reviewed and scored against a standardized rating point system. See Appendix A (page 9).

#### **CRITERIA**

Any award to be made pursuant to this RFQ will be based upon the proposal with appropriate consideration given to operational and technical requirements. Evaluation of offers will be based upon the Attorney’s/Firms responsiveness to the RFQ.

The following elements will be the primary considerations in evaluating all submitted proposals and in the selection of Attorney’s/Firms:

1. Completion of all required responses in the correct format.
2. The extent to which Proposer’s proposed solution fulfills the CAPNM’s stated requirements as set out in this RFQ.
3. An assessment of the Proposer’s ability to deliver the indicated service in accordance with the specifications set out in this RFQ.
4. The price competitiveness of the proposal.
5. The Proposer’s stability, experiences, and record of past performance in delivering similar services.
6. Evidence the Proposer possesses the required skills, commitment and experience for the specific approach proposed.

CAPNM may, at their discretion and without explanation to the Proposer’s, at any time choose to discontinue this RFQ without obligation to such Proposer’s.

### **m. Notification of Acceptance**

It is expected that a decision selecting the successfully “qualified” proposer(s) will be made within 2 weeks of the date for the receipt of the proposals.

## APPENDIX A: SCORING SHEET

### FY 2017 CAPNM NSP GENERAL CONTRACTOR SELECTION PROCESS – EVALUATION SCORING SHEET

**PROPOSER NAME:** \_\_\_\_\_

**REVIEWER:** \_\_\_\_\_

#### Evaluation

Evaluation of each proposal will be based on the following criteria:

<u>Factors</u>	<u>Point Range</u>	<u>Awarded</u>
1. Detailed Response Requirements		
a. Executive Summary	0-5	___
b. Scope, Approach, and Methodology	0-10	___
c. Project Management Approach	0-10	___
2. Prior experience rehabilitating single-family homes.		
a. Prior experience assisting not for profit community action agencies (HRDC's)	0-5	___
b. Prior experience assisting nonprofit organizations	0-5	___
c. Prior experience assisting similar programs funded privately	0-5	___
c. Prior experience advising programs financed by the Federal Government	0-5	___
d. Prior experience assisting similar county or local government activities	0-5	___
<i>(Note: Community Action Partnership of NW MT will contact prior organizations to verify the experience provided by the Offeror).</i>		
3. Organization, size, and structure of Offeror's firm. (Considering size in relation to projects to be performed.)		
a. Adequate size of the firm	0-2	___
b. Minority/small business	0-2	___
c. Montana state firm	0-2	___
f. No debarment or suspension	0-2	___
4. Qualifications of staff. This will be determined from resumes submitted. Education, position in firm, years and types of experience, continuing professional education, and state(s) in which licensed, etc. will be considered.		
a. Construction team makeup	0-10	___
b. Prior experience of the individual team members	0-10	___
5. Offeror's understanding of work to be performed.		
a. Broad diversity of construction experience	0-5	___
b. Depth of publicly funded project management experience	0-5	___
6. Price Proposal	0-12	___
<b>MAXIMUM POINTS</b>	<b>100</b>	___

#### DISCUSSION/COMMENTS:

Northwest Montana Human Resources, Inc. dba Community Action Partnership  
of Northwest Montana (CAPNM)



Proprietary and Confidential

## February 7, 2017 PROPOSER SUBMISSION PACKET

### Licensed General Contractor/Trade Contractor

For

CAPNM Neighborhood Stabilization Program Income I & III

Name: Becky Sago  
Title: Operations Manager  
Address: bsago@capnwmmt.org  
Entity: Community Action Partnership of NW MT, P.O. Box 8300, Kalispell, MT 59904-1300  
Phone: 406-752-6565 Fax: 406-205-7971  
Deadline: **February 17, 2017 at 5:00pm**

*A complete and acceptable RFQ submission packet includes signed copies of:*

Detailed Response Requirements	Page 10
Attachment A: Proposer Qualifications Submission Form	Page 11 - 12
Attachment B: Proposer Information Form	Page 13 - 15
Attachment C: Proposer Price Proposal	Page 16
Attachment D: Conflict of Interest Certification	Page 17 - 18
Attachment E: Debarment Certification	Page 19

## **DETAILED RESPONSE REQUIREMENTS (use more than one sheet if necessary)**

### **1. Executive Summary.**

### **2. Scope, Approach, and Methodology.**

### **3. Project Management Approach.**

**4. Project Deliverables** (rehabilitation of each home on time and within budget, associated with the project according to the Inspector's scope of work and specifications)

