

BROWARD COUNTY

HOUSING FINANCE & COMMUNITY REDEVELOPMENT DIVISION



**REQUEST FOR APPLICATIONS (RFA) FOR DIRECT SERVICES TO IMPLEMENT
OWNER-OCCUPIED, HOUSING REHABILITATION PROGRAMS**

INCLUDING:

- (1) MINOR HOME REPAIR
- (2) WATER/SEWER CONNECTIONS
- (3) BARRIER FREE, SPECIAL NEEDS HOUSING PROGRAM

ISSUED: Nov. 22, 2021
VIRTUAL PRE-SUBMITTAL WORKSHOP: TUESDAY, DEC. 7, 2021, 2:00 PM
SUBMISSION DEADLINE: WEDNESDAY, DEC. 22, 2021, 12:00 PM Noon

APPLICATION PACKAGES MUST BE DELIVERED BEFORE THE DEADLINE TO:

**HOUSING FINANCE AND COMMUNITY REDEVELOPMENT
ATTN: REQUEST FOR APPLICATIONS
110 NE 3RD STREET, SUITE 300
FORT LAUDERDALE, FL 33301
MONDAY – FRIDAY 9:00 A.M. TO 4:30 P.M. (CLOSED FOR HOLIDAYS)**

In accordance with the American with Disabilities Act and Florida Statutes Section 286.26, persons with disabilities needing accommodations to participate in the RFA or Pre-Submittal Workshop should contact 954-357-4900 at least 2 business days before any pertinent date or deadline.

Translation services available upon request. Servicios de traducción pueden ser disponibles bajo petición.

BROWARD COUNTY
HOUSING FINANCE & COMMUNITY REDEVELOPMENT DIVISION

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Housing Finance and Community Redevelopment Division
Owner-Occupied, Home Renovation Programs, Request for Applications

AGENCY COVER SHEET

Applicant Agency Information			
Applicant Agency Legal Name			
Main Administrative Address			
City, State, Zip			
Telephone Number		Fax Number	
Email Address		Website	
CEO/Executive Officer		CEO Phone	
Chief Financial Officer		CFO Phone	
Contact Person		Contact Phone	
Contact's Email			
Agency Mailing Address			
City, State, Zip			
Entity type (check all that apply) <input type="checkbox"/> Private For-Profit Corporation/Limited Partnership <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> CHDO Units of Government <input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Other (describe)			
Attach as Exhibit "B" a Certificate of Incorporation or of Limited Partnership from the Florida Secretary of State, or a printout from www.sunbiz.org , dated within twelve months of the Proposal due date, stating that the Applicant Agency is active. Failure to include this document will result in a FATAL FLAW and automatically remove the Proposal from further review (N/A for government units).			
Licensed to do business in Florida	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A (only for government units)		
Federal Identification Number			
DUNS Number			
Certification of Accuracy and Compliance			
I do hereby certify that all facts, figures, and representations made in the Application/Proposal are true and correct. Furthermore, all applicable statutes, terms, conditions, regulations, and procedures for program compliance and fiscal control, including but not limited to those contained in the Proposal Solicitation and Core Contract will be implemented to ensure proper accountability of contracts. The filing of this Application/Proposal has been authorized by the contracting entity and I have been duly authorized to act as the representative of the agency in connection with this Application/Proposal. I also agree to follow all terms, conditions, and applicable federal and state statutes.			
<hr/> Print Authorized Official Name	<hr/> Authorized Official's Signature		
<hr/> Authorized Official Title	<hr/> Date		

Applicant Questionnaire Form

Housing Finance and Community Redevelopment Division

Owner-Occupied, Housing Rehabilitation Programs, Request for Applications

APPLICANT QUESTIONNAIRE FORM

The completed Proposer Questionnaire is to be submitted with the solicitation response. Failure to timely submit may affect Proposer and/or Applicant's evaluation.

If a response requires additional information, the Applicant should attach a written detailed response; each response should be numbered to match the question number. The completed questionnaire and attached responses will become part of the procurement record. It is imperative that the person completing the Applicant Questionnaire be knowledgeable about the Applicant's business and operations.

1. Legal business name:
2. Federal Employer I.D. no. (FEIN):
3. Dun and Bradstreet No.:
4. Doing Business As/Fictitious Name (if applicable):
5. Website address (if applicable):
6. Principal place of business address:
7. Office location responsible for this project:
8. Telephone no.: Fax no.:
9. TYPE OF BUSINESS (check appropriate box): Corporation
 Nonprofit Registered State:
 Sole Proprietor Limited Liability Corporation
 General Partnership
 Other:
10. List Florida Department of State, Division of Corporations document no. (or registration no. if fictitious name):
11. List name, type of professional license and FL license number:
a)
b)
c)
d)
12. AUTHORIZED CONTACT(S) FOR YOUR FIRM:

Name: Title:
Telephone Number: Fax Number:
E-mail:

Request for Application (RFA) Owner-Occupied, Housing Rehabilitation Program (2022)

