



City of Jackson, Mississippi
Office Of Housing and Community
Development

Sub-Grantee Application Form

Agency/Organization Name: _____

Address: _____

Executive Director: _____ Phone Number: _____

Name of Contact Person: _____ Cell Phone: _____

Fax Number: _____ E-mail: _____

EIN: _____ DUNS: _____

If you do not have DUNS Identification, please register on Sams.gov

Age of agency/organization: _____

Staff Capacity: _____ (# of full time employees)

Provide the maximum number of projects that you can accept at one time: _____

Other Qualifications, Licenses, Experiences, or Training (Please Specify):



City of Jackson, Mississippi
Office Of Housing and Community
Development

Lead Safe Jackson Housing Program: Qualifications Questionnaire

Please provide detailed responses to the following questions below: (You may attach up to two pages of supporting documentation per question for this questionnaire)

- 1. Does your agency/organization possess or have the ability to create and maintain a web-based client intake and management portal? (This is any web based system that can be used to input client files and data, provide the name and specifications of program, and costs for maintenance and user licenses (if applicable))**

- 2. Lead Safe Jackson Housing Program involves a great degree of community engagement and involvement. Please describe the agency/organization's experience in program marketing, education, and outreach.**

- 3. What experience does the agency/organization have in client enrollment, referrals, and meeting federal eligibility requirements? Please provide a description of how the agency/organization has managed all phases of client enrollment (including but not limited to: referrals and knowledge of federal eligibility requirements.)**



City of Jackson, Mississippi
Office Of Housing and Community
Development

4. Does your organization provide residential client education? Please provide a description of services provided to residents?

--

5. Does your organization have knowledge of Lead Regulation, Elevated Blood Lead Levels (EBLL) in children under the age of 6, and Healthy Housing risks such as but not limited to; mold, trip and fall, asthma triggers? (Please explain)

--

6. Does your organization provide in-house education and/or counseling to clients? (Please explain)

--



REQUEST FOR QUALIFICATIONS:

**PROFESSIONAL SERVICES: LEAD SAFE
JACKSON HOUSING PROGRAM:
24 CFR PART 85**

**PROPOSAL NUMBER: 2017-003
DATE ISSUED: MAY 16, 2017**



TABLE OF CONTENTS

TABLE OF CONTENTS

INTRODUCTION

- A. Overview
- B. Programs and Time of Completion
- C. Term of Contract
- D. Federal Regulations

PROFESSIONAL SERVICE REQUIREMENTS

- A. Scope of Work
- B. Additional Requirements

SUBMITTAL REQUIREMENTS

- A. Letter of Interest
- B. Threshold Requirements
- C. Main Proposal

EVALUATION CRITERIA AND SCORING

SELECTION PROCESS

QUESTIONS

SUBMITTAL DUE DATE

CERTIFICATION FORM NOTE

CONFLICT OF INTEREST STATEMENT

RFQ SUBMITTAL REQUIREMENTS CHECKLIST

SUB GRANTEE APPLICATION FORM

QUALIFICATIONS QUESTIONNAIRE

REQUEST FOR QUALIFICATIONS – PROFESSIONAL SERVICES

INTRODUCTION

A. Overview

This Request for Qualifications (“RFQ”) is being issued by the City of Jackson’s Office of Housing and Community Development (OHCD). The purpose of this notice is to solicit qualifications from agencies that have an interest and capacity to provide intake, education, outreach, and marketing for the Lead Safe Jackson Housing Program (LSJHP). The submitted proposals should depict the organization’s ability to manage and maintain client files through an electronic data system as well as provide and attend community outreach activities specific to the LSJHP model.

Organizations with demonstrated experience in federal funded programs, community engagement, healthy homes model, and an interest in making their services available to the City of Jackson are invited to respond to this RFQ. “Respondents” are the agencies or organizations that submit proposals in response to this request. One organization will be selected based on how well they demonstrate their ability to perform the activities required under LSJHP. The selected agency or organization will enter a contract agreement with the City of Jackson Office of Housing and Community Development Lead Safe Jackson Housing Program to perform these services for three (3) years. It is understood that the selected Respondent acting as an individual, partnership, corporation or other legal entity, is state licensed and certified in accordance with title XI of the Financial Institutions Reform, Recovery, and Enforcement Act of 1989 (FIRREA) (12 U.S.C. 3331 et seq.) and capable of providing the specified services. The Respondent shall be financially solvent and each of its members if a joint venture, its employees, agents or sub-consultants of any tier shall be competent to perform the services required under this RFQ document.

