

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



Proprietary and Confidential

REQUEST FOR QUALIFICATIONS (RFQ)

Licensed Contractor

For

CAPNM Self-Help Rehab Program

PROPOSALS SHOULD BE DIRECTED TO:

Name: Becky Sago

Title: Operations Manager

Address: bsago@capnwmt.org

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

Phone: 406-752-6565 **Fax:** 406-755-2865

I. 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. Self-Help Rehab Program Overview

CAPNM has been awarded a USDA Rural Development 523 Technical Assistance grant, which will fund the administration of this program from January 2017 to December 2019. CAPNM will provide technical assistance and supervision of the homeowner’s projects from Loan Application through project completion. The Self-Help Rehab Program is designed to assist low- and very-low-income homeowners with health, safety, accessibility and modernization upgrades to their homes, by obtaining low-interest loans and/or grants to pay for their needed home improvements. The homeowners, if able, may participate in some of the tasks associated with the project, such as demolition, clean-up and painting. This program will serve clients of all ages, who own their own homes, and live within our four-county service area (Flathead, Lake, Lincoln and Sanders Counties).

c. Scope of Work

This program requires licensed, insured, bonded and/or certified Contractors to assist CAPNM staff with the rehabilitation of single family homes owned by CAPNM clients. Proposers to this initial pool will be “active” for two calendar years – 2017 through 2019. It is anticipated that 40 homes will be rehabbed during this timeframe. Contractors who prequalify for the initial pool will be invited to submit bids to homeowners for rehab work.

Proposer responsibilities include the ability to learn, understand and adhere to agency procurement procedures and practices; the ability to represent CAPNM; maintain a professional working relationship with homeowners and the general public, and the ability to understand all Self-Help Rehab program requirements.

Proposers will have frequent (at least weekly) contact with CAPNM staff. Success will be defined by the completion of each home rehab on time and within budget, associated with the project according to the Homeowner’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.
- 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."

d. Purpose

This RFQ is to prequalify Contractors for a 2 year period.

e. Who May Respond

Contractors that are Licensed & Insured 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.

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

Name	Jeff Jordan, Housing Manager, CAPNM
Address	Mailing - PO Box 8300, Kalispell, MT 59904 Physical - 214 Main Street, Kalispell, MT 59901
Phone	406-758-5424
FAX	406-752-2865
Email	jjordan@capnwmmt.org

- 2) Schedule of Events

Event	Date
1. RFQ Distribution to Contractors	Monday, January 9, 2017
2. Proposal Due Date	By EOB on January 27, 2017
3. Target Date for Review of Qualifications	February 10, 2017
4. Anticipated decision and selection of Contractors	February 17, 2017
5. Anticipated commencement date of work	TBD

g. Conditions of Qualifications

All costs incurred in the preparation of a proposal responding to this RFQ will be the responsibility of the Proposer 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. A Proposer 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).

k. Instructions for Submission Preparation

Your proposal should be addressed as follows, or emailed electronically if possible, to:

Name: Becky Sago
 Title: Operations Manager
 Address: bsago@capnwmmt.org
 Memo Line: RFQ for Self-Help Rehab Contractors
 Entity: Community Action Partnership of Northwest Montana, P.O. Box 8300,
 Kalispell, MT 59904-1300

CAPNM will assist the homeowners in the decision-making process prior to Award of any contracts.

A complete submission will also contain the following Attachments:

- i. Attachment A: Contractor Information Form (pages 6-8)
- ii. Attachment B: Conflict of Interest Certification (pages 9–10)
- iii. Attachment C: Debarment Certification (page 11)
- iv. USDA-RD Contract between Homeowner & contractor & Contractor’s Warranty (for reference only, will be applicable after contractor selection)

m. Notification of Acceptance

It is expected that a decision to select the successful “qualified” proposer(s) will be made within 2 weeks of proposal receipt.