- 13. Has your firm ever failed to complete any services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
- 14. Is your firm or any of its principals or officers currently principals or officers of another organization? If yes, specify details in an attached written response. Yes No
- 15. Have any voluntary or involuntary bankruptcy petitions been filed by or against your firm, its parent or subsidiaries or predecessor organizations during the last three years? If yes, specify details in an attached written response. Yes No
- 16. Has your firm, its principals, officers or predecessor organization(s) been debarred or suspended by any government entity within the last three years? If yes, specify details in an attached written response. Yes No
- 17. Has your firm's surety ever intervened to assist in the completion of a contract or have Performance and/or Payment Bond claims been made to your firm or its predecessor's sureties during the last three years? If yes, specify details in an attached written response, including contact information for owner and surety. Yes No
- 18. Has your firm ever failed to complete any work awarded to you, services and/or delivery of products during the last three (3) years? If yes, specify details in an attached written response. Yes No
- 19. Has your firm ever been terminated from a contract within the last three years? If yes, specify details in an attached written response. Yes No

Authorized Signature _____ Date _____

Housing Finance and Community Redevelopment Division
Owner-Occupied, Home Renovation Programs, Request for Applications

FATAL FLAW CHECKLIST

Failure to comply with or include any of the Required Items listed below that apply to the Applicant's status (Non-Profit, For-Profit, etc.) will result in a Fatal Flaw and removal from further consideration.

Required Items			
1.	The signed Application was received by the deadline due date and time.	Yes	No
2.	The Original Application contains an original signature on Agency Cover Sheet and Application Questionnaire Form; if applicable, documents are embossed with corporate seal.	Yes	No
3.	The Application is responsive, addressing the activities for which funds are available.	Yes	No
4.	A Certificate of Corporation from the Florida Secretary of State's Office must be certified and dated within twelve (12) months of the due date of this application; Certificate must state that the Applicant agency is active. In the alternative, the Applicant may submit a printout from the Florida Division of Corporations Online, www.sunbiz.org , Public Inquiry dated within twelve (12) months of the Application due date, stating that the Applicant is active. Note that a copy of the Articles of Incorporation or any similar document does not meet the requirements of this section.	Yes	No
5.	Nonprofit agencies to provide 501(c)3 status confirmation from IRS.	Yes	No
6.	All documents listed in the Rating Category (Sections 1 through 9) are tabbed 1 through 9 by category and attached to the submitted application. These include but are not limited to: Florida professional license; references; resumes; work examples; two years of financial information; photos of work, SOW examples, etc.	Yes	No
7.	Applicant is willing to submit a completed W-9 and Broward County Automated Clearing Housing (ACH) form for payment of services via ACH.	Yes	No
8.	Prior to submittal for Board of County Commission approval, selected applicant will provide proof of insurance coverage as shown in RFA Insurance Declaration page.	Yes	No

RFA Issuance Date: November 22, 2021

Submission Deadline: December 22, 2021, at 12:00 PM Noon

Company Name: _____

Company Representative: _____

Representative's Signature: _____

Date: _____

Reviewer: _____

Review Date: _____

PURPOSE of RFA, SCOPE, SELECTION CRITERIA, RATING CATEGORIES

Requests for Applications to Owner-Occupied, Housing Rehabilitation Programs

Introduction

Broward County Housing Finance and Community Redevelopment Division (HFCRD) is issuing this Request for Applications (RFA) in search of qualified, Florida licensed General Contractor, Architect, and/or Professional Engineer firms (FIRMS) for the design, cost estimation, bidding, and oversight of Broward County's Housing Rehabilitation Programs. These programs include Minor Home Repair/Water-Sewer Connection programs (MHR), and Barrier Free/Special Needs Housing Program on owner-occupied houses, townhouses, and condos located in Broward County.

This RFA will result in HFCRD placing selected firms in a Qualified Pool (QP). At the County's discretion, HFCRD may issue MHR Work Authorizations to multiple members of the QP. The pool will consist of licensed professional companies that can help advance the County's housing rehabilitation services.

The County reserves the right to issue contracts to multiple firms that have responded and have been determined by the County to be qualified. The County reserves the right to assign and re-assign a project to a QP firm that the County determines is the most qualified based on individual project specifications. The County reserves the right to terminate non-performing QP firms and the entire QP at any time. The County reserves the right to extend, expand, or terminate the QP at any time.

Project Scope and Requirements

HFCRD seeks to establish a list of pre-qualified FIRMS with expertise in Florida Building Code and Broward County Building Code, for the design, cost estimation, bidding, and oversight of home repair work that may include, but not limited to:

- (1) **Wind Mitigation Projects**
 - a. roof replacement;
 - b. installation of roof-to-wall hurricane tie downs;
 - c. installation of wind impact windows, doors, and/or hurricane shutters.
- (2) **HVAC Installation/Upgrades**
 - a. unit replacement;
 - b. ductwork installation and repairs;
 - c. load/capacity calculations and BTU measurements, and;
 - d. electrical upgrades required for HVAC installation or replacement.
- (3) **Electrical Upgrades**
 - a. panel upgrades and SOW/ electrical plans and notes to determine circuit breaker types, mounting details, wiring, etc.
- (4) **Water/Sewer Connections**
 - a. connect the residential unit(s) to the available sanitary sewer system, and;
 - b. abandon the existing septic system.
- (5) **Façade and Exterior Repairs**
 - a. exterior painting;
 - b. soffit and/or fascia repairs, and;
 - c. rain gutter replacement.
- (6) **Barrier Free/Special Needs**

PURPOSE of RFA, SCOPE, SELECTION CRITERIA, RATING CATEGORIES

- a. American Disabilities Act Guidelines (ADA) construction compliance in accordance with “2010 ADA Standards for Accessible Design”, product specifications, and construction drawings to provide disabled residents with housing modifications and barrier removal to improve accessibility and provide for health and safety repairs which allow the residents continued occupancy and to maintain their independence.

