



**Housing Authority of the Cherokee Nation**  
1500 Hensley Drive  
P.O. Box 1007  
Tahlequah, OK 74465-1007  
Phone 918-456-5482



**REQUEST FOR PROPOSALS  
LEGAL SERVICES, REAL ESTATES  
2025-001-070**

The Housing Authority of the Cherokee Nation of Oklahoma (HACN) is accepting proposals from qualified Law Firms to provide Legal Services related to matters of Real Estates transactions at the Housing Authority of the Cherokee Nation of Oklahoma.

Information necessary for submission of proposals may be picked up at the Housing Authority of the Cherokee Nation, Procurement Department at 1200 W. 4<sup>th</sup> Street, Tahlequah, OK 74464 between the hours of 7:00 A.M. to 4:00 P.M., Monday through Friday or, you may call Baylee Scott, at 1-539-635-0469, if you would like to request that a packet be mailed to you. You may also request an e-mail copy from Baylee Scott at [baylee.scott@hacn.org](mailto:baylee.scott@hacn.org) or online at [www.cherokeebids.com](http://www.cherokeebids.com).

Proposals may be mailed to the Housing Authority of the Cherokee Nation of Oklahoma, P.O. Box 1007, Tahlequah, Oklahoma, 74465-1007, Attn: Baylee Scott, Procurement Department or hand delivered to 1200 W. 4<sup>th</sup> Street., Tahlequah, Oklahoma 74464. Proposals must be received on or before **September 19, 2025 at 5 PM.** No proposal will be accepted after the specified deadline. Proposals must be clearly marked, "**PROPOSAL FOR QUALIFICATIONS, LEGAL SERVICES, REAL ESTATES, DO NOT OPEN.**" It is the offeror's responsibility to ensure delivery by **September 19, 2025.**

Proposals will be accepted from Tribal, Indian, and Non-Indian Offerors. Tribal and Indian preferences will be given ONLY to offerors who provide current certification from the Tribal Employment Rights Office (TERO) located at the Cherokee Nation of Oklahoma, P. O. Box 948, Tahlequah, Oklahoma, 74465 - telephone number (918) 453-5000. Failure to submit the TERO certification with the proposal, or within three (3) days of the deadline, may result in denial of Indian Preference. This contract is subject to Section 7(b) of the Indian Self-Determination and Education Assistance Act, which requires in part that to the greatest extent feasible, preference in the award of contracts and subcontracts shall be given to Indian Organizations and Indian Owned Economic Enterprises.

The Housing Authority of the Cherokee Nation reserves the right to determine a proposal acceptable in terms of meeting RFP requirements. The HACN reserves the right to accept or reject any and all proposals received and may negotiate with offeror(s) regarding the terms of their proposals or parts thereof. The Housing Authority of the Cherokee Nation reserves the right to award a contract(s) for proposals that are in the best interest of the HACN, including but not limited to the total cost and capability of the offeror. The HACN may award contracts to more than one offeror.

## STATEMENT OF WORK

### **OBJECTIVE**

The Housing Authority of the Cherokee Nation of Oklahoma is soliciting proposals from Law Firms interested in providing Legal Services relates to Real Estate transaction for the Housing Authority. The successful offeror(s) will be required to enter into a contract with the Housing Authority of the Cherokee Nation to provide said services and beginning within approximately 1 day of contract signing. This will be for a one-year engagement with the option to renew annually for two additional years.

### **SCOPE OF WORK**

The Contractor will be required to provide the following:

- Legal services related to real estate transactions, including but not limited to:
  - File review
  - Title Search
  - Deed preparation
  - Probate
  - Quite Title
  - Title Opinion

### **PROPOSAL EVALUATION**

Each responsive proposal will be individually evaluated on the information and documentation provided in the proposal in accordance with the evaluation factors contained in this RFP. Proposals will be evaluated on the firm's administrative technical merits, qualifications, experience, ability to meet required schedules, prices and Tribal/Indian Preference. After scores have been completed, negotiations will be conducted as deemed necessary by the HACN.

## Additional Instructions to Offerors

1. Offerors must submit an original and two copies of their qualifications to:

The Housing Authority of the Cherokee Nation  
ATTN: Baylee Scott  
P.O. Box 1007  
Tahlequah, OK 74465

Or they may be hand delivered to:  
1200 W. 4<sup>th</sup> Street

2. All costs in connection with the preparation and submission of proposals shall be paid by the offeror.
3. It is the intention of the HACN to make this RFP, the successful offeror's proposal, and any written correspondence a part of the contract.
4. The Housing Authority of the Cherokee Nation reserves the right to determine a proposal acceptable in terms of meeting RFP requirements. The Housing Authority reserves the right to accept or reject any and all proposals received and may negotiate with offerors regarding the terms of their proposals, final contract, or parts thereof. The Housing Authority of the Cherokee Nation reserves the right to award a contract for proposals that are in the best interest of the Housing Authority of the Cherokee Nation.
5. The proposal shall contain all required attachments, forms and documentation as outlined in the solicitation documents.

## EVALUATION FACTORS

All proposals will be evaluated individually on their administrative technical merits.

Offeror must provide a general summary of the items requested below and the names and contact information of 3 references that may be contacted for references.

Rating factors and their values are as follows:

- 1. Ability to perform the work** **MAX: 20 points**  
Provide evidence of the firm's ability to perform the work as indicated by profiles of the principals, the staff's professional and technical competence and experience in real estate transaction matters. To obtain the maximum points the offeror should provide evidence they specialize in real estate law.
- 2. Previous participation in cases that the offeror has provided in the area of real estate transactions and real estate law.** **MAX: 20 points**  
Provide evidence showing offeror has provided legal counsel on real estate transaction matters, including review and deed preparation. Include the number of years in related areas of expertise.
- 3. Credentials and insurance** **MAX: 10 points**  
Provide evidence that the offeror has the necessary credentials to perform legal work in the state of Oklahoma. Provide proof of Errors and Omission/Liability insurance.
- 4. Previous participation with Indian Housing Authorities or Indian Tribes.** **MAX: 15 points**  
Documentation provided to show previous participation with Indian Tribes or Indian Housing Authorities.
- 5. Cost per hour** **MAX: 25 points**  
Provide documentation on the cost per hour or any other proposed pricing.
- 6. Indian Preference** **MAX: 10 points**  
Proposal includes current TERO certification or letter (5 points)  
Proposal includes current TERO certification or letter as Cherokee owned (10 points)

Total Points	100 points
--------------	------------

## **PREPARATION OUTLINE**

- I. Attachments (*these must be submitted with proposals to be considered responsive) all other documents required for the purpose of obtaining points during the evaluation process are the responsibility of the offeror.*
  - a. Preparation Outline
  - b. Offeror's Proposal
  - c. HACN Work History form and HUD 2530 Previous Participation
  - d. Non-Collusive Affidavit
- III. To receive Indian preference, offerors must submit with the proposal, or within 3 days of deadline:
  - a. Indian Preference - a current TERO Certificate or letter as Cherokee Owned
- III. Documents the successful offeror will be required to complete and submit:
  - a. W-9 form (provided by HACN)
  - b. New contractors must complete a Vendor Registration form (provided by HACN)

### **SPECIAL INSTRUCTIONS**

\*\*Be advised that all responsive proposals will be evaluated as outlined in this solicitation packet.

---

Authorized Signature/Title

---

Company Name

---

Contact Phone Number(s)

---

Date

## Housing Authority of the Cherokee Nation PREVIOUS WORK HISTORY FORM

**NOTE:** This form is a required submission from each bidder/officer and is the HACN's documentation to determine responsible bidders/officers. In the spaces below complete all information requested, providing all telephone number's and any available facsimile numbers for all employers, companies and vendor listed. In the disclosure space enter any defaults, assignments or foreclosures.

Employer/Company Name, Address, Phone/Fax	Contract Amount	Amt. & Size of Units	Describe type of work performed/completed - provide begin & completion dates	Disclosures	Contractor's current & previous vendors - give address & phone/fax

Please attach additional sheets as required to sufficiently provide a minimum of 3 years work history

**US Department of Housing and Urban Development**  
Office of Housing/Federal Housing Commissioner

**US Department of Agriculture**  
Farmers Home Administration

**Part I to be completed by Controlling Participant(s) of Covered Projects**

*(See instructions)*

Reason for submission:

1. Agency name and City where the application is filed

3. Loan or Contract amount \$	4. Number of Units or Beds
-------------------------------	----------------------------

**7. List all proposed Controlling Participants and attach complete organization chart for all organizations showing ownership %**

