

# BROWARD COUNTY HOUSING AUTHORITY SOLICITATION NUMBER QR 17-254 QUOTATION REQUEST

# ANNUAL PHYSICAL INSPECTION SERVICES

[Uniform Physical Condition Standard (UPCS)]

## QUOTE DUE DATE: APRIL 25, 2017, 2:00 PM, EST

Please check BCHA's web site for addenda and changes before submitting your quote.

CONTACT: ANTHONY J. CARIVEAU, MPA, CPPO, CPPB, FCCN PURCHASING DIRECTOR BROWARD COUNTY HOUSING AUTHORITY 4780 NORTH STATE ROAD 7 LAUDERDALE LAKES, FL 33319 TELEPHONE: 954-739-1114, EXTENSION 1316 E-MAIL: acariveau@bchafl.org

Broward County Housing Authority

### ANNUAL PHYSICAL INSPECTION SERVICES (UPCS)

#### **1. INTRODUCTION**

The Broward County Housing Authority (herein after, "BCHA") is a Public Housing Agency established in June 1969 under the U.S. Housing Act of 1937 and Chapter 421 of the Florida Statutes and is an Independent Special District of the State of Florida.

The mission of Broward County Housing Authority, its affiliates and instrumentalities (hereinafter, jointly referred to as "BCHA") is to create, provide and increase high quality housing opportunities for Broward County residents through effective and responsive management and responsible stewardship of public and private funds.

The United States Department of Housing and Urban Development ("HUD"), a federal agency, partially funds and monitors operations of the BCHA. Nothing contained in this RFP or in the contract resulting from the selection process shall be construed to create any contractual relationship between the successful Proposer and HUD.

BCHA maintains a website at <u>http://www.bchafl.org</u> with information for clients, landlords, prospective business partners, and the public at large.

#### 2. STATEMENT OF WORK

The Broward County Housing Authority (BCHA) as a Public Housing Authority existing under Florida statutes, and on behalf of related instrumentalities and single asset affiliated entities are actively soliciting quotations from qualified, licensed and insured contractors to conduct 100% of its **Annual Physical Inspection Services** (**UPCS**) of 484 residential units according to the requirements of HUD's Multifamily Program located in Broward County Florida, in accordance with the specifications as set forth in this quotation request.

**2.1**. Quotations are hereby requested on an open end basis to provide Annual Physical Inspections Services for the Broward County in accordance with the specifications as set forth in this quotation request.

The initial contract period shall start on date of award and shall terminate one year from that date. The Purchasing Director may renew this contract for an additional four (4), one (1) year periods, subject to satisfactory performance, vendor acceptance and determination that the renewal is in the best interest of Broward County.

All prices, terms, conditions and specifications shall remain for the initial contract period. In addition, all price, terms, conditions and specifications shall remain fixed for the renewal of the contract. There will be no allowable price escalations for fuel or any other type escalation throughout any contract periods (s), unless otherwise specified in this document.

#### **3.** CONTRACTOR RESPONSIBILITIES

- **3.1 Standard Service Requirements**: Except as specifically excluded, contractor shall be responsible for providing all services, permits (if required), licenses, materials, labor, supplies, tools and equipment necessary to meet the service requirements contained within this solicitation. The awarded contractor shall be familiar with all laws and regulations that may in any way affect the work. The cost/fees for permits must be included in the contractor's price and paid for by the contractor.
  - 3.1.1 **Personnel:** All employees of the contractor shall be considered to be, at all times the sole employees of the Contractor, under his sole direction and not an employee or agent of BCHA. BCHA may require the contractor to remove an employee if it deems the employee to be careless, incompetent, insubordinate or otherwise objectionable and whose continued employment on BCHA property is not in the best interest of BCHA.
  - 3.1.2 Contractor shall have in its employ, or under its control, sufficient qualified, experienced and competent personnel to perform work promptly and in accordance with a schedule or work program, as approved by BCHA. Contractor shall employ only such workers as are skilled in the tasks to which they are assigned. Contractor shall be responsible for overseeing the work of all workers.
  - 3.1.3 **Employee Identification:** Contractor's personnel must be appropriately attired, courteous and conduct themselves in a professional manner consistent with UPCS requirements. While working on BCHA property, all contractors' inspectors shall wear clearly displayed photo identification badges at shirt pocket height showing they are employees of the contractor. The badges shall be provided by the contractor at the contractor's expense.
  - 3.1.4 At least one employee of the Contractor, assigned to any BCHA site must be able to fluently speak, read and communicate in the English language or the Contractor must provide a translator for communication at the Contractor's expense.
  - 3.1.5 Contractor shall be responsible for informing their personnel that under no circumstances are they permitted to accept food or drink from any tenant.
  - 3.1.6 Smoking is **NOT** permitted in any BCHA residential unit or facility.
  - 3.1.7 Contractor's employees must call Property Manager to check in and provide them with the following information: Company name, Building name and nature of work to be performed.
  - 3.1.8 **Davis Bacon Wages are applicable for this project. HUD General Conditions**: Bidders are subject to General Conditions for Construction Contracts, HUD Form 5370-EZ, at <u>http://portal.hud.gov/hudportal/documents/huddoc?id=5370-EZ.docx</u>.
  - 3.1.9 Contractor shall fully complete the work within **45 days** from the issue date of the permit. No grace period shall be honored unless previously established and written authorization is granted by the Project Manager.