The FIRMS may not perform construction, but will conduct home inspections, prepare documents, write scope of work (SOW), prepare any construction documents (if any), determine project timeframe, bid work to and select qualified General Contractors, perform oversight duties throughout construction and closeout. The full list of services and activities for the program shall include:

1. Perform an initial home inspection (feasibility study) and HUD Environmental Review of each applicant's home to determine if it meets the applicable Program Guidelines.
2. Schedule detailed inspections of the applicant's home including, but not limited to, lead-based paint and termite inspections, as needed.
3. Provide construction timeframe and cost estimate using software that is, region-specific to South Florida and features annual data validation.
4. Develop SOW, written plans, and specifications addressing Program Activities, and in accordance with the Program Guidelines. Approval by the County is required prior to proceeding with the Request for Quotations process for the work to be performed.
5. Prepare, schedule, analyze, and manage the Request for Quotations process for the work to be performed by a Contractor for a Homeowner under the Project.
6. Competitively bid to the list of qualified contractors and recommend the most qualified contractor, at the best price for each specific Project in accordance with the contract procurement procedures.
7. Following the selection of a Contractor for a Project, FIRMS shall submit to the Contract Administrator for review and approval a Work Authorization for the work to be performed for the Project. If approved, the County shall prepare the Homeowner-Contractor Agreement to be executed by the Homeowner and Contractor.
8. If the Contract Administrator disapproves the Work Authorization submitted by FIRMS for the Project, FIRMS shall work with the Contract Administrator to resolve any issues which led to the disapproval and resubmit the Work Authorization.
9. Following commencement of a Project, FIRMS shall prepare requested Change Orders, as needed, for review and approval by the Contract Administrator, to authorize additional work, change the time for performance, or increase the amount of compensation to the Contractor under the Homeowner-Contractor Agreement for a Project.
10. Monitor performance of work by the Contractor for a Project pursuant to the terms of the Homeowner-Contractor Agreement.
11. Act as a liaison between the Homeowner and the Contractor for the work to be performed for a Project, provide dispute resolution for the Project as provided in the Homeowner-Contract Agreement, and document in writing the issue or dispute and the resolution.
12. Obtain a Homeowner Satisfaction Survey, in a form provided by County, after the work for a Project is completed by the Contractor pursuant to the Homeowner-Contractor Agreement and prior to Project Completion; and arrange and conduct a final walk through with the Homeowner, contractor, and County.

PURPOSE of RFA, SCOPE, SELECTION CRITERIA, RATING CATEGORIES

13. Submit Monthly Progress Reports to County, as provided by the County.
14. Verify subcontractor invoices and submit payment requests at completion of the Project as provided by the County.
15. Perform all other activities required under the terms of any Agreement with the County, such as but not limited to lead-based paint testing, mold assessment, and/or termite inspection (when required by funding Regulations and/or on request by County).
16. Selected FIRMS will provide a W-9 and sign an Authorization for ACH Transfer for payment of service fees from County to selected FIRMS.

Section 3

A portion of the work to be performed under this RFA is associated with a program funded in whole or in part by the Department of Housing and Urban Development (HUD). All Department of Community Development projects shall uniformly comply with the requirements of Section 3 of the HUD Act of 1968, as amended, 12 U.S.C. 170.

Section 3 is a provision that helps foster local economic development, neighbor-hood economic development, and individual self-sufficiency.

HUD funds represent one of the largest sources of federal dollars in communities and the expenditure of these funds typically results in new contracting and employment opportunities. The Section 3 requirements ensure that when new jobs or contracts are created as a result of the usage of certain HUD funds, priority consideration is given to low- and very low-income persons residing in the community in which the funds are spent and to the businesses that are owned by or substantially employ these persons.

Section 3 Residents are:

- 1) Public housing residents; or
- 2) Low and very low-income persons who live in an area where a HUD-assisted project is located.

Section 3 Business is a business that meets one of the following:

- 1) Is 51% or more owned by Section 3 residents, or
- 2) Employs Section 3 residents for at least 30% of its full-time, permanent staff, or
- 3) Provides evidence of a commitment to subcontract 25% or more of the dollar amount of the awarded contract to Section 3 businesses.

Compliance with the provisions of Section 3, the regulations set forth in 24 CFR 135, and all applicable rules and orders of the Department issued thereunder prior to the execution of the Contract, shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient, its contractors and subcontractors, its successors, and assignees to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR 135.

Reporting on Section 3 activities will be a requirement of any contract issued in response to this RFA.

Selection Criteria and Rating Tool

All applications received by the due date and time with no fatal flaws will be rated and scored by the selection committee according to the Rating Tool. Each rating will consist of a financial review and a

PURPOSE of RFA, SCOPE, SELECTION CRITERIA, RATING CATEGORIES

technical review. The review team may choose to interview applicants. Other factors which may be considered include, but are not limited to, past performance of individual agencies, relevant experience, service delivery fee schedule, and qualifications of agency and staff. The County reserves the right to limit QP applicants or accept some or all applicants into the QP if deemed in the best interest of the County.

Rating Category

1. Organizational capacity, licensing, and certifications: Max 5 Points
2. Performance delivery plan: Max 10 Points
3. Financial capacity: Max 10 Points
4. Experience with federal, state, and local funded programs: Max 10 Points
5. Experience with construction, Florida Building Code and Broward County Permitting: Max 15 Points
6. Residential renovation, owner-occupied retrofitting, and hurricane mitigation experience: Max 15 Points
7. Project administration and oversight experience: Max 15 Points
8. SOW and technical writing experience; Max 10 Points
9. Construction experience and knowledge of "2010 ADA Standards for Accessible Design": Max 10 Points (Note: This category for FIRMS interested in Barrier Free Contracts. Not all FIRMS will qualify for Barrier Free work)

Total Possible Points: 100

- 1. Organizational Capacity, Licensing and Certifications: Maximum Points: 5**
Provide a brief narrative that demonstrates your organization's capacity to successfully complete the project, professional licensing, and certifications. Identify the staff, position(s) and their task responsibilities, and provide resumes; as well as any vendors who will be part of the service delivery team. Provide an organizational chart. Where applicable, align the Minor Home Repair, Water/Sewer, and Barrier Free program deliverables with staff or vendor responsibilities.
- 2. Performance Delivery Plan: Maximum Points: 10**
Provide a brief narrative that describes your Performance Delivery Plan. Applicants should describe how they will implement the program to provide the services outlined in this proposal. Please be specific about the Minor Home Repair Program, Water/Sewer Connection Program, and Barrier Free Program. If applicable, use flow charts and /or work plans to show that you are capable of handling all programs simultaneously.
- 3. Financial Capacity: Maximum Points: 10**
Provide a brief narrative of your Financial Capacity. Provide information on other projects your organization is currently handling that affect your financial capacity; and provide two years of

PURPOSE of RFA, SCOPE, SELECTION CRITERIA, RATING CATEGORIES

either (1) tax returns and/or Profit and Loss Statements for 2019 and 2020; or (2) Financial Audits for 2019 and 2020.

4. Federal, State and Local Experience: Maximum Points: 10

Please list comparable CDBG/HOME/NSP/SHIP and any other Federal, State, or local grant experience and service delivery summary on those grants.

5. Experience with residential construction, Florida Building Code, and Broward County Permitting: Maximum Points: 15

Provide a brief narrative of your construction/rehabilitation experience. Narrative should demonstrate your knowledge and understanding of the construction/rehabilitation process as it relates to single-family and condo housing projects.

6. Experience with residential renovation, owner-occupied retrofitting, and hurricane mitigation: Maximum Points: 15

Provide a narrative of your residential renovation and hurricane mitigation construction experience. As backup provide project SOW, before and after photos, and a minimum of six (6) references (with contact information) for that work.

Provide a brief narrative of your experience with ADA interior design and construction drawings and provide examples of past construction drawing that follow ADA guidelines and provide pictures of past work showing ADA upgrades.

7. Project administration and oversight experience: Maximum Points: 15

Provide a brief narrative of your past project management experience and provide a list of projects with budget and project website links or pictures.

8. Scope of Work (SOW) and technical writing experience: Maximum Points: 10

Provide a brief narrative of past experience with technical writing for construction SOWs, along with three (3) examples.

9. Construction experience and knowledge of "2010 ADA Standards for Accessible Design": Maximum Points: 10

Provide a brief narrative of your experience with construction compliance in accordance with "2010 ADA Standards for Accessible Design", product specifications, and construction drawings to provide disabled residents with housing modifications and barrier removal to improve accessibility and provide for health and safety repairs which allow the residents continued occupancy and to maintain their independence. *Note: If your firm does not have experience or does not intend to perform this work, enter NOT APPLICABLE under Tab 9 of application.*

Service Delivery Chart

Housing Finance and Community Redevelopment Division

Owner-Occupied, Home Renovation Programs, Request for Applications

Service Delivery Fees

1.0 Minor Home Repair and Water Sewer	
1.1 Property Inspections (meeting with homeowner, initial and final inspections, feasibility report, property photos, etc.)	\$1000
1.2 Preparation of Scope of Work, bid specs, estimates, pre-bid meeting, evaluation & approval of bid, Work Authorization, backup documents, signature retrieval, change orders, and public advertisements.	\$1000
1.3 Monitoring activities through project (submittal, review and approval of contractor final invoice; contractor followup; close out report)	\$1000
1.4 Monthly reports, liaison with homeowner, Direct Activity Delivery Costs	\$1000
2.0 Optional Services when Applicable	
2.1 Lead-Based Paint Inspection per HUD guidelines	\$65
2.2 Mold Assessment	\$65
2.3 Termite Inspection	\$65
3.0 Barrier Free and Special Needs Housing Program	
3.1 Construction drawings in accordance with ADA Standards for Accessible Design (floor plans, elevations, spec plans, notes, etc.). Fee based on resources needed for drawings.	\$100 - \$500

Construction Program Funding

Housing Finance and Community Redevelopment Division

Owner-Occupied, Home Renovation Programs, Request for Applications

Contract Timeframe: One year, with up to two (2) annual renewals

RFA Total Amount Over Three Years: \$9,402,792

Total Funding Source:

SHIP (Broward County, Coconut Creek, Margate, and Weston):	\$4,776,603
CDBG (Broward County, Coconut Creek, Margate, Plantation, and Weston):	\$2,517,021
SHIP, Special Needs/ Barrier Free:	\$2,109,168