Name and address (Last, First, Middle Initial) of controlling participant(s) proposing to participate

**For HUD HQ/FmHA use only**

1. Agency name and City where the application is filed	2. Project Name, Project Number, City and Zip Code
3. Loan or Contract amount \$	4. Number of Units or Beds
5. Section of Act	6. Type of Project (check one) <input type="checkbox"/> Existing <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Proposed (New)
7. Role of Each Principal in Project	8. Role of Each Principal in Project
9. SSN or IRS Employer Number (TIN)	

1. Schedule A contains a listing, for the last ten years, of every project assisted or insured by HUD, USDA FmHA and/or State and local government housing finance agencies in which the controlling participant(s) have participated or are now participating.
2. For the period beginning 10 years prior to the date of this certification, and except as shown on the certification:
  - a. No mortgage on a project listed has ever been in default, assigned to the Government or foreclosed, nor has it received mortgage relief from the mortgagee;
  - b. The controlling participants have no defaults on noncompliance under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project;
  - c. There are no known unresolved findings as a result of HUD audits, management reviews or other Governmental investigations concerning the controlling participants or their projects;
  - d. There has not been a suspension or termination of payments under any HUD assistance contract due to the controlling participant's fault or negligence;
  - e. The controlling participants have not been convicted of a felony and are not presently the subject of a complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
  - f. The controlling participants have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency;
  - g. The controlling participants have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond;
  - h. All the names of the controlling participants who propose to participate in this project are listed above.
4. None of the controlling participants is a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part 0 and USDA's Standard of Conduct in 7 C.F.R. Part 0 Subpart B.
5. None of the controlling participants is a participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification, have not been filed with HUD or FmHA.
6. None of the controlling participants have been found by HUD or FmHA to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105(a). (If any controlling participants have been found to be in noncompliance with any requirements, attach a signed statement explaining the relevant facts, circumstances, and resolution, if any).
7. None of the controlling participants is a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.
8. Statements above (if any) to which the controlling participant(s) cannot certify have been deleted by striking through the words with a pen, and the controlling participant(s) have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances.

I/We, the undersigned, certify under penalty of perjury that the information provided above is true and correct. **WARNING:** Anyone who knowingly submits a false claim or makes a false statement is subject to criminal and/or civil penalties, including confinement for up to 5 years, fines, and civil and administrative penalties. (18 U.S.C. §§ 287, 1001, 1010, 1012, 1014; 31 U.S.C. §3729, 3802).

Name of Controlling Participant	Signature of Controlling Participant	Certification Date (mm/dd/yyyy)	Area Code and Tel. No.

This form prepared by (print name)

## Previous Participation Certification

OMB Approval No. 2502-0118

(Exp. 01/31/2026)

**Schedule A: List of Previous Projects and Section 8 Contracts.** Below is a complete list of the controlling participants' previous participation projects and participation history in covered projects as per 24 CFR, part 200 §200.214 and multifamily Housing programs of FmHA, State and local Housing Finance Agencies, if applicable. **Note:** Read and follow the instruction sheet carefully. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If no previous projects, write by your name, "No previous participation, First Experience".

1. Controlling Participants' Name (Last, First)	2. List of previous projects (Project name, project ID and, Govt. agency involved)	3. List Participants' Role(s) (indicate dates participated, and if fee or identity of interest participant)	4. Status of loan (current, defaulted, assigned, foreclosed)	5. Was the Project ever in default during your participation Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain	6. Last MOR rating and Physical Insp. Score and date

## Part II- For HUD Internal Processing Only

Received and checked by me for accuracy and completeness; recommend approval or refer to Headquarters after checking appropriate box.

Date (mm/dd/yyyy)	Tel No. and area code	<input type="checkbox"/> A. No adverse information; form HUD-2530 approval recommended.		
Staff	Processing and Control	<input type="checkbox"/> B. Name match in system		
Signature of authorized reviewer	Signature of authorized reviewer	<input type="checkbox"/> C. Disclosure or Certification problem		<input type="checkbox"/> D. Other (attach memorandum)
		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Date (mm/dd/yyyy)

## **Instructions for Completing the Previous Participation Certificate, form HUD-2530**

Carefully read these instructions and the applicable regulations. A copy of the regulations published at 24 C.F.R. part 200, subpart H, § 200.210-200.222 can be obtained on-line at [www.spo.gov](http://www.spo.gov) and from the Account Executive at any HUD Office. Type or print neatly in ink when filling out this form. Incomplete form will be returned to the applicant.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. **Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Account Executive.

