



Dannel P. Malloy
Governor

STATE OF CONNECTICUT
DEPARTMENT OF HOUSING



Evonne M. Klein
Commissioner

Community Development Block Grant – Disaster Recovery

CDBG-DR

**Third Request for Qualification
(Amended)**

General Contractor Prequalification

**Owner Occupied & Scattered Site
Rehabilitation and Rebuilding Programs**

Date of Amendment: July 3, 2014

Submissions will be accepted until program needs have been fulfilled

THIRD REQUEST FOR QUALIFICATION
Contractor Prequalification – Owner-Occupied Rehabilitation and Reconstruction

I. STATEMENT OF OBJECTIVES

The Connecticut Department of Housing (“DOH”) invites responses to the Request for Qualification (RFQ) from Construction Contractors to provide construction services for the rehabilitation, reconstruction and/or mitigation of residential structures in compliance with all applicable local, federal, and state statutory requirements with special attention paid to requirements for Community Development Block Grants under the United States Department of Housing and Urban Development (“HUD”) Disaster Recovery grant program for Hurricane Sandy. HUD has allocated \$137.8 million dollars to the State of Connecticut to assist the recovery from Hurricane Sandy.

Construction projects could include single family residential structures comprised of 4 units or less located in Fairfield, New Haven, New London and Middlesex counties or in the Mashantucket-Pequot Reservation.

II. SCOPE OF WORK

Provide professional labor, equipment, and materials adequate to perform the work for the complete rehabilitation, reconstruction and/or mitigation of residential structures in compliance with all applicable State and Federal laws, regulations, and guidelines to include conformity with HUD Community Development Block Grant disaster laws, regulations, and guidelines.

1. The scope of work for each structure will vary but may include but not limited to the following:
 - a. Coordination of project with property owner including; review the scope of work to be performed, establishing a work schedule acceptable to property owners and to review work upon final inspection.
 - b. Obtaining all necessary permits and approvals prior to the commencement of the work for each structure.
 - c. Demolition of damaged interior and exterior materials - foundation leveling, repair, and/or elevation, and structural damage repair.
 - d. Building envelope repair, including roof repair or replacement and attendant damage; door and window replacement; and siding /veneer repair or replacement.
 - e. Mechanical (HVAC), electrical, and plumbing systems repair or replacement.
 - f. Dry wall repair or replacement; rough and trim carpentry.
 - g. Surface preparation and painting; flooring repair or replacement.
 - h. Specialty construction elements associated with historic properties, including coordination with State Historic Preservation Office.
 - i. Completion of mitigation and retrofitting measures where required or specified.
 - j. Asbestos containing material abatement, where required or specified.
 - k. Construction of new residential structures.
 - l. Elevation of existing structures above the base flood plain
 - m. Completion of lead abatement where required or specified; certification for work disturbing lead-based paint is required under the US EPA’s Regulations.

III. BASE PROJECT INFORMATION

1. Prequalified Contractors will be provided an opportunity to bid on specified projects:
 - a. The bid package will provide a due date and time;
 - b. The bid package will contain a timeframe for completion;

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- c. Contractors will be provided a work scope and will be required to attend a pre-bid conference and walk through at the site(s).
2. The winning contractor will be chosen by DOH based on adequacy of the response to the bid package; timeliness, capacity, and cost.
3. Once selected, the contractor will enter into a three-party contract with DOH and the homeowner.
4. Work will be initiated by the Contractor after DOH has issued a notice to proceed.

IV. CONTRACT AND TERM

DOH intends to prequalify General Contractors to be included in the list of approved contractors for the rehabilitation of single and small multifamily housing projects damaged by Hurricane Sandy. Only Contractors who respond to this RFQ and qualify will be considered for bidding on such projects. Any designation resulting from this RFQ shall be valid from the date announced until 24 months after such announcement. Such qualification may be renewed for up to 2 additional fiscal years if funding is available.