3.1.10 In the event that the contractor fails to complete the work within the timeframe set forth, and in compliance with the specifications and requirements contained within this solicitation, BCHA reserves the right to pursue alternate remedies which may include the termination of the contract for default.

## **3.2 BCHA Responsibilities**

3.2.1 BCHA shall provide an employee to facilitate access to all units and to accompany the inspector while on BCHA property.

## 4. LICENSING AND INSURANCE INFORMATION

- 4.1 Before a contract pursuant to this Quotation Request (QR) is executed, the apparent successful Contractor must hold all necessary, applicable professional licenses required by the State of Florida and all regulatory agencies necessary to complete the Service. The Contractor shall obtain, at the Contractor's expense, any permits, certificates and licenses as may be required in the performance of work specified. All required licenses shall remain active and valid during the entire duration of the subsequent contract. BCHA may require any or all Contractors to submit evidence of proper licensure.
- 4.2 A copy of the contractor's business license allowing the contractor to provide such services within Broward County, Florida;
- 4.3 An original certificate evidencing the contractor's current worker's compensation carrier and coverage amount. BCHA will not accept state waiver of worker's compensation insurance liability;
- 4.4 An original certificate evidencing General Liability coverage evidencing a minimum of \$1,000,000 each occurrence, general aggregate minimum limit of \$1,000,000, together with damage to premises and fire damage of \$50,000 and medical expenses any one person of \$5,000 with a deductible of not greater than \$1,000;
- 4.5 An original certificate showing the contractor's vehicle insurance coverage in a combined single limit of \$1,000,000. For every vehicle utilized during the term of this contract, when not owned by the entity, each vehicle must have evidence of vehicle insurance coverage with limits of no less than \$50,000/\$100,000 and medical pay of \$5,000 must each be furnished with the proposer's response.
- 4.6 Contractor agrees, and hereby authorizes its insurer, to notify BCHA of any substantial change in such insurance coverage described herein. Substantial change includes, but not limited to, events such as cancellation, non-renewal, reduction in coverage, or receipt of a claim against such coverage with potential recovery in excess of twenty percent (20%) of available coverage. BCHA shall be notified at least 30 days in advance of cancellation, non-renewal or adverse change;
- 4.7 The premium cost of all insurance purchased by the Contractor for protection against risks assumed by virtue of the contract shall be borne by the Contractor and is not reimbursable by BCHA;
- 4.8 BCHA reserves the right, but not the obligation, to review and revise any insurance requirements, including limits, coverages and endorsements, based upon insurance

market conditions affecting the availability and affordability of coverage. Additionally, BCHA reserves the right, but not the obligation, to review and reject any insurance policies, certificates of insurance, or insurer failing to meet the criteria stated herein;

