



GENERAL CONTRACTOR
REQUEST FOR QUALIFICATIONS
(RFQ)

Request For Qualifications

Mail Proposal To: **City of Hinesville Community Development Department**
Attn: General Contractor RFQ
115 East MLK Jr. Drive
Hinesville, GA 31313

Hand Deliver To: **City of Hinesville Community Development Department**
Second Floor

Please direct questions to CommunityDevelopment@cityofhinesville.org.

- **Sealed submissions will be accepted on a continuous basis and will be reviewed upon receipt.**
- ♦ Decisions regarding eligibility will be communicated via letter.

The City of Hinesville Community Development Department (CDD) reserves the right to reject any or all submissions and waive informalities in the selection process. During the evaluation process, the CDD also reserves the right to request any additional information deemed necessary to supplement and/or clarify the information provided.

Any submission may be withdrawn under the discretion of the department.

The responsibility for submitting a response to this request for qualifications to the Community Development Department of the City of Hinesville is the responsibility of the proposer.

Overview:

The City of Hinesville is requesting a statement of qualifications from general contractors to perform various services. Projects may include renovation, rehabilitation, new construction, or clearance and demolition activities.

Scope of Work:

The typical scope of work includes but is not limited to the following:

1. Renovation / rehabilitation of single family dwellings.
2. Construction of single family dwellings.
3. Construction of multi-family dwellings.
4. Demolition of dilapidated structures.
5. Clearance of parcels.

Proposal Submission:

All submissions must be sealed. Any mailed proposals should be sent certified mail.

Packages may be delivered in person or addressed as follows:

City of Hinesville
Community Development Department
Attn: General Contractor RFQ
115 East MLK Jr. Drive
Hinesville, GA 31313

It is strongly encouraged for minority-owned and women-owned businesses, socially and economically disadvantaged businesses, HUD Section 3 businesses, and small businesses to submit proposals.

Insurance

Certificates of insurance for professional liability, workers compensation, vehicle liability, as well as general liability will be required from the successful proposer.

Compliance

The general contractor is responsible for compliance with all local, state, or federal laws and regulations. If a sub-contractor is utilized, the general contractor must ensure that all applicable laws and regulations are both communicated and adhered.

Davis-Bacon Act (if applicable)

In order to comply with Davis-Bacon Act requirements, applicable Wage Rate Decisions will be included in the contract and certified payrolls must be submitted to the Community Development Department on a weekly basis.

Payment

Invoices will be considered on a monthly basis and must meet all requirements of the respective executed agreement.

Inquiries

All inquiries shall be directed to Ms. Jasmine Fields, Grants Administrator, at (912) 876-3164.

Evaluation

During the evaluation process, the Community Development Department reserves the right to request any additional information deemed necessary to supplement and/or clarify the information provided. In addition to the applicable capacity and expertise noted in the submission, the City of Hinesville will thoroughly assess several areas to include but not limited to the following:

- State Licensure
- Federal Debarment Status
- Insurance Coverage (*limit requirements are attached*)
- Local Project References
- Local Inspection Activities
- Financial Capacity

SAMS Registration

Respondent must have an active SAMS registration prior to being awarded. Please attach proof of valid SAMS registration or register using the SAM website address provided below:

<https://www.sam.gov/portal/SAM/##11>

Attachments

- Contractor Registration Application: Please complete and submit with the proposal
- SAVE Affidavit: Please complete and submit with the proposal
- License & Insurance Requirements: Please provide proof and submit with the proposal
- E-Verify Affidavit: Please complete and submit with proposal

How to Request a Data Universal Number System (DUNS Number)

What is a DUNS Number?

- A DUNS Number is a unique identification number for each physical location of a business organization that is used to track how federal grant money is allocated.
- Contractors are required to provide the 9-digit DUNS Number.

Who needs a DUNS Number?

- All businesses or other organizations receiving money from the U.S. Federal government through contracts or grants are required to have a DUNS Number.
- For the City of Hinesville HUD and DCA programs all agencies seeking funding must have a DUNS number.

How to obtain a DUNS Number

You may receive your free DUNS Number by internet or by phone.

- By internet: Go to <http://fedgov.dnb.com/webform> and request a DUNS Number. If one does not already exist, it will be created within one business day.
- By Phone: Call 1-866-705-5711
 - Please have the following available when you call
 - Legal Name of Organization
 - Trade style, Doing Business As (DBA), or any other name by which your organization is commonly recognized
 - Physical Address, City, State and Zip Code
 - Mailing Address (if applicable)
 - Telephone number
 - Fax number
 - Name of CEO/Organization Owner
 - Contact Name
 - SIC Code (Line of Business)/Primary Type of Business***
 - Legal structure of the Organization (corporation, partnership, etc)
 - Year the Organization Started
 - Number of Employees at your location
 - Headquarters Name and Address

***Note: The SIC code may be obtained from http://www.osha.gov/pls/imis/sic_manual.html. This is a manual that can be referenced for the SIC code which is a coding system that identifies the type of business.

