

City of Greenville
REQUEST for QUALIFICATIONS

TITLE: **On-Call CEI and Construction Materials Testing Services**
ISSUE DATE: **February 18, 2019**
SUBMITTAL DEADLINE: **March 7, 2019**
ISSUING AGENCY: **City of Greenville**

SYNOPSIS

SUBCONSULTANTS ARE PERMITTED UNDER THIS CONTRACT.

This RFQ is to solicit responses from qualified firms interested in providing professional consulting services for construction administration, engineering, inspection, and materials testing services (CEI) to facilitate completion of City funded projects. These projects may include:

- **2019 Street Resurfacing**
- **2020 Street Resurfacing**
- **Stormwater Infrastructure Repairs**
- **Greenville Blvd Sidewalk**

All personnel performing inspection and/or testing services shall have appropriate certifications that are current with NCDOT.

Responses shall be received **By Mail or Hand Delivery no later than 4:00 P.M. on Thursday, March 7, 2019.**

The address for mailings and hand deliveries is:
City of Greenville Public Works Department
1500 Beatty Street, Greenville, NC 27834
Attn: Mr. Lynn Raynor, PE

Responses received after this deadline will not be considered.

Except as provided below, any firm wishing to be considered must be properly registered with the Office of the Secretary of State and with the North Carolina Board of Examiners for Engineers and Surveyors. Any firm proposing to use corporate subsidiaries or subcontractors must include a statement that these companies are properly registered with the North Carolina

Board of Examiners for Engineers and Surveyors and/or the NC Board for Licensing of Geologists. The Engineers performing the work and in responsible charge of the work must be registered Professional Engineers in the State of North Carolina and must have a good ethical and professional standing. It will be the responsibility of the selected private firm to verify the registration of any corporate subsidiary or subcontractor prior to submitting a Letter of Interest. Firms which are not providing engineering services need not be registered with the North Carolina Board of Examiners for Engineers and Surveyors. Some of the services being solicited may not require a license. It is the responsibility of each firm to adhere to all laws of the State of North Carolina.

The firm must have the financial ability to undertake the work and assume the liability. The selected firm(s) will be required to furnish proof of Professional Liability insurance coverage in the minimum amount of \$1,000,000.00. The firm(s) must have an adequate accounting system to identify costs chargeable to the project.

SCOPE OF WORK

The table below identifies anticipated tasks and the associated deliverables.

SERVICE	FUNCTION	BENEFIT	DELIVERABLES
Construction Phase Services			
Pre-construction Conference	Outline project specifics. Inform contractor of project administration procedures.	Establish ground rules and responsibilities.	Agenda and Meeting Minutes.
Management Information System (MIS)	Implement system for organizing, tracking, filing, and managing paper/electronic correspondence including letters, information requests, submittals, contracts, reports, O&M manuals, progress payments, and change orders, etc.	Better record keeping. Improved claim resolution capabilities.	Paper files, Digital files, and Correspondence logs.
Review Traffic Control Plans	Review contractor's plans for detours, shutdowns and access for emergency vehicles.	Traffic control plans provide adequate traffic management and make provisions for contingencies.	Review of traffic control plan for conformance to approved plans.
Review Material Submittals	Review and approve contractor's submittals for materials in accordance with NCDOT policies and procedures.	Quick response time.	Approved submittals.
Inspections and Reports	Inspect contractor's work in accordance with NCDOT/FHWA standards and procedures. Prepare all reports, including daily inspection and materials received reports	Ensures compliance with NCDOT approved plans and specifications. Documents progression of work, pay items, potential delays.	Daily inspection reports. Documentation of daily pay quantities. Materials Received Reports.
Bi-Weekly Meetings	Conduct bi-weekly meetings to	Maintains dialogue between	Agenda Meeting Minutes.

	discuss schedule, current, and past issues.	team members.	
Issues Management	Analyze issues, seek appropriate advice, and provide recommendations.	Provides solutions to actual conditions found in field. Minimizes delays.	Design clarifications. Recommendation and preparation of contract change orders.
Schedule	Monitor contractor's schedule weekly. Notify parties of actual or potential deviation from schedule. Work with project team to correct noncompliance with schedule.	Better project coordination. Fewer delays. Fewer time related disputes.	Schedule reports and recommendations.
Cost Control	Monitor project funding. Monitor project budgets. Review contract item payments, material quantities, and change order payments.	Effective use of funds. Early warning of potential funding problems.	Budget reports and cost estimate reviews
Change Orders	Review potential change orders for contractual and technical merit. Prepare independent cost estimate and schedule analysis of work. Provide recommendation and prepare change orders for execution. Keep the City apprised of impact of cumulative change orders on budget and contract time.	Change orders reflect fair price for added or deleted work.	Independent cost estimates. Recommendation with change orders ready for execution. Change order summary reports
Dispute Resolution	Make recommendations and implement procedures for reducing the likelihood of disputes and claims. Assist in the resolution of disputes.	Disputes are avoided or resolved quickly.	Dispute avoidance procedures and recommendations.
Construction Materials Testing and Reports	Test all construction materials, including but not limited to, asphalt, concrete, and borrow excavation, per NCDOT requirements and prepare associated reports.	Ensure compliance with NCDOT testing frequencies and minimums.	Test results and reports.