### 5. Compliance with Law

- 5.1 While conducting business with BCHA, Proposer shall comply with all applicable Federal, State and local laws, regulations, ordinances and requirements, applicable to the work described herein including, but not limited to, those applicable laws, regulations and requirements governing equal employment opportunity strategies, subcontracting with small and minority firms, women's business enterprise, and labor surplus area firms, equal opportunity for businesses and unemployed and underemployed persons as referenced in Section 3 of The Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u ("Section 3"), the Americans with Disabilities Act, Section 504 of the Rehabilitation Act of 1973, the Davis-Bacon Act, and shall provide for such compliance in the contract documents as required. It is the policy of BCHA that all proposers that conduct business with BCHA must be authorized and/or licensed to do business in Florida. Proposer is responsible for contacting their local city and county authorities and the State of Florida to ensure that Proposer has complied with all laws and is authorized and/or licensed to do business in Florida. All applicable fees associated therewith are the responsibility of Proposer.
  - 5.1.1 Proposers are subject to Instructions to Offerors Non-Construction, HUD Form 5369-B, at <u>http://www.hud.gov/offices/cpo/forms/hud5369b.pdf.</u>
  - 5.1.2 Proposers are subject to General Contract Conditions Non-Construction, HUD Form 5370-C, at <u>http://portal.hud.gov/hudportal/documents/huddoc?id=5370-</u><u>C1.docx.</u>
  - 5.1.3 Proposers are subject to 24 CFR 135, Economic Opportunities for Low- and Very Low-Income Persons commonly referred to as Section 3, at <a href="http://www.access.gpo.gov/nara/cfr/waisidx\_98/24cfr135\_98.html">http://www.access.gpo.gov/nara/cfr/waisidx\_98/24cfr135\_98.html</a>. The proposer shall be required to, as detailed therein, "to the greatest extent feasible ... provide economic opportunities to low- and very-low income persons," meaning, if the proposer must hire anyone to help with the work, he/she must submit a work plan showing how he/she will give first preference to such jobs to Section 3 persons.
  - 5.1.4 Bidders are subject to *Maintenance Wage Rate Determination for Routine Maintenance*, General Decision Number: FL20160099, included as an attachment to this solicitation document, for work classifications of as appropriate to the work being performed. Bidder acknowledges that he/she will not pay his/her employees at rates less than detailed on the applicable Wage Rate Determination (Davis-Bacon). The contractor will be required to submit certified payrolls; the contractor must make its payroll records available to BCHA or HUD on request, and failure on the part of the contractor to comply with this requirement will be

the sole responsibility of the contractor, including any ensuing penalties, court costs, or wages due its employees. **See Attachment A** for the Wage Rate Determination currently in effect. Future Wage Rate Determinations will apply and will be provided to the contractor as available.

#### 6. CONTACTS:

For technical questions regarding the commodities/services listed in this quote, contact Bill Sipala (Construction Manager) at 954-739-1114 ext. 1310 or 954-547-7639.

For information regarding bidding procedures, terms and conditions, contact Anthony Cariveau at 954-739-1114 ext. 1316 or by email at: <u>acariveau@bchafl.org</u>.

#### 7. CONTRACT SERVICE STANDARD

All work performed pursuant to this solicitation must conform and comply with all applicable federal, state, and local laws, statutes, and regulations.

#### 8. CONTRACT PAYMENT

- 8.1 Following the performance of work, the contractor will submit an invoice to Accounts Payable Department, Broward County Housing Authority, 4780 N. State Road 7, Lauderdale Lakes, Florida, 33319 or by email at <u>payments@bchafl.org</u>.
- 8.2 Contractor's invoices shall reflect the prices established for the items on this Contract for all orders placed by BCHA even though the Contract number and/or correct prices may not be referenced on each order. Only properly submitted invoices will be officially processed for payment. Invoices submitted without required information will be returned for entry of the missing information and will not be paid until properly completed.
- 8.3 All invoices must be itemized showing: Contractor's name, remit to address, purchase order number, service location, site name and prices per the contract, itemized in order to facilitate contract auditing.
- 8.4 Each invoice must detail the service and location at which performed, accompanied by a copy of the work order signed by the BCHA Contact Person indicating satisfactory completion of work.
- 8.5 BCHA will pay the properly completed and authorized invoice within thirty (30) days of receipt. BCHA will pay invoices by check.
- 8.6 All checks will be mailed.

#### 9. SCOPE OF WORK

### 9.1 General Requirements

The Broward County Housing Authority (BCHA) is actively soliciting proposals from qualified, experienced, licensed and insured contractors to conduct 100% of its annual physical inspection of 484 residential units according to the requirements of HUD's Multifamily Program.

The 484 unit inspections may not be completed at one time. Inspections may be scheduled in at least 2 different time frames within a three (3) month period.

