



*Keys to a brighter future*

CONTRACTS AND PROCUREMENT DEPT.  
5000 S. MUSKOGEE AVENUE  
POST OFFICE BOX 1007  
TAHLEQUAH, OK 74465-1007  
918.456.5482 OR 800.837.2869

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## REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL ARCHITECT AND ENGINEERING SERVICES

The Housing Authority of the Cherokee Nation of Oklahoma (HACN) is accepting Request for qualifications (RFQ) from qualified individuals or firms to provide Professional Architect and Engineering Services within the Cherokee Nation Fourteen County Reservation, aka Jurisdictional Boundaries (HACN Service Area). Information necessary for submission of qualifications may be picked up at the Housing Authority of the Cherokee Nation, Procurement/Contracts Department, 5000 S. Muskogee Ave, Tahlequah, Oklahoma between the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday. Or you may call Tonya Lockwood, Sr. Contract Specialist at 918- 456-5482 ext. 1142 if you would like to request that a packet be mailed to you. A copy of all necessary information is also available at [www.cherokeebids.org](http://www.cherokeebids.org) under the HACN drop down.

Request for interpretations all questions/clarifications must be e-mailed to [tonya.lockwood@hacn.org](mailto:tonya.lockwood@hacn.org) or hand delivered to 5000 S. Muskogee Ave. (Old Hopkins Building), Tahlequah, Oklahoma 74464 by **October 8, 2021, by 5:00 p.m.** to be given consideration. **Clarifications and responses will be emailed to all who have requested an RFQ packet and posted by October 12, 2021, at 5:00 p.m. to the Cherokee Nation Procurement website. Request for Qualifications must be received on or before 5:00 p.m., Friday, October 22, 2021. No Request for Qualifications will be accepted after the specified deadline. Request for Qualifications must be clearly marked, "REQUEST FOR QUALIFICATIONS, PROFESSIONAL ARCHITECT AND ENGINEERING SERVICES, DO NOT OPEN." ATTN: TONYA LOCKWOOD.** All RFQ's must be hand delivered to Housing Authority of the Cherokee Nation, Procurement/Contracts Department, 5000 S. Muskogee Ave. Tahlequah, Oklahoma 74464. Or mailed to: Housing Authority of the Cherokee Nation P.O. Box 1007 Tahlequah, OK 74465-1007. It is the offerors responsibility to ensure delivery of RFQ by deadline.

RFQ'S will be accepted from Cherokee, Indian, and Non-Indian Offerors. Tribal and Indian preference 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 HACN reserves the right to determine a Request for Qualifications acceptable in terms of meeting RFQ requirements. The HACN reserves the right to accept or reject any and all RFQ'S received and may negotiate with offeror(s) regarding the terms of their RFQ'S or parts thereof. The Housing Authority of the Cherokee Nation reserves the right to award a contract(s) for RFQ'S 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. This will be for a one-year engagement with the option to renew annually for (2) two additional years. Will not exceed three years total.

Debarment, Suspension, Proposed Debarment, and other Responsibility Matters, the bidder certifies to the best of its knowledge and belief that the bidder, the firm or any of its principals are not presently debarred, suspended, proposed for debarment, or declared ineligible for the award of contracts by any Federal agency or Indian Tribe. The bidder will also certify they have not within a three-year period preceding this Request for Qualification, been convicted of or had a civil judgment rendered against them for: Commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, Local, or Tribal) contract or subcontract; violation of Federal or State antitrust statutes relating to the submission of offers; or commissions of embezzlement, theft, forgery, bribery, falsifications or destruction of records, making false statements, and are not presently indicted for, or otherwise criminally or civilly charged by governmental entity with, commission of any of the offenses enumerated in this provision. The bidder certifies they have not, within a three-year period preceding this Request for Qualification, had one or more contracts terminated for default by Federal, State, Local or Tribal agency.

The bidder shall provide immediate written notice to the HACN if, at any time prior to contract award, the bidder learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances. This certification is a material representation of fact upon which reliance was placed when making award. If it is later determined that bidder knowingly rendered an erroneous certification, in addition to other remedies available to the HACN; the HACN may terminate the contract resulting from this Request for Qualification for default.

It is understood any information submitted to the bidder by the HACN in respect to this RFQ embodies certain proprietary information and is loaned to the bidder on a confidential basis. Any information acquired at the HACN or otherwise relating to processes belonging to the HACN incorporated into this project shall be kept confidential. The bidder agrees not to use in an unauthorized manner or communicate to others any such confidential items without the prior written consent of the HACN and will undertake such measures as are necessary to require its employees and all approved subcontractors to maintain complete confidentiality.

Each bidder must inform themselves fully of the scope of work of this Request for Qualification. Failure to do so will not relieve a successful bidder of his obligation to carry out provisions of a contract resulting from this RFQ. Insofar as possible, the bidder, in performing work under this contract, will employ such methods or means as will not cause any interruption of or interference with the work of the HACN.

HACN is funded on both state and federal levels and holds a tax exempt, government status. Funds are appropriated and approved on an annual basis each fiscal year which begins October 1<sup>st</sup> and end September 30<sup>th</sup>. All Vendors will need to renew their W-9 and contracts/agreements will need to renew the purchase order each fiscal year.

**STATEMENT OF WORK**  
**OBJECTIVE**

The Housing Authority of the Cherokee Nation of Oklahoma is accepting qualifications from individuals and/or firms interested in providing Professional Architect & Engineering Services within the Cherokee Nation Fourteen County Reservation, aka Jurisdictional Boundaries (HACN Service Area). The successful offeror(s) will be required to enter into a contract with the Housing Authority to provide said services and beginning within approximately 30 days 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 total. The HACN may award contracts to more than one offeror.

