

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



#### REQUEST FOR PROPOSALS LAND SURVEYING 2019

The Housing Authority of the Cherokee Nation of Oklahoma (HACN) is accepting Proposals from qualified individuals or firms to provide Land Surveying within the Cherokee Nation Jurisdictional Boundaries (HACN Service Area). Information necessary for submission of proposals may be picked up at the Housing Authority of the Cherokee Nation, Procurement /Contracts Department, 5000 S. Muskogee Avenue, Tahlequah, Oklahoma between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. Or, you may call Tonya Lockwood at 918-456-5482 ext. 1156 if you would like to request that a packet be mailed to you. You may also request an e-mail copy from: <a href="mailto:delana.kimble@hacn.org">delana.kimble@hacn.org</a> or <a href="mailto:tonya.lockwood@hacn.org">tonya.lockwood@hacn.org</a> a copy of all necessary information is also available on <a href="mailto:www.cherokeebids.org">www.cherokeebids.org</a>. under the HACN drop down.

Proposals may be mailed to the Housing Authority of the Cherokee Nation of Oklahoma, P.O. Box 1007 (USPS Mailing Address), Tahlequah, Oklahoma, 74465-1007, or hand delivered to 5000 S. Muskogee Ave., Tahlequah, Oklahoma 74464. Proposals must be received on or before <a href="Friday.September 20">Friday.September 20</a>, <a href="2019 at 5:00 P.M.">2019 at 5:00 P.M.</a>. No proposal will be accepted after the specified deadline. Request for Proposals must be clearly marked, "PROPOSAL - QUALIFICATIONS, LAND SURVEYING, DO NOT OPEN." It is the offerors responsibility to ensure delivery of proposals by <a href="Friday.September 20">Friday.September 20</a>, 2019 at 5:00 P.M.

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 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 individuals and/or firms interested in providing Land Surveying 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. Will not exceed three years. The HACN may award contracts to more than one offeror

#### **SCOPE OF WORK**

The contract for Land Surveying shall be for a period not to exceed one (1) year. If it is determined to be in the best interest of the HACN, this contract may be extended annually for two additional 1-year periods, but will not exceed a period of three (3) years total. Each extension must be in written form as a contract extension.

The Contractor will be required to provide the following:

- Land Surveying Services (including, but not limited to, Boundary Survey, Easement Survey, and Mortgage Inspection Survey
- Sites may be located in:
  - o rural unplatted areas,
  - o rural platted areas,
  - o platted subdivisions, or
  - o cities and towns.
- Sites may be located within every county of the Cherokee Nation Jurisdictional Boundaries ( HACN Service Area), to include:
  - o Adair, Cherokee, Craig, Delaware, Mayes, McIntosh, Muskogee, Nowata, Ottawa, Rogers, Sequoyah, Tulsa, Wagoner and Washington.

#### **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, and 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: Delana Kimble P.O. Box 1007 (USPS Mailing Address) or Hand Delivered to 5000 S. Muskogee Ave. Tahlequah, OK 74465-1007

- 2. All costs in connection with the preparation and submission of proposals shall be paid by the offeror.
- 3. It is the intention of this HACN to make this RFP, the successful offerors proposal and 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.

E	VALUATION FACTORS OFFEROR:
Ra Of	I proposals will be evaluated individually on their administrative technical merits, ting factors and their values are as follows: feror must provide a general summary of the items asked for below and the names and intact information of 3 references that may be contacted for references.
1.	Ability to perform the work  Evidence of the individual or firm's ability to perform the work as indicated by profiles of the principals, the staff's professional and technical competence and experience related to land surveying matters. To obtain the maximum points the offeror should provide evidence they specialize and are registered to perform such work within the State of Oklahoma.
2.	Previous Participation that the offeror has provided services within the Cherokee Nation jurisdictional boundaries (HACN Service Area).  MAX: 20 points  Evidence showing offeror has provided land surveying services within the fourteen county jurisdictional area of the Cherokee Nation.
3.	Credentials and insurance MAX: 10 points
	Provide evidence that the offeror has the necessary credentials to perform land surveying work in the state of Oklahoma. Provide evidence the offeror has 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, Indian Housing Authorities, and/or Tribally Designated Housing Entities, on previous participation form provided.
sur	Time to Completion  MAX: 30 points  Provide attachment on the estimated amount of time to complete a request for land veying activities for each county listed on attached sheet. The attached sheet listing the imated time to complete will become part of the contract. Failure to meet expected relines will result in the HACN contracting with the next best offeror for services.
6.	Tribal / Indian Preference MAX: 15 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

#### TIME TO COMPLETION FORM

We estimate that the amount of time to complete, at minimum from the date of request to be as follows:

Adair County	 days
Cherokee County	days
Craig County	 days
Delaware County	 days
Mayes County	days
McIntosh County	 days
Muskogee County	 days
Nowata County	 days
Ottawa County	 days
Rogers County	 days
Sequoyah County	 days
Tulsa County	 days
Wagoner County	 days
Washington County	 days

Estimated time to completion may vary based on the number of requests received. However, this is our best estimate under normal circumstances.

