

COUNTY OF MOORE  
NORTH CAROLINA

REQUEST FOR QUALIFICATIONS

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ISSUE DATE: September 13, 2016

RFQ#: 2017-01

TITLE: AutoCAD Engineering Services

ISSUING DEPARTMENT: County of Moore  
Attn: Terra Vuncannon  
Financial Services  
206 South Ray Street  
P.O. Box 905  
Carthage, NC 28327

**Sealed qualifications** will be received until **4:00 p.m. Monday September 26, 2016** from qualified firms for **AutoCAD Engineering Services**.

All inquiries for information concerning the Request for Qualifications shall be directed to:

**Terra Vuncannon, Purchasing Coordinator**  
P.O. Box 905  
206 South Ray Street  
Carthage, NC 28327  
(910) 947-7118

[tvuncannon@moirecountync.gov](mailto:tvuncannon@moirecountync.gov)

**Sealed qualifications shall be mailed or hand delivered to the Issuing Department shown above and the envelope shall bear the name and number of this Request for Qualifications. It is the sole responsibility of the Firm to ensure that its response reaches the Issuing Department by the designated date and hour indicated above.**

**In compliance with the Request for Qualifications 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 response.**

Firm Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

\_\_\_\_\_ By: \_\_\_\_\_  
(typed)

By: \_\_\_\_\_  
(signed)

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## **PROJECT DESCRIPTION**

### **Project Overview (Background)**

Moore County is soliciting Statements of Qualifications from North Carolina licensed Engineering firms to provide On-Call AutoCAD and Engineering Services for the County of Moore Public Works Department. Interested firms must have significant experience in working with clients in a variety of AutoCAD services with minor engineering design services. The County reserves the right to reject any and/or all responses. The County also reserves the right to award to more than one firm.

### **Services Requested**

The scope of services includes, but is not limited to the following:

1. Prepare ArcGIS mapping as requested graphics.
2. Design services including Water and Wastewater infrastructure, including but not limited to, pipelines, pump stations, wells, meter vaults and accessories.
3. Prepare Plan & Profile Drawings and Specifications in AutoCAD.
4. Prepare utility easement maps and encroachment agreements suitable for recording.
5. Prepare detailed itemized cost estimates.
6. Prepare preliminary engineering reports.
7. Prepare and submit applications for all required federal, state and local permits and approvals.
8. Prepare formal construction contract documents for execution
9. Prepare digitally reproducible as-built record drawings.

All completed work shall be delivered as specified with the required number of plans and delivery of plans/drawings in AutoCAD Civil 3D or prior version.

### **Procedural Requirements**

All proposals must provide the following information for review:

1. Office Location: Firm name, address, telephone numbers and year established.
2. Firm Management: Names of principals of the firm with registrations and certifications
3. Services: Types of services customarily provided by the firm.
4. Project Team: Name and resume of Project Manager, Project Engineer and Chief CADD Operator to be assigned to this project with registrations and certifications.
5. Outside Consultants: Names of outside consultants, if any, who be retained to provide services (i.e. Electrical, Hydrogeological, etc.) with their registrations and certifications.
6. Firm's Experience: Brief description of the firm's experience with public water and wastewater infrastructure projects over the past five years.
7. Project Team Experience: Experience of the Project Team members with public Water and Wastewater Systems projects. List knowledge and experience with the Moore County Water and Wastewater Systems.

8. Workload: List of current projects with expected completion date and man-hour commitments relative to the capacity of the firm.
9. Fee Schedule: Current fees to include published hourly rates for the firm and methodology of setting fees.
10. References: A list of three references with contact names and phone numbers. References should be from Water and Wastewater projects and to the extent possible from similar clients.

The above Procedural Requirements will have the below value in the Evaluation Criteria.

1. 10%
2. 2%
3. 2%
4. 2%
5. 2%
6. 22%
7. 25%
8. 15%
9. 10%
10. 10%

### **Selection Process**

The proposals received by the submittal deadline will be evaluated by a selection committee comprised of representatives of Moore County.

The committee will review and identify the firm or firms that are most qualified and responsive to the services requested. Interviews may be conducted should the committee require further assessment. The successful vendor will be notified once an award/contract has been approved by the County Manager and/or the County of Moore Board of Commissioners.