**SCOPE OF WORK**

The services will consist of evaluation and design services for evaluation and recommendation of foundation failures and may consist of design and construction services of affordable (single-family and/or multifamily) residential development projects, commercial development projects etc. Services may include, but are not limited to typical A/E services pertaining to:

- Site Planning.
- Structural Engineering.
- Mechanical Engineering.
- Electrical Engineering.
- Plumbing Engineering.
- Septic System Design.
- Water Distribution System Design.
- Civil Engineering.
- General Architecture.
- Geotechnical Analysis.
- Handicap Accessibility Design.
- Landscape Architecture.
- Surveying and evaluation of existing conditions.

The projects may be located anywhere within the Cherokee Nation Fourteen County Reservation, aka Jurisdictional Boundaries (HACN Service Area) Including the following counties:

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

# Additional Instructions to Offerors

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

The Housing Authority of the Cherokee Nation  
P.O. Box 1007 (USPS Mailing Address)  
5000 S. Muskogee Avenue  
Tahlequah, OK 74465-1007

2. All costs in connection with the preparation and submission of RFQ shall be paid by the offeror.
3. It is the intention of this HACN to make this RFQ, the successful offeror's proposal and written correspondence, a part of the contract.
4. The Housing Authority of the Cherokee Nation reserves the right to determine a Request for Qualifications acceptable in terms of meeting RFQ requirements. The Housing Authority reserves the right to accept or reject any and all RFQ's received and may negotiate with offerors regarding the terms of their RFQ's or parts thereof. The Housing Authority of the Cherokee Nation reserves the right to award a contract for RFQ's that are in the best interest of the Housing Authority of the Cherokee Nation including but not limited to the total cost and capability of the offeror. The HACN may award contracts to more than one offeror.
5. The RFQ shall contain all required attachments, forms and documentation as outlined in the solicitation documents.

**TIME TO COMPLETION FORM**

We estimate that the amount of time to complete, at minimum from the date of request to be as follows: *(provide a summary timeline for work on the project)*

Evaluation & recommendations for foundation failures (ex.10 or more) \_\_\_\_\_ days

Design & construction services for residential development projects  
(ex. 10 lots, water, roads, city sewer plans) \_\_\_\_\_ days

Evaluation and design for commercial development projects.  
(All typical services) (Attach additional sheet if needed) \_\_\_\_\_ days

Estimated time on typical A&E services.  
(As outlined on page 3) (Attach additional sheet if needed) \_\_\_\_\_ days

Estimated time to completion is our best estimate under normal circumstances. We will remain in contact if we are unable to meet our best estimated time.

**Note:**

**In most cases HACN will need to dictate the time of completion to meet our deadlines.**

**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 RFQ
  - c. HACN Work History form
  - d. HUD 2530 Previous Participation Certification
  - e. Non-Collusive Affidavit
  
- II. Offerors must submit with your RFQ, or within 3 days of deadline, to receive the following preferences:
  - a. Indian Preference - offeror must submit a current TERO Certificate front and back
  
- 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.**

\_\_\_\_\_  
Signature/Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Contact Phone Number(s)



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

**US Department of Agriculture**  
Farmers Home Administration

<b>Part I to be completed by Controlling Participant(s) of Covered Projects</b> <i>(See instructions)</i>		<b>For HUD HQ/FmHA use only</b>	
Reason for submission:			
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. 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	8 Role of Each Principal in Project	9. SSN or IRS Employer Number (TIN)

Certifications: The controlling participants(s) listed above hereby apply to HUD or USDA FmHA, as the case maybe, for approval to participate as controlling participant(s) in the role(s) and project listed above. The controlling participant(s) certify that the information provided on this form and in any accompanying documentation is true and accurate. I/we acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. The controlling participants(s) further certify to the truth and accuracy of the following:

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 or 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;
3. 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.

Name of Controlling Participant	Signature of Controlling Participant	Certification Date (mm/dd/yyyy)	Area Code and Tel. No.
This form prepared by (print name)			Area Code and Tel. No.



**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 No 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. <input type="checkbox"/> B. Name match in system <input type="checkbox"/> C. Disclosure or Certification problem <input type="checkbox"/> D. Other (attach memorandum)		
Staff	Processing and Control			
Signature of authorized reviewer		Signature of authorized reviewer	Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date (mm/dd/yyyy)

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## 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.gpo.gov](http://www.gpo.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(b) and available on the HUD website at: [http://portal.hud.gov/hudportal/HUD?src=/program\\_offices/housing/mfh/prevparticipation](http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/prevparticipation).

**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.

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**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.

**Purpose:** The information collected by form HUD-2530 is required for principals applying to participate in multifamily programs to 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.

**Routine Use:** The information collected by this form will not be otherwise disclosed outside of HUD, except to public agencies and private sector sources for automated processing of your records and for requesting information about you for participant approval; to appropriate agencies, entities, and persons when it is reasonably necessary to mitigate a breach or related incident; to Federal, state and/or local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions or for other inquiries.

**Disclosure:** Providing the information is voluntary. You must provide all information requested in this application, including your SSN. Without prior approval or information, a controlling participant may not participate in a proposed or existing multifamily or healthcare project.

SORN ID/URL:<https://www.govinfo.gov/content/pkg/FR-2016-07-29/pdf/2016-18026.pdf>

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**Public reporting burden** for this collection of information is estimated to average three 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 first duly sworn, deposed and says

that he/she is a partner or officer of the firm of \_\_\_\_\_,  
the party making and foregoing proposal or 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: \_\_\_\_\_  
(Bidder, if the bid is an individual.  
Partner, if the bid is a partnership.  
Officer, if the bid is a corporation)

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

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

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

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