V. NO GUARANTEE OF VOLUME OR USAGE

DOH makes no guarantee of volume of work resulting from this solicitation. Each prequalified contractor will need to submit a bid package for each project or specified group of projects and be the successful bidder in order for the project or specified group of project to be awarded.

VI. RESPONDENT QUALIFICATIONS:

The Contractor(s) providing the professional services must:

1. Have been established in the Construction Industry for three (3) or more years and be registered to do business in the State of Connecticut.
2. Have demonstrated prior experience in the rehabilitation of housing in accordance with applicable codes, standards, rules and regulations.
3. Demonstrate that it has the ability to mobilize within 30 days or less to complete assigned projects that may be potential hazards to public welfare and safety.
4. Demonstrate that it has, or will be able to obtain, the capacity, either through existing staff or through new hires or subcontractors, to undertake the services requested by DOH.
5. Have, or be able to obtain the capacity to undertake three (3) or more projects at a time.
6. Demonstrate extensive knowledge of the Connecticut Building Code, the Fair Housing Laws, AIA documents, general construction practices and familiarity with the CHFA Standards of Design and Construction.
7. Have the ability to obtain surety bond or standby letter of credit;
 - a. The State of Connecticut offers a Minority Business Assistance Program for minority, women-owned or disadvantaged businesses who participate in the Hurricane Sandy reconstruction efforts. Participants in the program are assisted in obtaining surety bond or a standby letter of credit and may receive accounts receivable loans.
8. Have demonstrated ability to work successfully with government including:
 - a. No previous record of default on a government contract;
 - b. No applicant entity, or principal thereof, may be awarded a Federal contract if subject to a debarment, suspension, or limited denial of participation under 24 CFR Part 24;
 - c. No formal debarment or suspension from entering into contracts with a Connecticut governmental agency; or other notification of ineligibility or prohibition against bidding or proposing on government contracts.

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9. Have insurance to the following specification:
 - a. General liability insurance in the amount of \$1,000,000 per occurrence;
 - b. Bodily injury insurance, including death, in the amount of \$1,000,000 per occurrence;
 - c. Property damage insurance in the amount of \$1,000,000 per occurrence;
 - d. Automotive liability insurance in the amount of \$1,000,000 per occurrence; and
 - e. Workers Compensation as required by law.
 - f. Cargo Insurance in the amount of \$250,000 if project involves home elevation.
(Can be provided directly from subcontractor responsible for home elevation)

VII. SELECTION PROCESS

All Contractor applicants which meet the threshold requirements will be evaluated by a team selected by DOH based on the following criteria and scoring matrix:

Company Profile: (150 points available in this category; minimum of 100 points required in this category for prequalification approval)

- a. The company ownership structure (corporation, partnership, LLC, or sole proprietorship), including any wholly-owned subsidiaries, affiliated companies, or joint ventures. (Please provide this information in a narrative and as a graphical representation.) If respondent is an affiliate of, or has a joint venture or strategic alliance with, another company, please identify the percentage of ownership and the percentage of the parent's ownership.
- b. The year the company was founded and/or incorporated. If incorporated, please indicate the state where the company is incorporated and the date of incorporation.
- c. The location of your company headquarters and any field office(s) that may provide services for any resulting contract under this solicitation.
- d. The number of employees in your company, both locally and nationally, and the location(s) from which employees may be assigned.
- e. The name, address, and telephone number of respondent's point of contact for any resulting contract under this solicitation.
- f. Indication of whether your company has ever been engaged under a contract for CDBG-funded residential construction and whether you were involuntarily terminated from participation in the program or voluntarily ceased participation in the program without completing all construction projects.