Nothing in this RFQ shall be construed to create any legal obligation on the part of the City of Jackson or any respondents. The City of Jackson reserves the right, in its sole discretion, to amend, suspend, terminate, rescind, or reissue this RFQ, in whole or in part, at any stage. In no event shall the City of Jackson be liable to respondents for any cost or damages incurred in connection with the RFQ process, including but not limited to, any and all costs of preparing a response to this RFQ or any other costs incurred in reliance on this RFQ. No respondent shall be entitled to repayment from the City of Jackson for any costs, expenses or fees related to this RFQ. All supporting documentation submitted in response to this RFQ will become the property of the City of Jackson. Respondents may also withdraw their interest in the RFQ, in writing, at any point in time as more information becomes known.

The City of Jackson follows FEDERAL, STATE, and LOCAL PROCUREMENT STANDARDS, policies and procedures for procurement process. For further information on this requirement, contact the Purchasing Division, 200 South President Street, Room 604, Hood Building, Jackson, MS 39201, and phone: 601-960-1533; fax 601-960-1049.

B. Programs and Time of Completion

Currently the City of Jackson administers and operates the Lead Safe Jackson Housing Program and is funded through the U. S. Department of Housing and Urban Development (HUD) Office of Healthy Homes and Lead Hazard Control (OHHLHC):

- *Lead Safe Jackson Housing Program (LSJHP) is federally funded through the Office of Healthy Homes and Lead Hazard Control. This program addresses lead hazards found in homes with children residing under the age of six (6). This program requires a client vetting process in which an application is submitted, and upon approval, the property is assessed for lead and risks associated with lead being present in the home. The organization selected will be awarded funds to provide duties to include, but are not limited to: residential education, outreach, intake, marketing, healthy homes education, and data management. This program spans the course of thirty-six (36) months with the possibility of continued funding. Services will be evaluated annually and contract renewal is possible if funding continues.*

C. Term of Contract

Any contract awarded pursuant to this RFQ solicitation shall be for a contract period up to 36 months, with the possibility of renewal. The contract will be selected based on the capacity and quality of services exhibited in the submitted proposal.

D. Federal Regulations

Award recipients implementing the City of Jackson's Office of Housing and Community Development must have knowledge of and follow the Office of Healthy Homes and Lead Hazard Control program rules and regulations. The program referenced above is an initiative under the U.S. Department of Housing and Urban Development (HUD).

PROFESSIONAL SERVICE REQUIREMENTS

A. Scope of Work

The City of Jackson seeks sealed proposals from qualified respondents to provide professional services for constituents residing in the city of Jackson. The scope of services solicited in this RFQ includes but not limited to: providing intake, education, outreach, and marketing for the Lead Safe Jackson Housing Program (LSJHP). Organizations/agencies should also depict the organization's ability to manage and maintain client files through an electronic data system as well as provide and attend community outreach activities specific to the LSJHP model. Prospective organizations/ agencies must complete a qualifications questionnaire. This questionnaire will be reviewed by a Selection Committee and the proposal with sufficient qualifications and experience at similar work will be selected.

B. Additional Requirements

This program will comply with all codes, standards, and regulations that are administered by federal agencies (HUD and EPA), state agencies (MDEQ), and any other local regulations and standards that may apply.

SUBMITTAL REQUIREMENTS

RFQ responses must be submitted via hard copy at the **City of Jackson, Department of Planning, Office of Housing and Community Development Division, 218 South President Street, 2nd floor, Jackson, MS 39201**. Each respondent shall submit one (1) original and two (2) copies of the following documents in a clear, legible, 12 point font, and 8.5 by 11 inch format. **Responses not submitted via hard copy will not be considered.** Respondents are advised to adhere to the Submittal Requirements. Failure to comply with the instructions of this RFQ will be cause for rejection of submittals.

The City of Jackson reserves the right to seek additional information to clarify responses to this RFQ. Each response must include the following:

A. Letter of Interest

Please submit a Cover Letter of Interest signed by a duly authorized officer or representative of the Respondent, not to exceed one page in length. The Letter of Interest must also include the following information:

The principal place of business and the contact person, title, telephone/fax numbers and email address.

A brief summary of the qualifications of the Respondent and team.

Description of organization

- The names and business addresses of all Principals of the Respondent. For purposes of this RFQ "Principals" shall mean persons possessing an ownership interest in the Respondent.
- If the Respondent is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization's approval rights, if any, over the activities of the Respondent.
- If the Respondent is a partially owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization's approval rights, if any, over the activities of the Respondent.

