

CITY OF HOSCHTON RFQ #2020-02

REQUEST FOR STATEMENT OF QUALIFICATIONS / ENGINEERING SERVICES

HOSCHTON, CITY OF

Posted: October 01, 2020

End Date: November 02, 2020

CITY OF HOSCHTON RFQ #2020-02

REQUEST FOR QUALIFICATIONS AND SERVICES FY2021-23

## CITY OF HOSCHTON REQUEST FOR STATEMENT OF QUALIFICATIONS / ENGINEERING SERVICES

Date: OCTOBER 01, 2020

Statements of qualifications (SOQs) are being requested from Engineering Firms with a strong record in successfully assisting local governments with the preliminary reports, final design and construction administration, and inspection/close out of federally funded projects. Responding firms should be qualified to provide initial consultation and evaluation, Preliminary Engineering Reports (PER), final design, construction administration, inspection and close out services for federally funded projects.

Plans are to contract, immediately and within three (3) years from the date of selection, a reputable engineering firm for preliminary reports, design and construction administration, inspection and close out services for federally funded projects related to community and economic development.

This procurement could include Community Development Block Grants (CDBG), Employment Incentive Program (EIP) Projects, Economic Development Administration (EDA) Projects, Federal Highway Administration (FHA), Department of Transportation (DOT), United States Department of Agriculture USDA), Appalachian Regional Commission (ARC) Projects, Immediate Threat and Danger (ITD), Georgia Environmental Facilities Authority (GEFA), and any other federally funded projects in compliance with CFR 200 for Procurement.

This procurement action may also lead to additional project contracts and/or contract addendums for PER's, design and construction administration services, for State and federally funded projects.

Submitting firms will be considered, on a project by project basis, should future federally funded opportunities arise in the next 36-month period. The selected firm must submit an annual updated SOQ during this 3-year period. The selected firm shall have an established base of operations (office) no more than 100 miles from the City of Hoschton, Georgia to properly provide professional services in a prompt manner.



Anticipated projects and programs include expansion and improvements to the existing Water Distribution System, wastewater collection, treatment, and pumping facilities.

Evaluation Criteria required:

1. History of firm, resources, and mission statement
2. Familiarity with the community
3. Key personnel/qualifications/license proof
4. Current workload and ability to provide proposed services
5. Proposed approach, ability, scope and level of service
6. Experience with federally funded projects and list of references
7. Past and current litigation history, including claims, liens, judgements, and rulings
8. Errors and Omissions Insurance, please provide a copy.
9. Statement of Qualifications Form
10. Virtual interviews with the top 3-4 firms from initial ranking

Future projects may be subject to Federal and State contract provisions prescribed by the Georgia Department of Community Affairs.

*The City of Hoschton also abides by the following laws as they pertain to HUD Assisted Projects: Title VI of the Civil Rights Act of 1964; Section 109 of the HCD Act of 1974, Title 1; Title VII of the Civil Rights Act of 1968 (Fair Housing Act); Section 104(b)(2) of the Housing and Community Development Act of 1974; Section 504 of the Rehabilitation Act of 1973 as amended; Title II of the Americans with Disabilities Act of 1990 (ADA); and the Architectural Barriers Act of 1968.*

The Statement of Qualifications Form and ranking criteria are included. Proposals should be received no later than **4:00 PM Monday November 2<sup>nd</sup>, 2020**. The SOQ's package should contain four (4) hard copies and one (1) digital copy. Proposals received after the above date and time may not be considered. The City of Hoschton reserves the right to accept or reject any and all SOQ's and to waive informalities in the procurement process. Questions about this SOQ should be submitted to Jennifer Kidd-Harrison, City Clerk at [jkidd@cityofhoschton.com](mailto:jkidd@cityofhoschton.com).

