August 14, 2019

**REQUEST FOR PROPOSAL (RFP)**

**TO PROVIDE ADMINISTRATIVE SERVICES**

**FOR THE**

**WOOD COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT**

 **HOUSING REHABILITATION**

**REVOLVING LOAN FUND PROGRAM**

The County of Wood has an active Community Development Block Grant (CDBG) Revolving Loan Fund. The funds that are part of the CDBG and may be used for:

* Rehabilitation of owner-occupied housing units
* Rehabilitation renter-occupied housing units

The County of Wood, through the CDBG Housing Committee is soliciting proposals to administer this program. Questions regarding this RFP should be directed to:

Jason R. Grueneberg – Director of Planning & Zoning

715-421-8466

jgrueneberg@co.wood.wi.us

We ask that proposals be submitted to:

Location of Office:

Wood County Planning & Zoning Office

Room 217, A-B, Wood County Courthouse

400 Market Street

Wisconsin Rapids WI, 54494

Mailing Address:

Wood County Planning & Zoning Office

PO Box 8095

Wisconsin Rapids, WI 54495-8095

Sealed proposals must be received no later than **August 27, 2019 at 4:30pm.**

The CDBG Housing Committee will evaluate the proposals and select the most qualified bidder to provide administrative services for the CDBG Housing Program.

In order to bid on the administrative services of the CDBG Housing program, please complete the attached form. No additional information and/or documentation will be accepted beside those requested. The complete bid documentation is comprised of:

1. A copy of the Bid Proposal Form
2. A copy of the Liability/Errors and Omissions Insurance of those parties involved in administration
3. Resume(s) and letters of recommendation listed in the Bid Proposal Form.

The bidders will be notified in writing about the results by September 6, 2019.

THE COUNTY OF WOOD RESERVES THE RIGHT TO ACCEPT OR REJECT ANY OR ALL BIDS AND TO ISSUE A CONTRACT BASED ON:

1. EXPERIENCE WITH THE CDBG HOUSING PROGRAM
2. FAMILIARITY WITH PROJECT
3. REFERENCES
4. COST

**BID PROPOSAL**

**TO ADMINISTER**

**WOOD COUNTY COMMUNITY DEVELOPMENT BLOCK GRANT**

 **HOUSING REHABILITATION**

**REVOLVING LOAN FUND PROGRAM**

Agency Name & Contact

1. Please name designated CDBG Housing Program Administrator. This person will be responsible for managing the Central Housing Region funds.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | Title | Agency |

1. Please list the CDBG Contract # this person has directly managed within past 5 (five) years.

Click or tap here to enter text.

1. Please list dates of the CDBG Implementation Training this person has attended within the past 5 (five) years.Click or tap here to enter text.
2. Please attach three letters of recommendation from CDBG Grantees.
3. Please attach their resume. The resume will not be considered in lieu of this information.
4. The CDBG administrative fee will not exceed 15% based on the project budget expenditures. Please include comprehensive list of services and assign specific person within your agency who will execute this service.

|  |  |  |  |
| --- | --- | --- | --- |
|  | Administrative Services | Name of Staff Member | Agency |
| 1. | Prepare rehab work write-ups | Name of Staff Member | Agency |
| 2. | Send bid packet to homeowner or contractors selected by homeowner | Name of Staff Member | Agency |
| 3. | Sign Mortgage and rehab contracts with homeowner | Name of Staff Member | Agency |
| 4. | Prepare and submit change orders to JCHA for approval | Name of Staff Member | Agency |

1. CDBG eligible delivery costs may be included in the homeowner’s loan. They will be charged to the CDBG project budget. List your delivery costs. If delivery cost will be changed within the service area, please list them for each county separately.

|  |  |  |
| --- | --- | --- |
|  | Service name | Cost per project |
| 1. | Initial HQS Evaluation/Inspection | Cost per project |
| 2. | Interim and Final HQS Evaluations/Inspections | Cost per project |
| 3. | Initial Lead-based and/or Asbestos Inspection Fees | Cost per project |
| 4. | Lead-based Paint Clearance Testing and Fees | Cost per project |

1. Identify Housing Quality Standard (HQS) Evaluator. This person/these persons will be responsible to provide HQS Evaluation/Inspection for the projects executed within the Central Housing Region service area. If you plan to sub-contract these services with another agency, please list the agency name and person responsible for the HQS Evaluations.

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Last Name | Title | Agency |

1. Please list the # of inspections this person has directly managed within the past 5 (five) years.

Click or tap here to enter text.

1. Please list dates of the CDBG Implementation Training this person has attended within the past 5 (five) years. Click or tap here to enter text.
2. Please attach three letters of recommendation.
3. Identify proposed location of housing administration office and hours of staffing. The site must be handicap accessible. Click or tap here to enter text.
4. Administrative funds to operate the following activities will be on time and materials not to exceed 15% of project budget expenditures.

|  |  |  |
| --- | --- | --- |
|  | Service | Cost |
| 1. | Request and Disburse Funds | Cost |
| 2. | Manage Journals: Grant Account Transaction, Rehab Obligations Tracking, Working Account Transaction | Cost |
| 3. | Assist with quarterly reports | Cost |

|  |  |  |
| --- | --- | --- |
|  | Service name | Cost per project |
| 1. | Application intake, verify income, and eligibility | Cost per project |
| 2. | Income verification | Cost per project |
| 3. | Receive contractor bids, approve loans, and prepare mortgages | Cost per project |
| 4. | Maintain homeowner files | Cost per project |
| 5. | Prepare quarterly reports | Cost per project |
| 6. | Maintain Individual Obligation Journals | Cost per project |

1. Wood County is an Equal Opportunity Employer. Please help us comply by answering yes/no to the following questions:

|  |  |  |
| --- | --- | --- |
|  | YES | NO |
| Is 51% or more of your business owned by a Section 3 resident?\*\*\*The definition of a Section 3 resident is:1. A public housing resident; or
2. A low- or very low-income person residing in the metropolitan area or Non- metropolitan County in which the Section 3 covered assistance is expended.
 |[ ] [ ]
| At least 30% of your full-time employees include persons that are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents?\*\*\* |[ ] [ ]
| Is your agency a Certified Minority Business Enterprise (MBE)?\*\*\* |[ ] [ ]
| Is your agency a Certified Woman Business Enterprise (WBE)?\*\*\* |[ ] [ ]

\*\*\*VERIFICATION – The Company hereby agrees to provide, upon request, documents verifying the information provided on this form.

I declare and affirm under penalty of prosecution for perjury that the statements made herein are true and accurate to the best of my knowledge. I understand that falsifying information and incomplete statements will disqualify certification status and bid proposal.

Signature of Business Owner or Authorized Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_