How to Register with System for Award Management (SAM)

Ensure to register for a DUNS Number

- Refer to the instruction sheet provided

Go to SAM website: <https://sam.gov/SAM/>

- Click Login (Top right corner)

If you have a login:

- Enter your email address and password
- Click Sign In
- Enter your one-time security code that was sent to the phone number on file
- Click Submit
- Accept SAM Terms & Conditions

If you do not have a login:

- Click Create an account
- Enter your email
- Click Submit
- Confirmation Page
- An Email is sent to your account (follow the link to confirm email address within 24hours)
- Create a password
- Select an option to receive your security code
- Enter number and submit
- Receive Code / Enter Code / Submit
- Print out personal key code (keep in a safe place for future use)
- Enter key and submit
- Your login account is created for free and you can now log in to sam.gov

Certification:

I certify that this offer to the City of Hinesville is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting an offer for the same services, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and verify that I am authorized to sign this proposal as/for the bidder. I further state that the company affiliated with this proposal currently complies with all applicable federal and state laws and directives relative to non-discriminatory practices in employment.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

Contractor Registration Application

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To: City of Hinesville

Date: _____

The undersigned contracting firm hereby applies to be placed in the "Acceptable Contractors Register" maintained by the Community Development Department for the purpose of performing renovation, rehabilitation, new construction or clearance and demolition work in the Community Development Block Grant Program.

Business Name: _____

Telephone: _____

Address: _____
Street Number City State Zip

How long have you been in business? _____

Tax ID Number: _____

E-Verify Number: _____

Do you own any construction Equipment? Yes No

If so, list equipment here: _____

Contractor Registration Application

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Personal Data: **LIST ALL PRINCIPALS OF YOUR COMPANY.**

Name: _____ Telephone: _____

Home Address: _____
Street Number City State Zip

Rent Own How Long? _____

Social Security #: _____ Date of Birth: _____

Number of Years of Construction Experience: _____

Position with Company: _____

Spouse's Name: _____ Social Security #: _____

Spouses Employer: _____

Name: _____ Telephone: _____

Home Address: _____
Street Number City State Zip

Rent Own How Long? _____

Social Security #: _____ Date of Birth: _____

Number of Years of Construction Experience: _____

Position with Company: _____

Spouse's Name: _____ Social Security #: _____

Spouses Employer: _____

Contractor Registration Application

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Personal Data: **LIST ALL PRINCIPALS OF YOUR COMPANY. (CONTINUED)**

Name: _____ Telephone: _____

Home Address: _____
Street Number City State Zip

Rent Own How Long? _____

Social Security #: _____ Date of Birth: _____

Number of Years of Construction Experience: _____

Position with Company: _____

Spouse's Name: _____ Social Security #: _____

Spouses Employer: _____

Name: _____ Telephone: _____

Home Address: _____
Street Number City State Zip

Rent Own How Long? _____

Social Security #: _____ Date of Birth: _____

Number of Years of Construction Experience: _____

Position with Company: _____

Spouse's Name: _____ Social Security #: _____

Spouses Employer: _____

Contractor Registration Application

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References: Financial

Name: _____

Branch: _____ Last 4 digits Account #: _____

Type of Account: Checking Savings

Type of Account: Personal Business

Balance: \$ _____

Name: _____

Branch: _____ Last 4 digits Account #: _____

Type of Account: Checking Savings

Type of Account: Personal Business

Balance: \$ _____

Contractor Registration Application

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Material Dealers:

Name: _____

Address: _____
Street Number City State Zip

Phone: _____

Name: _____

Address: _____
Street Number City State Zip

Phone: _____

Name: _____

Address: _____
Street Number City State Zip

Phone: _____

Name: _____

Address: _____
Street Number City State Zip

Phone: _____

Contractor Registration Application

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Customer References: List three (3) recent customers for which you have completed projects within the last three (3) years.