PROPOSED ON-CALL CONTRACT TIME: Two Years.

PROPOSED NOT-TO-EXCEED CONTRACT AMOUNT: \$750,000

SUBMITTAL REQUIREMENTS

All responses are limited to **twelve (12)** pages (resumes of the proposed team and MWBE forms are not included in the page count) inclusive of the cover sheet, and shall be typed on 8-1/2" x 11" sheets, single-spaced, one-sided.

Fold out pages are not allowed. In order to reduce costs and to facilitate recycling; binders, dividers, tabs, etc. are prohibited. One staple in the upper left-hand corner is preferred.

Responses containing more than twelve (12) pages will not be considered.

Four (4) total hard copies and one (1) electronic copy on CD in searchable PDF format of the response should be submitted.

Firms submitting responses are encouraged to carefully check them for conformance to the requirements stated above. If responses do not meet ALL of these requirements they will be disqualified. No exception will be granted.

SELECTION PROCESS

Following is a general description of the selection process:

- The City's Selection Committee will review all qualifying responses and determine the need to short-list firms for interviews.
- If appropriate, the Selection Committee will notify short-listed firms and schedule interviews. If interviews are not necessary, selected firm(s) will be notified
- For Limited Services Contracts (On-Call type contracts), the City's Selection Committee MAY, at its discretion, choose any number of firms to provide the services being solicited.
- In order to be considered for selection, consultants must submit a complete response to this RFQ prior to the specified deadline. Failure to submit all information in a timely manner will result in disqualification.

MWBE PARTICIPATION

It is the policy of the City of Greenville to provide minorities and women equal opportunity for participating in all aspects of the City's contracting and procurement programs, including but not limited to, construction projects, supplies and materials purchase, and professional and personal service contracts. In accordance with this policy, the City has adopted a Minority and Women Business Enterprise (MWBE) Plan and subsequent program, outlining verifiable goals.

The City has established a 4% Minority Business Enterprise (MBE) and 4% Women Business Enterprise (WBE) goal for participation of MWBE firms in supplying goods and

services for the completion of this project. All firms submitting qualifications and/or proposals agree to employ “good faith efforts” towards achieving these goals and supply other information as requested in the “MWBE Professional Services Forms” included in Appendix. **Failure to complete the MWBE forms may be cause to deem the submittal nonresponsive.**

Questions regarding the City’s MWBE Program should be directed to the MWBE Office at (252) 329-4462.

Equal Employment Opportunity Clause

The City has adopted an Equal Employment Opportunity Clause, which is incorporated into all specifications, purchase orders, and contracts, whereby a vendor agrees not to discriminate against any employee or applicant for employment on the basis of race, color, religion, sex, national origin or ancestry. By submitting qualifications and/or proposals, the firm is attesting that they are an Equal Opportunity Employer.

Federal law (Rehabilitation Act and ADA) prohibits handicapped discrimination by all governmental units. By submitting a proposal, the vendor is attesting to its policy of nondiscrimination regarding the handicapped.

See Appendix A for a copy of the MWBE Professional Services Forms to include in proposal.

SELECTION CRITERIA

All qualified firms who submit responsive proposals will be considered.

In selecting a firm/team, the selection committee will take into consideration qualification information including such factors as:

1. **Completeness of Response to RFQ (10%)**
2. **Applicable Previous Experience of firm or team proposed (35%).**
3. **Qualifications of individuals proposed for the duties (30%).**
4. **Project Management Methods or Processes proposed (25%).**

SUBMISSION ORGANIZATION AND INFORMATION REQUIREMENTS

The submission must include the name, address, telephone number, and e-mail address of the prime consultant's contact person for this RFQ.