9.1.1 Contractor will perform tasks specified within Scope of Work below at locations below.

			# of	Size of	Unit	Building	# of
#	Location	Site Contact	Units	Units	Breakdown	Description	Buildings
1	Highland Gardens 331 NE 48th St Deerfield Beach, FL 33064	Curvis Jackson Tel: 954-325-3692 Fax: 954-571-7825	100	631 sq.ft.	1/BR	3 Story Mid- Rise	1
2	Griffin Gardens 4881 Griffin Rd Davie, FL 33314	Lance Brown Tel: 954-497-4577 Fax: 954-321-1351	100	1/BR 617 sq.ft 2 BR 830 sq.ft	90 - 1/BR 10 - 2/BR	4 Story Hi- Rise	1
3	Roosevelt Glen NW 12th Ct & NW 28th Ave Fort Lauderdale, FL 33311	Lance Brown Tel: 954-497-4577 Fax: 954-714-3203	9	989 sq.ft.	3/ BR	Single Family Homes	9
4	Auburn Gardens 3331-3481 Auburn Blvd Fort Lauderdale, FL 33311	Lance Brown Tel: 954-497-4577 Fax: 954-714-3203	24	2/BR 734 sq.ft. 3 BR 909 sq.ft	12 - 2/BR 12 - 3/BR	2 Story Town Houses	12
5	Everglades Heights 2400 NW 22nd St Fort Lauderdale, FL 33311	Lance Brown Tel: 954-497-4581 Fax: 954-714-3203	53	2/BR 711 sq. ft 3BR 1055sq.ft	45 - 2/BR 8 - 3/BR	2 Story Walk- Up Apartments	7
6	Park Ridge Court 5200 NE 5th Ter Deerfield Beach, FL 33064	Curvis Jackson Tel: 954-325-3692 Fax: 954-571-7825	37	911 sq.ft	3/ BR	Single Story Duplexes	20
7	Meyers Estates 2411 NW 7th St Fort Lauderdale, FL 33311	Lance Brown Tel: 954-497-4577 Fax: 954-714-3203	50	911 sq.ft.	3 - 2/BR 47 - 3/BR	2 Story Walk- Up Apartments	9
8	College Gardens 1555 SW 12 <sup>th</sup> Avenue Dania Beach, FL 33304	Lance Brown Tel: 954-497-3736 Fax: 954-920-0574	63	2/BR 929 sq.ft. 3/BR 1120sq.ft.	40 – 2/BR 24 – 3/BR	2 Story Walk- Up Apartments	8

9	Twin Oaks 4370 NW 29 <sup>th</sup> St. Lauderdale Lakes, fl. 33313	Curvis Jackson Tel: 954-325-3692	16	1/BR 750 sq.ft	16 - 2/BR	Ground floor Apartments	4
10	Ocean Drive 101, 105 & 111SE 9 <sup>th</sup> Ave., Pompano Bch. Fl. 33060	Curvis Jackson Tel: 954-325-3692	12	2/BR 775 sq.ft	12 - 2/BR	Single Story Garden Apartments	3
11	Villas of Pompano 113 & 117 SE 11 <sup>th</sup> Avenue Pompano Bch. Fl. 33060	Curvis Jackson Tel: 954-325-3692	8	1 BR/600 sq.ft 2 /BR 800 sq.ft	2 - 1/BR 6 - 2 /BR	1 Story Building	2
12	Manors at Middle River 1716-1416 N. Dixie Highway, Ft. Lauderdale, Fl. 33305	Curvis Jackson Tel: 954-325-3692	12	2/BR 1200 sq.ft 4- 3/BR 1500 sq.ft	8 - 2BR 4 - 3BR	Townhouses	5
	Total		484				81

