



Statement of Qualifications
HOME Funds Rehabilitation Program Management Services

Due October 18, 2013, at 3:00 p.m. (MDT)

1. **Introduction.** The City of Taylorsville (the “City”) is requesting statements of qualifications (“Proposals” or “Responses”) from qualified proposers (“Proposers”) to provide **HOME Funds Rehabilitation Program Management Services** (collectively, the “Services”).
 - 1.1. **Intent.** It is the intent of this Statement of Qualifications (this “Statement”) to set forth the minimum acceptable requirements for Responses to this Statement.
2. **Detailed Description of Services.** A more detailed description of the Services is set forth in Exhibit “A” attached hereto.
3. **Proposal Requirements.** Five (5) copies of Responses are required to be submitted to John Inch Morgan, as listed below, no later than 3:00 p.m. (MDT) on October 18, 2013. Guidelines for responses are described in Exhibit “B” attached hereto. Any response, modification, or amendment received after the due date and time is late. No late Responses will be accepted. No electronic Responses (facsimile, e-mail, or telegraphic) will be accepted. Proposals must include the following elements and be signed by an authorized representative of the Proposer:
 - 3.1. **Introductory Letter.** An introductory letter expressing an interest in providing the Services should be included, together with a signed Certification in the form of Exhibit “C” attached hereto. Include an e-mail address for the primary contact of the Proposer. The introductory letter should be addressed to:

Patricia Kimbrough
CITY of TAYLORSVILLE
2600 West Taylorsville Blvd.
Taylorsville, UT 84129
 - 3.2. **Capacity, Experience, Qualifications, and Support.** Describe, in sufficient detail, the Proposer’s capacity, experience, qualifications, and technical support that are relevant with respect to the Services.

3.3. **References.** Include the name, address, and contact person of at least five government agencies with which the Proposer has provided similar type Services. The City may contact such references.

4. **Identification of Anticipated Potential Problems.** Proposals should identify and describe any potential problems with respect to providing the Services.

5. **Evaluation Criteria and Scoring Process.** All Proposals received will be reviewed by a Review Panel (defined below). Each evaluation criterion has been given a percentage based on its relative value as a whole. The criteria and each associated percentage are as follows:

Evaluation Criteria:

75% **Capacity, Experience, Qualifications, and Support**
25% **References**

6. **Selection.** Discussions may be conducted with Proposers determined by the City to be reasonably susceptible of being selected for the award. In addition, one or more Proposers may be invited to interview. However, Proposals may be accepted without discussion or interview. The above criteria will be used unless modified in the interview evaluation. A Review Panel or individual(s) will be appointed by the City (referred to hereinafter as “*Review Panel*”). The Review Panel reserves the right to modify the interview criteria during the course of this process. If such modification occurs, each Proposer being interviewed will be notified at least twenty-four (24) hours prior to the interview of the revised criteria. Based on the results of discussions, if any, interviews, if any, and proposal scoring, the Proposers will be rated by the Review Panel, and such recommendations will be forwarded to the mayor. The mayor will make the final selection. The mayor may select one or more Proposers to provide the Services.

7. **General Information.** The City reserves the right to reject any and all Responses. The City reserves the right to amend, modify or waive any requirement set forth in this Statement. Response to this Statement is at the Proposer’s sole risk and expense. All Proposers must comply with applicable Federal, State, and local laws and regulations. Except for written responses provided by the contact person described below, the City has not authorized anyone to make any representations regarding the subject matter of this Request. All requests for clarification or additional information regarding this request must be submitted in writing to the contact person described below no later than October 15, 2013, at 3:00 p.m. The contact person will endeavor to respond to such request for clarification or additional information and if the contact person deems, in his sole and absolute discretion, that such response is of general applicability, his response, if any, will be posted on the City’s website at www.taylorsvilleut.gov (which constitutes a written response). Entities responding to this Statement are encouraged to review such website frequently. The City anticipates selecting one or more of the responding Proposers, but there is no guaranty that any responding Proposer will be selected. Responses will be placed in the public domain and become public records subject to examination and review by any interested parties in accordance with the Government Record Access Management Act (UTAH CODE ANN. § 63G-2-101, *et seq.*). All materials submitted in response to this

Statement will become the property of the City and will be managed in accordance with the Government Record Access Management Act.

- 8. Terms of Contract.** The successful Proposer will be required to enter into a written agreement with the City to provide the Services. If the selected Proposer and the City attorneys' office are unable to negotiate an acceptable agreement, then another Proposer(s) will be selected by the mayor and negotiation will continue with such other Proposer(s) until an acceptable agreement is completed.
- 9. Contact Person.** For further information or for Americans with Disabilities Act (ADA) accommodation, contact Patricia Kimbrough, Contract Manager, pkimbrough@taylorsvilleut.gov (801) 963-5400, 2600 West Taylorsville Boulevard, Taylorsville, Utah 84129.

Exhibit “A”
[Services]

**REQUEST FOR STATEMENTS OF QUALIFICATIONS FOR
ECO HOME FUNDS REHABILITATIONS PROGRAM MANAGEMENT SERVICES**

The City receives HOME funds to administer a housing rehabilitation program that serves City households with income at or below 80% of the median income as specified by the U.S. Department of Housing and Urban Development. This program has existed for several years with HOME funding involving a consortium among Sal Lake County, the City and other jurisdictions. The most recent contract between Salt Lake County and the City ended in June 2013 and called for 10 such homes to be rehabilitated. The City is requesting project management services for this program.

Exhibit “B”
[Guidelines]

Submit Responses in a sealed envelope or package. Sealed envelope or package must clearly state: “Public Works Maintenance Services.”

Color is allowed.

8-1/2” x 11” page sizes.

Paginate pages.

One (1) inch margins (exceptions: Consultant Name/Logo and Page Headers/Footers may be within the margin).

Size 12 Font.

Except for unbound copy, bind Responses on left side.

Provide tabs for each section of the Response.

Front and back cover pages.

Not to exceed 50 sheets of paper, double sided (copy of general contractor license, signed acknowledgments, introduction letter, and representation not counted towards 50-page limit).

Exhibit "C"

CERTIFICATION

The undersigned Proposer certifies that it has not:

1. Provided an illegal gift or payoff to a City officer or employee or former City officer or employee or his or her relative or business entity;
2. Retained any person to solicit or secure this contract upon an agreement or understanding for commission, percentage, brokerage, or contingent fee, other than bona fide employees or bona fide commercial selling agencies for the purpose of securing business; or
3. Knowingly influenced and hereby promised that it will not knowingly influence any City officer or an employee or former City officer or employee to break any applicable ethical standard or rules.

The undersigned Proposer certifies that:

1. The Proposal is made in good faith.
2. The Proposal is made in conformity with the specifications and qualifications contained in the Statement.

Name of Proposer: _____

Name of Authorized Representative: _____

Signature of Authorized Representative: _____

Address: _____

City/State/Zip: _____

Telephone Number: _____

Fax Number: _____

Web Site Address: _____

Email Address: _____

Date Signed: _____