

COUNTY OF MOORE
NORTH CAROLINA

INFORMAL BID

ISSUE DATE: May 28, 2019

INFORMAL BID: 2019-22

TITLE: **Housing Rehabilitation**

ISSUING DEPARTMENT: COUNTY OF MOORE
Financial Services
206 S. Ray Street
PO Box 905
Carthage, NC, 28327

Sealed Bids will be received until **4:00 PM Friday June 14, 2019** from qualified firms for **Housing Rehabilitation** for the County of Moore Planning Department. **A MANDATORY Pre-Bid meeting with a site visit will be held at 9:00 am Thursday, June 6, 2019 beginning at the Moore County Planning and Transportation Facility located at 1048 Carriage Oaks Dr. Carthage, NC 28327.**

All inquiries for information concerning Instructions to Bidders, Bid Submission Requirements or Procurement Procedures shall be directed to (in writing):

Terra Vuncannon, Purchasing Manager
206 South Ray Street
Carthage, NC 28327
(910) 947-7118
tvuncannon@moorecountync.gov

Sealed Bids shall be mailed and/or hand delivered to the Issuing Department shown above, and the envelope shall bear the name and number of this Invitation for Bids. It is the sole responsibility of the Bidder to ensure that its bid reaches the Issuing Department by the designated date and hour indicated above.

In compliance with the Invitation for Bids and to all the terms and conditions imposed herein, the undersigned offers and agrees to furnish the services and install the goods described in accordance with the attached signed bid.

Firm Name: _____ Date: _____

Address: _____ Phone: _____

By: _____

(typed)

By: _____

(signed)

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INSTRUCTIONS TO BIDDERS

1. **Sealed Bid shall be submitted to the Issuing Department and include the enclosed Bid Form.** In order for a bid to be considered, it shall be based on the terms, conditions and specifications contained herein and shall be a complete response to this Informal Bid. The County reserves the right to make an award in whole, or in part, and to reject any and/or all bids, and to waive any informality in proposals unless otherwise specified by the Proposer. The Proposer shall sign the bid correctly and bids may be rejected if they show omissions, alterations of form, additions not called for, conditional proposals or any irregularities of any kind.
2. All labor costs, direct and indirect, shall have been determined and included in the proposal. The cost and availability of all equipment, materials, and supplies associated with performing the services described herein shall have been determined and included in the proposal. Sales tax should be listed separately. All price quotes shall include delivery to the delivery point, installation and set-up charges, as necessary. Goods shall be set in place ready for owner's use. All goods shall be new and of average quality. No remanufactured, refurbished or used goods will be accepted. Appropriate product information (e.g. brochures, catalog cuts, etc.) shall be included with the proposal.
3. After the Informal Bid issue date, all communications between the Issuing Department and prospective Proposers shall be in writing. No oral questions shall be accepted. Any inquiries, requests for interpretation, technical questions, clarifications, or additional information shall be directed to Terra Vuncannon at the address listed on page one if this solicitation or via e-mail to tvuncannon@moirecountync.gov. All questions concerning this Informal Bid shall reference the section and page number. Questions and responses affecting the scope of goods will be provided to all prospective Bidders by issuance of an Addendum. **A MANDATORY Pre-Bid meeting with site visits will be held at 9:00 am Thursday, June 6, 2019 beginning at the Moore County Planning and Transportation Facility located at 1048 Carriage Oaks Dr. Carthage, NC 28327. All written questions shall be received by the Issuing Department no later than 10:00 am Friday, June 7, 2019. NO EXCEPTIONS.** All addendums pertaining to this Informal Bid will be posted to the County website at www.moirecountync.gov within 24 – 48 business hours after the deadline for questions. **It is the bidder's responsibility to check the website for the addendums.**
4. The County will not be responsible for any oral instructions. Should a Proposer find discrepancies in, or omissions from the documents, or should be in doubt as to their meaning, s/he should at once notify the Issuing Department in writing, and a written addendum shall be issued. Acknowledgement of any Addendum received during the time of the proposal shall be noted on the Bid Form in the spaces provided. In closing of a contract, any Addendum issued shall become a part thereof. **It is the Proposer's responsibility to assure that all addenda have been reviewed and, if need be, signed and returned.**
5. Proposals will be examined promptly after opening and award will be made at the earliest possible date. The prices quoted must be held firm, and no proposals may be withdrawn until **90 days** after proposal opening date. The County reserves the right to conduct any test/inspection it may deem advisable to ensure services/materials/supplies/equipment, as appropriate, conform to specifications.
6. Pursuant to North Carolina General Statutes Section 143-131, "award shall be made to the lowest

responsible, responsive bid or bidders, taking into consideration quality, performance and the time specified in the proposals for the performance of the contract.”

