



**REQUEST FOR STATEMENT OF QUALIFICATIONS
FOR PROFESSIONAL SERVICES FOR ARCHITECTURAL SERVICES, ENGINEERING
SERVICES, AND FINANCIAL CONSULTING SERVICES**

Date Issued: September 3, 2013

RFQ Due Date: Open

Opa-locka Community Development Corporation (OLCDC) is seeking Statement of Qualifications from qualified individuals or firms to provide architectural, engineering, and financial consulting services for pre-development and development activities for single family housing, multifamily housing, vacant land, economic development, and community development projects. These activities are related to the implementation of the grants and loans administered by OLCDC.

Brief History and Mission Statement of OLCDC

Opa-locka Community Development Corporation (OLCDC) was established in November 1980 as a non-profit community development corporation in order to address distressed living and unemployment conditions, particularly in the Opa-locka and North Dade County communities.

OLCDC's MISSION is to transform neighborhoods by capitalizing on community assets, empowering residents and creating community and economic initiatives that serve as a catalyst in promoting sustainable development.

We have concentrated our projects in the areas of affordable housing and economic development. During the past 33 years OLCDC has developed or rehabilitated more than 2,000 units of housing, including new construction of over 1,400 affordable apartment units and rehabilitation of over 200 abandoned and foreclosed single-family homes. OLCDC's commercial real estate activities have resulted in the development of more than 13,000 square feet of office space and the administration of a \$400,000 Commercial Revitalization Façade Program, and administration of a \$500,000 Business Development Program that expanded 10 businesses, created 50 jobs and provided technical assistance to 100 local businesses. OLCDC's homebuyer education program has served over 5,000 families, which prepares residents to qualify for home purchases and meet homeowner responsibilities.

Preference will be given to Minority and Section 3 qualified businesses.



OLCDC is seeking qualifications for the following services:

- Architectural Services
- Engineering Services
- Financial Consulting Services

Information Requested from Applicants:

The following information, at a minimum, is to be included in the response to this RFQ:

- Vendor Profile Form (attached);
- Professional experience including previous similar experiences, number of years in business, capability and capacity the business to carry out the proposed scope of work, resumes of proprietor/partners and pertinent staff, and a list of other clients with contact information;
- Extent of minority and local business participation;
- Applicable licenses; and
- Insurance certificates

The information requested will be the basic criteria for screening and selection for interviews. Please submit the above information/documentation along with information specified in the qualification request for each profession, industry, or service (retrieve from www.olcdc.org or from office address below).

Submission Due Date:

The OLCDC will accept Statements of Qualifications for a minimum of 30 days. OLCDC retains the right to close these RFQs at any time beyond 30 days. Submit one (1) original and two (2) copies to:

Opa-locka Community Development Corporation
490 Opa-locka Boulevard, Suite 20
Opa-locka, FL 33054

It is anticipated that interviews will be held with a limited number of selected firms. This notice does not bind OLCDC to pursue further steps with any interested parties. Accordingly, OLCDC is not liable for any costs incurred in connection with the submittal of materials in response to this request.

All responses must be complete upon initial submission. Faxed responses will **not** be accepted. Electronic versions will **not** be accepted.

RFQ – Financial Consultant Services

Opa-locka Community Development Corporation (OLCDC) is soliciting for Qualified Financial Consulting Firms to be placed on a pre-qualified list to perform and financial consulting services in connection with new construction and rehabilitation of single-family and multi-family residential properties, economic development, and community development projects for various grants/loans administered by OLCDC.

Financial Consultants will provide financial planning, resource development for various single family, multi-family, economic development and community development projects.

Preference will be given to firms with documented grant experience, economic development experience, and community development experience.

OLCDC must receive complete qualification documents listed within the Request for Qualifications (RFQ). OLCDC will accept RFQs beginning Tuesday, September 3, 2013. The RFQ will be open for a minimum of 30 days. OLCDC retains the right to close these RFQs at any time beyond 30 days. Responses are to be submitted to OLCDC at 490 Opa-locka BLVD, Suite 20, Opa-locka, FL 33054.