Management Experience: (150 points available in this category; minimum of 100 points required in this category for prequalification approval)

- a. Business Owners: Provide the name, title including detailed description of the role and responsibilities, scope of work and number of years with the firm for each business owner(s). If the respondent contractor is a partnership, YOU MUST provide the requested information for each general or limited partner. If the respondent contractor is a corporation or limited liability company, YOU MUST provide the information for each officer, director and/or member.
- b. Staff Profile: provide a key staffing profile and resumes for staff that will be responsible for the performance of the services requested under this solicitation. Respondent(s) must provide the name and qualifications of the dedicated construction lead that will be present on-site within the identified zone for the duration of this project and the names and qualifications of each field superintendent who will oversee construction projects. An organization chart is preferred.

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Construction Experience: (250 points available in this category; minimum of 200 points required in this category for prequalification approval)

- a. Project Experience: Provide a list of all projects worked on in the past three (3) years. Include the project name, address, owner, architect, scope of work, original/final contract value, start date, completion date and status of each project.
- b. Terminations: Provide a list of any projects which were terminated, held in default or failed to complete the work within the past ten (10) years. Include the name of the project(s), the timeframe and circumstances surrounding the termination or default.
- c. Legal Proceedings: Provide information regarding each and every legal proceeding, administrative proceeding and arbitration pending against the contractor.
- d. Safety Record: Submit a copy of your firm's safety manual and the name and job title of the person in your organization who manages your safety program.
- e. MBE/WBE and workforce compliance record: Provide information regarding contractor compliance with respect to Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) goals for all projects which had such goals.

References: (100 points available in this category; minimum of 50 points required in this category for prequalification approval)

- a. Project References: Provide a minimum of three (3) references for similar services provided, for general home construction/ rehabilitation activities. Respondent must verify current contacts.
- b. Credit references: Provide a minimum of five (5) credit references, including telephone and fax numbers of a contact person from key suppliers vendors and banks.

Capacity to Complete Projects: (150 points available in this category; minimum of 100 points required in this category for prequalification approval)

- a. Financial Statement: Submit a financial statement for the most recent fiscal year. The financial statement information shall remain confidential and shall not be a public record.
- b. Anticipated workload: Submit anticipated workload under contract for the next two (2) years.

Minority/Women Owned Business (50 points available in this category; no minimum points required in this category for prequalification approval)

Additional Requirements: (150 points available in this category; minimum of 100 points required in this category for prequalification approval)

- a. Insurance Certification: Respondent shall provide its workers' compensation experience modification rate for the last 5 years. Respondents should submit this information on their insurance carrier's signed letterhead.
- b. Bonding Capacity: 1) Submit a commitment letter from a surety company licensed to do business in the State of Connecticut and whose name appears on the United States Treasury Circular 570 for payment and performance bonds in an amount equal to one hundred percent (100%) of the construction cost for any contract over \$100,000 per state statutes, or 2) Be enrolled in the Minority Business Assistance program.
 - i. Contractors who do not demonstrate bonding capacity, but score at least six hundred and fifty (650) points, will be qualified to bid only for projects below \$100,000. In order for these firms to bid on projects at or above \$100,000, proof of bonding capacity must be submitted at the time of bid.

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VIII. EVALUATION PROCESS

A screening committee consisting of DOH staff will review all proposals. To be prequalified and included on DOH's list of approved Contractors for Owner-Occupied Rehabilitation and Reconstruction Program; respondent must score at least six hundred and fifty (650) points.

IX. PROPOSAL FORMAT

Proposals should be submitted as follows:

1. One (1) complete original clearly marked "**ORIGINAL**", with all required materials having original signatures, where applicable;
2. Two (2) copies with all required materials; and
3. All materials must be bound (3 ring binders, etc.) and tabbed by section and placed in the same order as they are referenced in the proposal. Each tabbed section must include all relevant materials for that section, including proposal materials.

X. INSTRUCTIONS

1. Completed proposals and all materials must be hand delivered or mailed via a nationally-recognized overnight carrier to: Hermia Delaire, DOH, 505 Hudson Street 2nd Floor, Hartford CT 06106.
2. All responses to this RFQ must conform to these instructions. Failure to conform may be considered appropriate cause for rejection of the response.
3. An individual authorized to act on behalf of the respondent must submit the proposal. The proposal must also provide the name, title, address and telephone number for the individual(s) authorized to negotiate and contractually bind the organization, and for those who may be contacted for the purpose of clarifying the information provided in the proposal. This information should also be included in the transmittal letter.