7. The materials/supplies/equipment furnished under any resulting contract shall be covered by the manufacturer’s most favorable commercial warranty. Each Proposer shall plainly set forth the warranty for the goods in the proposal. Operations and maintenance manuals for equipment shall also be provided, as appropriate.
8. All purchases for goods or services are subject to the availability of funds for this particular purpose.
9. The General Statutes of the State of North Carolina, insofar as they apply to purchasing and competitive bidding, are made a part hereof.
10. The County of Moore is committed to creating and maintaining an environment free from harassment and other forms of misconduct that fundamentally compromise the working environment of the County. All contractors performing work/services at a County facility shall take all necessary steps to assure that none of its employees engage in harassment or intimidation relating to personal beliefs or characteristics of anyone on the County’s premises, including but not limited to, race, religion, age, color, sex, national origin or disability. Such harassment is unacceptable and will not be condoned in any form at the County of Moore. If such conduct occurs, the contractor will take all necessary steps to stop it and prevent its future occurrence. This policy shall be strictly enforced.
11. For all the work being performed under this Contract, the County of Moore has the right to inspect, examine, and make copies of any and all books, accounts, records and other writing relating to the performance of the work. Audits shall take place at times and locations mutually agreed upon by both parties, although the vendor/contractor must make the materials to be audited available within one (1) week of the request for them.
12. Proposers are cautioned that this is an informal bid, not a request for contract, and the County of Moore reserves the right to reject any and/or all proposals. It further reserves the right to waive informalities insofar as it is authorized so to do where it deems it advisable in protection of the best interests of the County.
13. Proposals will be tabulated, evaluated and a recommendation presented to an Authorized County Representative for approval and contract execution.
14. Any and all exceptions to the Specifications must be stated in writing, giving complete details of what is to be furnished in lieu of requested Specifications.
15. The County of Moore reserves the right to cancel and terminate any resulting contract, in whole or in part, without penalty, upon forty-five (45) days’ notice to the Vendor(s). Any contract cancellation shall not relieve the Vendor(s) of the obligation to deliver any outstanding services issued prior to the effective date of the cancellation.

16. **Proposals in one (1) original and one (1) copy will be received from each Proposer in a sealed envelope or package. Please include the following information on the bid envelope: “Informal Bid 2019-22 Housing Rehabilitation”.** Each original shall be signed and dated by an official authorized to bind the form. Unsigned proposals will not be considered.
17. Upon receipt by Moore County Financial Services, your Proposal is considered a public record except for material which qualifies as “trade secret” information under N.C. Gen. Stat. 66-152 et. seq. After the Proposal opening, your Proposal may be reviewed by the County’s evaluation committee, as well as other County staff and members of the general public who submit public records requests. To properly designate material as trade secret under these circumstances, each Proposer must take the following precautions: (a) any trade secrets submitted by a Proposer must be submitted in a separate, sealed envelope marked “Trade Secret — Confidential and Proprietary Information — Do Not Disclose Except for the Purpose of Evaluating this Proposal,” and (b) the same trade secret/confidentiality designation must be stamped on each page of the trade secret materials contained in the envelope.

In submitting a Proposal, each Proposer agrees that the County may reveal any trade secret materials contained in such response to all County staff and County officials involved in the selection process, and to any outside consultant or other third parties who serve on the evaluation committee or who are hired by the County to assist in the selection process. Furthermore, each Proposer agrees to indemnify and hold harmless the County and each of its officers, employees, and agents from all costs, damages, and expenses incurred in connection with refusing to disclose any material which the Proposer has designated as a trade secret. Any Proposer that designates its entire Proposal as a trade secret may be disqualified.

18. Proposer shall comply with the North Carolina Workers’ Compensation Act and shall provide for the payment of workers’ compensation to its employees in the manner and to the extent required by such Act. In addition the Provider shall maintain, at its expense, the following minimum insurance coverage:

Comprehensive General Liability coverage of \$1,000,000 per occurrence;
Bodily Injury Liability of \$300,000 per occurrence; and
Property Damage Liability of \$100,000 per occurrence

19. To the maximum extent practical, the County of Moore (the County) promotes a fair, open and competitive procurement process as required under the North Carolina Housing Finance Agency. The County will conduct a public bid which will allow qualified contractors to provide quotes, bids or proposal for the products or services needed. Every reasonable effort will be made to receive at least three quotes, bids or proposal.
20. The Urgent Repair Program is a state funded program. Contracts funded with state grants or loan funds must be procured in a manner that conforms to all applicable State and/or Local laws, policies, and standards.

BACKGROUND

The County of Moore is seeking sealed bids for the rehabilitation of four (4) substandard housing units for its 2018 Urgent Repair Program, funded by the North Carolina Housing Finance Agency. Bid opening will be public.