- 9.1.2 The actual number of units inspected shall be based upon the total number of units at a property and shall include all units on the property, both occupied and vacant.
- 9.1.3 Inspections shall address all UPCS inspection areas including: Site, Exteriors, Systems, Common Areas, Unit Interiors and Health and Safety.
- 9.1.4 Inspection scheduling shall be closely coordinated with BCHA representatives; inspections shall include:
- 9.1.5 All items interior and exterior required to be inspected under a completed UPCS annual inspection.
- 9.1.6 The review, with cooperation of BCHA representative, of all physical certifications required under REAC to include: elevators, fire alarms, lead base paint and sprinkler systems. The existence of these certificates and their suitability under REAC requirement must be verified.
- 9.1.7 All exigent Health and Safety defects, as defined by REAC; all detected defects shall be specifically documented to BCHA on a daily basis.
- 9.1.8 The utilization of specialized software to complete and document all deficiencies identified in the inspections.
- 9.1.9 The calculation of all UPCS inspections shall be scored in such a manner as to be nearly identical to the scoring used in a REAC inspection.
- 9.1.10 The provision of reports including (1) the Detailed Deficiency report, (2) Unit Deficiency Review report, (3) Scoring report, and (4) Housekeeping report as each development is completed.
- 9.1.11 The preparation and provision of a Recommended Corrective Action report. This report should illustrate how to correct numerous reoccurring deficiencies in the most timely and cost effective manner.
- 9.1.12 All required documentation for the inspection shall be completed and submitted to BCHA in a format that is clear, complete and easily understood. Reports shall be submitted in both hard copy and on compact disks.

#### **10. SOLICITATION BACKGROUND AND ANTICIPATED SCHEDULE**

- 10.1.1 BCHA is seeking to obtain quotations from firms qualified to perform services as described within the Scope of Work at location listed above.
- 10.1.2 This solicitation is subject to the BCHA Procurement Policy, as revised September 18, 2013, a copy of which will be provided upon request.

#### **11. SITE VISIT- NOT APPLICABLE**

#### **12. BID SUBMISSION:**

Bid submission should include <u>pages 1 through 10 and Attachments B & C</u> of this solicitation. <u>Do not submit Attachment A.</u> All required sections should be completed. Bidder is responsible for the completeness of all forms and the submission of the required documents.

#### **13. BID EVALUATION DOCUMENTATION AND MEETING:**

In order to verify that the Bidder has adequately incorporated all elements of the Work and the requirements of the Contract Documents in its bid prices, the Bidder shall, upon request of the Owner, promptly make available for the Owner's review a complete itemization and breakdown of its Total Bid amount, a description of the Bidder's understanding of the Work, and a proposed schedule. Prior to award, upon request of the Owner, the Bidder and proposed subcontractors and suppliers shall attend a bid evaluation meeting with the Owner, and shall bring to the meeting any documents requested by the Owner to assist the Owner in evaluating the bid and the Bidder's understanding of the Project. In the event the Bidder refuses to provide the requested information or attend the bid evaluation meeting, the Owner may reject the bid as nonresponsive.

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#### 14. PROPOSED FEES

All prices submitted are to be on the form below.

- A. Instructions: Please indicate the cost:
- B. Price shall include all labor, materials, equipment, permits and associated costs.
- C. Schedule of value and time schedule may be requested prior to award.
- D. Quantities listed within quotation are not guarantee, but solely an estimate of anticipated annual usage.

INSPECTION TYPE			TOTAL
	QTY	UNIT	ESTIMATED
			COST
			(To include Site
			Inspection)
UPCS Inspection, as per SOW listed on paragraph 8.	484 Estimated	\$ per Unit	\$ Total
paragraph 6.	Quantity	per Unit	Totai

By completing and submitting this form and all other documents within this bid submission, the undersigned proposer hereby certifies and understands that:

- 1. he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if BCHA discovers that any information entered herein to be false, such shall entitle BCHA to not consider or make award of to cancel any award with the undersigned party;
- 2. he/she is agreeing to abide by all terms and conditions pertaining to this solicitation document as issued by BCHA including an agreement to execute a contract form; and
- 3. he/she has the ability to sign and bind the firm or company to the services to be performed within the fees proposed.

Signature	
Title	
Date Signed	
Printed Name	
Firm or Company	
Telephone #	

#### Service:

Service is desired within 10 calendar days after receipt of Purchase Order. Failure to meet this service date may be deemed as non-responsive.

Please indicate service time after receipt of Purchase Order: \_\_\_\_\_ calendar days.

General Decision Number: FL170099 01/06/2017 FL99

Superseded General Decision Number: FL20160099

State: Florida

Construction Type: Residential

County: Broward County in Florida.

RESIDENTIAL CONSTRUCTION PROJECTS (consisting of single family homes and apartments up to and including 4 stories).