XI. QUESTIONS

All questions related to this RFQ should be submitted to **Hermia Delaire** by e-mail at hermia.delaire@ct.gov. Each question should begin by referencing the RFQ page number and section number to which it relates. Answers to all questions received before the submission period closes, will be posted on the Department of Housing website until such time as the CDBG-DR program website has finished construction.

XII. REVISIONS TO THE RFQ

Only written modifications to this RFQ issued in the form of one or more addenda will be considered to be alterations to this RFQ. Oral comments are not binding. An Addendum may be issued by DOH for any revisions, modifications, clarifications or alterations to the RFQ.

XIII. ERRORS

If a respondent discovers an error after submitting its response, the respondent may request that the response be withdrawn. This request must be submitted in writing and signed by an officer or authorized representative of the respondent. If the request is approved, the respondent may submit a revised response up until program needs have been fulfilled.

No alterations or corrections to the responses are permitted after the responses are opened. If an error is discovered after the response opening but before contract award, the respondent may request that its response be withdrawn. An officer or authorized representative of the firm must submit this request in writing. The decision to permit withdrawal of the response will be at the discretion of the DOH Commissioner.

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XIV. SUBCONTRACTING OR ASSIGNMENT

DOH will develop a list of potential subcontractors for the Owner-Occupied Rehabilitation and Reconstruction Program. Upon written approval from the firm, DOH will share the potential subcontractor contact information with all Pre-qualified General Contractors. Contractors deemed not eligible for the General Contractor Prequalification may be eligible for subcontractor opportunities. Placement on this list does not guarantee any potential subcontractor any assignments under this program.

In the event a respondent proposes to subcontract for some or all of the services to be performed under the terms of the contract award, it shall state so in its proposal and attach for approval a list of said subcontractors and an itemization of the products and/or services to be supplied by them. Nothing contained in the specifications shall be construed as creating any contractual relationship between any such subcontractor and DOH.

Except as expressly proposed by a respondent in its proposal, the agreement to be entered into between the respondent selected under this RFQ, if any, and DOH, may not be subcontracted or assigned by the respondent, in whole or in part, without the prior written consent of DOH.

Such consent, if granted, shall not relieve the respondent its responsibilities under the contract, except as otherwise expressly provided therein.

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1.0 RESPONDENT INFORMATION

Name: _____

Address: _____

Contact Person: _____

Title: _____

Telephone Number: _____ Fax Number: _____

E-Mail Address: _____ Website Address: _____

FEIN/SSN: _____ State Sales Tax No: _____

If you are using a **THIRD PARTY** to write this proposal, please provide the following:

Consultant/Company Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____ Website Address: _____

2.0 COMPANY PROFILE

Provide up to a 2-page description of the proposed inspection and monitoring activity, including minimum and maximum capacity relative to active sites, as well as any geographic preferences or restrictions. Please note: A willingness/ability to serve all eligible geographies will receive the most consideration. **Attach as Exhibit 2.1.**

3.0 MANAGEMENT EXPERIENCE

Business Owners: Provide the name, title including detailed description of the role and responsibilities, scope of work and number of years with the firm for each business owner(s). If the respondent contractor is a partnership, YOU MUST provide the requested information for each general or limited partner. If the respondent contractor is a corporation or limited liability company, YOU MUST provide the information for each officer, director and/or member. **Attach as Exhibit 3.1.**

Staff Profile: Provide a key staffing profile and resumes for staff that will be responsible for the performance of the services requested under this Solicitation. Respondent(s) must provide the name and qualifications of the dedicated construction lead that will be present on-site within the identified Zone for the duration of this project and the names and qualifications of each field superintendent who will oversee construction projects. An organization chart is preferred. **Attach as Exhibit 3.2.**