Year-One, FY 2022 Total Funding: \$3,134,264

SHIP (Broward County, Coconut Creek, Margate, and Weston):	\$1,592,201
CDBG (Broward County, Coconut Creek, Margate, Plantation, and Weston):	\$839,007
SHIP, Special Needs/ Barrier Free:	\$703,056

Year-Two, FY 2023 Total Funding: \$3,134,264 (subject to funding)

SHIP (Broward County, Coconut Creek, Margate, and Weston):	\$1,592,201
CDBG (Broward County, Coconut Creek, Margate, Plantation, and Weston):	\$839,007
SHIP, Special Needs/ Barrier Free:	\$703,056

Year-Three, FY 2024 Total Funding: \$3,134,264 (subject to funding)

SHIP (Broward County, Coconut Creek, Margate, and Weston):	\$1,592,201
CDBG (Broward County, Coconut Creek, Margate, Plantation, and Weston):	\$839,007
SHIP, Special Needs/ Barrier Free:	\$703,056

Application Instructions, Pertinent Dates

A COPY OF THE RFA CAN BE FOUND AT www.broward.org/housing

VIRTUAL PRE-SUBMITTAL PUBLIC WORKSHOP: Broward County HFCRD will convene a virtual pre-submittal public workshop on Tuesday, December 7, 2021, at 2:00 PM. To join the workshop click on www.broward.org/housing, follow the link to the RFA workshop.

QUESTIONS/TECHNICAL ASSISTANCE: Questions regarding this RFA must be submitted via email to suweiss@broward.org or at the virtual workshop. All questions and answers will be posted on the Housing Finance and Community Redevelopment website (www.broward.org/housing). The technical assistance window began when the RFA was issued and will close on Tuesday, December 14, 2021, at 4:00 PM. No questions will be answered after this deadline, however, responses to questions submitted prior to December 14 may not be posted until Friday, December 17, 2021.

SUBMISSION DEADLINE: Applications are to be delivered to 110 NE 3 St, 3rd Floor, Fort Lauderdale, FL 33301, by **Wednesday, December 22, 2021, at 12:00 PM Noon.**

APPLICATION INSTRUCTIONS: Submit one (1) original application, four (4) copies, and one (1) flashdrive. Original and flashdrive to include signed Attachments A-E. Pages must be 8 ½" x 11", single sided. Number all pages, including attachments. Organize applications as follows: Application Cover Sheet, Applicant Questionnaire Form, Fatal Flaw Checklist, Tabs 1 through 9, containing narrative and documents responding to the Rating Categories 1 through 9. Original application may be bound, perforated, clipped, in a binder-do not staple original. Copies may be stapled, perforated, clipped, in a binder, or fastened with rubber bands.

SELECTION CRITERIA AND RATING TOOL: All Applications received by the due date and time with no fatal flaws will be rated and scored according to the Rating Tool. Each rating will consist of a technical review. The review team may choose to interview applicants. The highest-ranking numerical score does not automatically guarantee a funding recommendation. Other factors which may be considered include, but are not limited to, past performance of individual agencies, relevant experience, and qualifications of agency and staff. Multiple applicants may be selected and recommended for approval by the Broward County Board of County Commissioners. The County also reserves the right not to award to any applicant or make multiple awards if deemed to be in the best interest of the County.

Rating Category

1. Organizational capacity, licensing, and certifications: Max 5 Points
2. Performance delivery plan: Max 10 Points
3. Financial capacity: Max 10 Points
4. Experience with federal, state, and local funded programs: Max 10 Points
5. Residential construction, Florida Building Code and Broward County permit experience: Max 15 Points
6. Residential renovation, owner-occupied retrofitting, and hurricane mitigation experience: Max 15 Points

7. Project administration and oversight experience: Max 15 Points
8. Scope of Work (SOW) and technical writing experience; Max 10 Points
9. Construction experience and knowledge of “2010 ADA Standards for Accessible Design”: Max 10 Points (*Note: applicable only for FIRMS interested in Barrier Free Contracts; not all applicants will qualify for Barrier Free work*)

TOTAL POSSIBLE POINTS: 100

EVALUATION COMMITTEE VIRTUAL MEETING: Will be held Tuesday, January 4, 2022, at 2:00 PM. To join the virtual meeting, go to www.broward.org/housing.

EVALUATION COMMITTEE: Evaluation Committee’s responsibility is to review and rate the submittals to ensure they meet the RFA requirements, evaluate and rate the submittals using the Rating Categories and Scoring Matrix in order for the HFCRD staff to make a recommendation to the Broward County Board of County Commissioners to award a contract. Each Evaluation Committee member appointed to serve on this panel consists of staff members chosen for their breadth of experience, judgment, and interest in the subject matter.

The Evaluation Committee may have a scoring tie. The County reserves the right not to award to any applicant, or to make multiple awards if deemed to be in the best interest of the County.

Information and documents reviewed by the Evaluation Committee as part of the evaluation process will be available for general review on the division website (www.broward.org/housing) the following business day after the Evaluation Committee meeting.

CONFLICT OF INTEREST: In accordance with Broward County policy, “all Evaluation Committee Members shall be free of conflicts of interest”.

