REQUEST FOR QUALIFICATIONS # 14-13

Environmental Assessment Services

Client: Gateway Community Action Partnership

# PROPOSAL PARAMATERS AND GUIDELINES

1. **Submission Requirements.** All proposals must be presented in accordance with the requirements, format, and guidelines described in this Request for Qualifications (RFQ) document.
2. **Submission Deadline.** Interested entities must submit (3) copies of proposals no later than **4:30 p.m., Wednesday, January 14th, 2014.** Submittals should be addressed and delivered to:

 Edward Bethea, Sr. Vice President/Chief Operating Officer Gateway Community Action Partnership 110 Cohansey Street 08302

 (856) 451-6330, Ext. 6655

1. **Interpretation and Addenda.** All questions, requests for interpretation, and comments shall be prepared in writing and submitted to Daniel Muller (dtmuller@gatewaycap.org) via email by January 7th, 2014. Question and clarification responses will be sent to all parties having submitted questions. All responses will be binding. If a respondent has no questions please state so via email so that responses will be forwarded. Oral and other interpretations will be without legal effect.

# OVERVIEW

## Gateway Community Action Partnership was founded in 1987. The organization is the federally-designated Community Action Agency for Cumberland, Gloucester, and Salem counties. At present, Gateway CAP offers more than 50 programs throughout seven counties in Southern New Jersey, having served more than 53,000 clients in the past year. The Head Start program is an integral part of the agency, and has more than doubled its service area and number of children served over the past two decades.

# REQUEST FOR QUALIFICATIONS

## This RFQ is issued by Gateway Community Action Partnership (GCAP), a 501 (c) (3) tax exempt nonprofit corporation.

# ROLE OF THE SELECTED CONSULTANT

## The selected environmental assessment contractor will work closely with GCAP staff, on an as-needed basis to provide services related to childcare licensure requirements, both to maintain and obtain. An Environmental Services Agreement will be negotiated between Gateway CAP and the selected contractor and will include a price schedule for fixed and reimbursable cost estimates. Gateway CAP reserves the right to cancel/modify the agreement with proper notice. The agreement is for a one year period, starting February 1, 2015.

Subject to these negotiations, the role of the Environmental Firm shall include, but not be limited to, as necessary, the following:

* Compliance with the Environmental Requirements for New Construction and Change of Use Child Care Licenses.
* Preliminary Assessment (PA)
* Indoor Environmental Health Assessment (IEHA)
	+ Testing may include:
		- Lead, Asbestos, and/or Radon
* Retention and Compliance of Licensed Site Remediation Professional (LSRP)
* Identify any Areas of Concern (AOC)
* Site Investigation (SI)
* Remedial Investigation (RI)
* Issue entire site Response Action Outcome (RAO)
* Initial Receptor Evaluation
* Site Remediation Compliance Assessment Report
* Annual Fee Administration

# RFQ SUBMISSION REQUIREMENTS

## Respondent’s submissions must include the following core components, in order to be considered responsive to this solicitation:

* A current client list for related projects
* A fee schedule(s) showing billing rates and indication of number of project hours projected/allowed. Cost proposals are required at this time. This includes all fixed sum costs, reimbursable cost estimates, and time and material costs.
* The consultant’s Business Registration & Insurance Certificate.

# CONDITIONS FOR SUBMISSION OF PROPOSAL

## All proposals in response to this request must meet the following conditions to be considered:

* Breakdown the proposal by the steps of work necessary for licensure of facility.
* Proposals must be received by the date and time specified; **late proposals will be disqualified.**
* In order to be considered for selection, applicants must submit a complete proposal. **Incomplete proposals may not be considered.**
* Proposals must include a Cover Sheet or Letter clearly stating the name of the applicant, address and telephone number of the applicant representative.

## The funding award for these services and project shall be made at the sole discretion of the Gateway Community Action Partnership Board of Directors. Gateway Community Action Partnership is under no obligation to select any presented proposals. Funding is subject to all necessary approvals by Federal, State and local agencies and their representatives. GCAP reserves the right to request additional information from all applicants. GCAP reserves the right and anticipates inviting top respondents to engage in an interview process to obtain additional information that will be used during the selection process. GCAP reserves the right to reject any and all proposals submitted, and to negotiate portions thereof.

# APPLICATION RANKING CRITERIA.

## All submissions shall be initially reviewed to determine if they are responsive to the submission requirements. Those not meeting the minimum requirements set forth herein will be deemed non-responsive, and will not be subject to further review.

## The responsive submissions shall be evaluated and ranked in accordance with the scoring criteria, based upon a 10-point system.

3 points – Previous history, working with non-profits and government agencies and your direct experience with Head Start, childcare and commercial projects.

2 points – Overall professional Proposal, experience, proven capacity of the organization and its key personnel and staff

5 points – Timeliness of projected completed date and overall cost estimate

**CERTIFICATION FORM NOTE**

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION

The undersigned hereby certifies, on behalf of the Respondent named in this Certification (the “Respondent”), that the information provided in this RFQ submittal to ISSUER is accurate and complete, and I am duly authorized to submit same. I hereby certify that the Respondent has reviewed this RFQ in its entirety and accepts its terms and conditions.

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(Name of Respondent)

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(Signature of Authorized Representative

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(Typed Name of Authorized Representative)

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(Title)

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(Date)