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4.0 CONSTRUCTION EXPERIENCE

Project Experience: Provide a list of all projects worked on in the past three (3) years. Include the project name, address, owner, architect, scope of work, original/final contract value, start date, completion date and status of each project. **Attach as Exhibit 4.1.**

Terminations: Provide a list of any projects which were terminated, held in default or failed to complete the work within the past ten (10) years. Include the name of the project(s), the timeframe and circumstances surrounding the termination or default. **Attach as Exhibit 4.2.**

Legal Proceedings: Provide information regarding each and every legal proceeding, administrative proceeding and arbitration pending against the contractor. **Attach as Exhibit 4.3.**

Safety Record: Submit a copy of your firm's safety manual and the name and job title of the person in your organization who manages your safety program. **Attach as Exhibit 4.4.**

MBE/WBE and workforce Compliance Record: Provide information regarding contractor compliance with respect to Minority Business Enterprise (MBE) and women Business Enterprise (WBE) goals for all projects which had such goals. **Attach as Exhibit 4.5.**

5.0 REFERENCES

Project References: Provide a minimum of three (3) references for similar services provided, for general home construction/ rehabilitation activities. Respondent must verify current contacts. **Attach as Exhibit 5.1.**

Credit references: Provide a minimum of five (5) credit references, including telephone and fax numbers of a contact person from key suppliers vendors and banks. **Attach as Exhibit 5.2.**

6.0 CAPACITY TO COMPLETE

Financial Statement: Submit a financial statement for the most recent fiscal year. The financial statement information shall remain confidential and shall not be a public record. **Attach as Exhibit 6.1.**

Anticipated workload: Submit anticipated workload under contract for the next two (2) years. **Attach as Exhibit 6.2.**

7.0 MINORITY/WOMEN OWNED BUSINESS

Please indicate if your organization is a minority, women or veteran owned business by completing Exhibit B, if applicable. Note: DOH encourages all entities to make a good faith effort to utilize small, minority, women and veteran owned businesses. **Attach completed form as Exhibit 7.1.**

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8.0 SUBCONTRACTOR CERTIFICATION FORM

Please complete the Subcontractor Certification form, Exhibit C, if applicable. **Attach statement as Exhibit 8.1.**

9.0 ADDITIONAL REQUIREMENTS

Bonding Capacity: Submit a commitment letter from a surety company licensed to do business in the State of Connecticut and whose name appears on the United States Treasury Circular 570 for payment and performance bonds in an amount equal to one hundred percent (100%) of the construction cost for any contract over \$100,000 per state statutes. **Attach as Exhibit 9.1.**

Insurance Certification: Respondent shall provide its workers' compensation experience modification rate for the last 5 years. Respondents should submit this information on their insurance carrier's signed letterhead. **Attach as Exhibit 9.2.**

Please provide a signed copy of CHRO "Notification to Responders" form and information addressing (a) through (e) on the form. **Attach as Exhibit 9.3.**

Please complete the Ethics and Confidentiality Agreement. **Attach as Exhibit 9.4.**

10.0 RESPONDENT CERTIFICATION

It is hereby represented by the respondent (undersigned) as an inducement to DOH to consider the proposal, that to the best of my knowledge and belief, no information or data contained in the proposal or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. The respondent (undersigned) agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, and other references are hereby authorized now, or any time in the future, to give DOH of any and all information in connection with matters referred to in this proposal.

Certifying Representative:

1. Type Name and Title: _____

2. Signature: _____

3. Date: _____

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EXHIBIT (7.1)

MINORITY/WOMEN/VETERAN-OWNED BUSINESS CERTIFICATION

Complete Legal Name of Business: _____

Headquarters

Address: _____

Town: _____ State: _____ Zip Code: _____

Mailing Address (if different) _____

Town: _____ State: _____ Zip Code: _____

Does your firm meet the following definition of a minority business enterprise (MBE)?

