**REQUEST FOR PROPOSAL**

**Lead Based Paint Consulting Services**

The Town of Cheshire has been awarded a FY 2018 Small Cities Block Grant to conduct a Housing Rehabilitation Program for eligible local residents. The purpose of the program is to assist low and moderate income property owners in making needed repairs to their homes. Required work includes conducting lead-based paint risk assessments and creating lead-based paint risk reduction, abatement, and management plans.

On behalf of the Town of Cheshire, Lisa Low & Associates requests proposals from certified/licensed lead-based paint inspectors/risk assessors/designers to conduct risk assessments and design reduction plans. Attached find a detailed description of the requirements of the proposal, a bid proposal form, a cost sheet, a minority business identification form, and a signature page form. Firms interested in submitting a proposal should complete the attached bid forms and return via USPS with any other requested documents to Lisa Low & Associates, 293 Riggs Street, Oxford, CT 06478, **no later than 10:00 a.m. on December 7, 2018**.

The Town of Cheshire is an Affirmative Action/Equal Opportunity Employer.

Small, Minority, Women Owned and Section 3 Businesses are encouraged to apply.

**Request for Qualifications/Proposals Lead Paint Testing**

The Town of Cheshire has received Small Cities funding from HUD and Connecticut’s Department of Housing (DOH) to conduct a housing rehabilitation program. As part of the program requirements, residences built prior to 1978 must be inspected for lead paint hazards and reduction and control measures. Currently, the Town of Cheshire is seeking proposals from licensed lead-based paint risk assessors/managers to assist in this work. Work will include conducting XRF-based lead-based paint risk assessments; scope of work preparation for lead hazard reduction/abatement; soil sampling, clearance testing; and management and abatement plan writing, as applicable. The properties to be tested will include approximately ten scattered site, primarily single family owned/occupied homes. In all aspects of work—whether risk assessment or planning and design--firms shall follow HUD (24 CFR Part 35 Subpart J) and State of Connecticut Department of Health Lead Paint Regulations. Proposals are encouraged from Section 3, SBE, MBE and WBE individuals and firms.

REPORT TYPE

Reports shall include comprehensive XRF inspection of all dwelling units, including individual areas, common areas, and exterior areas (soil samples to be included). The report shall clearly identify actionable locations and provide a detailed scope of work for purposes of cost estimating/bidding. Reports shall include floor plans; notations of special circumstances, scope of work for lead-based paint hazard reduction and/or abatement; interim control measures, management and abatement plans, as applicable; lead-safe work practices, relocation and disclosure measures to be taken, waste disposal, and clearance testing. Reports should be addressed and sent to homeowner with a second copy to Lisa Low & Associates.

PROTOCOLS

Risk assessments/collections/plans/clearances, and design protocols shall be per state and federal guidelines including the HUD Lead Safe Housing Rule at 24 CFR Part 35 Subpart J, Federal EPA regulations at 40 CFR Part 745.227, and the regulations of Connecticut State Agencies (RCSA) sections 19a-111-1 to 19a-111-11. Laboratories used should be NLLAP certified. The selected consultant shall be DPH licensed as a lead consultant contractor and assign staff who are DPH certified for lead inspection, risk assessment, and design/plans.

COST PROPOSALS

Cost proposals shall be based on the line items of the cost sheet below.

REQUIREMENTS

All responses must include the following information:

1. Certifications/Licenses;
2. List of similar experience performed for comparable housing;
3. Proposed staffing;
4. Work Plan/technical approach;
5. Sample inspection and risk assessment reports;
6. Availability & proposed turn-around time (timeliness is important; recommended: two weeks from assignment);
7. Proof of Insurance (Errors and Omissions, Professional Liability, Workman’s Compensation, Auto)
8. Bid form; Cost Sheet; Minority Business Form; Signature Page

LEAD PAINT INSPECTION BID FORM

Company Name:

Company Address:

Company Phone:

Company Email:

Name of Principal:

Name of Contact:

Number of Employees:

Years in Business:

Structure:

Corporation Sole Proprietorship Partnership Other

Federal ID#

DUNS#

MBA/WBE/SBE

Section 3 Business

Certified/Licensed Attached Yes No

List name, address, phone #, email, & contact person of 3 references (agencies/companies you have performed for):

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***COST SHEET***

Combined Lead Inspection/Risk Assessment with Scope of Work/Specifications for Lead Hazard Control (Lead Abatement and/or Interim Controls and Standard Treatments):

All risk assessments shall include paint testing, test wipes, lab report, and scope of work to correct hazards:

1. Fee for a risk assessment of a housing unit up to 8 rooms with wipe tests:
2. Fee for a risk assessment for each additional room (over 8) in a unit:
3. Fee for a risk assessment for additional units in multi-unit buildings:
4. Fee for paint testing each additional room (over 8) in an additional unit:

Clearance Examinations

Clearance will include test wipes, visual assessment, clearance reports, and notice of hazard reduction

1. Fee for clearance test of up to 8 rooms:
2. Fee for clearance test for each room over 8 in a unit:
3. Fee for clearance examinations of additional units (multi-unit buildings)
4. Clearance examination fee for each addition room over 8 in an additional unit:

Other

1. Fee for soil samples per sample:
2. Abatement plan for 1st unit:
3. Abatement plan for additional units:
4. Management plan for 1st unit:
5. Management plan for additional units:
6. Hourly rate for Project Manager:

**MINORITY BUSINESS INQUIRY/CHARACTERISTIC FORM**

**Small, Minority, Women-Owned and/or Section 3 Business Concern Representation**

The bidder represents and certifies as part of its bid that it;

(a) □ is, □ is not a small business concern. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.

(b) □is, □is not a women-owned business. “Women-owned business enterprise," as used in this provision, means a business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.

(c) □is, □is not a minority business enterprise. "Minority business enterprise," as used in this provision, means a business which is at least 51 percent owned or controlled by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals. For the purpose of this definition, minority group members are:

(Check the block applicable to you)

□Black Americans □Asian Pacific Americans □ Hispanic Americans

□Asian Indian Americans □Native Americans □Hasidic Jewish Americans

(d) □is, □is not a bonafide Section 3 Company. “Section 3 company,” as used in this provision, means that it meets the following definition:

1. 51% or more of the ownership of this company is owned by Section 3 residents, as defined by HUD.

2. Currently, at least 30% of the employees of the company are Section 3 residents, as defined by HUD.

3. At least 30% of the employees of the company were Section 3 residents, as defined by HUD, within three years of the date of first employment with this company.

4. I commit to subcontract at least 25% of the total value of this contract to Section 3 subcontractors, as these companies are defined above, and to provide the necessary evidence to substantiate this, prior to the award of contract.

***CERTIFICATION & SIGNATURE PAGE***

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify that all information is true and complete to the best of my knowledge and belief:

Name: Signature:

Title: Date:

Return to:

**Lisa Low & Associates, 293 Riggs Street, Oxford, CT 06478;**

**telephone: 203-888-5624; fax: 203-888-8800; email: lisalowassociates@comcast.net**

**Proposals are due** **no later than 10:00 a.m. on December 7, 2018**. The award will be based on price, experience, and availability. The town reserves the right to reject any and all bids as it deems in its best interest.

EQUAL OPPORTUNITY EMPLOYER/AFFIRMATIVE ACTION

SBE/WBE/MBE FIRMS AND SECTION 3 DESIGNATED FIRMS

ARE ENCOURAGED TO APPLY