SOQ packages should be submitted to:

**Gary M. Fesperman, City Administrator**  
**City of Hoschton**  
**79 City Square**  
**Hoschton, Georgia 30548**  
**Phone: 706-654-3034 / Email: [cityadmin@cityofhoschton.com](mailto:cityadmin@cityofhoschton.com)**



## EVALUATION CRITERIA

### 1. Firm History & Mission Statement

<u>Points</u>	<u>Evaluation Criteria</u>
4	15+ years' experience
3	10 15 years' experience
2	5-10 years' experience
1	less than 5 years' experience

### 2. Familiarity with the community

<u>Points</u>	<u>Evaluation Criteria</u>
4	5 years or more working with community
3	3 to 4 years working with community
2	2 to 3 years working with community
1	less than 5 years' experience

### 3. Key personnel/qualifications & license proof

<u>Points</u>	<u>Evaluation Criteria</u>
3	adequate key personnel and qualifications (licenses included)
2	marginal key personnel and qualifications (licenses included)
1	inadequate key personnel and qualifications (licenses included)

### 4. Proposed Scope, Ability and Level of Service Proposed to successfully design and manage the project.

<u>Points</u>	<u>Evaluation Criteria</u>
4	adequate scope, ability, level of service and timeliness
3	marginal scope, ability, level of service and timeliness
2	inadequate scope, ability and level of service proposed, and timeliness
1	not addressed

### 5. Experience - Number of federal grant applications awarded and managed (list entity, project scope, total project cost, work performed, cost control and references)

<u>Points</u>	<u>Evaluation Criteria</u>
4	15+ awards and positive references
3	10-15 awards and positive references
2	5 - 10 awards and positive references
1	less than 5 awards and positive references

### 6. Current Workload and ability to provide proposed services

1-4 points -Subject to discussion and point assignment following interview (if applicable)

### 7. Errors and Omissions Insurance

<u>Points</u>	<u>Evaluation Criteria</u>
1	Included
0	Not included

### 8. Litigation History and Outcomes

Subject to discussion and point assignment based on responses

### 9. Virtual Interview presentation

<u>Points</u>	<u>Evaluation Criteria</u>
1-4 points	Subject to discussion and point assignment following interview (if applicable)

**CITY OF HOSCHTON**  
**STATEMENT OF QUALIFICATIONS**  
**ENGINEERING SERVICES RFQ 2020-02**

1. FIRM NAME: \_\_\_\_\_
2. ADDRESS: \_\_\_\_\_
3. TELEPHONE NUMBER: \_\_\_\_\_
4. NAME, TITLE & EMAIL CONTACT OF RESPONDENT: \_\_\_\_\_  
\_\_\_\_\_
5. PREVIOUS BUSINESS NAMES: \_\_\_\_\_  
Years in business present form: \_\_\_\_\_  
Years in business under any other name: \_\_\_\_\_  
Date and State of incorporation: \_\_\_\_\_
6. Categories for which firm is legally qualified to provide services. Include applicable licenses and registrations:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
7. Titles, names, and addresses of all officers:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
8. List firms which any present officers may have been associated with as officers during the past five (5) years:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Community Familiarity: \_\_\_\_\_

10. Key personnel (include qualifications and license) likely to be involved on these type projects and respective roles:

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11. Proposed approach, ability scope and levels of service:

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12. Experience with federally funded projects. Please provide project name, location, owner, year, total project cost, contract amount, cost control, and nature of firm's responsibility:

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13. Current Workload and ability to provide services:

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14. List at least three professional references for firm (include email and phone number):

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15. Has your firm defaulted on a contract or failed to complete any work awarded, or been involved in work related litigation? If so, please explain:

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16. Please indicate if you are claiming Section 3 preference. Include required certifications:

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17. Errors and Omissions Insurance Amounts (provide copies)

Certification:

\_\_\_\_\_ (Name) being sworn deposes and says that he/ she is the  
\_\_\_\_\_ (Title) of \_\_\_\_\_ (Name of Firm)  
and that answers to the foregoing questions and statements herein contained are true and correct.

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
NOTARY (SEAL)

\_\_\_\_\_  
My Commission Expires