Name: _____

Complete Address: _____
Street Number City State Zip

Telephone: _____ Email: _____

Provide a brief description of the project: _____

Project Value: _____

Name: _____

Complete Address: _____
Street Number City State Zip

Telephone: _____ Email: _____

Provide a brief description of the project: _____

Project Value: _____

Name: _____

Complete Address: _____
Street Number City State Zip

Telephone: _____ Email: _____

Provide a brief description of the project: _____

Project Value: _____

Contractor Registration Application

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The undersigned contracting firm agrees that in consideration for being placed upon the "Contractor's Register", he will comply with the following conditions on all renovation, rehabilitation, new construction or clearance and demolition work performed on properties located within the City of Hinesville regardless of whether federal financing is or is not used by the Owner:

1. To use only contract forms previously approved by the City of Hinesville.
2. That work will be performed in accordance with the HUD & DCA Rehabilitation Program Standards and Southern Building Code Congress International Inc.; subject to such inspections as deemed necessary by the City of Hinesville.
3. That if work performed by the Contractor is found to be unsatisfactory by the Inspections Department; or if contract relations between the Contractor, homeowner, or other parties is found to be unsatisfactory that the City of Hinesville may remove the Contractor's name from the "Acceptable Contractor's Register".
4. That adequate insurance and Workman's Compensation will be provided and maintained during the period that the Contractor's name is listed on the "Acceptable Contractors Register", see Exhibit A (attached) for full listing of minimum coverage.
5. That the Contractor will abide by Equal Opportunity provisions of the Civil Rights Act.
6. That my withdrawal of bid without justification would remove my name from the "Contractor's Register".
7. That I acknowledge your policy of a contractor being limited to two contracts in progress at any time.
8. That the undersigned firm agrees to maintain in a current status all licenses and bonds required by the State of Georgia and the City of Hinesville.
9. That work will be done in conformance with all applicable codes and zoning regulations, performed by State certified workers.

Name of Firm: _____

Owner's Name: _____ Title: _____

Owner's Signature: _____ Date: _____

Investigated by: _____ Date: _____

Approved Disapproved

By Signature: _____ Date: _____

Exhibit A

Please submit the following documents to Ms. Jasmine Fields of the Community Development Department with the proposal.

- Copy of current business license
- Proof of current insurance with a minimum coverage:

General Aggregate	\$ <u>2,000,000</u>
Products Completed	\$ <u>1,000,000</u>
Personal and Advertising	\$ <u>1,000,000</u>
Each Occurrence	\$ <u>1,000,000</u>
Damage to Rental Premises	\$ <u>100,000</u>
Umbrella Coverage	\$ <u>1,000,000</u>

- Proof of Workman's Compensation coverage

Thank you for your interest in working with the City of Hinesville.

SAVE Affidavit:

CITY OF HINESVILLE-LAWFUL PRESENCE AFFIDAVIT

Pursuant to O.C.G.A. § 50-36-1, all persons who - either on behalf of themselves or on behalf of an individual, business, corporation, partnership, or other private entity - apply for certain public benefits must (1) be eighteen years of age or older and (2) submit an affidavit that they are lawfully present in the United States. Public benefits, as defined by O.C.G.A. § 50-36-1(a)(3)(A), include any grant, contract, loan, professional license, or commercial license provided by an agency of State or local government or by appropriated funds of a State or local government.

I, _____, swear or affirm under penalty of perjury under the laws of the State of Georgia that I am 18 years of age or older and (check one):

- I am a United States citizen, or
I am a legal Permanent Resident of the United States, or
I am a qualified alien (other than as a permanent resident) or nonimmigrant in the United States pursuant to Federal law.

The secure and verifiable document provided with this affidavit can best be classified as:

I understand that this sworn statement is required by law because I have applied for a public benefit and/or a business license on my behalf as an individual or on behalf of a business, corporation, partnership, or other private entity. I understand that state law required me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit as listed above. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Georgia under O.C.G.A. § 16-10-20 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Title

*Alien Registration # for Non-citizens

Business Name

TIN or SSN

If this affidavit is not presented in person, applicant must submit a notarized copy of this affidavit.

Notarized this ___ Day of _____, in the State of _____,

County of _____

Notary

Commission Expires

*Note: O.C.G.A § 50-36-1(e) (2) requires that aliens under the Federal Immigration and Nationality Act., Title 8 U.S.C., as amended, provide their alien registration number. Because legal permanent residents are included in the federal definition of "alien", legal permanent residents must also provide their alien registration number. Qualified aliens that do not have an alien registration number may supply another identifying number below:

Another Identifying Number

E-Verify Affidavit:

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. §13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of City of Hinesville has registered with, is authorized to use and uses the federal work authorization program commonly known as E-verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present and affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

Federal Work Authorization User Identification Number/E-verify User Number (4 to 6 digits)

Date of Authorization Date of contract between Contractor & Public Employer

Legal Name of Contractor (please print) Contract Number

Legal Address of Contractor City, State, & Zip Code

Name of Project Contract Amount

City of Hinesville

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.
Executed on ____ of _____, 20__ in _____ (city), _____ (state).

Signature of Authorized Officer or Agent

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS ____ DAY OF _____, 20__.

Notary Public Commission Expires