APPEALS: All appeals of the Evaluation Committee scoring results must be submitted in writing within five (5) business days of the Evaluation Committee meeting, or no later than Tuesday, January 11, 2022, at 4:00 PM. Appeals are to be in writing and addressed to the Director of Housing Finance and Community Redevelopment Division at the same address as required by the Request for Proposals. All appeals must be based on the evaluation scoring criteria and the applicant must define the basis for the appeal.

APPEAL RESPONSE: The Division Director will evaluate any appeals received and provide a written response no later than Thursday, January 13, 2022. The Division Director will not substitute his judgment for that of the Evaluation Committee. The Director will limit his review to the points raised by any applicant in their written appeal. The Division Director’s decision is final and will be reported to the Evaluation Committee and to the Board of County Commission.

CONE OF SILENCE: For this solicitation has been in effect since November 22, 2021, when the Evaluation Committee was appointed, which prohibits the applicants from discussing their projects with the Evaluation Committee Members, the County Commissioners and their staff, County Administrator, Deputy County Administrator, Assistants to the County Administrator, their respective support staff, HFCRD Director and staff, and any other person authorized to evaluate or recommend proposals during this evaluation process. The Cone of Silence will continue to be in effect until project selection is complete and awarded by the Board of County Commissioners or the process is otherwise ended.

Housing Finance & Community Redevelopment Division
Attachment "A" Public Entities Crimes Affidavit

SWORN STATEMENT SECTION 287.133(3)(a), FLORIDA STATUTES, ON PUBLIC ENTITY CRIMES

THIS FORM MUST BE SIGNED IN THE PRESENCE OF A NOTARY PUBLIC OR OTHER OFFICER AUTHORIZED TO ADMINISTER OATHS.

1. This sworn statement is submitted with a proposal to Broward County.
2. This sworn statement submitted by _____.
(Name of entity submitting sworn statement)
whose business address is _____
and (if applicable) its Federal Employer Identification Number is _____.
3. My name is _____ and my relationship to the entity named
(Print name of individual signing)
above is _____.
4. I understand that a "public entity crime" as defined in paragraph 287.133(1)(g), Florida Statutes, means a violation of any state or federal law by a person with respect to and directly related to the transaction of business with any entity or with an agency or political subdivision of any other state or with the United States, including, but not limited to, any bid or contract for goods or services to be provided to any public entity or an agency or political subdivision of any other state or of the United States and involving antitrust, fraud, theft, bribery, collusion, racketeering, conspiracy, or material misrepresentation.
5. I understand that "convicted" or "conviction" as defined in paragraph 287.133(1)(b), Florida Statutes means a finding of guilt or a conviction of a public entity crime, with or without an adjudication of guilt, in any federal or state trial court of record relating to charges brought by indictment or information after July 1989, as a result of a jury verdict, non-jury trial, or entry of a plea of guilty or nolo contendere.
6. I understand that an "affiliate" defined in paragraph 287.133(1)(a), Florida Statutes is:
 - a. A predecessor or successor of a person convicted of a public entity crime; or
 - b. An entity under the control of any natural person who is active in the management of the entity and who has been convicted of public entity crime. The term "affiliate" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the affiliate. The ownership by one person of shares constituting a controlling interest in another person, or pooling of equipment of income among persons when not for fair market value under an arm's length agreement, shall be prima facie case that one person controls another person. A person who knowingly enters into a joint venture with a person who has been convicted of a public entity crime in Florida during the preceding 36 months shall be considered an affiliate.

I understand that a "person" as defined in paragraph 287.133(1)(e), Florida Statutes means any natural person or entity organized under the laws of any state or of the United States with the legal power to enter into a binding contract and which bids or applies to bids on contracts for the

provision of goods or services let by a public entity, or which otherwise transacts or applies to transact business with a public entity. The term "person" includes those officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of an entity.

Based on information and belief, the statement which I have marked below is true relation to the entity submitting this sworn statement. *(Please circle which statement applies).*

1. Neither the entity submitting this sworn statement, nor any officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the entity, or an affiliate of the entity have been charged with and convicted of a public entity crime subsequent to July 1, 1989.

2. The entity submitting this sworn statement, or one or more of the officers, directors, executives, partners, shareholders, employees, members and agents who are active in the management of the entity, or an affiliate of the entity has been charged with and convicted of a public entity crime subsequent to July 1, 1989, AND *(Please indicate which additional statement applies).*

a. There has been proceeding concerning the conviction before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer did not place the person or affiliate on the convicted vendor list. *(Please attached a copy of the final order).*

b. The person or affiliate was placed on the convicted vendor list. There has been a subsequent proceeding before a hearing officer of the State of Florida, Division of Administrative Hearings. The final order entered by the hearing officer determined that it was in the public interest to remove the person or affiliate from the convicted vendor list. *(Please attached a copy of the final order).*

c. The person or affiliate has not been placed on the convicted vendor list. *(Please describe an action taken by or pending with the Department of General Services).*

_____(Signature)

_____(Date)

STATE OF FLORIDA
County OF BROWARD

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20__, by _____, who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal, this _____ day of _____, 2021.

