

**City of Memphis**  
**Division of Housing and Community**  
**Development**  
**Lead Hazard Reduction Grant Program**



**REQUEST FOR PROPOSAL:**  
**Environmental Training Providers**

**PROPOSAL NUMBER: 2020-005**  
**DATE ISSUED: January 17, 2020**

**RFP Proposal- Open Submittal period of performance for these activities is 42 months**  
**(January 2020 - July 2023)**

# REQUEST FOR QUALIFICATIONS –Environmental Training Providers

## INTRODUCTION

### Overview

This Request for Qualifications is being issued by the City of Memphis- Division of Housing and Community Development- Lead Hazard Reduction Grant Program (LHRG) in its capacity to act as manager of the HUD's Office of Lead Hazard Control and Healthy Homes funds. The purpose of this notice is to solicit participation from State of Tennessee Certified Lead Abatement Firms to provide environmental training services to individuals engaged in lead-based paint activities, in accordance with HUD, EPA, State and other federal guidelines.

Companies with demonstrated experience in performing these types of services and are interested in making their services available to the LHRG Program are invited to respond to this Request for Qualifications. "Respondents" means the companies or individuals that submit documentation in response to this request. 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 Request for Qualifications document.

The City is seeking to encourage participation by respondents who are MBE/WBE and/or Section 3 business enterprises.

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

The LHRG Program follows federal and local procurement standards, policies and procedures for procurement process. For further information on this requirement, contact the Lead Paint Program-**Tavita Conway, Program Manager, Public Safety Building, 170 North Main Street, 4<sup>th</sup> Floor, Memphis, TN, 38103, and 901-636-7478.**

## Programs and Time of Completion

The City of Memphis- Division of Housing and Community Development- Lead Hazard Reduction Program administers LHRG Program:

- The LHRG Program is federally funded for \$5.6 million through the Office of Lead Hazard Control and Healthy Homes. This program addresses lead hazards found in the homes of qualified low-income families with children under the age of six (6). The program also performs Healthy Homes interventions to address other environmental hazards as they are determined. The period of performance for these activities is 42 months (January 2020 - July 2023).

## PROFESSIONAL SERVICE REQUIREMENTS

The City seeks to secure service providers with training programs accredited by EPA and the State of Tennessee-TDEC to provide environmental training services to individuals engaged in lead-based paint activities. All scheduled environmental trainings must be performed according to the specifications described in the Code of Federal Regulations Regarding Lead-Based Paint and the US Dept. Housing and Urban Development (HUD) *“Guidelines for the Evaluation and Control of Lead- Based Paint Hazards in Housing”* and all other applicable Federal, State, and Local regulations.

All qualified respondents must submit a completed application with all requested support documentation in single package sealed and labeled. The application will be reviewed by a Selection Committee and qualified firms with experience in similar work will become certified on the LHRG program’s list of environmental training providers. Certified applicants will be eligible to participate in the program’s competitive bidding process throughout the period of performance. Training providers will be reimbursed for the services performed in a lump sum fee for each completed task submitted by invoice. The approved environmental training provider will deliver an invoice to the LHRG staff requesting reimbursement for each participant after completion of the course.

### Additional Requirements

This project will comply with all codes, standards, regulations, and workers' safety rules that are administered by federal agencies (HUD, EPA, OSHA, and TDOT), state agency (TDEC), and any other local building codes, regulations and standards that may apply.

## SUBMITTAL REQUIREMENTS

Responses must be submitted via hard copy at the Lead Paint Program-Tavita Conway, Program Manager, 170 North Main Street, 4<sup>th</sup> Floor, Memphis, TN, 38103, and 901-636-7478. 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 if submitting via hard copy. Respondents are advised to adhere to the Submittal Requirements. Failure to comply with the instructions of this request will be cause for rejection of submittals.

The LHRG reserves the right to seek additional information to clarify responses to this request. Each response must include the following:

### Letter of Interest

Please submit a Cover Letter of Interest signed by a duly authorized officer or representative of the respondent, not to exceed two pages 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 (i.e. Corporation, Limited Liability Company, or Joint Venture).

- The names and business addresses of all Principals of the Respondent. For purposes of this request “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 request and incorporated herein by reference must be signed by respondent and attached to the Letter of Interest.

