



**City of Amory, MS  
Request for Qualifications  
Engineering Services**

The City of Amory, MS 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 utility–water and wastewater. 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](https://www.fema.gov/sites/default/files/2020-07/fema_pdat_contract-provisions-template.pdf)

Responses are due: **WEDNESDAY MAY 03, 2023 BY 2:00 p.m. to Amory City Clerk's Office, 109 South Front Street, PO 457 Amory, MS 38821**

Any responses received after the specified deadline will not be considered.

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 of Amory 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.

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

The City of Amory 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 The City of Amory, in its sole discretion determines to be most qualified.

Awarded contract may not be re-assigned.

POINT OF CONTACT for the **Mike King** [mikeking@cityofamoryms.com](mailto:mikeking@cityofamoryms.com)  
**(662) 436-6712**

## RFQ Evaluation Criteria

Criteria	Total 100 Points
Experience--previous experience in similar projects for similar entities. State and Federal experience: experience and knowledge working on federal projects codes, policies, guidelines to include state and federal grant requirements.	33
References--scoring will be based on references submitted as part of the RFQ but can include clients not submitted.	33
Staff--immediate 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. Position and Rate Form**
- 3. Possible Subcontractor List**
- 4. Reference Form**
- 5. Affirmative Steps Certification (for any subcontract work)**
- 6. Conflict of Interest Form**
- 7. Debarment Form**
- 8. Drug-Free Workplace Form**
- 9. Anti-Lobbying Form**
- 10. Non-Collusion Form**

<b>DATA FORM</b>
------------------

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

**POSITION AND RATE FORM (alternate format may be used)**

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

<b>SUBCONTRACTOR LIST FORM</b>
--------------------------------

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

<b>REFERENCE FORM</b>
-----------------------

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 the City of Amory 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**

The City of Amory 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

### **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

\_\_\_\_\_  
Date

Company:\_\_\_\_\_

Position:\_\_\_\_\_

## CERTIFICATION REGARDING LOBBYING

The undersigned certifies that, to the best of his or her knowledge and belief, that:

1. No Federally appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instruction.
3. The undersigned shall require that the language of this certification be included in the award document for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31 U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The Contractor certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees the provisions of 31 U.S.C. Chap 38, Administrative Remedies for False Claims and Statements, apply to this certification and disclosure, if any.

SIGNATURE	
Name of Signer	
Title/Position	
Date	

## NON-COLLUSION DECLARATION

The bid is not made in the interest of, or on behalf of, any undisclosed person, partnership, company, association, organization, or corporation. The bid is genuine and not collusive or sham.

The bidder has not directly or indirectly induced or solicited any other bidder to put in a false or sham bid. The bidder has not directly or indirectly colluded, conspired, connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain from bidding. The bidder has not in any manner, directly or indirectly, sought by agreement, communication, or conference with anyone to fix the bid price of the bidder or any other bidder, or to fix any overhead, profit, or cost element of the bid price, or of that of any other bidder.

All statements contained in the bid are true. The bidder has not, directly or indirectly, submitted his or her bid price of any breakdown thereof, or the contents thereof, or divulged information or data relative thereto, to any corporation, partnership, company, association, organization, bid depository, or to any member or agent thereof to effectuate a collusive or sham bid, and has not paid, and will not pay, any person or entity for such purpose.

Any person executing this declaration on behalf of a bidder that is a corporation, partnership, joint venture, limited liability company, limited liability partnership, or any other entity, hereby represents that he or she has full power to execute, and does execute, this declaration on behalf of the bidder. I declare under penalty of perjury under the applicable laws that the foregoing is true and correct.

<b>Authorized Signature</b>	
<b>Company Name</b>	
<b>Name and Title of Signer</b>	
<b>Date</b>	