**ATTACHMENT A**

**NSP I & III GENERAL CONTRACTOR PROPOSER QUALIFICATIONS SUBMISSION SHEET**

A. Please briefly describe 3 to 5 client's you've served in the past three years with similar single-family rehabilitation services with public monies that meets our needs (print/type legibly):

Project Name:	Project Description:

B. Please briefly describe 3 to 5 Community Action, Nonprofit, Governmental or Federally funded client's you've served in the past three years with similar single-family rehabilitation services (print/type legibly):

Project Name:	Client Name, Date and Contact Information:

C. Please briefly identify the diversity of your residential rehabilitation experience (print/type legibly):

Project Name:	Project Description:

D. Please list 3 to 5 professional work references, other than CAPNM (print/type legibly):

Contact Name:	Reference Name:	Phone/Email:	Nature of Relationship:

E. Please briefly identify and describe your project team and their training and experience (print/type legibly):

Member Name:	Title/Position:	Training:	Experience:

**ATTACHMENT B**

**NSP I & III GENERAL CONTRACTOR PROPOSER INFORMATION FORM**

NAME OF OWNER \_\_\_\_\_

SS# \_\_\_\_\_

FED TAX ID# \_\_\_\_\_

COMPANY NAME (legal) \_\_\_\_\_

ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

MAILING ADDRESS \_\_\_\_\_

STREET

CITY

STATE

ZIP

DAY PHONE# \_\_\_\_\_

EVENING PHONE # \_\_\_\_\_

CELL PHONE# \_\_\_\_\_

EMAIL: \_\_\_\_\_

State of Montana General Contractor License/Registration # \_\_\_\_\_

Expiration \_\_\_\_\_

***SIGNED NON-COLLUSION CERTIFICATION***

Non-Collusion certification

The prices and/or cost data proposed have been arrived at independently, without consultation, communication, or agreement with any other proposer or competitor for the purpose of restricting competition.

Unless otherwise required by law, the prices and/or cost data which have been submitted have not been knowingly disclosed by the proposer directly or indirectly to any other proposer or to any competitor prior to the award of the contract.

No attempt will be made by the proposer to induce any other person or firm to submit or not submit a proposal for the purpose of restricting competition.

(PROPOSER) Signed \_\_\_\_\_

Date \_\_\_\_\_

**DESCRIPTION OF PAST JOBSITES (within past 18 months):** PLEASE PRINT CLEARLY

Name of Customer

Address

Telephone

a. \_\_\_\_\_

b. \_\_\_\_\_

c. \_\_\_\_\_

d. \_\_\_\_\_

**LIST OF SUBCONTRACTORS** (you regularly use or have on contract):

Name and Company Name

Trade

Fed TX ID # and SS#

Telephone

a. \_\_\_\_\_

b. \_\_\_\_\_



Proof of Business Owner Insurance \_\_\_\_ (\$1 million in professional liability)

Professional License as needed \_\_\_\_  
(I.e.: Electrician, Plumber, etc.)

State of Montana Contractors Registration \_\_\_\_

TIN/EIN or W9 form \_\_\_\_

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Signature of Owner/Principal

Position/Title

Date

## ATTACHMENT C

### NSP I & III GENERAL CONTRACTOR PRICE PROPOSAL

Please insert a salary schedule, rate sheet, material mark-up and profit margin sheet here. Please identify/include salary/wage requirements for every employee who may work under this project.

## ATTACHMENT D (return to CAPNM)

### CERTIFICATION OF NO CONFLICT OF INTEREST WITH CAPNM STAFF OR BOARD

#### Article I -- Purpose

1. The purpose of this conflict of interest policy is to protect CAPNM's interests when it is contemplating entering into a transaction or arrangement that might benefit the private interests of an employee or director or the relative of a CAPNM employee or director.
2. This policy is intended to supplement, but not replace, any applicable state and federal laws governing conflicts of interest applicable to nonprofit and charitable organizations.