YES NO

A minority business enterprise (MBE) is defined as: A small business with at least 51% ownership by one or more minority person(s)* who exercise operational authority over the daily affairs of the business, has the power to direct the management, policies and receives beneficial interests of the business.

* Who is considered a minority? A person(s) who is Black, Hispanic, Asian, American Indian, has origins in the Iberian Peninsula, a woman, and an individual with a disability according to the Americans with Disabilities Act - see program information for more detail.

Date Business was first established: ___/___/___ Total Number of employees _____

Type of Business (**Check only one**)

<input type="checkbox"/> Sole Proprietorship	Date Established	___/___/___
<input type="checkbox"/> General Partnership	Date of Partnership	___/___/___
<input type="checkbox"/> Limited Liability Partnership	Date of Partnership	___/___/___
<input type="checkbox"/> Corporation	Date of Incorporation	___/___/___
<input type="checkbox"/> Limited Liability Company (LLC)	Date of LLC	___/___/___

Number of years company has been owned and managed by present owner: _____

Identify the Principal(s) and/or Officer(s) of the company:

<u>Name(s) of Present Principals/Titles</u>	<u>% of Ownership</u>
_____/_____	_____
_____/_____	_____
_____/_____	_____
_____/_____	_____

Please identify the category under which certification of your business enterprise is minority owned, woman-owned, veteran-owned or owned by a person(s) with a disability. Select one or more of the following categories:

A minority is a person who is a citizen or lawful permanent resident of the United States and who is included in one of the following categories:

<u>Minority Category</u>	<u>Gender</u>	<u>% of Ownership</u>
___ Black American	M / F	_____ %
___ Hispanic American	M / F	_____ %
___ Iberian Peninsula	M / F	_____ %
___ Asian American	M / F	_____ %
___ American Indians	M / F	_____ %
___ Individual w/ a disability	M / F	_____ %
___ Woman (circle below)	M / F	_____ %
___ Veteran (circle below)	M / F	_____ %

White > Black > Hispanic > Iberian Peninsula > Asian > American Indian

“The undersigned swears the forgoing statements are true and correct and including all material information necessary to identify and explain the operations of _____ as well as the ownership thereof.”

Signature: _____

Title: _____

Date: _____

Corporate Seal (where appropriate)

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EXHIBIT (8.1)

SUBCONTRACTOR CERTIFICATION

It is hereby represented by the Subcontractor (undersigned) as an inducement to the Department of Housing to consider the participation as requested herein, that to the best of my knowledge and belief, no information or data contained in the application or in the attachments are in any way false or incorrect, and that no material information has been omitted, including the financial statements. It is also hereby stated that the undersigned will comply with all program requirements for any approved activity and that the organization and its principals are not suspended or debarred as defined in 24 CFR part 5 Subpart A of the Code of Federal Regulations. The undersigned agrees that banks, credit agencies, the Connecticut Department of Labor, the Connecticut Department of Revenue Services, the Connecticut Department of Environmental Protection, and other references are hereby authorized now, or any time in the future, to give the Department of Housing any and all information in connection with matters referred to in this response.

Certifying Representative

Type Name and Title: _____

Signature: _____

Date: _____

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EXHIBIT (9.3)

NOTIFICATION TO RESPONDERS

The contract to be awarded is subject to contract compliance requirements mandated by Sections 4a-60 and 4a-60a of the Connecticut General Statutes; and, when the awarding agency is the State, Sections 46a-71(d) and 46a-81i(d) of the Connecticut General Statutes. There are Contract Compliance Regulations codified at Section 46a-68j-21 through 43 of the Regulations of Connecticut State Agencies, which establish a procedure for awarding all contracts covered by Sections 4a-60 and 46a-71(d) of the Connecticut General Statutes.