### **Additional Instructions**

After the Request for Qualifications issue date, all communications between the Issuing Department and prospective Firms 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 [tvuncannon@moorecountync.gov](mailto:tvuncannon@moorecountync.gov). **All written questions shall be received by the Issuing Department no later than 10:00 am Monday September 19, 2016. NO EXCEPTIONS.**

**If the firm is selected, the following procedures will be implemented for each contract/job that the consultant is awarded with MCPW:**

1. Moore County will request a fee from a firm for a specific project.
2. Following scope and fee agreement, a Purchase Order will be issued for the required services.
3. The Purchase Order number shall be referenced on billing statements.
4. If for any reason the firm believes that there are additional services that will be required to complete the job, the obligation is on the firm to notify MCPW of the potential additional services and costs for same.
5. No additional work shall commence prior to authorization and issuance of a Purchase Order amendment.

6. Jobs that are billed on an hourly basis may have monies left in the Purchase Order upon completion.
7. Invoice shall be submitted on a monthly basis for the previous month's work. If no work has been completed no bill shall be presented. MCPW will not pay invoices that have a cumulative amount of work for numerous months.
8. Invoices shall provide the firm, name of project manager, hours spent, hourly rate and description of work.
9. MCPW shall pay firm for work that has been completed in the prior month within 30 days, provided that the Purchase Order is in place and the funds have not been exceeded.
10. Unless a specific Purchase Order is issued, consultations with staff members, members of the Board or the Governing body less than one hour shall not be billable to MCPW.
- 11 . MCPW shall not be charged and will not pay interest on any invoices;

Firms should submit one (1) original and five (5) copies of their response. The Engineer's Statement of Qualifications shall be limited to no more than 10 pages.

The County reserves the right to reject any and/or all responses.

**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 proposal 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 \_\_\_\_\_, 2016

\_\_\_\_\_  
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 \_\_\_\_\_, 2016.

\_\_\_\_\_  
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 \_\_\_\_\_, 2016.

My Commission Expires:

\_\_\_\_\_  
Notary Public

(Affix Official/Notarial Seal)

RFP Number (if applicable): \_\_\_\_\_

Name of Vendor or Bidder: \_\_\_\_\_  
\_\_\_\_\_

**IRAN DIVESTMENT ACT CERTIFICATION  
REQUIRED BY N.C.G.S. 147-86.59**

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As of the date listed below, the vendor or bidder listed above is not listed on the Final Divestment List created by the State Treasurer pursuant to N.C.G.S. 147-86.58.

The undersigned hereby certifies that he or she is authorized by the vendor or bidder listed above to make the foregoing statement.

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Signature

Date

Printed Name

Title

*Notes to persons signing this form:*

N.C.G.S. 147-86.59(a) requires this certification for bids or contracts with the State of North Carolina, a North Carolina local government, or any other political subdivision of the State of North Carolina. The certification is required at the following times:

- When a bid is submitted
- When a contract is entered into (if the certification was not already made when the vendor made its bid)
- When a contract is renewed or assigned

N.C.G.S. 147-86.59(b) requires that contractors with the State, a North Carolina local government, or any other political subdivision of the State of North Carolina must **not** utilize any subcontractor found on the State Treasurer's Final Divestment List.

The State Treasurer's Final Divestment List can be found on the State Treasurer's website at the address [www.nctreasurer.com/iran](http://www.nctreasurer.com/iran) and will be updated every 180 days.



# Vendor Application

**County of Moore**  
Financial Services – Purchasing Division  
PO Box 905  
Carthage, NC 28327  
Phone: (910) 947 - 7118  
Fax: (910) 947 - 6311

Please Type or Print Legibly

Federal ID # \_\_\_\_\_ SS # \_\_\_\_\_ Vendor # \_\_\_\_\_

Vendor Name
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Date
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ORDER ADDRESS		PAY ADDRESS	
Street		Street	
Street		Post Office Box	
City		City	
State	Zip Code	State	Zip Code

CONTACT PERSON	TELEPHONE NUMBER	FAX NUMBER
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YEAR ESTABLISHED	TERMS	DISCOUNT
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CONTRACTOR'S LICENSE # (if applicable)	SIGNATURE
	EMAIL ADDRESS:

This firm certifies that it is a: (if applicable)

- Disabled
  Minority Business Enterprise
  Women Business Enterprise

To qualify for MWBE status, 51% of the company must be owned and controlled by minority groups or women. For the purpose of this definition, minority group members are Black Americans, Hispanic Americans, American Indians and/or American Women. To qualify for Disabled status, 51% of the company must be owned and controlled by disabled persons.

## Product(s) and/or Service(s)

Please list the type product(s) and/or Service(s) that your company can provide.

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

## References

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

## Request for Taxpayer Identification Number and Certification

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

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

**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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-		-	
	-		-		
<b>OR</b>					
<b>Employer identification number</b>					
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 70%; border: 1px solid black; height: 20px;"></td> </tr> </table>		-			
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**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 on page 3.

<b>Sign Here</b>	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.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**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? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.