My commission expires:

NOTARY SEAL

Signature of person taking acknowledgment

My commission number:

PRINT NAME

Housing Finance & Community Redevelopment Division
Attachment "B" DRUG FREE WORKPLACE CERTIFICATION

Undersigned Applicant Agency hereby certifies that it will provide a drug-free workplace program by:

- (1) Publishing a statement notifying its employees that unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the offeror's workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- (2) Establish a continuing drug-free awareness program to inform its employees about:
 - (I) The danger of drug abuse in the workplace
 - (ii) The offeror's policy of maintaining a drug-free workplace
 - (iii) Any available drug counseling, rehabilitation, and employee assistance programs, and
 - (iv) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.
- (3) Giving all employees engaged in performance of a contract a copy of a statement required by subparagraph (1).
- (4) Notifying all employees, in writing, of the statement required by subparagraph (1), that as a condition of employment on a covered contract, the employee shall:
 - (I) Abide by the terms of the statement; and
 - (ii) Notify the employer in writing of the employee's conviction under criminal drug statute for a violation occurring in the workplace no later than 5 calendar days after such conviction.
- (5) Notifying Broward County government in writing within 10 calendar days after receiving under subdivision (4) (ii) above, from an employee or otherwise receiving actual notice of such conviction. The notice shall include the position title of the employee.
- (6) Within 30 calendar days after receiving notice under subparagraph (4) of a conviction, taking one of the following actions with respect to an employee who is convicted of a drug abuse violation occurring in the workplace:
 - (I) Taking appropriate personnel action against such employee, up to and including termination
 - (ii) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by federal, state, or local health, law enforcement, or other appropriate agency, and
- (7) Making a good faith effort to maintain a drug-free workplace program through implementation of subparagraphs (1) through (6).

(Applicant Agency Signature)

(Print Applicant Agency Name)

State of Florida
Broward County

The foregoing instrument was acknowledged before me by means of physical presence or online notarization, this _____ day of _____, 20____, by _____, who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal, this _____ day of _____, 2021.

My commission expires:

Signature of person taking acknowledgment NOTARY SEAL

Housing Finance & Community Redevelopment Division
Attachment "C" SECTION 3 GOAL STATEMENT

APPLICANT'S INITIAL SECTION 3 GOALS

1. The Applicant agrees to comply with Section 3 of the Housing and Urban Development Act of 1968.
2. The Applicant estimates there will be _____ new employees hired during the performance of this contract. Furthermore, should this contract be awarded to the Applicant, the Applicant agrees to delineate work force needs (skilled, semi-skilled, unskilled, labor and trainees) by category.
3. Of these new employees, the Applicant plans to hire at least _____% (_____ percent) from the Section 3 Covered Area (Broward County).

I, _____ {print name}, as an Authorized Officer of the Applicant, do hereby acknowledge that we are aware of the requirements under Section 3 of the Housing and Urban Development Act of 1968 and will abide by them. We further agree to abide by this Affirmative Action Plan to the greatest extent feasible and realize that should we be awarded the contract, HFH or Broward County Community Redevelopment Division will monitor the project to assure compliance with this plan.

Company Name: _____

Business Address: _____

Employer Federal ID#: _____

Signature: _____

Print Name: _____ Date: _____

Applicant Agency: _____

Executive Director: _____ (Signature) _____ (Date)

Housing Finance & Community Redevelopment Division
Attachment “D AMERICANS WITH DISABILITIES ACT POLICY”

Sample

This Agency and its employees support through policy, procedure, and action the right of disabled persons, prospective staff and persons served to equal access to services and employment.

APPLICANTS:

This Agency shall make efforts in good faith to arrange “reasonable accommodations” for qualified applicants, providing these accommodations do not create “undue hardship” for the agency.

The process of “reasonable accommodations” will include the following steps: 1) Consultation with the individual by the supervisor or operations director; 2) Identifying barriers in question; 3) Identifying possible accommodations (including assistance from outside authorities or agencies); 4) Assessing reasonableness of accommodations with the final decision from the Executive Director or designee; and 5) Implementing the accommodation or determining that the accommodation would be an “undue hardship”.

Should the accommodation create an “undue hardship” for the Agency, the prospective employee will be offered the opportunity to implement the accommodation on their own.

In the event that accommodations: 1) Create “undue hardship” on the agency or the fellow employees; 2) Cannot be accessed through assistance from other authorities or agencies; and 3) Cannot be arranged with the prospective employee, the decision not to hire shall be documented with records of all efforts made.

Applications for employment shall be completed in wheelchair accessible locations. All relevant compliance posters shall be readily visible in areas with public access. If an individual should need assistance in completing the application, staff shall be available to help with the application process, and any other necessary pre-employment materials.

EMPLOYEES:

In the event an employee develops a disability during the course of employment, modifications to the employee’s original position shall be assessed, as well as, a possible job change, or restructuring, providing this does not cause “undue hardship” to the Agency.

In the event that an employee is found to have a substance abuse problem that is affecting their work performance, that employee shall be offered the opportunity to go on a leave of absence until the problem is corrected through immediate and appropriate intervention and therapy, provided the employee seeks such opportunity early in the disciplinary action, and does not commit an offense that is punishable by termination on the first offense.

If an employee requires a leave of absence due to a disability, not associated with work, they may request such leave through procedures outlined in the Agency’s leave of absence policies.

If an employee requires leave due to a work-related injury, the rules governing workers compensation shall be followed.

The Agency shall comply with the provisions of the Family and Medical Leave Act of 1993.

