

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

Certification Regarding Debarment, Suspension and Ineligibility

- (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

Signature

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 (Provide Supporting 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 (Provide Supporting Documents)

Expiration date: _____ / _____ /20_____

Type of business license: _____

3. ___ Employer Identification Number (EIN/ SSN): _____

4. ___ DUNS: _____

5. ___ Insurance Binder Expiration date: _____ / _____ /20_____

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 CDBG-DR Director and approval by Chief Operating Officer & Executive Director.

CDBG-DR Staff Final Review Date: ___ / ___ /20_____

Date Submitted by CDBG-DR ___ / ___ /20_____

Outstanding Issues: _____

CDBG-DR Director: _____ Date approved: _____

Legal Counsel: _____ Date approved: _____

Date Submitted to Executive Director for Contract Approval: ___ / ___ /20 _ _

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 Hazard Mitigation Plans completed in the last 5 Years _____, Average value of these Contracts \$ _____

Number of Electrical Grid Plans completed in the last 5 Years _____, Average value of these Contracts \$ _____

Number of CDBG-DR Action Plans 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)

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

List the **Subcontractors** you will utilize: _____

Certification of truth of the above Statements, by: _____

Title: _____

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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 00X-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.

Name of Proposer Entity

Signature of Authorized Representative

Date

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

DEVELOPMENT OF ACTION PLAN(S)

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 Sections 1 and 2, 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 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 Personnel roles are submitted as part of the respondent’s proposal, please provide an additional sheet detailing the Position, # of Staff, Hourly Rate, and Estimated Hours per Week..

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.

Section 1 - Development Phase					
Position	# of Staff	Hourly Rate	Estimated Hours per Week	Estimated Timing	Estimated Total
Project Manager					
Hazard Mitigation Planner					
Engineer (as needed)					
Planning and Policy Support					
Environmental Specialist					
Infrastructure Specialist					
Other Personnel (Please itemize on a separate sheet)					
SUBTOTAL	N/A	N/A	N/A	N/A	

Section 2 – Coordination/Implementation Phase					
Position	# of Staff	Hourly Rate	Estimated Hours per Week	Estimated Timing	Estimated Total
Project Manager					
Hazard Mitigation Planner					
Engineer (as needed)					
Planning and Policy Support					
Environmental Specialist					
Infrastructure Specialist					
Other Personnel (Please itemize on a separate sheet)					
SUBTOTAL	N/A	N/A	N/A	N/A	
Section 3					
<i>Ongoing Expenses</i>	Unit	Rate		Estimated Timing	Estimated Total
Travel (weekly lump sum)	1		N/A		
Housing (weekly lump sum)	1		N/A		
Per Diem (weekly lump sum)	1		N/A		
Other Necessary Costs (Please itemize on a separate sheet)	1		N/A		
SUBTOTAL – Ongoing Expenses	N/A	N/A	N/A	N/A	
TOTAL	N/A	N/A	N/A	N/A	

PLEASE PRINT OR TYPE NAME & THEN SIGN BELOW

NAME: _____

TITLE: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

ATTACHMENT 1
Virgin Islands Housing Finance Authority
ENCLOSURE CHECKLIST

RFP 00X-2019-DR-STT/STX
Development of Action Plan(s)

Proposer:

Date:

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

ATTACHMENT 2
Virgin Islands Housing Finance Authority
FORM FOR SUBMISSION OF INQUIRIES

RFP 00X-2019-DR-STT/STX
Development of Action Plan(s)

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

Proposer:

Date:

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