SPECIFICATION AND SCOPE OF WORK

1. Specifications for each home are provided in the itemized work description bid sheet, attached to this bid document. Questions will be addressed at the Mandatory Pre-bid/site visit.
2. Bids will be awarded by Moore County. The winning bidder will be required to have a pre-construction meeting with the county & homeowner in order to receive a Notice to Proceed. Construction shall not begin until a contract has been signed and a Notice to Proceed has been issued by the County or their representatives.
3. Moore County will use e-mail on a regular basis to share documents or pictures during the housing rehab process. Contractors signing contracts for housing rehab work will need to either have, or acquire, and maintain an active email address.
4. All work shall be completed in **60 working days** (unless otherwise noted), after which a \$75 penalty per working day shall be assessed.
5. 1-Year Warranty: The contractor is responsible for any warranty work, until it is completed to the satisfaction of the rehab inspector and the homeowner.
6. All change orders must be approved by Moore County.
7. **Contractors should note the following documents must be completed and included in the bid response to be considered a responsive bid:**
 - **Itemized work description bid sheet**
 - **Non-Collusion Affidavit**
 - **E-Verify Affidavit**
 - **W-9 Form**
 - **Vendor must acknowledge all addenda**
 - **Contractor Application**
 - **Current Letter of Reference from Contractor's Bank regarding your firm's business account(s) (sample letter attached)**
 - **Copy of NC General Contractor's License (if applicable – projects at \$30,000 or higher)**
 - **Copy of NC Renovation, Repair and Painting Firm Certification – pre 1978 homes**
 - **Copy of NC Renovator Certification – pre 1978 homes**
 - **Copy of NC Lead Supervisor certificate (supervisor must be on site supervising all the workers) – pre 1978 homes OR**
 - **Copies of Lead Safe Trained Worker Certificates for all workers assigned to the job – pre 1978 homes**
 - **Copy of NC Accredited Asbestos Professional Certification (if applicable)**
 - **Copy of Certificate of Insurance – minimum requirement:**

**Comprehensive General Liability coverage of \$1,000,000 per occurrence;
Bodily Injury Liability of \$300,000 per occurrence; and
Property Damage Liability of \$100,000 per occurrence**

➤ Certificate of Worker's Compensation coverage

8. Contractors must acknowledge all addenda with their bid response.
9. Moore County reserves the right to add or delete bid items.
10. The awarded contractor will be required to sign the URP Procurement Policy.

NON-COLLUSION AFFIDAVIT

State of North Carolina
County of Moore

I _____, being first duly sworn, deposes and says that:

He/She is the _____ of _____, the proposer that has submitted the attached proposal;

He/She is fully informed respecting the preparation and contents of the attached proposal and of all pertinent circumstances respecting such proposal;

Such proposal is genuine and is not a collusive or sham proposal;

Neither the said Proposer nor any of its officers, partners, owners, agents, representatives, Employees or parties of interest, including this affiant, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Proposer, firm or person to submit a collusive or sham proposal in connections with the contract for which the attached proposal has been submitted or to refrain from bidding in connection with such contract, or has in any manner, directly or indirectly, sought by agreement or collusion or communication or conference with any other Proposer, firm or person to fix the price or prices in the attached proposal or of any other Proposer or to fix overhead, profit or cost element of the proposal price of any other Proposer or to secure through collusion, conspiracy, connivance or unlawful agreement any advantage against the County of Moore or any person interested in the proposed contract; and

The price or prices quoted in the attached bid are fair, proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Proposer or any of its agents, representatives, owners, employees, or parties in interest, including this affiant.

Signature and Title

State of North Carolina
County of _____
Subscribed and sworn before me,
This ____ day of _____, 2019

Notary Public
My commission expires _____

Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

AFFIDAVIT

COUNTY OF MOORE

I, _____ (the individual attesting below), being duly authorized by and on behalf of _____ (the entity bidding on project hereinafter "Employer") after first being duly sworn hereby swears or affirms as follows:

- 1. Employer understands that E-Verify is the federal E-Verify program operated by the United States Department of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law in accordance with NCGS §64-25(5).
2. Employer understands that Employers Must Use E-Verify. Each employer, after hiring an employee to work in the United States, shall verify the work authorization of the employee through E-Verify in accordance with NCGS§64-26(a).
3. Employer is a person, business entity, or other organization that transacts business in this State and that employs 25 or more employees in this State. (mark Yes or No)
a. YES _____, or
b. NO _____
4. Employer's subcontractors comply with E-Verify, and if Employer is the winning bidder on this project Employer will ensure compliance with E-Verify by any subcontractors subsequently hired by Employer.
Executed, this ___ day of _____, 2019.

Signature of Affiant
Print or Type Name: _____

State of North Carolina
County of _____

Signed and sworn to (or affirmed) before me, this the ___ day of _____, 2019.

