

November 5, 2012

REQUEST FOR PROPOSAL (RFP)
TO PROVIDE ADMINISTRATIVE SERVICES OF
CDBG HOUSING REHABILITATION PROGRAM

The (county of) Langlade is expecting \$1,700,000 from the Wisconsin Department of Administration, Division of Housing to address affordable housing in the following counties: Langlade, Forest, Florence, Lincoln, Menominee, Oconto, Oneida, Shawano, Taylor, and Vilas. The funds are part of the Community Development Block Grant (CDBG) and may be used for:

- Rehabilitation of owner-occupied housing units
- Rehabilitation renter-occupied housing units
- Down payment assistance

The (county of) Langlade, through the Finance Department, is soliciting proposals to administer this program.

We ask that proposals be submitted to the Finance Director, Gary Olsen, 800 Clermont Street, Antigo, WI 54409. Proposal must be submitted no later than **12:00 P.M. – MONDAY, November 26, 2012.**

The Finance Department will evaluate the proposals and recommend a successful bidder to the Langlade County Board to provide administrative services for the administration of the Northwoods Housing Consortium 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 but those requested. The complete bid documentation is comprised of:

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

The bidders will be notified in writing about the results by December 31, 2012.

Scope of Work

The Grant Administrator is expected to conduct the following activities in support of this project:

- 1) Set up and follow a grant reporting system in satisfaction of state and federal CDBG-Small Cities guidelines, including filing of reports in a timely manner.
- 2) Advise the Northwoods Housing Committee on selection of rehabilitation loan recipients from among eligible applicants.
- 3) Conduct confidential reviews of financial and other personal information submitted by applicants to determine program eligibility.
- 4) Conduct home inspections of owner-occupied and privately owned rental housing to determine the need for repairs and modifications and related specifications.
- 5) Conduct home inspections to determine the scope of lead-based paint surfaces that will impact the planned rehabilitation of the premises.
- 6) Maintain accounts for dispersal and collection of grant funds through establishment of a Housing Rehabilitation Revolving Loan Fund, in concert with the Langlade County Finance Department.
- 7) Follow all requirements of both the Federal Fair Housing Act and the Langlade County Fair Housing Ordinance.
- 8) Indemnify and hold Langlade County harmless in the event that it is determined that the Administrator has failed to comply with applicable laws and regulations.
- 9) Maintain insurance and insurance limits as set forth by Langlade County.
- 10) Report on activities as requested by Langlade County or the Northwoods Housing Consortium.

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

- 1) EXPERIENCE WITH CDBG HOUSING PROGRAM,
- 2) LEVEL OF SERVICE TO BE PROVIDED,
- 3) REFERENCES, AND
- 4) PROJECT AND ADMINISTRATIVE COSTS.

BID PROPOSAL

TO ADMINISTER

The Northwoods Housing Consortium CDBG HOUSING REHAB PROGRAM

Langlade County Finance Department, Gary Olsen, Finance Director,
Address: 800 Clermont Street, Antigo, WI 54409
Phone Number: (715) 627-6203
Email: golsen@co.langlade.wi.us

(AGENCY NAME & CONTACT)

- I. Please name designated CDBG Housing Program Administrator. This person will be responsible for managing the Northwoods Housing Consortium funds.

First Name	Last Name	Title	Agency

- Please list the CDBG Contract # or #'s this person has directly managed within the past 5 (five) years.
 - Please list dates of the CDBG Implementation Training this person has attended within past 5 (five) years.
 - Please attach three letters of recommendation from CDBG Grantees.
 - Please attach their resume. The resume will not be considered in lieu of this information.
- II. The CDBG administrative fee will not exceed \$191,000 based on the project budget expenditures. Please include comprehensive list of services and assign a specific person within your agency (or subcontractor) who will execute this service. Add more space, if necessary.

	Administrative Services	Name of Staff Member	Agency/Subcontractor
1.			
2.			
3.			
4.			
5.			
6.			

- III. 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 change within service area, please list them for each county separately.

	Service name, such as initial HQS Evaluation, Final HQS Evaluation, LBP Fees, etc.	Cost per project \$ _____
1.		
2.		
3.		
4.		

- IV. Identify Housing Quality Standard (HQS) Evaluator. This person (s) will be responsible to provide HQS Evaluations for the projects executed within the Northwoods Housing Consortium service area. If you plan to sub-contract these services with another agency, please list the agency name and a person responsible for the HQS Evaluations.

First Name	Last Name	Title	Agency

- a. Please list the number of inspections this person has directly managed within past 5 (five) years.
 - b. Please list dates of the CDBG Implementation Training this person has attended within past 5 (five) years.
 - c. Please attach three letters of recommendation.
- V. Please describe the intake process of the CDBG Housing Applications within the service area.
- VI. Identify proposed location of housing administration office and hours of staffing. The site must be handicapped accessible.
- VII. If selected as the administrator, you will need to provide proof of insurance as follows: Statutory Worker's Compensation Benefits and Employer' Liability Insurance with a limit of liability not less than \$100,000 each accident, Commercial General Liability Insurance (including errors and omissions) limits of liability are not less than \$1,000,000 per occurrence and aggregate. Policy shall provide coverage for premises and operations, products and completed operations, personal injury and blanket contractual coverage. Errors and omissions shall not be excluded or a separate policy covering such exposure shall be maintained. Automobile Liability Insurance policy covering all owned, hired and non-owned private passenger autos and commercial vehicles. Limit of liability not less than \$500,000 combined single limit.
- VIII. Langlade County will charge the administrative budget line \$31,000 to cover staff time, copying, printing, postage, audit and financial transactions and any other eligible administrative expenses.
- IX. Langlade County is an Equal Opportunity Employer. Please help us comply by answering yes/no to the following questions:

	YES	NO
51% or more of your business is 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 person that are currently Section 3 residents, or within three years of the date of first employment with the business concern were Section 3 residents?***		
My agency is Certified Minority Business Enterprise (MBE)?****		
My agency is 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:

Signature	Date
Printed Name	