COUNTY OF MOORE  
NORTH CAROLINA  

REQUEST FOR QUALIFICATIONS  

ISSUE DATE: February 5, 2019  RFQ#: 2019-04  

TITLE: Architect Services – Renovation of Old Detention Center  

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. Wednesday March 20, 2019 from qualified firms for the Architect Services – Renovation of Old Detention Center. A MANDATORY Pre-Submittal meeting will be held at 10:00 am Thursday February 21, 2019 at the 2nd Floor Community Room of the Rick Rhyne Public Safety Center located at 302 South McNeill Street, Carthage, NC 28327  

All inquiries for information concerning the Request for Qualifications shall be directed to:  
Terra Vuncannon, Purchasing Manager  
206 South Ray Street  
Carthage, NC 28327  
(910) 947-7118  
tvuncannon@moorecountync.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)
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>PROJECT DESCRIPTION</td>
<td>3</td>
</tr>
<tr>
<td>PROCEDURAL/SUBMITTAL REQUIREMENTS</td>
<td>4</td>
</tr>
<tr>
<td>NON-COLLUSION AFFIDAVIT</td>
<td>7</td>
</tr>
<tr>
<td>E-VERIFY AFFIDAVIT</td>
<td>8</td>
</tr>
<tr>
<td>VENDOR FORM</td>
<td>9</td>
</tr>
<tr>
<td>W-9 FORM</td>
<td>10</td>
</tr>
</tbody>
</table>
PROJECT DESCRIPTION

Project Overview (Background)
Moore County is soliciting Statements of Qualifications from qualified, professional firms interested in entering into a renovation design of the existing 68 bed old jail located at 104 Saunders Street, Carthage, NC 28327. This facility and proposed site has been identified and will include the building and associated land surrounding the building.

A MANDATORY pre-submittal meeting is scheduled to take place on February 21, 2019 at 10:00 a.m. to discuss the project requirements. All interested firms are requested to meet at 10:00 a.m. at the 2nd Floor Community Room of the Rick Rhyne Public Safety Center, located at 302 South McNeill Street, Carthage, NC 28327. Sealed responses are due by 4:00 pm Wednesday March 20, 2019. Opening will not be public.

The County reserves the right to reject any and/or all responses. The County reserves the right to delete any portion of this project following the bid process.

The County is considering the Renovation Design for short and long term operations as well as maintenance of the building in an effort to accomplish the following:

1. Mitigate long-term operating expenses by substantially lowering utility costs.
2. Reduce maintenance costs by improving the quality of the facility.
3. Address all security needs for proper/modern detention facility functions in all spaces used

Scope Of Work

Phase 1: Design
Once an Architect is selected, Moore County will enter into an Agreement and the Architectural team will produce the deliverables listed below. The work produced during this phase will be the property of the Moore County.

1. Facility Program Revalidation
2. Schematic Design Phase
3. Design Development Phase documents with an outline of major materials and systems size and security concerns
   o NOTE: Facility is current on state inspections making all renovations subject to the 1992 codes for jail facilities
   - This is the understanding of Moore County, NC- Architect/s to verify and advise.
5. Bidding/Permitting Phase
6. Construction Inspection Phase
Licenses And Qualifications

1. The design and management team must possess all licenses required by North Carolina law.

2. The firm must have a fully licensed Architect on their team with experience in Detention/Jail Facility design. Said Professional(s) must start and continue with the project through the completion of the project.

3. Proposing firm must be a reputable, well established firm; which for this project is represented by the firm being in continuous successful operation for a period of not less than five (5) years.

4. The County reserves the right to require that the developer demonstrates that it has the skills, equipment and other resources to satisfactorily perform the nature and magnitude of work necessary to complete the project within the proposed contract schedule.

Proposed Schedule:

- Program revalidation 2 weeks
- Schematic design phase 6 weeks
- Design development phase 6 weeks
- Construction document phase 8 weeks
- Bid Permitting phase 8 weeks
- Construction phase 40 weeks
- Closeout/Certificate of Occupancy 4 weeks
- Total Time Line 74 weeks (18.5 months)

PROCEDURAL/SUBMITTAL REQUIREMENTS

Proposals should be prepared simply and economically, providing a straightforward, concise description of the Proposer’s offer to meet the requirements of the RFQ.

All responses must provide the following information for review:

Please label each section and place in your bound response in the order below.

