



# **VIRGIN ISLANDS HOUSING FINANCE AUTHORITY**

Community Development Block Grant – Disaster Recovery Program  
3438 Kronprindsens Gade · GERS Complex 1st Floor · Suite 4  
St. Thomas, U. S. Virgin Islands 00802  
Telephone: (340) 777-4432 · Fax: (340) 775-7913

## **REQUEST FOR PROPOSALS RFP 003-2019-DR-STT/STX**

### **ADDENDUM 4**

## **CONSTRUCTION MANAGEMENT SERVICES**

**Issue date:**

**April 11, 2019**

**Submittal deadline:**

**May 31, 2019**

**Contact person:**

Nicole Roberts  
CDBG-DR Procurement Officer  
nroberts@vihfa.gov

 *Unlocking the Door to Affordable Housing*



## VIRGIN ISLANDS HOUSING FINANCE AUTHORITY

3202 Demarara Plaza · Suite 200  
St. Thomas, US Virgin Islands 00802-6447  
Telephone (340) 777-4432 · Fax (340) 775-7913

**ADDENDUM NO. 4**  
**Request for Proposals**  
**Community Development Block Grant – Disaster Recovery Program**  
**Construction Management Services**  
**RFP-003-2019-DR-STT/STX**

This addendum consists of fifteen (15) letter size pages (8.5' x 11").


This Addendum is hereby made part of the RFP for Construction Management Services, RFP-003-2019-DR-2019, dated April 11, 2019.

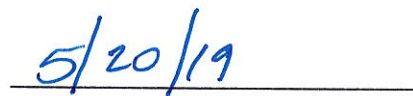
**Amendments to the RFP:**

The following enclosure attachments is hereby form fillable.

All other requirements and provisions of RFP-003-2019-DR-STT/STX, Construction Management Services, shall remain in full force and effect.

**Each proposer shall make reference in his Proposal to this Addendum 4 to the RFP Documents. Failure to do so may result in the Proposer's disqualification.**

  
\_\_\_\_\_  
Antoinette Fleming, Director  
Community Development Block Grant-  
Disaster Recovery

  
\_\_\_\_\_  
Date

**ENCLOSURE DOCUMENT A**  
**Virgin Islands Housing Finance Authority**  
***NON-COLLUSIVE AFFIDAVIT***

\_\_\_\_\_, being first duly sworn, deposes and says:

That he/she is \_\_\_\_\_ (a partner or officer of the firm of, etc.) the party making the foregoing proposal or proposal cost, that such proposal/bid or proposal cost/bid cost is genuine and not collusive or sham; that said proponent has not colluded conspired, connived or agreed directly or indirectly, with any proponent or person, to put in a sham proposal cost or to refrain from bidding and has not in any matter directly or indirectly sought by agreement or collusion or communication or conference, with any person, to fix the proposal cost of the affinity or of any other proponent, or to fix any overhead, profit or cost element of said cost proposal, or of that of any other proponent, or to secure any advantage against the Virgin Islands Housing Finance Authority or any person interested in the proposed contract; and that all statements in said proposal or cost proposal are true.

\_\_\_\_\_  
(Name of Respondent, if the Respondent is a Corporation)

\_\_\_\_\_  
(Name of Respondent, if the Respondent is a Limited Liability Company)

\_\_\_\_\_  
(Name of the Respondent, if the Respondent is a Sole Proprietor)

Subscribed and sworn to before me at (location) \_\_\_\_\_,

this \_\_\_\_\_ day of \_\_\_\_\_, 2019, by \_\_\_\_\_

of legal age, \_\_\_\_\_

(Trade or Corporation)

and personally known to me.

(SEAL)

\_\_\_\_\_

Public Notary

**ENCLOSURE DOCUMENT B**  
Virgin Islands Housing Finance Authority  
*DEBARMENT CERTIFICATION FORM*

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*Certification Regarding Debarment, Suspension and Ineligibility*

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- (1) The respondent certifies, by submission of this RFP Response, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any federal or local programs in the Territory or any Federal department or agency.
- (2) The respondent will provide immediate written notice to whom this Certification is submitted if at any time the Proposer learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
- (3) The respondent shall not knowingly enter any agreement/subcontractor relationship lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this procurement, unless authorized by the department or agency with which this procurement originated.
- (4) Where the respondent is unable to certify to any of the statements in this certification, such respondent shall attach an explanation to this RFP Response.

Name and Title of Authorized Representative

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Signature

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Date

**ENCLOSURE DOCUMENT C**  
**Virgin Islands Housing Finance Authority**  
**CONTRACT DOCUMENT CHECKLIST**

*The form must be completed and copies of the associated supporting documentation must be provided.*

Name of Contractor: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

1. Contractor Corporate Documents

**Corporation**                      Copy of Articles of Incorporation & By Laws  
Letter of Good Standing from Office of the Lt. Governor

**LLC**                                      Copy of Articles of Organization  
Copy of & Operating Agreement  
Certificate of Existence from Office of the Lt. Governor

**Sole Proprietor**                      Copy of Trade Name Certificate

2. Current business license                      Expiration date:  
Type of business license: \_\_\_\_\_

3. Employer Identification Number (EIN/ SSN): \_\_\_\_\_

4. DUNS: \_\_\_\_\_

5. Insurance Binder                      Expiration date:  
Type of Insurance:    General Liability    Automobile    Errors and Omissions

-----*For VIHFA use only*-----

6. Proposed Scope of Work    TB#                      IFB#                      RFP#                      RFQ#

7. Bids                      Signed Bid Evaluation Spreadsheet

8. Request for Approval from CBDG-DR Director and approval by Chief Operating Officer & Executive Director.

CDBG-DR Staff Final Review Date:

Date Submitted by CDBG-DR:

Outstanding Issues:

CDBG-DR Director:

Date approved:

Legal Counsel:

Date approved:

Date Submitted to Executive Director for Contract Approval:

Suggested # of Days in Contract:

Mobilization/Payment Terms:

**ENCLOSURE DOCUMENT D**  
**Virgin Islands Housing Finance Authority**  
***CONTRACTOR'S QUALIFICATION STATEMENT***

Name of License Holder: \_\_\_\_\_  
Name of Company/DBA (if any): \_\_\_\_\_  
Legal Status: (check one) Corp.          LLC          Partnership          Sole Proprietorship  
Business Location (office): \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Fax Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Website address (if any): \_\_\_\_\_

---

Number of Years licensed to conduct business \_\_\_\_\_

Number of Construction Management Services completed in the last 5 Years \_\_\_\_\_, Average value of these Contracts \_\_\_\_\_

Do you have current Liability Insurance Coverage?    Yes    No    If yes, value \_\_\_\_\_

Have you ever failed to complete a project, been fired and/or sued by one of your clients?  
*(If yes, explain on another sheet, the circumstances and outcome)*

Are there or have there been any Claims, Arbitration, Judgments or Liens against you?  
*(If yes, explain on another sheet, the circumstances and outcome)*

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**Complete the following pages for information related to your current and past projects references/client listing.**

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List the **Subcontractors** you will utilize:

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Certification of truth of the above Statements, by:

Title:

Request for Proposals  
RFP 003-2019-DR-STT/STX  
Construction Management Services  
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Provide at least three (3) references for the most recent, relevant work comparable to the scope requested in this RFP. At a minimum, one of the three (3) references must be for the prime Contractor.

#	Name of Client	Project Title	Project Description	Specific Deliverables	Contract Value	Contract Start and End Date	% Complete	Reference Contact Name	Phone and Email of Reference Contact
1									
2									
3									
4									
5									

Certification of truth of the above Statements, by: \_\_\_\_\_ Title: \_\_\_\_\_



## ENCLOSURE DOCUMENT E

### Virgin Islands Housing Finance Authority

#### *CONFLICT OF INTEREST*

**By signing this form, the Respondent certifies that, to the best of its knowledge and belief, there are no relevant facts or circumstances that could give rise to an organizational or personal conflict of interest, for the organization or any of its staff, and that the Respondent, subcontractor, employee, or consultant has disclosed all such relevant information if such a conflict of interest appears to exist to a reasonable person with knowledge of the relevant facts (or if such a person would question the impartiality of the Respondent, subcontractor, employee, or consultant).**

Conflicts may arise in but not limited to the following situations:

- (a) Unequal access to information. A potential respondent, subcontractor, employee, or consultant has access to non-public information through its performance on a government contract for disaster recovery services in the Virgin Islands.
  - (b) Biased ground rules. A potential respondent, subcontractor, employee, or consultant has worked, in one government contract, or program, on the basic structure or ground rules of another government contract for disaster recovery services in the Virgin Islands.
  - (c) Impaired objectivity. A potential respondent, subcontractor, employee, or consultant, or member of their immediate family (spouse, parent, or child) has financial or other interests that would impair, or give the appearance of impairing, impartial judgment in the evaluation of government programs, in offering advice or recommendations to the government, or in providing technical assistance or other services to recipients of Federal funds as part of its contractual responsibility.
- 1) Proposer must provide the disclosure described above on any actual or potential conflict of interest (or apparent conflict of interest) regardless of their opinion that such a conflict or potential conflict (or apparent conflict of interest) would not impair their objectivity.
  - 2) In a case in which an actual or potential conflict (or apparent conflict of interest) is disclosed, the VIHFA will take appropriate actions to eliminate or address the actual or potential conflict, including but not limited to mitigating or neutralizing the conflict, when appropriate, through such means as ensuring a balance of views, disclosure with the appropriate disclaimers, or by restricting or modifying the work to be performed to avoid or reduce the conflict. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest.
  - 3) The Respondent, subcontractor, employee, or consultant agrees that if “impaired objectivity”, or an actual or potential conflict of interest (or apparent conflict of interest) is discovered after the award is made, it will make a full disclosure in writing to the contracting officer. This disclosure shall include a description of actions that the Proponent has taken or proposes to take to avoid, mitigate, or neutralize the actual or potential conflict (or apparent conflict of interest).

The Respondent, \_\_\_\_\_, hereby certifies that, to the best of its knowledge and belief, there are no present or currently planned interests (financial, contractual, organizational, or otherwise) relating to the work to be performed under the contract or task order resulting from Request for Proposal No. **RFP 003-2019-DR-STT/STX** that would create any actual or potential conflict of interest (or apparent conflicts of interest) (including conflicts of interest for immediate family members: spouses, parents, children) that would impinge on its ability to render impartial, technically sound, and objective assistance or advice or result in it being given an unfair competitive advantage. In this clause, the term “potential conflict” means reasonably foreseeable conflict of interest. The Respondent further certifies that it has and will continue to exercise due diligence in identifying and removing or mitigating, to the VIHFA's satisfaction, such conflict of interest (or apparent conflict of interest).

Name and Title of Authorized Representative

\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **ENCLOSURE DOCUMENT F**

### Virgin Islands Housing Finance Authority

#### ***AUTHORIZATION FOR BACKGROUND CHECK & FINANCIAL INFORMATION***

By signing this Authorization, the Proposer authorizes the Virgin Islands Housing Finance Authority (VIHFA) to seek any background and/or financial information it deems' necessary to evaluate the Respondent's financial capacity in connection to the Request for Proposal (RFP) referenced above.

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Name of Proposer Entity

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Signature of Authorized Representative

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Date

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Printed Name of Authorized Representative

**ENCLOSURE DOCUMENT G**  
**Virgin Islands Housing Finance Authority**  
***PRIOR PERFORMANCE CERTIFICATION***

1. Has the Proposer or any of its Team Members been notified with a “Letter of Concern”, which refers to any written communication from a Government entity notifying the Proposer or any of its Team Members, wariness or caution about the performance under a contract to provide services.
- Yes       No       Other (Specify): \_\_\_\_\_

If yes, provide a copy of every “Letter of Concern” received from and as a contractor of a Government entity.

2. Has the Proposer or any of its Team Members been found in default of contract terms with any contracting entity?
- Yes       No

If yes, indicate below if a Performance Bond or other means was used to resolve the default issue:

Yes       No       Other (Specify): \_\_\_\_\_

Name of Surety Company: \_\_\_\_\_

Telephone of Surety Company: \_\_\_\_\_

Contact Person of Surety Company: \_\_\_\_\_

Provide an explanation regarding the circumstances that created the need for the contracting entity to invoke the terms of the Performance Bond, or other means, to include the current status of the matter (Include additional sheets if necessary).