#### Article II -- Definitions

1. **Interested person** -- Any employee, director, principal officer, or member of a committee with governing board delegated powers, who has a direct or indirect financial interest, as defined below, is an interested person.
2. **Financial interest** -- A person has a financial interest if the person has, directly or indirectly, through business, investment, or family:
  - a. An ownership or investment interest in any entity with which CAPNM has a transaction or arrangement,
  - b. A compensation arrangement with CAPNM or with any entity or individual with which CAPNM has a transaction or arrangement, or
  - c. A potential ownership or investment interest in, or compensation arrangement with, any entity or individual with which CAPNM is negotiating a transaction or arrangement.

Compensation includes direct and indirect remuneration as well as gifts or favors that are not insubstantial.

A financial interest is not necessarily a conflict of interest. A person who has a financial interest may have a conflict of interest only if the CAPNM Executive Director, Board or Executive Committee decides that a conflict of interest exists, in accordance with this policy.

#### Article III -- Procedures

1. **Duty to Disclose** -- In connection with any actual or possible conflict of interest, an interested person must disclose the existence of the financial interest and be given the opportunity to disclose all material facts to the Executive Director, Board or Executive Committee.
2. **Recusal of Self** -- Any interested party may recuse himself or herself at any time from involvement in any decision or discussion in which the person believes he or she has or may have a conflict of interest, without going through the process for determining whether a conflict of interest exists.
3. **Determining Whether a Conflict of Interest Exists** -- The Executive Staff, Board or Executive Committee members shall decide if a conflict of interest exists.

If a more advantageous transaction or arrangement is not reasonably possible under circumstances not producing a conflict of interest, the Executive Staff, Board or Executive Committee shall determine by a majority vote of the disinterested directors whether the transaction or arrangement is in CAPNM's best interest, for its own benefit, and whether it is fair and reasonable. In conformity with the above determination, it shall make its decision as to whether to enter into the transaction or arrangement.

#### Violations of the Conflicts of Interest Policy

- a. If the Executive Staff, Board or Executive Committee has reasonable cause to believe an interested party has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose.
- b. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Executive Staff, Board or Executive Committee determines the person has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

**Affirmation:**

I affirm the following:

I have read and understand this copy of the CAPNM Conflict of Interest Policy. \_\_\_\_\_ (initial)

I agree to comply with the policy. \_\_\_\_\_ (initial)

**Disclosures:**

a. Do you have a financial interest (current or potential), including a compensation arrangement, as defined in the Conflict of Interest policy with any CAPNM employee or director? Yes No

If yes, please describe it:

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b. In the past, have you had a financial interest, including a compensation arrangement, as defined in the Conflict of Interest policy with any CAPNM employee or director? Yes No

If yes, please describe it, including when

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Signature of Subcontractor \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_

**ATTACHMENT E (return to CAPNM)**

**DEBARMENT, SUSPENSION, AND INELIGIBILITY – CERTIFICATION OF COMPLIANCE**

**CAPNM POLICY.**

CAPNM shall solicit offers from, award contracts to, and consent to subcontracts with responsible contractors only. The serious nature of debarment and suspension requires that sanctions be imposed only in the public interest for the Agency’s protection and not for purposes of punishment. CAPNM shall comply with all funders who impose debarment or suspension on firms and/or individuals to protect the Government’s interest.

It shall be the responsibility of all proposer’s to immediately inform CAPNM program and/or procurement staff of any situation or circumstance in which the firm, the owners and/or employees of the firm are placed on any debarment list from governmental contracting during the duration of a contractual relationship with CAPNM.

Subcontractors shall at least quarterly review their eligibility and that of all of their employees at the following federal SAM site: SAM is available via <https://www.acquisition.gov>.

**SUBCONTRACTOR CERTIFICATION.**

Affirmation:

I affirm the following:

I have read and understand this copy of the CAPNM Debarment and Suspension Policy.

\_\_\_\_\_ (initial)

I agree to comply with the policy. \_\_\_\_\_ (initial)

I understand that CAPNM is charitable, nonprofit organization and in order to maintain its federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes.

\_\_\_\_\_ (initial)

Disclosures:

a. Is you firm, any owner and/or any employee currently on any debarment listing? Yes No

If yes, please describe it: \_\_\_\_\_  
\_\_\_\_\_

b. In the past, has the firm, any owner and/or any employee been on a debarment or suspension list? Yes No

i. If yes, please describe it, including (approximately when and why): \_\_\_\_\_  
\_\_\_\_\_

Confirmation:

I am attaching hereto a date imprinted copy of a clear debarment declaration for myself and my firm from the SAM directory as a part of my qualifications.

Signature of Proposer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Name of Business: \_\_\_\_\_