1. **Letter of Interest**: One page
   Letter of interest highlighting three strengths of the exact development team that will be assigned to the project. (10 points)

2. **Evidence of financial stability**: One page
   Detailed information (5 points)

3. **Experience with Detention Renovation**: 5 to 10 pages
   Indicate the experience of the Architect and Design Team with the design of Detention
Centers/Jails, and specifically projects the team has completed that incorporated the use of existing buildings within the last 5 years. (40 points)

4. Data Used to Support Final Recommendation: Two to Four pages
Statement as to what data the firm has traditionally used as well as any additional data available that may be useful and state how this data will be used to determine final facility recommendations, i.e. building, security, future technology, design, and layout (15 points)

5. Knowledge and skill of team: Two pages
Project team organizational chart with key personnel and all sub consultants. The Architect shall list design professionals whom it proposes to utilize on the project or shall submit a plan for the selection of contractors and design professionals not listed. Resumes must be provided in an appendix. (15 points)

6. Availability: One page
Statement of availability to undertake the project in the projected time line for project completion. (5 points)

7. References: No page limit – Minimum of three similar projects references (10 points)

Confidential Proprietary Information

Give specific attention to the identification of those portions of your proposal you deem to be confidential, proprietary, or a trade secret, and provide any justification of why such materials, upon request, should not be disclosed by the Owner under North Carolina public records laws. Clearly indicate each and every section that is deemed to be confidential, proprietary or a trade secret as required by statute. It is NOT sufficient to preface your entire proposal with a proprietary statement.

Selection Process

The proposals received by the submittal deadline will be evaluated by a selection committee comprised of representatives of Moore County. The County reserves the right to obtain clarification of any point in a firm’s proposal or to obtain additional information.

The committee will review and identify the firm or firms that are most qualified and responsive to the services requested. Interviews will be conducted with the top three candidates. After completion of the interviews the selection committee will select the final candidate for recommendation of the negotiation and contract phase. The successful firm will be notified once an award/contract has been approved by the County of Moore Board of Commissioners.

Please do not contact any County officials/associates. Any attempt to do so will result in the disqualification of the firm’s submittal.

Proposals will be considered based upon the documented qualifications and applicable experience of the firm. It is anticipated that the successful firm and the County will work together to develop a more detailed scope of work with activities and issues to be addressed to include the identification of specific project goals and to schedule milestones.
**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. All written questions shall be received by the Issuing Department no later than 10:00 am Thursday March 7, 2019. NO EXCEPTIONS. Addenda will be issued to address all written questions.

Firms should submit one (1) original and five (5) copies, 8.5 x 11 page format, of their response, in addition to one original on a flash drive. The original should also include the following documents: Non-Collusion Affidavit, E-Verify Affidavit, Vendor Application and W-9 Form.

The County reserves the right to reject any and/or all responses. The County reserves the right to delete any portion of this project following the bid process.
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 ________________, 2019

______________________________
Notary Public
My commission expires _______________
Moore County E-Verify Affidavit

STATE OF NORTH CAROLINA

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
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 __________________________ Date __________

<table>
<thead>
<tr>
<th>ORDER ADDRESS</th>
<th>PAY ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Street</td>
<td>Street</td>
</tr>
<tr>
<td>Street</td>
<td>Post Office Box</td>
</tr>
<tr>
<td>City</td>
<td>City</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
<tr>
<td>State</td>
<td>Zip Code</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT PERSON</th>
<th>TELEPHONE NUMBER</th>
<th>FAX NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>YEAR ESTABLISHED</th>
<th>TERMS</th>
<th>DISCOUNT</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTRACTOR’S LICENSE # (if applicable)</th>
<th>SIGNATURE</th>
<th>EMAIL ADDRESS:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**

Go to www.irs.gov/Form9 for instructions and the latest information.

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

---

**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.

Notes: If the amount in excess of the applicable rate is more than one name, see the instructions for Part I. 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:

1. 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
2. I am subject to backup withholding because (e) 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 and dividends or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below) and

4. 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 I, later.

---

**Sign Here**

**Signature of U.S. person**

**Date**

---

**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 1040 (dividends, including those from stocks or mutual funds)
- Form 1049-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 and third-party network transactions)
- Form 1098 (home mortgage interest)
- Form 1098-E (student loan interest)
- 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 have a TIN, you might be subject to backup withholding. See What Is Backup Withholding, later.