The Certification attached hereto at the end of this RFQ and incorporated herein by reference must be signed by Respondent and attached to the Letter of Interest (See Certification Form Note)

B. Threshold Requirements

These documents must be submitted and acceptable before the City of Jackson will review the Experience and Capacity proposal:

1. Evidence of Insurance
2. Evidence of 501 c3 non-profit status
3. Evidence of Financial Stability: All Respondents shall include their most recent audit report with the proposal response. This information will assist the City of Jackson in determining the Respondent's financial condition. The City of Jackson is seeking this information to ensure that the proposers have the financial stability and wherewithal to assure good faith performance.
4. References: Three (3) references of related projects, including date of project, contact person and phone number, and a brief description of the project.
5. Conflict of Interest Statement & Supporting Documentation: Respondent shall disclose any professional or personal financial interests that may be a conflict of interest in representing the City of Jackson. In addition, all Respondents shall further disclose arrangement to derive additional compensation from various investment and

reinvestment products, including financial contracts. (See **Conflict of Interest Statement** on page 7)

C. Main Proposal

Please provide the following information:

1. Years of experience and detailed qualifications in performing the range of services provided through the agency/organization. Past projects will be reviewed to determine if the respondent has a successful track record in providing these specific services outlined in the "Scope of Services" and responses to the questionnaire. Respondents should provide narrative examples of three (3) projects that are similar in nature to projects described in the RFQ.
2. Capacity to perform duties: Please briefly describe key personnel (submission of resumes that describe duties will suffice).
3. Work Plan describing how the agency/organization will execute program specific to the previously mentioned duties.

EVALUATION CRITERIA AND SCORING

*In evaluating responses to this Request for Proposal, the City of Jackson will take into consideration the experience and capacity that are being proposed by the Respondent. The following Evaluation Criteria will be considered in reviewing submittals: **Experience, Qualifications, and Capacity to Perform.***

SELECTION PROCESS

The Selection Committee comprised of the City of Jackson staff will review qualifications in accordance with the evaluation criteria set forth herein and objectives and policies established through the Office of Housing and Community Development. Proposals that are submitted timely and comply with the mandatory requirements of the RFQ will be evaluated in accordance with the terms of the RFQ.

QUESTIONS

Should Respondent have questions regarding this RFQ call 601-960-2155 for discussion.

SUBMITTAL DUE DATE

*Responses to this RFQ (ASAP) are due by 5:00 p.m. on June 1, 2017. Responses to this RFQ must be mailed or hand delivered to: Office of Housing and Community Development, 218 South President Street, 2nd floor, Jackson, MS 39201. Responses received after the deadline will **NOT** be considered. Each Respondent is responsible for labeling the exterior of the sealed envelope containing:*

The proposal response with the proposal number: 2017-003

Proposal name: Professional Services for the Lead Safe Jackson Housing Program

Proposal due date and time: June 1, 2017 at 5:00 p.m.

Agency Name: _____

Hard copies must be delivered to:

**City of Jackson
Office of Housing and Community Development
Attn.: Lead Safe Jackson Housing Program
218 South President Street
2nd floor
Jackson, MS 39201**

CERTIFICATION FORM NOTE

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION

The undersigned hereby certifies, on behalf of the Respondent named in this Certification (the "Respondent"), that the information provided in this RFQ submittal to the City of Jackson is accurate and complete, and I am duly authorized to submit this RFQ. I hereby certify that the Respondent has reviewed this RFQ in its entirety and accepts its terms and conditions.

(Name of Respondent)

(Signature of Authorized Representative)

(Typed Name of Authorized Representative)

(Title)

(Date)

CONFLICT OF INTEREST STATEMENT

[Respondent] Conflict of Interest Statement

The owner(s), corporate members or employees of [Respondent], shall not receive any personal profit or gain, directly or indirectly, by reason of his or her participation with the City of Jackson. Each individual shall disclose to the City of Jackson any personal interest or direct relationship which he or she may have and shall refrain from participation in any decision making in related manners.

Any owner, corporate member or employee of the City of Jackson who is an officer, board member, a committee member or staff member of a related organization shall identify his or her affiliation with such agency or agencies; further, in connection with any policy committee or board action specifically associated with the City of Jackson, he/she shall not participate in the decision affecting that entity and the decision must be made and/or ratified by the full board.

At this time, I am a Board member, a committee member, or an employee of the following organizations/companies:

Now this is to certify that I, except as described below, am not now nor at any time during the past year have been:

- 1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party; doing business with the City of Jackson which has resulted or could result in person benefit to me.
- 2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service or discounts or other fees from or on behalf of any person or organization engaged in any transaction with the City of Jackson.

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with the City of Jackson.

Date: _____

Signature: _____

Printed name: _____

Respondent
Address
Telephone

RFQ SUBMITTAL REQUIREMENTS CHECKLIST

Please provide Checklist with response to RFQ

- Application
- Letter of Interest
- Certification
- Evidence of Insurance
- State License and/or Certification
- Evidence of Financial Stability (most recent audit report)
- References
- Description of Company
- Capacity of Company
- Resumes of Key Personnel
- Qualifications Questionnaire
- RFQ Submittal Requirements Checklist