Submit one (1) original document and two (2) copies marked “Financial Consultant” on the outside of the sealed envelope. Each submittal will be date and time stamped.

Requirements

Insurance

OLCDC will require all Firms to provide proof of General Liability coverage of at least \$1,000,000 per occurrence and \$1,000,000 aggregate, Error and Omissions coverage of at least \$250,000, Professional Liability coverage of at least \$250,000. Firms are also required to provide proof of Worker’s Compensation Insurance with statutory coverage. Firm’s current insurance certificates must be submitted with RFQ response. All insurance carriers must be licensed to do business in Florida.

Preference

Preference will be given to Minority and Section 3 qualified businesses.

VENDOR PROFILE

All questions must be answered and the data given must be clear and comprehensive. The contractor may submit additional information as appropriate.

Company Name: _____

Company Owner (s): _____

Address: _____

Phone: _____

Federal IRS Tax I.D. # _____

DUNS # _____

License No. _____ (Attach Copy)

Type of Ownership: Corporation () Partnership () Privately Owned ()

Company Principals and Titles: _____

Names of Corporation Officers (if corporation), Partners (if partnership), Owner (if private):

1. _____
Name and Title

Address	City	ST	Zip
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Office Phone #	Cell Phone #
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2. _____
Name and Title

Address	City	ST	Zip
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Office Phone #	Cell Phone #
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3. _____
Name and Title

Address	City	ST	Zip
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Office Phone #	Cell Phone #
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4. _____
 Name and Title _____

 Address City ST Zip _____

 Office Phone # Cell Phone # _____

Attach copy of:

1. Current License/Certificate/Registration
2. Current Insurance Certificate(s)
3. Corporate Resolution verifying authorized signatures

Number of years in business as this entity: _____ years.

If the company name has changed, what was the original name(s)

1. _____
 Company Name Dates _____

 Address City ST Zip _____

2. _____
 Company Name Dates _____

 Address City ST Zip _____

Number of individuals on your company's payroll. _____

How many times have you failed to complete any work or defaulted on a contract awarded to you?

If so, when, where and why?

Have you ever been in any other affordable housing program (rehabilitation, purchasing, sales, single family, multi-family)? _____ If so, which ones _____

Do you have experience with Barrier Free rehabilitation? _____ If so, how many years of experience? _____ Please provide two Barrier Free job references if claiming experience.

FINANCIAL REFERENCES

Since draws will be paid as reimbursements after work is completed please provide information that reflects sufficient assets or credit to operate on a reimbursement basis:

Bank Name: _____
Reference: _____
Address: _____
Phone _____
Bank Credit Available in dollars \$ _____
Supply House Credit \$ _____ Name: _____
Supply House Credit \$ _____ Name: _____
Supply House Credit \$ _____ Name: _____

JOB REFERENCES

List three (3) references. Supply name, phone number, address, and type of work completed. (Please give us references that we can contact and receive a response to reference checks).

1. Name _____
Address _____
Phone _____

Type of work performed

2. Name _____
Address _____
Phone _____

Type of work performed

3. Name _____
Address _____
Phone _____

Type of work performed

ADDITIONAL INFORMATION

General background, such as experience of partners and staff, can be submitted as an attachment.

Please list suppliers with whom you have credit accounts

Name Phone

Name Phone

Name Phone

Name Phone

Provide a current list of subcontractors with whom your company has done business. Include the name of company, phone number(s) and contract person for each subcontractor on the attached reference form.

Have you ever filed for bankruptcy?_____

Name(s) authorized to sign contracts, bids, contract change order requests, and endorse checks

Name and Title

Name and Title

Name and Title

Personal References

Name Address Phone

Name Address Phone

Name Address Phone

I/we hereby certify that the above statements are true and complete to the best of my knowledge.

I/we further understand that Opa-locka Community Development Corporation will keep all the information confidential and use such information only to verify the qualification of the undersigned as a general contractor.

The undersigned hereby authorizes and requests any person, firm, or corporation to furnish any information requested by Opa-locka Community Development Corporation in verification of the recitals comprising this Contractor Profile.

Print Name

Title

Signature

Date