The response must also include the information outlined below:

Chapter 1 - Introduction

The Introduction should demonstrate the consultant's overall qualifications to fulfill the requirements of the scope of work and should contain the following elements of information:

- Expression of firm's interest in the work;
- Statement of whether firm is on register;
- Date of most recent private engineering firm qualification;
- Statement regarding firm's(') possible conflict of interest for the work; and
- Summation of information contained in the letter of interest.

Chapter 2 - Team Qualifications

This chapter should elaborate on the general information presented in the introduction, to establish the credentials and experience of the consultant to undertake this type of effort. The following must be included:

1. Identify recent, similar projects the firm, acting as the prime contractor, has conducted which demonstrates its ability to conduct and manage the project. Provide a synopsis of each project and include the date completed, and contact person.
2. If subconsultants are involved, provide corresponding information describing their qualifications as requested in bullet number 1 above.

Chapter 3 - Team Experience

This chapter must provide the names, classifications, and location of the firm's North Carolina employees and resources to be assigned to the advertised work; and the professional credentials and experience of the persons assigned to the project, along with any unique qualifications of key personnel. Although standard personnel resumes may be included, identify pertinent team experience to be applied to this project. Specifically, the City is interested in the experience, expertise, and total quality of the consultant's proposed team. If principals of the firm will not be actively involved in the study/contract/project, do not list them. The submittal shall clearly indicate the Consultant's Project Manager, other key Team Members and his/her qualifications for the proposed work. Also, include the team's organization chart for the Project / Plan. A Capacity Chart / Graph (available work force) should also be included. Any other pertinent information should also be listed in this section.

Note: If a project team or subconsultant encounters personnel changes, or any other changes of significance dealing with the company, the City should be notified immediately.

Chapter 4 - Project Management Methods and Technical Approach

The consultant shall provide information on its understanding of, and approach to accomplish, this project, including their envisioned scope for the work and any innovative ideas/approaches.

APPENDICES- Resumes and MWBE forms

All submissions, correspondence, and questions concerning this RFQ should be directed to **Mr. Lynn Raynor, PE** at lraynor@greenvillenc.gov or **252-329-4620**.

Responses to questions regarding this RFQ that are considered pertinent to all interested parties will be issued in the form of an addendum. Interested parties should send a request, by email only, to the person listed above to be placed on a public correspondence list to ensure future updates regarding the RFQ or other project information can be conveyed. Questions must be submitted to the person listed above no later than March 1, 2019.

SUBMISSION SCHEDULE AND KEY DATES

RFQ Release – **February 18, 2019**

Deadline for RFQ Response Submission – **March 7, 2019**

Anticipated Firm Selection and Notification ** - **March 22, 2019**

Anticipated Notice to Proceed – **May 2019**

** Notification will **ONLY** be sent to the selected firm.

Appendix A

**City of Greenville/Greenville Utilities Commission
Minority and Women Business Enterprise Program**

**City of Greenville
MWBE Guidelines for Professional Service On-Call Contracts
\$50,000 and above**

These instructions shall be included with each bid solicitation.

City of Greenville/Greenville Utilities Commission Minority and Women Business Enterprise Program

MWBE Guidelines for Professional Service Contracts \$50,000 and above

Policy Statement

It is the policy of the City of Greenville and Greenville Utilities Commission to provide minorities and women equal opportunity for participating in all aspects of the City's and Utilities' contracting and procurement programs, including but not limited to, construction projects, supplies and materials purchases, and professional and personal service contracts.

Goals and Good Faith Efforts

Service providers responding to this solicitation shall comply with the MWBE program by making Good Faith Efforts to achieve the following aspirational goals for participation.

	CITY	
	MBE	WBE
Professional Services	4%	4%

Submitters shall submit MWBE information with their submissions on the forms provided. This information will be subject to verification by the City prior to contract award. **As of July 1, 2009, contractors, subcontractors, suppliers, service providers, or MWBE members of joint ventures intended to satisfy City MWBE goals shall be certified by the NC Office of Historically Underutilized Businesses (NC HUB) only.** Firms qualifying as "WBE" for the City's goals must be designated as a "women-owned business" by the HUB Office. Firms qualifying as "MBE" for the City's goals must be certified in one of the other categories (i.e.: Black, Hispanic, Asian American, American Indian, Disabled, or Socially and Economically Disadvantaged). According to new Statewide Uniform Certification (SWUC) Guidelines, ethnicity supersedes gender; therefore, firms who are certified as both a "WBE" and "MBE" will satisfy the "MBE" category only. **Each goal must be met separately. Exceeding one goal does not satisfy requirements for the other.**

The City shall accept NCDOT certified firms on federally funded projects only.