Name of Applicant Agency: _____

Executive Director: _____
(Signature) (Date)

Housing Finance & Community Redevelopment Division
Attachment "E" EQUAL EMPLOYMENT OPPORTUNITY POLICY

Sample POLICY:

The progress of this Agency requires that we utilize all available staff to the fullest, regardless of race, color, religion, age, sex, sexual orientation, disability, political affiliation or belief, national origin, veteran status or marital status. Unlawful discrimination must be eliminated and individuals with demonstrated talent recognized and encouraged through fair and equitable personnel practices. It is the policy of this Agency to grant equal employment opportunities to all qualified persons without regard to the factors listed above.

This Agency's policy of nondiscrimination includes, but is not limited to, employment advertising, recruiting, employment, placement, promotion, transfer, selection for training, rates of pay, and layoff or termination. All employees are informed of the emphasis on nondiscrimination.

This Agency will comply with all provisions of applicable federal, state, and local equal opportunity laws, orders, rules, and regulations and will cooperate with all agencies established under such laws in guaranteeing compliance.

RESPONSIBILITIES:

The Executive Director is responsible for insuring compliance and adherence to the nondiscrimination policy.

Each supervisor is responsible for using all practical means to implement this policy within his/her department or workgroup.

This Agency shall review, at least annually, the status of this program of expanding and re-emphasizing nondiscrimination.

PROCEDURES:

1. All applications for employment will be printed with the term "Equal Opportunity Employer".
2. All advertisements for recruiting purposes will contain the statement "An Equal Opportunity Employer" at the bottom of the ad.

Name of Agency: _____

Executive Director: _____
(Signature)

(Date)

INSURANCE REQUIREMENTS

Project: **Minor Home Repair Program**
 Agency: **Housing Finance and Community Redevelopment Division**

TYPE OF INSURANCE	ADDL INSD	SUBR WVD	MINIMUM LIABILITY LIMITS		
				Each Occurrence	Aggregate
GENERAL LIABILITY - Broad form <input checked="" type="checkbox"/> Commercial General Liability <input checked="" type="checkbox"/> Premises-Operations <input type="checkbox"/> XCU Explosion/Collapse/Underground <input checked="" type="checkbox"/> Products/Completed Operations Hazard <input checked="" type="checkbox"/> Contractual Insurance <input checked="" type="checkbox"/> Broad Form Property Damage <input checked="" type="checkbox"/> Independent Contractors <input checked="" type="checkbox"/> Personal Injury Per Occurrence or Claims-Made: <input checked="" type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made Gen'l Aggregate Limit Applies per: <input type="checkbox"/> Project <input type="checkbox"/> Policy <input type="checkbox"/> Loc. <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Bodily Injury		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$1,000,000	\$2,000,000
			Personal Injury		
			Products & Completed Operations		
AUTO LIABILITY <input checked="" type="checkbox"/> Comprehensive Form <input checked="" type="checkbox"/> Owned <input checked="" type="checkbox"/> Hired <input checked="" type="checkbox"/> Non-owned <input checked="" type="checkbox"/> Any Auto, If applicable <i>Note: May be waived if no driving will be done in performance of services/project.</i>			Bodily Injury (each person)		
			Bodily Injury (each accident)		
			Property Damage		
			Combined Bodily Injury and Property Damage	\$500,000	
<input type="checkbox"/> EXCESS LIABILITY / UMBRELLA Per Occurrence or Claims-Made: <input type="checkbox"/> Per Occurrence <input type="checkbox"/> Claims-Made <i>Note: May be used to supplement minimum liability coverage requirements.</i>					
<input checked="" type="checkbox"/> WORKER'S COMPENSATION <i>Note: U.S. Longshoremen & Harbor Workers' Act & Jones Act is required for any activities on or about navigable water.</i>	N/A	<input checked="" type="checkbox"/>	Each Accident	STATUTORY LIMITS	
<input checked="" type="checkbox"/> EMPLOYER'S LIABILITY			Each Accident	\$500,000	
<input type="checkbox"/> PROFESSIONAL LIABILITY (ERRORS & OMISSIONS) All engineering, surveying and design professionals.	N/A		Each Claim:		
			*Maximum Deductible:	\$100,000	
<input checked="" type="checkbox"/> POLLUTION / ENVIRONMENTAL LIABILITY <i>*Required for projects involving Mold Remediation, Asbestos Abatement or Lead Removal.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Each Claim:	\$1,000,000	
			*Maximum Deductible:	\$10,000	
<input type="checkbox"/> Installation floater is required if Builder's Risk or Property are not carried. <i>Note: Coverage must be "All Risk", Completed Value.</i>			*Maximum Deductible:	\$10,000	Completed Value
			CONTRACTOR IS RESPONSIBLE FOR DEDUCTIBLE		

Description of Operations: "Broward County" shall be listed as Certificate Holder and endorsed as an additional insured for liability, except as to Professional Liability. County shall be provided 30 days written notice of cancellation, 10 days' notice of cancellation for non-payment. Contractors insurance shall provide primary coverage and shall not require contribution from the County, self-insurance or otherwise. Any self-insured retention (SIR) higher than the amount permitted in this Agreement must be declared to and approved by County and may require proof of financial ability to meet losses. Contractor is responsible for all coverage deductibles unless otherwise specified in the agreement. For Claims-Made policies insurance must be maintained and evidence of insurance must be provided for at least three (3) years after completion of the contract of work.

CERTIFICATE HOLDER:
 Broward County
 115 South Andrews Avenue
 Fort Lauderdale, Florida 33301

Risk Management Division