Note: Under Executive Order (EO) 13658, an hourly minimum wage of \$10.20 for calendar year 2017 applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2015. If this contract is covered by the EO, the contractor must pay all workers in any classification listed on this wage determination at least \$10.20 per hour (or the applicable wage rate listed on this wage determination, if it is higher) for all hours spent performing on the contract in calendar year 2017. The EO minimum wage rate will be adjusted annually. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Modification	Number	Publication	Date
0		01/06/2017	

ELEC0728-002 03/01/2016

	Rates	Fringes
ELECTRICIAN		10.85
ENGI0487-012 07/01/2013		
	Rates	Fringes
OPERATOR: Backhoe OPERATOR: Crane All Tower Cranes (Must have 2 operators) Mobile, Rail, Climbers, Static- Mount; All Cranes with Boom Length 150 Feet & Over (With or without jib) Friction, Hydro, Electric or Otherwise; Cranes 150 Tons & Over (Must have 2 operators); Cranes with 3 Drums (When 3rd drum is rigged for work); Gantry & Overhead Cranes; Hydro Cranes Over 25 Tons but not more than 50 Tons (Without	\$ 28.32	8.80

Oiler/Apprentice); Hydro/Friction Cranes without Oiler/Apprentices when Approved by Union; & All Type of Flying Cranes. Cranes with Boom Length Less than 150 Feet (With or without jib); Hydro Cranes 25 Tons & Under, & Over 50 Tons (With Oiler/Apprentice)	\$ 28.32	8.80 8.80 8.80
* IRON0272-003 10/01/2015		
	Rates	Fringes
IRONWORKER, ORNAMENTAL, REINFORCING AND STRUCTURAL		8.28
LAB01652-002 06/01/2013		
	Rates	Fringes
LABORERS Common or General Plaster Tender		4.92 4.92
PAIN0365-005 08/01/2014		
	Rates	Fringes
PAINTER, Includes Brush, Roller and Spray (Excludes Drywall Finishing/Taping)		7.88
SFFL0821-003 07/01/2016		
	Rates	Fringes
SPRINKLER FITTER (Fire Sprinklers)		15.37
SHEE0032-007 12/01/2013		
	Rates	Fringes
SHEET METAL WORKER, Includes HVAC Duct Installation (Excludes Metal Roof Installation)		12.18
SUFL2009-095 06/08/2009		
	Rates	Fringes
BRICKLAYER	\$ 20.00	0.00
CARPENTER, Includes Cabinet Installation (Excludes		

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### ATTACHMENT A

			0.00
Drywall Hai	nging)\$	21.17	0.86
CEMENT MAS	DN/CONCRETE FINISHER\$	16.19	0.00
DRYWALL FI	NISHER/TAPER\$	19.22	0.00
DRYWALL HAI	NGER\$	15.69	0.00
FENCE EREC	FOR\$	11.00	0.00
GLAZIER	\$	20.00	0.00
of HVAC Un: Installatio	NIC (Installation it Only, Excludes on of HVAC Pipe and \$	13.75	0.00
LABORER: 1	Mason Tender - Brick\$	11.51	0.00
LABORER:	Mason Tender -		
	crete\$	10.46	0.00
LABORER:	Pipelayer\$	11.79	0.00
LABORER:	Roof Tearoff\$	9.00	0.00
LABORER: La Irrigation	andscape and	9.15	0.00
OPERATOR:	Asphalt Paver\$	11.63	0.00
	Backhoe Loader	17.04	0.00
OPERATOR:	Bulldozer\$	13.67	0.00
OPERATOR:	Distributor\$	11.41	0.00
OPERATOR:	Excavator\$	13.50	0.00
OPERATOR:	Forklift\$	17.50	0.00
OPERATOR:	Grader/Blade\$	15.50	0.00
OPERATOR:	Loader\$	16.48	0.00
OPERATOR:	Roller\$	10.62	0.00
OPERATOR:	Screed\$	10.93	0.00
OPERATOR:	Trackhoe\$	15.68	0.00
OPERATOR:	Tractor\$	10.20	0.00
PLUMBER		25.00	1.17
Modified B Shingle Roo	cludes Built Up, itumen, and Shake & ofs (Excludes Metal	14.50	0.00

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#### ATTACHMENT A

ROOFER: Metal Roof	.6.99	0.00
TILE SETTER\$ 1	6.65	0.00
TRUCK DRIVER, Includes Dump Truck\$ 10	.0.22	0.00
TRUCK DRIVER: Lowboy Truck\$ 12	2.10	0.00

WELDERS - Receive rate prescribed for craft performing operation to which welding is incidental.