Please note: A service provider may utilize any firm desired. However, for participation purposes, all MWBE firms who wish to do business *as a minority* must be certified by NC HUB. A complete database of NC HUB certified firms may be found at <http://www.doa.nc.gov/hub/>

Instructions

The submitter shall provide the following forms:

☐ FORM 1—Sub-Service Provider Utilization Plan

This form provides the amount of sub-contracted work proposed for the project and subsequent task orders for MWBE firms according to needed discipline and anticipated task order. This proposed participation is based on the current scope of work for each anticipated task and discipline required. Submitter must turn in this form with submission. If the submitter does not customarily subcontract elements of this type of project, do not complete this form. Instead complete FORM 2.

☐ FORM 2--Statement of Intent to Perform work without Sub-Service Providers

This form provides that the submitter does not customarily subcontract work on this type of project.

☐ Sub-Service Provider Utilization Commitment

Submitted by the selected service provider for each task order, this form lists the MWBE firms committed to participate on this order. This commitment will reflect any changes in the Plan due to adjustments in project scope.

NOTE: A firm is expected to maintain the level of participation listed in FORM 1 for each task order and firm used to satisfy required discipline in the – Sub-Service Provider Utilization Plan – unless there is a negotiated change in the service required by the City. A firm is also encouraged to increase MWBE participation in the Utilization Commitment as a result of ongoing Good Faith Efforts.

☐ Proof of Payment Certification

Proof of payment must be submitted by the selected service provider with each payment application, listing payments made to sub-consultants. This form is not provided with the submission.

In addition to the forms provided above, each service provider must provide a discussion of its diverse business policies and procedures to include the good faith efforts it employed to utilize minority and women-owned firms on this project. This discussion must include:

- 1. Outreach efforts that were employed by the firm to maximize the utilization of MWBE's.*
- 2. A history of MWBE firms used on similar projects; and*
- 3. The percentage participation of MWBE firms on these projects.*

NOTE: Those service providers submitting FORM 2 should discuss and provide documentation to justify 100% performance without the use of sub-consultants (both majority and minority) per the statements of the form.

Minimum Compliance Requirements: All written statements, signed forms, or intentions made by the Submitter shall become a part of the agreement between the Submitter and the City for performance of contracts. Failure to comply with any of these statements, signed forms, or intentions or with the minority business guidelines shall constitute a breach of the contract. A finding by the City that any information submitted (either prior to award of the contract or during the performance of the contract) is inaccurate, false, or incomplete, shall also constitute a breach of the contract. Any such breach may result in termination of the contract in accordance with the termination provisions contained in the contract. It shall be solely at the option of the City whether to terminate the contract for breach or not. In determining whether a Submitter has made Good Faith Efforts, the City will evaluate all efforts made by the Submitter and will determine compliance in regard to quantity, intensity, and results of these efforts.

Sub-Service Provider Utilization Plan FORM 1

(Must be included with submission if subcontracting any portion of work)

We _____, do certify that on the
(Company Name)
_____ we will seek to contract with certified MBE firms
(Project Name)
and WBE firms as task orders permit through this contract.

Name, Address, & Phone Number of Sub-Service Provider	*MWBE Category	Work description

*Minority categories: Black, African American (**B**), Hispanic or Latino (**L**), Asian American (**A**) American Indian (**I**), Female (**F**) Socially and Economically Disadvantaged (**S**) Disabled (**D**)

The undersigned intends to enter into a formal agreement with MWBE firms for work listed in this schedule conditional upon execution of a contract with the current scope proposed by the Owner.

The undersigned hereby certifies that he/she has read the terms of this agreement and is authorized to bind the submitter to the agreement herein set forth.

Date: _____

Name & Title of Authorized Representative _____

Signature of Authorized Representative _____

Statement of Intent to Perform work without Sub-Service Providers FORM 2

(Must be included with submission if not subcontracting any portion of work)

We, _____, hereby certify that it is our
intent to perform **100% of the work required** for the _____ contract.
(Project Name)

In making this certification, the Proposer states the following:

- i. It is a normal and customary practice of the Proposer to perform all elements of this type of contract with its own workforce and without the use of sub-consultants. *The Proposer has substantiated this by providing documentation of at least three (3) other projects within the last five (5) years on which they have done so.*
☐ **Check box to indicate documentation is attached.**
- ii. The Proposer has a valid business reason for self-performing all work on the Contract as opposed to subcontracting with a MWBE. The Proposal must describe the valid business reason for self-performing, and the Proposer must submit with its Bid or Proposal documentation sufficient to demonstrate to the Authority reasonable satisfaction the validity of such assertions.
☐ **Check box to indicate documentation is attached.**
- iii. If it should become necessary to subcontract some portion of the work at a later date, the Proposer will notify the City and institute good faith efforts to comply with all requirements of the MWBE program in providing equal opportunities to MWBEs to subcontract the work. **The firm will also submit a Request to Change MWBE Participation Form (even if the final sub-consultant is not MWBE).**

The undersigned hereby certifies that he or she has read the terms of this certification and is authorized to bind the Proposer in accordance herewith.