#### 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 is the responsibility of the offeror.

- a. Preparation Outline (This form)
- b. Offeror's Proposal (Original and 2 copies)
- c. HACN Work History form and HUD 2530 Previous Participation
- d. Non-Collusive Affidavit
- II. Offerors must submit with your proposal, or within 3 days of deadline, to receive the following preferences:
  - a. Indian Preference offeror must submit 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)
  - c. Licenses and Insurances

#### **SPECIAL INSTRUCTIONS**

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

Authorized Signature/Title	<del>-</del>
Company Name	<u> </u>
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/offeror and is the HACN's documentation to determine whether responsible bidders/offerors. Complete all information below, providing contact information for employers, companies, and vendors listed. In the disclosures space, enter any defaults, assignments, or foreclosures.

		A COLUMN	אקווענים ווזנפט. ווז טוב טוזיוטטורכז זויסרכי, פוונכו פווץ מפופעונט, פנזאניוויבוונד,	or rotechosoles.	
Employer/Company name, address, phone, and fax	Contract Amount	Number and Size of Units	Describe type of work performed/completed, with start and end dates	Disclosures	Contractor's current and previous vendors, address, phone, and fax:
				-	

# 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 Controll (See instructions)	ling Participant of Covered Projects	For HUD	For HUD HQ/FmHA use only			
Reason for submission:				17:-0-1-		
I. Agency name and City where the application	ion is filed	2. Project No	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 Existing	e) Rehabilitation	Proposed (New)
				Likibility		1 1
List all proposed Controlling Part	ticipants and attach organization chart for al	li organizations	8 Role of Each Principal	n Project 9. SSN or I	RS Employer Nu	ımber
Name and address of Principals and Affiliate	tes (Name: Last, First, Middle Initial) proposing to participa	ite	9 Küle ül Yarıl I Lincibai	11 10 cc. 21 0011 01 2		
	) listed above hereby apply to HUD or USDA FmHA, as the					
participated or are now participating.  For the period beginning 10 years prior to t	and statements. Conviction may result in criminal and/or cive en years, of every project assisted or insured by HUD, USD the date of this certification, and except as shown on the certification, and except as shown on the certification.	rtification:	and a soliof from the mortese	9A*		
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Schedule A: List of Previous Project in multifamily Housing programs of HI	s and Section 8 Contra	cts. Below is a comple	te list o	of the controlling partic Note: Read and follo	ipants' previous	s partic on shee	ipatio t care	on projects ar efully. Make	nd participation history full disclosure. Add
n multifamily Housing programs of Hi	UD/FMHA, State and lot	If a provious project	te sæit	e hy your name "No n	revious partic	ipatior	. Fir	st Experienc	e".
in multifamily Housing programs of Hi extra sheets if you need more space. D 1. Controlling Participants' Name (Last, First)	ouble check for accuracy	jects (Project name, agency involved)	3.List Par	rticipants' Role(s) dates participated, and if entity of interest	4. Status of loan (current, defaulted assigned, foreclos	5. d, in sed) pr	Was the defau	ne Project ever It during your	6. Last MOR rating and Physical Insp. Score and date
Part II- For HUD Internal Processi Received and checked by me for accuracy and	completeness; recommend app	proval or refer to Headquarters	s after ch	ecking appropriate box.					
Date (mm/dd/yyyy)  Staff	Tel No. and area code  Processing and Control			No adverse information; for recommended.	m HUD-2530 appn	oval	□c	. Disclosure or (	Certification problem
Sian			<u> </u>	Name match in system				). Other (attach	
		Signature of authorized rev	-			Appro	.ad		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 those regulations published at 24 C.F.R. part 200, subpart H, can be obtained on-line at <a href="https://www.gpo.gov">www.gpo.gov</a> and from the Account Executive at any HUD Office. Type or print neatly in ink when filling out this form. Mark answers in all blocks of the form. If the form is not filled completely, it will delay approval of your application.

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 with a certified report of all previous participation in HUD programs by those parties making application. The information requested in this form is used by HUD to determine if you meet the standards established to ensure that all controlling participants in HUD projects will honor their legal, financial and contractual obligations and are acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify your record of previous participation in HUD/USDA-FmHA, State and Local Housing Finance Agency projects by completing and signing this form, before your project application or 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 200.212, and as further clarified by the Processing Guide referenced in 24 CFR 200.210(b) and made available on the HUD website at: <a href="http://portal.hud.gov/hudportal/HUD?src=/program\_offices/housing/mfh/prevparticipation">http://portal.hud.gov/hudportal/HUD?src=/program\_offices/housing/mfh/prevparticipation</a>.

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.

Specific Line Instructions are set forth in the Processing Guide.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law (42 U.S.C. 3535(d) and 24 C.F.R. 200.217) 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.

Public reporting burden for this collection of information is estimated to average 1 hour 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

A response is mandatory. Failure to provide any of the information will result in your disapproval of participation in this HUD program.

## NON-COLLUSIVE AFFIDAVIT

STATE OF
COUNTY OF
, being duly sworn, deposed and says: that he/she is
a partner or officer if the firm of
the party making the foregoing proposal of bid, that such
proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived, or agreed, directly or indirectly with any bidder 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 bidder, or to fix overhead, profit, or cost element of said bid price, or that of any other bidder, 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 or bid are true.
Signed(Name of bidder, if bidder is an individual) (Name of partner, if the bidder is a partnership) (Name of officer, if the bidder is a corporation)
Subscribed and sworn to before me this day of, 20
My commission expires, 20
Notary Public Signature:
Commission Number: