

City of Columbia
Request for Qualifications
Engineering Services

The City of Columbia, Mississippi ("City") is requesting responses to this Request for Qualifications (RFQ) from qualified firms interested in providing engineering services in connection with federal disaster recovery grants. The type of engineering work expected to be performed is civil, water, wastewater, and storm water related. Work performed will comply with all federal and state requirements and guidelines including FEMA PA Program and Policy Guide FP 104-009-02. Any contract entered into will contain all required clauses as found at https://www.fema.gov/sites/default/files/2020-07/fema_pdat_contract-provisions-template.pdf

Responses will be received by Maria Temples, City Clerk of the City of Columbia, Mississippi, until 5:00 p.m., local time on Monday, November 1, 2021, at City of Columbia, Mississippi, City Hall located at 201 Second Street, Columbia, MS 39429, (601-736-8201), Any responses received after the specified deadline will not be considered.

Responses submitted will be opened on Tuesday, November 2, 2021, at 4:00 p.m., or immediately thereafter.

Qualification responses which clearly show qualifications should be in paper format. Three (3) copies of the technical qualification response and one (1) copy of the required additional forms should be submitted. Exact format of the technical qualification response is at the discretion of the respondent. Overly complex or lengthy response packages should be avoided.

The City will have final decisions in all matters regarding acceptance of proposals and issuance of awards. Multiple awards may be made based on the needs of individual projects and in efforts to comply with 2 CFR 200.321.

All responses submitted shall be submitted on the responding party's letterhead or responding party's identifiable response form and signed by a person authorized by the responder to submit the response. Responses will be accepted by hand delivery, overnight mail, United States Postal Service, or electronic distribution to mtemples@cityofcolumbiams.com. Responses submitted by electronic distribution are not required to have the signature of a person authorized by the responder to submit the response.

The City reserves the right to conduct discussions with offerers who submit qualifications determined to be reasonably susceptible of being selected for the award but qualifications may be accepted without such discussions.

The City reserves the right to reject any or all responses and to solicit again at a later date. City of Columbia may waive any irregularities in the proposal or negotiate variances from specifications, and make awards that are in the best interests of City of Columbia.

The City reserves the right to refuse and reject any or all qualifications and to waive any or all formalities or technicalities or to accept the firm(s) who City of Columbia, in its sole discretion determines to be most qualified.

Point of Contact for City of Columbia: Name: Maria Temples, City Clerk; Phone: 601-736-8201; email: mtemples@cityofcolumbiams.com.

CITY OF COLUMBIA, MISSISSIPPI

By: /s/ Maria Temples
Maria Temples, City Clerk

Publication: Columbian Progress – September 23, 30, and October 7, 2021
State of Mississippi Procurement Portal

RFQ Evaluation Criteria

Criteria	Total 100 Points
Experience--previous experience in similar projects. State and Federal experience: has experience and knowledge working on federal projects codes, policies, guidelines to include state and federal environmental permitting and requirements.	33
References--scoring will be based on references submitted as part of the RFQ but can include clients not submitted.	33
Staff--capability and availability of professional staff at reasonable rates to serve in a timely manner	34

Submission Items:

- 1. Qualification Package (Technical Response)**

In addition the following forms should be submitted:

- 2. Data Form**
- 3. Position and Rate Form**
- 4. Reference Form**
- 5. Possible Subcontractor List**
- 6. Affirmative Steps Certification (for any subcontract work)**
- 7. Conflict of Interest Form**
- 8. Debarment Form**
- 9. Drug-Free Workplace Form**

DATA FORM

<u>Business Name</u>	
<u>Point of Contact Name</u>	
<u>Phone</u>	
<u>Phone (cell)</u>	
<u>Business Address</u>	
<u>Email</u>	
<u>Signed</u>	
<u>Signer Name</u>	
<u>Position</u>	

POSITION AND RATE FORM (alternate format may be used)

Typical Titles Used in Projects for Disaster Recovery	Proposed Hourly Rate
Principal	
Senior Engineer	
Engineer	
Junior Engineer/EIT	
Project Manager	
Admin	
Consultant	
Others (list below)	

SUBCONTRACTOR LIST FORM

List any subcontractors here. Use an additional page or form if necessary.

REFERENCE FORM

Provide three references for which the firm has performed services within the past five (5) years.
Client References other than those appearing below may be checked by City of Columbia as well.
Additional sheet or alternate form may be used.

Client Name	Contact Name/Phone/Email	Description of Project

FORM: 200.321 Affirmative Steps

**CONTRACTING WITH SMALL AND MINORITY BUSINESSES, WOMEN'S BUSINESS ENTERPRISES, AND
LABOR SURPLUS AREA FIRMS 2 CFR §200.321**

City of Columbia is required to take all necessary affirmative steps to assure that minority business, women's business enterprises, and labor surplus area firms are used when possible. If contractors (including engineers) use subcontractors, they are required to take the following affirmative steps:

- Place qualified enterprises on solicitation lists
- Assure that enterprises are solicited whenever they are potential sources
- Divide total requirements when economically feasible into smaller tasks or quantities to permit maximum participation by enterprises
- Establish delivery schedules, where the requirement permits, which encourage participation by enterprises
- Use the services and assistance, as appropriate, of such organizations as the Small Business Administration and the Minority Business Development Agency of the Department of Commerce

SIGNATURE

COMPANY NAME

DATE

CONFLICT/NON-CONFLICT OF INTEREST STATEMENT
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CHECK ONE

[] To the best of our knowledge the undersigned proposer has no potential conflict of interest due to any other clients, contracts, or property interest for this project.

OR

[] The undersigned proposer, by attachment to this form, submits information which may be a potential conflict of interest due to other clients, contracts, or property interest for this project.

COMPANY NAME _____

AUTHORIZED SIGNATURE _____

NAME AND TITLE (PRINT OR TYPE) _____

DATE _____

Failure to check the appropriate blocks above may result in disqualification of your proposal.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY and
VOLUNTARY EXCLUSION**

Neither the entity or its principals are presently debarred, suspended, proposed for debarment,
declared ineligible, or voluntarily excluded from participation by any federal department or agency.

Signed

Date

Name of Authorized Representative

Title of Authorized Representative

DRUG-FREE WORKPLACE AFFIDAVIT

The undersigned certifies that the responding firm has taken steps to :

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are proposed a copy of the drug- free workplace statement.
4. In the statement specified in drug-free workplace statement, notify the employees that as a condition of working on the commodities or contractual services that are under bid the employee will abide by the terms of the statement and will notify the employer of any conviction of or plea of guilty or nolo contendere to any violation of any controlled substance law of the United States or any state for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

I certify that this firm complies fully with the above requirements.

SIGNATURE

Company: _____

Position: _____

Date