



# **QUOTE PACKET**

## **For Solicitation**

2024-1860 RECERTIFICATION SERVICES

**Submitted by**

**Company Name:** \_\_\_\_\_



**QUOTE PACKET CHECKLIST**

**Instructions:** Unless otherwise specifically required, the items listed below must be completed and included in the quote packet. Please complete this form by marking an “X,” where provided, to verify that the referenced completed form or information has been included within the quote submittal submitted by the proposer.

X=ITEM INCLUDED	SUBMITTAL ITEMS
<input type="checkbox"/>	<b>Proof of Insurance and Licensing</b>
<input type="checkbox"/>	<b>Professional References and Experience Summary</b>
<input type="checkbox"/>	<b>Contract Award and Acceptance Form</b>
<input type="checkbox"/>	<b>Fee Submission Form</b>

**Debarred Statement:** Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the State of Ohio, or any local government agency within or without the State of Ohio? Yes  No   
 If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.

**Disclosure Statement:** Does this firm or any principals thereof have any current or past personal or professional relationship(s) with any Commissioner, Officer or employee of the Cincinnati Metropolitan Housing Authority (the Authority)? Yes  No   
 If "Yes," please attach a full detailed explanation, including dates, circumstances and current status

**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 price of affiant or of any other proposer, to fix overhead, profit or cost element of said proposal price, or that of any other proposer or to secure any advantage against the Authority or any person interested in the proposed contract; and that all statements in said proposal are true.

**PROPOSER’S STATEMENT**

**The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this quote submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Further, by completing and submitting the quote, the undersigned proposer is thereby agreeing to abide by all terms and conditions pertaining to this QSP as issued by the**



**Authority, either in hard copy or on the noted Internet System. Upon issuance of award to proposer, CMHA is accepting Contractor's offer contained in the quote submittal and Best and Final Offer (if applicable). No other contractual documents will be necessary or accepted unless specifically expressed in the Contract Acceptance and Award. Pursuant to all QSP Documents and all attachments, and pursuant to all completed Documents submitted, including these forms and all attachments, the undersigned proposes to supply the Authority with the services described herein for the fee(s) submitted pertaining to this QSP.**

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**Signature**

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**Date**

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**Printed Name**

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**Company**

**E-mail**

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**Phone**

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## Proof of Insurance and Licensing

Attach proof of insurance coverage as required by the Terms and Conditions (re-stated below) and any licenses required for the scope of work.

**12. Insurance:** Contractor shall obtain and maintain during the performance under this Agreement the following insurance and the amount of such coverage shall be in an amount to cover all indemnity obligations and shall include, but not necessarily be limited to, the following:

**12.1. Commercial general liability insurance**, including a contractual liability endorsement, in an amount not less than: \$1,000,000 each occurrence; \$2,000,000 general aggregate; \$50,000 damage to premises and fire damage; and \$5,000 medical expenses for any one person.

**12.1.1.** The Authority and its affiliates must be named as an Additional Insured and as the Certificate Holder.

**12.1.2.** Commercial General Liability Insurance shall cover premises operations, fire damage, independent contractors, products and completed operations, blanket contractual liability, personal injury, and advertising liability.

**12.1.3.** If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the Contractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to CMHA a certificate of insurance showing compliance with this provision.

**12.2. Professional liability and/or “errors and omissions” coverage** with a limit not less than \$1,000,000.

**12.2.1.** This is required for vendors who render observational services to the Authority such as appraisers, inspectors, attorneys, engineers, or consultants.

**12.2.2.** The coverage shall be not less than \$1,000,000 each occurrence and \$1,000,000 general aggregate.

**12.2.3.** The Authority and its affiliates must be named as an Additional Insured and be a Certificate Holder.

**12.2.4.** If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the Contractor shall immediately obtain additional insurance to restore the full aggregate limit and furnish to CMHA a certificate of insurance showing compliance with this provision.