\_\_\_\_\_  
Proposer Name

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Authorized Representative

**ENCLOSURE DOCUMENT H**  
*BASE BID SHEET*

**CONSTRUCTION MANAGEMENT SERVICES**  
**for the**  
**VIRGIN ISLANDS HOUSING FINANCE AUTHORITY**

The undersigned contractor proposes to furnish all labor, tools, materials, equipment, miscellaneous supplies and incur any other costs as may be required to perform the scopes of work, subject to all the conditions as set forth in the project scope of work.

**Instructions:** For Section 1, the respondent should complete the Number of Staff, Hourly Rate, Estimated Hours per Week and calculate the Estimated Total in the chart below. For Section 2, the respondent should provide one lump sum amount for each of the one time start-up costs. For Section 3, the respondent should provide the weekly or monthly amount as requested, times the corresponding number of weeks or months to provide the estimated total.

Note: If additional Key Personnel roles are submitted as part of the respondent’s proposal, please provide an additional sheet detailing the Position, # of Staff, Hourly Rate, Estimated Hours per Week, and Estimated total based on 100 weeks.

These costs are being provided for purposes of evaluating bids and determining reasonable cost for these items. Depending on the structure of the winning bidder's response, not all costs may ultimately be included in the final contract.

Position	# of Staff	Hourly Rate	Estimated Hours per Week	Estimated Timing	Estimated Total
<b>Section 1</b>					
Construction Manager				100 weeks	
Architecture & Engineering (A&E) Services Manager				100 weeks	
Site Assessment and Inspection Manager				100 weeks	
Inspector				100 weeks	
Document Control / Admin Support				100 weeks	
<b>SUBTOTAL</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Section 2</b>					

<i>Start-up of Operations:</i>	<b>Unit</b>				<b>Estimated Total</b>
Equipment and supplies for on-island offices	1	N/A	N/A	N/A	
Mobilization and office set up of on-island locations	1	N/A	N/A	N/A	
Other Necessary One Time Costs (Please itemize on a separate sheet)	1	N/A	N/A	N/A	
<b>SUBTOTAL – Start-up of Operations</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>Section 3</b>					
<i>Ongoing Expenses</i>	<b>Unit</b>	<b>Rate</b>		<b>Estimated Timing</b>	<b>Estimated Total</b>
Utilities	1		N/A	24 months	
Travel (weekly lump sum)	1		N/A	100 weeks	
Housing (weekly lump sum)	1		N/A	100 weeks	
Per Diem (weekly lump sum)	1		N/A	100 weeks	
Other Necessary Costs (Please itemize on a separate sheet)					
<b>SUBTOTAL – Ongoing Expenses</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	
<b>TOTAL</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	<b>N/A</b>	

**PLEASE PRINT OR TYPE NAME & THEN SIGN BELOW**

**NAME:** \_\_\_\_\_

**TITLE:** \_\_\_\_\_

**COMPANY:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**ATTACHEMENT 1**  
Virgin Islands Housing Finance Authority  
***ENCLOSURE CHECKLIST***

**RFP 003-2019-DR-STT/STX**  
**Construction Management Services**

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**Proposer:**

**Date:**

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	Enclosure Document A Non-Collusive Affidavit
	Enclosure Document B Debarment Certification Form
	Enclosure Document C Contract Document Checklist Form
	Enclosure Document D Contractor's Qualification Statement Form
	Enclosure Document E Conflict of Interest
	Enclosure Document F Authorization for Background Check & Financial
	Enclosure Document G Prior Performance Certification
	Enclosure Document H Bid Sheet

**ATTACHEMENT 2**  
Virgin Islands Housing Finance Authority  
**FORM FOR SUBMISSION OF INQUIRIES**

**RFP 003-2019-DR-STT/STX**  
**Construction Management Services**

*Submit additional sheets of this Form for Submission of Inquiries if more than 10 questions are to be submitted*

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**Proposer:**

**Date:**

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<b>No. Question</b>	<b>RFP Section or Document</b>	<b>RFP or Document Page No.</b>
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

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