**Purpose:** This form provides HUD/USDA FmHA with a certified report of all previous participation in relevant HUD/USDA programs by those parties submitting the application. The information requested in this form is used by HUD/USDA to determine if you meet the standards established to ensure that all controlling participants in HUD/USDA projects will honor their legal, financial and contractual obligations and are of acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify and submit your record of previous participation, in relevant projects, by completing and signing this form, before your participation can be approved.

***HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.***

***Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.***

**Who Must Sign and File Form HUD-2530:** Form HUD-2530 must be completed and signed by all Controlling Participants of Covered Projects, as such terms are defined in 24 CFR part 200 §200.212, and as further clarified by the Processing Guide (HUD notice H 2016-15) referenced in 24 CFR §200.210(h) and available on the HUD website at:  
[http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/preparticipation](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/preparticipation).

**Where and When Form HUD-2530 Must Be Filed:** The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects listed in 24 CFR §200.214 and for the Triggering Events listed at 24 CFR §200.218.

**Review of Adverse Determination:** If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration in accordance with 24 CFR §200.222 and further clarified by the Processing Guide. Request must be made in writing within 30 days from your receipt of the notice of determination.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law 42 U.S.C. 3535(d) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved controlling participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a controlling participant may not participate in a proposed or existing multifamily or healthcare project. HUD uses this information to evaluate whether or not controlling participants pose an unsatisfactory underwriting risk. The information is used to evaluate the potential controlling participants and approve only individuals and organizations that will honor their legal, financial and contractual obligations.

**Privacy Act Statement:** The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN. Failure to provide any of the information will result in your disapproval of participation in this HUD program. APPS SORN could be accessed in Federal Register / Vol. 81, No. 146 / Friday, July 29, 2016 / Notices ([Docket No. FR-5921-N-10] Implementation of the Privacy Act of 1974, as Amended; Amended System of Records Notice, Active Partners Performance System).

**PRA Statement:** The public reporting burden is estimated at 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering, and maintaining the data needed, and completing and reviewing the collection of information.

Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions to reduce this burden, to the Reports Management Officer, Paperwork Reduction Project, to the Office of Information Technology, US. Department of Housing and Urban Development, Washington, DC 20410-3600. When providing comments, please refer to OMB Approval No. 2502-0118. HUD may not conduct and sponsor, and a person is not required to respond to, a collection of information unless the collection displays a valid control number.

The collection is authorized by 12 U.S.C. 1702-1715z; 42 U.S.C. 3535(d). HUD form 2530 is created to collect information as mandated by 24 CFR Part 200. The HUD-2530 form is used to protect HUD's Multifamily Housing and Healthcare programs by comprehensively assessing industry participants' risk. It is the Department's policy that participants in its housing programs honor their legal, financial, and contractual obligations. Accordingly, uniform standards are established for approvals, disapprovals, or withholding actions on principals in projects, based upon their past performances as well as other relevant information. Respondents such as owners, management agents, master tenants, general contractors, and nursing home operators are subject to review. The information on this form needs to be collected by the Department to evaluate participants' previous performance and compliance with contracts, regulations, and directives.

## **NON-COLLUSIVE AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposed and says: that he/she is  
a partner or officer of the firm of \_\_\_\_\_,

the party making the foregoing proposal, that such proposal is genuine and not collusive  
or sham; that said offeror has not colluded, conspired, connived, or agreed, directly or  
indirectly with any offeror or person, to put in a sham bid or to refrain from bidding, and  
has not in any manner directly or indirectly, sought by agreement or collusion or  
communication or conference with any person to fix the bid price of affiant or any other  
offeror, or to fix overhead, profit, or cost element of said bid price, or that of any other  
offeror, or to secure any advantage against the Housing Authority of the Cherokee  
Nation, or any person interested in the proposed contract; and that all statements in said  
proposal are true.

Signed \_\_\_\_\_  
(Name of offeror, if an individual)  
(Name of partner, if a partnership)  
(Name of officer, if a corporation)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires \_\_\_\_\_, 20\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_