According to Section 46a-68j-30(9) of the Contract Compliance Regulations, every agency awarding a contract subject to the contract compliance requirements has an obligation to “aggressively solicit the participation of legitimate minority business enterprises as responders, contractors, subcontractors and suppliers of materials.” “Minority business enterprise” is defined in Section 4a-60 of the Connecticut General Statutes as a business wherein fifty-one percent or more of the capital stock, or assets belong to a person or persons: “(1) Who are active in daily affairs of the enterprise; (2) who have the power to direct the management and policies of the enterprise; and (3) who are members of a minority, as such term is defined in subsection (a) of Section 32-9n.” “Minority” groups are defined in Section 32-9n of the Connecticut General Statutes as “(1) Black Americans . . . (2) Hispanic Americans . . . (3) persons who have origins in the Iberian Peninsula . . . (4) Women . . . (5) Asian Pacific Americans and Pacific Islanders; (6) American Indians . . .” An individual with a disability is also a minority business enterprise as provided by Section 32-9e of the Connecticut General Statutes. The above definitions apply to the contract compliance requirements by virtue of Section 46a-68j-21(11) of the Contract Compliance Regulations.

The awarding agency will consider the following factors when reviewing the responder’s qualifications under the contract compliance requirements:

- (a) The responder’s success in implementing an affirmative action plan;
- (b) The responder’s success in developing an apprenticeship program complying with Sections 46a-68-1 to 46a-68-17 of the Connecticut General Statutes, inclusive;
- (c) The responder’s promise to develop and implement a successful affirmative action plan;
- (d) The responder’s submission of employment statistics contained in the “Employment Information Form”, indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area; and
- (e) The responder’s promise to set aside a portion of the contract for legitimate minority business enterprises. See Section 46a-68j-30(10)(E) of the Contract Compliance Regulations.

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The undersigned acknowledges receiving and reading a copy of the “Notification to Responder’s form.

*** INSTRUCTION: responder must sign acknowledgement below, and return acknowledgment to DOH along with response proposal.**

Signature

Date

On behalf of:

RFQ Name: **Contractor Prequalification - Owner-Occupied Rehabilitation and Reconstruction**

CERTIFICATE OF CORPORATION (if applicable)

I, _____ certify that I am the Secretary of the Corporation named in the foregoing instrument; that I have been duly authorized to affix the seal of the Corporation to such papers as require the seal; that _____, who signed said instrument on behalf of the Corporation was then _____ of said Corporation; that said instrument was duly signed for and in behalf of said Corporation by authority of its governing body and is within the scope of its Corporation powers.

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EXHIBIT (9.4)

Department of Housing
ETHICS AND CONFIDENTIALITY AGREEMENT

REQUEST FOR QUALIFICATION NAME: **CONTRACTOR PREQUALIFICATION**

I, _____ (*Print Full Name*), by my signature below, declare and attest that neither I nor any member of my immediate family, as defined by C.G.S. § 1-79(f), has any personal or financial interests in the Community Development Block Grant – Disaster Recovery program in the State of Connecticut.

I believe in good faith that my participation in the application intake process for this program shall not raise any question of conflict of interest or breach of ethics under the provisions of the State’s Code of Ethics (C.G.S. § 1-84 and § 1-85).

Should my participation in this application process include the review and evaluation of personal information, I declare that I have not been and shall not be subject to any undue influence that would affect my fair and objective review and evaluation of the application materials submitted in response to this program.

I agree not to accept any gifts, gratuities, meals, or reimbursements in any form or value from any Applicant who applies to this program or from any other party having a personal, professional, or financial interest in the outcome of this application process.

I also agree not to participate in any *ex parte* communications with any Applicant who applies to this program or with any other party having a personal, professional, or financial interest in the outcome of this application process, except as provided by this program and its approved evaluation plan.

Finally, I agree to maintain the confidentiality of all information and materials that I receive as a result of my participation in this application process.

Signed: _____ Date: _____

Subscribed and sworn to, _____
Before me, this ___ day of Notary Public
_____, 20___ Commissioner of Superior Court
Commission Expires _____
Date _____