SELF-HELP REHAB CONTRACTOR INFORMATION FORM

COMPANY NAME: _____

OWNER _____

SS# _____ FED TAX ID# _____

ADDRESS _____
STREET CITY STATE ZIP

MAILING ADDRESS _____
STREET CITY STATE ZIP

DAY PHONE# _____ EVENING PHONE # _____ CELL PHONE# _____

WEBSITE: _____

EMAIL ADDRESS: _____

State of Montana General Contractor License/Registration # _____ Expiration _____

Trade(s):

- | | |
|---|--|
| <input type="checkbox"/> General Contractor | <input type="checkbox"/> Windows |
| <input type="checkbox"/> Hazardous Material Testing | <input type="checkbox"/> Doors |
| <input type="checkbox"/> Hazardous Material Abatement | <input type="checkbox"/> Overhead Doors |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Locksmith |
| <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Drywall/Plaster |
| <input type="checkbox"/> Demolition | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Concrete | <input type="checkbox"/> Tile |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Wood Flooring |
| <input type="checkbox"/> Structural Steel | <input type="checkbox"/> Carpet/Vinyl Flooring |
| <input type="checkbox"/> Ornamental Metals | <input type="checkbox"/> Toilet Accessories |
| <input type="checkbox"/> Rough Carpentry | <input type="checkbox"/> Cabinets/Millwork |
| <input type="checkbox"/> Finish Carpentry | <input type="checkbox"/> Countertops |
| <input type="checkbox"/> Exterior Siding/Fascia/Trim | <input type="checkbox"/> Appliances |
| <input type="checkbox"/> Insulation | <input type="checkbox"/> Wood Stoves |
| <input type="checkbox"/> Caulking | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Gutters & Downspouts | <input type="checkbox"/> Electrical |
| | <input type="checkbox"/> Other: _____ |

DBE/MBE/WBE or Small Business STATUS:

Disadvantaged Business Enterprise	Yes	No
Minority Business Enterprise	Yes	No
Woman-owned Business Enterprise	Yes	No
Small Business Enterprise (SBE) – grosses under \$2,000,000 per year	Yes	No

How Many Employees? _____

DESCRIPTION OF EDUCATION, EXPERIENCE, TRAINING & CERTIFICATIONS (along with documentation of specific training received by each employee as it relates to the proposal tasks).

Employee Name	Certifications	Trainings
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

Name of Customer	Address	Phone #
a. _____	_____	_____
b. _____	_____	_____
c. _____	_____	_____
d. _____	_____	_____

Work References, other than CAPNM (print/type legibly):

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

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

Name/Company Name	Trade	Fed TX ID # or SS#	Phone #
a. _____	_____	_____	_____
b. _____	_____	_____	_____
c. _____	_____	_____	_____
d. _____	_____	_____	_____

In which counties do you currently work?

- Flathead County
- Lincoln County
- Lake County
- Sanders County

INCLUDE COPIES OF THE FOLLOWING (all that apply):

_____ Please include salary/wage requirements for every employee who may work under this project

_____ Comprehensive Liability Insurance (\$750,000 per claim; \$1,500,000.00 per occurrence)

_____ Automobile Liability Insurance (\$500,000.00 per person; \$750,000 per claim; 1,500,000.00 per occurrence)

_____ Workers' Compensation Insurance (or exemption form)

N/A Business Owner Insurance (\$1 million in professional liability)

_____ Professional License (i.e.: Electrician, Plumber, etc.)

_____ State of Montana Contractors Registration

_____ TIN/EIN or W9 form

Signature of Owner/Principal

Position/Title

Date

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.

*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.

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

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.

Article IV – Violations of the Conflicts of Interest Policy

1. 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.

2. 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 (initial each statement below):

I have read and understand this copy of the CAPNM Conflict of Interest Policy. _____

I agree to comply with the policy. _____

Disclosures:

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 explain: _____

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 explain, including when _____

Signature _____ Date: _____

Printed Name: _____ Name of Business: _____

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.

I affirm the following (initial each statement below):

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

I agree to comply with the policy _____

I understand that CAPNM is a charitable, non-profit organization and in order to maintain it’s federal tax exemption it must engage primarily in activities which accomplish one or more of tax-exempt purposes _____

Disclosures:

a. Is your firm, any owner and/or any employee currently on any debarment listing? Yes No
If yes, please explain: _____

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

If yes, please explain, including 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: _____