Date: _____

Name & Title of Authorized Representative _____

Signature of Authorized Representative _____

Sub-Service Provider Utilization Commitment

(Must be submitted with each task order)

We _____, do certify that on the
(Company Name)
_____ we will expend a minimum of _____ %
(Project Name)

of the total dollar amount of the contract with certified **MBE** firms and a minimum of _____ % of the total dollar amount of the work with **WBE**.

Name, Address, & Phone Number of Sub-Service Provider	*MWBE Category	Work description	% of Work

*Minority categories: Black, African American (**B**), Hispanic or Latino (**L**), Asian American (**A**) American Indian (**I**), Female (**F**) Socially and Economically Disadvantaged (**S**) Disabled (**D**)

The undersigned will enter into a formal agreement with MWBE firms for work listed in this schedule. Failure to fulfill this commitment may constitute a breach of contract.

The undersigned hereby certifies that he/she has read the terms of this commitment and is authorized to bind the submitter to the commitment herein set forth.

Date: _____

Name & Title of Authorized Representative _____

Signature of Authorized Representative _____

REQUEST TO CHANGE MWBE PARTICIPATION

(Submit changes only if recipient of intent to award letter, continuing through project completion.)

Project: _____

Bidder or Prime Consultant: _____

Name & Title of Authorized Representative: _____

Address: _____ Phone #: _____

_____ Email Address: _____

Original Total Contract Amount: \$ _____

Total Contract Amount (including approved change orders or amendments): \$ _____

Will this request change the dollar amount of the contract? ☐ Yes ☐ No

If yes, give the total contract amount including change orders and proposed change: \$ _____

The proposed request will do the following to overall MWBE participation (please check one):

☐ Increase ☐ Decrease ☐ No Change

Name of sub-consultant: _____

Service provided: _____

Proposed Action:

____ Replace sub-consultant

____ Perform work in-house

For the above actions, you must provide one of the following reasons (Please check applicable reason):

____ The listed MBE/WBE, after having had a reasonable opportunity to do so, fails or refuses to execute a written contract.

____ The listed MBE/WBE is bankrupt or insolvent.

____ The listed MBE/WBE fails or refuses to perform his/her subcontract or furnish the listed materials.

____ The work performed by the listed sub-consultant is unsatisfactory according to industry standards and is not in accordance with the plans and specifications; or the sub-consultant is substantially delaying or disrupting the progress of the work.

If replacing sub-consultant:

Name of replacement sub-consultant: _____

Is the sub-consultant a certified MWBE? ___ Yes ___ No

If no, please attach documentation of outreach efforts employed by the firm to utilize an MWBE.

Dollar amount of original consultant contract \$ _____

Dollar amount of amended consultant contract \$ _____

Other Proposed Action:

___ Increase total dollar amount of work

___ Add as an additional sub-consultant*

___ Decrease total dollar amount of work

___ Other

Please describe reason for requested action: _____

**If adding additional sub-consultant:*

Is the sub-consultant a certified MWBE? ___ Yes ___ No

If no, please attach documentation of outreach efforts employed by the firm to utilize an MWBE.

Dollar amount of original consultant contract \$ _____

Dollar amount of amended consultant contract \$ _____

Interoffice Use Only:

Approval ___ Y ___ N

Date _____

Signature _____

Pay Application No. _____

Purchase Order No. _____

Proof of Payment Certification
MWBE Contractors, Suppliers, Service Providers

Project Name: _____

Prime Service Provider: _____

Current Contract Amount (including change orders): \$ _____

Requested Payment Amount for this Period: \$ _____

Is this the final payment? ___Yes ___No

Firm Name	MWBE Category*	Total Amount Paid from this Pay Request	Total Contract Amount	Total Amount Remaining

*Minority categories: Black, African American (**B**), Hispanic or Latino (**L**), Asian American (**A**) American Indian (**I**), Female (**F**) Socially and Economically Disadvantaged (**S**) Disabled (**D**)

Date: _____

Certified By: _____
Name

Title

Signature