### **Threshold Requirements**

These documents must be submitted and acceptable before the City of Memphis LHRG staff will review the proposal:

- Current Business License
- Current State of Tennessee Contractor License, if applicable.
- Certificate of Insurance (COI) to include:
- General Liability Insurance policy must list the City of Memphis as the certificate holder, located at 170 North Main Street, Memphis, Tennessee 38103 with a minimum of \$1,000,000 coverage.

Comprehensive General Liability Insurance, including Premises and Operations, Contractual Liability, Independent Contractor’s Liability, and Broad Form Property and Damage Liability Coverage.

Current Automobile Liability with minimum limit of \$1,000,000 per occurrence on all owned, hired, and non-owned autos.

- Current National EPA RRP Firm/ Worker Certification
- Current State of Tennessee- TDEC Lead Abatement Firm Certification
- Current State of Tennessee- TDEC Lead Abatement Supervisor Certification
- Current State of Tennessee- TDEC Lead Abatement Worker Certification
- DUNS Registration (Must have an assigned DUNS Number to register on SAM.gov website)
- SAM.gov registration (Must receive “active” status and be assigned a CAGE Code when verified)
- Include completed MW/SBE Application

## SELECTION PROCESS

The selection committee, comprised of the LHRG program staff, will review qualifications in accordance with the evaluation criteria set forth herein, program objectives and policies

### EVALUATION CRITERIA AND SCORING

In evaluating responses to this request, the LHRG program staff will take into consideration the experience, capacity, and certifications that are being presented by the respondent.

## QUESTIONS

Questions regarding this request should call Tavita Conway, Program Manager @ (901) 636-7478 for discussion.

## SUBMITTAL DUE DATE

**RFP open period of performance for these activities is 42 months (January 2020 - July 2023)** if submitting electronically. Please keep all contents together, do not submit partial packets. Ensure all contents are included in the completed packet prior to submission, this is for both hand delivery and electronic submissions. Responses to this request can be mailed or hand delivered to: Office of Housing and Community Development **OR** submitted electronically to Public Safety Building, 170 North Main Street, 4<sup>th</sup> Floor, Memphis, TN, 38103, and 901-636- 7478, [Tavita.Conway@memphistn.gov](mailto:Tavita.Conway@memphistn.gov). Each respondent is responsible for labeling the exterior of the sealed envelope containing:

The proposal response with the proposal number: 2020-005

Proposal name: Environmental Training Providers

Proposal due date and time: **Open Submittal period of performance for these activities is 42 months (January 2020 - July 2023)**

**Firm's name:** \_\_\_\_\_  
\_\_\_\_\_

Hard copies must be delivered to:

Lead Hazard Reduction Grant Program  
City of Memphis-HCD  
Public Safety Building  
170 North Main Street, 4<sup>th</sup> Floor  
Memphis, TN 38103-1877

ATTN: Tavita Conway

## **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 Request submittal to the LHRG is accurate and complete, and I am duly authorized to submit same. I hereby certify that the respondent has reviewed this request in its entirety and accepts its terms and conditions.

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(Name of Respondent)

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(Signature of Authorized Representative)

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(Typed Name of Authorized Representative)

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(Title)

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(Date)



**Division of Housing & Community Development**  
**CONFLICT OF INTEREST DISCLOSURE REVIEW FORM**

Program Management please review and verify the information contained in this disclosure form.

Name: \_\_\_\_\_ Program Name: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

**TYPE OF POTENTIAL OR ACTUAL CONFLICT:**

■ Applicant's Family Member is employee  
Work in the program area?  YES  NO  
Functions/responsibilities with  
respect to program area?  YES  NO

■ Applicant is employee  
Work in the program area?  YES  NO  
Functions/responsibilities with  
respect to program area?  YES  NO

YES to any one of the above Family Member &/or Employee responses means there is a Conflict – Stop Process

■ Gifts to or from applicant?  YES  NO

■ Business Relations?  YES  NO

■ Legal Proceedings and Debarment?  YES  NO

YES to any one of the above Gifts, Business Relations, &/or Legal Proceedings and Debarment responses means there is a Potential Conflict – Send to COI Review Committee

Do not send to COI Review Committee if all of above responses are NO therefore, there is no conflict

Program Representative: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

**REVIEWED BY COI REVIEW COMMITTEE**

RECOMMENDATION of COI Review Committee:

Conflict – Stop Process  No Conflict – Continue to Process  Ask for HUD Waiver

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

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

Legal: \_\_\_\_\_

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



## REQUEST REQUIREMENTS CHECKLIST

Please provide Checklist with response to Request

- Contractor Application\*
- Letter of Interest
  - Description of Company
  - Capacity of Company
  - Resumes for all trainer providers, including principal instructor(s)
- Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the Secretary of State (If Respondent is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
- Certificate of Insurance
- Official academic transcripts or diploma as evidence of meeting the education requirement
- Letters of reference, or documentation of work experience
- Certificates from train-the-trainer courses and/or lead specific training courses
- Evidence of Financial Stability (most recent financial statements)
- Certificate to do Business as City of Memphis Vendor
- MBE/WBE Certification, if applicable
- Conflict of Interest Statement form\*



CITY OF MEMPHIS  
LEAD HAZARD REDUCTION PROGRAM  
170 NORTH MAIN ST.  
MEMPHIS, TN 38103 (901) 636-5323 (LEAD)

**CONTRACTOR APPLICATION**

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

I. FIRM IDENTIFICATION:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

MONTH & YEAR ESTABLISHED: \_\_\_\_\_

II. OWNERSHIP OF FIRM:

Type of Ownership? Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_

Is more than 50% ownership owned by a minority or female? \_\_\_\_\_

Name and address of all stockholders and/or partners:

<u>NAME. TITLE. ADDRESS</u>	<u>% OF OWNERSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____

III. MANAGEMENT (Use same format for additional management personnel)

NAME: \_\_\_\_\_ POSITION: \_\_\_\_\_

EDUCATION: \_\_\_\_\_

MANAGEMENT OR TECHNICAL TRAINING: \_\_\_\_\_

\_\_\_\_\_

IV. As a general contracting firm, list the work the firm normally performs with its own forces:  
 (Please Check) Commercial \_\_\_\_\_ Residential \_\_\_\_\_

New Construction \_\_\_\_\_ Remodeling \_\_\_\_\_ Repairs \_\_\_\_\_ Demolition \_\_\_\_\_

Lead Remediation (please specify) \_\_\_\_\_

V. ABILITY TO PERFORM WORK: RESOURCES

(1) Labor

Supervisory Personnel, including Lead Supervisors

NAME	YEARS EXPERIENCE	RESPONSIBILITIES
_____	_____	_____
_____	_____	_____
_____	_____	_____

Regular Office Force

NAME	POSITION & RESPONSIBILITIES
_____	_____
_____	_____
_____	_____
_____	_____

Number of Regular Field Workers by Trades, Including Lead Certified workers.

TRADE	Number of Workers
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Names of Remainder of Personnel not already listed on this form:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(2) Trade References

List material suppliers who will carry your firm's account for thirty (30) days more.

NAME	PHONE #	CONTACT PERSON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(3) Supervision: Will be contractor personally supervise the "on-the-job" work? If not, can he readily secure competent supervision?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Professional/Technical Assistance

Name, address and telephone number of firm's attorney (if any)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(5) List of Equipment, tools, machinery currently owned by firm

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

VI. LICENSES/CERTIFICATE:

Licenses and Certificates in Effect

(ALL PROOF OF LICENSES REQUIRED)

<u>Type</u>	<u>Amount</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

VII. CONTRACTS OR JOBS RECENTLY COMPLETED: (List all for previous year; attach another page if necessary).

NAME/ADDRESS	PHONE #	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

VIII. CONTRACTS OR JOBS IN HAND:

NAME/ADDRESS	PHONE #	DESCRIPTION	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

IX. FINANCIAL:

Name of Bank and Branch

Name of Loan Officer  
Familiar with contractor's credit

_____	_____
_____	_____
_____	_____

Average size of monthly payroll during preceding 12 months: \_\_\_\_\_

X. INSURANCE REQUIREMENTS (see attached)

- A. Proof of Insurance required, attach Certificate of Insurance
- B. Record of Surety and Fidelity Bonds: (List bonds obtained during last two years -bids payment or performance).

<u>Date</u>	<u>Contract or Job</u>	<u>Type of Bond</u>	<u>Amount Surety Company &amp; Agent</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- C. Is there any pending litigation with which your company is engaged? If so, please state the nature of this litigation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- D. Does anyone working with this firm have a financial investment with any other contracting firm associated with the City of Memphis? If so, state with whom and the particular interest.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

XI. COMMENTS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE OF CONTRACTOR)

\_\_\_\_\_  
(DATE)