My Commission Expires:

Notary Public

(Affix Official/Notarial Seal)

**Request for Taxpayer
 Identification Number and Certification**

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <p>2 Business name/disregarded entity name, if different from above</p> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p><small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</small></p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts obtained outside the U.S.)</small></p> <p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <p>6 City, state, and ZIP code</p> <p>7 List account number(s) here (optional)</p>	Requester's name and address (optional)
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Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number

[]	[]	[]	[]	-	[]	[]	-	[]	[]	[]
-----	-----	-----	-----	---	-----	-----	---	-----	-----	-----

or

Employer identification number

[]	[]	[]	[]	[]	[]	[]	[]	-	[]	[]	[]	[]
-----	-----	-----	-----	-----	-----	-----	-----	---	-----	-----	-----	-----

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

CONTRACTOR APPLICATION

Legal Business Name: _____

Owner Name: _____

Ownership type (check one)

Sole Proprietorship Corporation LLC

Registered with North Carolina Secretary of State (check one)

Yes No

Business Federal ID#: _____

Year business established: _____

Business mailing address:

Office phone: _____

Cell phone: _____

Fax number: _____

Email: _____

Please check all services provided by your company:

- General contracting
- Lead paint testing
- Lead paint remediation
- Radon testing
- Plumbing
- Electrical
- Carpentry
- Moving or Storage (circle one or both)
- Other services not listed here:

WORK HISTORY

List the names, addresses and the years of construction experience of all owners, partners, stockholders and construction staff. Use additional sheet if necessary:

Name: _____ **Yrs. Experience:** _____

Address: _____

City: State: Zip: _____

Phone Number(s): _____

Name: _____ **Yrs. Experience:** _____

Address: _____

City: State: Zip: _____

Phone Number(s): _____

Name: _____ **Yrs. Experience:** _____

Address: _____

City: State: Zip: _____

Phone Number(s): _____

Name: _____ **Yrs. Experience:** _____

Address: _____

City: State: Zip: _____

Phone Number(s): _____

WORK REFERENCES

List three (3) job references where work has been recently completed by your firm. Please list the name, address and telephone number of each. Give a brief description of the work completed. One (1) reference must be less than six (6) months old and one less than twelve (12) months old.

Name: _____ **Phone #:** _____

Address: _____

City: State: Zip: _____

Date Work Completed: _____ **Permit #:** _____

Work Description: _____

Name: _____ **Phone #:** _____

Address: _____

City: State: Zip: _____

Date Work Completed: _____ **Permit #:** _____

Work Description: _____

Name: _____ **Phone #:** _____

Address: _____

City: State: Zip: _____

Date Work Completed: _____ **Permit #:** _____

Work Description: _____

SUPPLIERS/CREDIT HISTORY

Please list the name(s) of three (3) current Material Supplier(s):

Supplier Name: _____ **Phone #:** _____

Account #: _____

How many years have you had credit with this supplier? _____

What has been your highest credit limit? \$ _____

How would you describe your present status with the Supplier? (Check one)

- Outstanding
- Good
- Poor

Supplier Name: _____ **Phone #:** _____

Account #: _____

How many years have you had credit with this supplier? _____

What has been your highest credit limit? \$ _____

How would you describe your present status with the Supplier? (Check one)

- Outstanding
- Good
- Poor

Supplier Name: _____ **Phone #:** _____

Account #: _____

How many years have you had credit with this supplier? _____

What has been your highest credit limit? \$ _____

How would you describe your present status with the Supplier? (Check one)

- Outstanding
- Good
- Poor

Have you or your company ever failed to complete any work awarded to you?

- Yes
- No

If "Yes", where and why: _____

Have you or your company ever been removed from a roster of acceptable contractors within the past seven (7) years?

- Yes
- No

If "Yes", where and why: _____

The undersigned Contractor/Firm hereby certifies that all of the above given information is true and complete to the best of his/her knowledge:

Signature of Contractor/Firm Owner Date

Company Name: _____
Street Address/PO Box: _____
City, State, Zip: _____
Date: _____
Owner Name: _____
Title: _____
Social Security Number: _____

SIGNATURE _____

VERIFICATION CONDUCTED

The GSA List of Parties Excluded from Federal Procurement or Non-Procurement Programs has been checked on _____ (date) and the above contractor or sub-contractor has been determined to be eligible to participate in any NCHFA assisted projects. Signature of person conducting verification.

SIGNATURE _____

SAMPLE

Place letter on bank letterhead

Insert current date or within last 30 days of bid

To: Moore County Planning, Community Development & Transportation

Subject: Proof of Letter of Reference for insert company name

I confirm that insert company name maintains an account with insert bank name and is in good standing. Insert company name has been banking with us for insert amount of years.

Sincerely,

Bank representative's name and title