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Note: Executive Order (EO) 13706, Establishing Paid Sick Leave for Federal Contractors applies to all contracts subject to the Davis-Bacon Act for which the contract is awarded (and any solicitation was issued) on or after January 1, 2017. If this contract is covered by the EO, the contractor must provide employees with 1 hour of paid sick leave for every 30 hours they work, up to 56 hours of paid sick leave each year. Employees must be permitted to use paid sick leave for their own illness, injury or other health-related needs, including preventive care; to assist a family member (or person who is like family to the employee) who is ill, injured, or has other health-related needs, including preventive care; or for reasons resulting from, or to assist a family member (or person who is like family to the employee) who is a victim of, domestic violence, sexual assault, or stalking. Additional information on contractor requirements and worker protections under the EO is available at www.dol.gov/whd/govcontracts.

Unlisted classifications needed for work not included within the scope of the classifications listed may be added after award only as provided in the labor standards contract clauses (29CFR 5.5 (a) (1) (ii)).

The body of each wage determination lists the classification and wage rates that have been found to be prevailing for the cited type(s) of construction in the area covered by the wage determination. The classifications are listed in alphabetical order of "identifiers" that indicate whether the particular rate is a union rate (current union negotiated rate for local), a survey rate (weighted average rate) or a union average rate (weighted union average rate).

#### Union Rate Identifiers

A four letter classification abbreviation identifier enclosed in dotted lines beginning with characters other than "SU" or "UAVG" denotes that the union classification and rate were prevailing for that classification in the survey. Example: PLUM0198-005 07/01/2014. PLUM is an abbreviation identifier of the union which prevailed in the survey for this

classification, which in this example would be Plumbers. 0198 indicates the local union number or district council number where applicable, i.e., Plumbers Local 0198. The next number, 005 in the example, is an internal number used in processing the wage determination. 07/01/2014 is the effective date of the most current negotiated rate, which in this example is July 1, 2014.

Union prevailing wage rates are updated to reflect all rate changes in the collective bargaining agreement (CBA) governing this classification and rate.

#### Survey Rate Identifiers

Classifications listed under the "SU" identifier indicate that no one rate prevailed for this classification in the survey and the published rate is derived by computing a weighted average rate based on all the rates reported in the survey for that classification. As this weighted average rate includes all rates reported in the survey, it may include both union and non-union rates. Example: SULA2012-007 5/13/2014. SU indicates the rates are survey rates based on a weighted average calculation of rates and are not majority rates. LA indicates the State of Louisiana. 2012 is the year of survey on which these classifications and rates are based. The next number, 007 in the example, is an internal number used in producing the wage determination. 5/13/2014 indicates the survey completion date for the classifications and rates under that identifier.

Survey wage rates are not updated and remain in effect until a new survey is conducted.

#### Union Average Rate Identifiers

Classification(s) listed under the UAVG identifier indicate that no single majority rate prevailed for those classifications; however, 100% of the data reported for the classifications was union data. EXAMPLE: UAVG-OH-0010 08/29/2014. UAVG indicates that the rate is a weighted union average rate. OH indicates the state. The next number, 0010 in the example, is an internal number used in producing the wage determination. 08/29/2014 indicates the survey completion date for the classifications and rates under that identifier.

A UAVG rate will be updated once a year, usually in January of each year, to reflect a weighted average of the current negotiated/CBA rate of the union locals from which the rate is based.

#### WAGE DETERMINATION APPEALS PROCESS

1.) Has there been an initial decision in the matter? This can be:

\* an existing published wage determination

\* a survey underlying a wage determination

- \* a Wage and Hour Division letter setting forth a position on a wage determination matter
- \* a conformance (additional classification and rate) ruling

On survey related matters, initial contact, including requests for summaries of surveys, should be with the Wage and Hour Regional Office for the area in which the survey was conducted because those Regional Offices have responsibility for the Davis-Bacon survey program. If the response from this initial contact is not satisfactory, then the process described in 2.) and 3.) should be followed.

With regard to any other matter not yet ripe for the formal process described here, initial contact should be with the Branch of Construction Wage Determinations. Write to:

> Branch of Construction Wage Determinations Wage and Hour Division U.S. Department of Labor 200 Constitution Avenue, N.W. Washington, DC 20210

2.) If the answer to the question in 1.) is yes, then an interested party (those affected by the action) can request review and reconsideration from the Wage and Hour Administrator (See 29 CFR Part 1.8 and 29 CFR Part 7). Write to:

Wage and Hour Administrator U.S. Department of Labor 200 Constitution Avenue, N.W. Washington, DC 20210

The request should be accompanied by a full statement of the interested party's position and by any information (wage payment data, project description, area practice material, etc.) that the requestor considers relevant to the issue.

3.) If the decision of the Administrator is not favorable, an interested party may appeal directly to the Administrative Review Board (formerly the Wage Appeals Board). Write to:

Administrative Review Board U.S. Department of Labor 200 Constitution Avenue, N.W. Washington, DC 20210

4.) All decisions by the Administrative Review Board are final.

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END OF GENERAL DECISION

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#### BROWARD COUNTY HOUSING AUTHORITY SOLICITATION NUMBER QR 17-254 REQUEST FOR QUOTATION ANNUAL PHYSICAL INSPECTION SERVICES PROFILE OF FIRM FORM – ATTACHMENT B

1. Proposer Information	
Name of Firm	
Address	
City, State, Zip	
Telephone	
Fax	
E-Mail Address	
Year Established	
Year Established in Florida	
Former Names (if applicable)	
Parent Company and Date Acquired (if applicable)	

2. Complete and attach IRS Form W-9, found at <u>http://www.irs.gov/pub/irs-pdf/fw9.pdf</u>. This completed form should be submitted with the proposal, or must be submitted within three (3) working days of the BCHA's request.

3. Debarred Statement: Has the firm, or any principal(s) ever been debarred from providing any services to the federal government, any state government, or any local government agency?
Yes I No

If yes, please attach a full detailed explanation, including dates, circumstances and current status.

- 4. Disclosure Statement: Does this firm or any principal(s) have any current, past personal or professional relationship with any Commissioner or Officer of BCHA?
  □ Yes □ No
  If yes, please attach a full detailed explanation, including dates, circumstances and current status.
- 5. This business is owned and operated by persons at least 51% of the following ethnic background: Asian/Pacific □ / Black □ /Hasidic Jew □ /Hispanic □ /Native□ Americans /White □
- 6. This business qualifies as: Section 3  $\square$ / Small Business  $\square$ / Woman Owned  $\square$
- 7. Non-Collusive Affidavit: The undersigned party submitting this proposal hereby certifies that such proposal is genuine and not collusive and that said proposer entity has not colluded, conspired, connived or agreed, directly or indirectly, with any proposer or person, to put in a sham proposal or to refrain from proposing, and has not in

any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal fee of affiant or of any other proposer, to fix overhead, profit, or cost element of said proposal fee, or that of any other proposer or to secure any advantage against BCHA or any person interested in the proposed contract; and that all statements in said proposal are true. Continue on next page.

Business License Jurisdiction, Number, and Expiration Date	
Worker's Comp Carrier,	
Policy Number, and	
Expiration Date	
General Liability Carrier,	
Policy Number, and	
Expiration Date	
Professional Liability Carrier,	
Policy Number, and	NOT APPLICABLE ( N/A)
Expiration Date	
Vehicle Insurance Carrier,	
Policy Number, and	
Expiration Date	

6. Licensing and Insurance Information

7. Copies of license and insurance certificates should be submitted with the proposal, or must be submitted within three (3) working days of the BCHA's request.

8. Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if BCHA discovers that any information entered herein to be false, such shall entitle BCHA to not consider or make award of to cancel any award with the undersigned party.

Signature	
Title	
Date Signed	
Printed Name	
Firm or Company	

#### BROWARD COUNTY HOUSING AUTHORITY SOLICITATION NUMBER QR 17-254 REQUEST FOR QUOTATION ANNUAL PHYSICAL INSPECTION SERVICES

#### PROPOSED SERVICES – ATTACHMENT C

Instructions: Complete this form by indicating the appropriate response or by indicating "N/A" if not applicable. Attach additional sheets if necessary.

1. Describe the methodology, equipment, and supplies to be utilized to perform services as described in the Scope of Work section.

2. Describe the experience of the company and staff expected to be assigned to this contract.