**12.3. Automobile Liability Insurance** with CMHA named as an additional insured and as the Certificate Holder with minimum limits as follows: \$1,000,000 combined single limit; \$50,000/\$100,000 for vehicles utilized during the contract if such vehicles are not owned by the Contractor or any agent, owner, or employee of the Contractor (i.e., rental vehicles); \$5,000 medical pay.

**12.3.1.** This is required of any contractor who will be doing hands on work at the Authority properties.



- 12.4. Workers' Compensation Insurance** as required by state statute and **Employer's Liability Insurance** covering all of Contractor's employees acting within the course and scope of this Contract.
- 12.4.1.** Worker's Compensation is required for any contractor made up of more than one person.
- 12.4.2.** Employer's Liability Insurance must cover all of Contractor's employees acting within the course and scope of this Contract. Employer's Liability limit is \$500,000 bodily injury for each accident, \$500,000 bodily injury by disease for each employee, and \$500,000 bodily injury disease aggregate. The Authority and its affiliates must be a Certificate Holder.
- 12.5.** Excess Liability Insurance (Umbrella Policy): may compensate for a deficiency in general liability or automobile insurance coverage limits.
- 12.6.** The coverages provided to CMHA shall be primary and not contributing to or in excess of any existing CMHA insurance coverages.
- 12.7.** The Insurance shall contain provisions preventing cancellation or non-renewal without at least 45 days' notice to CMHA and stating that the carrier will waive all rights of recovery, under subrogation or otherwise, against CMHA, its office, agents, employees or Board of Commissioners.
- 12.8.** Contractor shall provide certificates evidencing the coverage required under this Provision of this Agreement to CMHA upon execution of this Agreement and annually thereafter evidencing renewals thereof. At any time during the term of this Agreement, CMHA may request, in writing, and the Contractor shall thereupon within 10 days supply to CMHA evidence satisfactory of compliance with the provision of this section.
- 12.8.1.** The Contract may be terminated if the insurance lapses.
- 12.9.** Provide evidence of deductibles. If awarded a contract, CMHA may require lower deductibles depending on the risk to the Agency.
- 12.10.** Coverage required of this Contract will be primary over any insurance or self-insurance carried by CMHA.



## Professional References and Experience Summary

CMHA must be referenced if previous work has been provided to the Authority  
References should be relevant to the scope of work of this solicitation.

1	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
2	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
3	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
4	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	
5	Business Name	
	Address	
	Phone # & e-mail	
	Individual's Name (if applicable)	
	Description of Services	
	Length of Contract	

## **Experience Summary**

Please provide a response to the questions in Section 4 of the QSP document.

Answer in the space below or attach a response to your quote submittal.

**CINCINNATI METROPOLITAN HOUSING AUTHORITY**

**CONTRACT ACCEPTANCE AND AWARD**

**FOR**

**2024-1860 RECERTIFICATION SERVICES**

*Note: The vendor should complete the vendor authorized signatures as part of the solicitation response. If the vendor is awarded a contract, then the bottom portion of this form will be completed by CMHA and sent to the vendor.*

**Vendor**

Full business legal name: \_\_\_\_\_

*(Note: Full business legal name should match the name registered with the Secretary of State or should be the owner's name followed by dba then the business name.)*

I acknowledge receipt of this form which will become the contract if I am awarded and the following exhibits which are incorporated herein.

<b>Attachment</b>	<b>Contractor's signature</b>
Attachment A: Statement of Work	
Fee Submission Form	
Attachment B: General Terms and Conditions	
Addendum ___ Dated _____	
Addendum ___ Dated _____	
Addendum ___ Dated _____	
Addendum ___ Dated _____	
Addendum ___ Dated _____	



The undersigned hereby proposes and agrees to furnish goods and/or services in strict compliance with the terms, specifications and conditions at the fees proposed. The undersigned further certifies that he/she is an officer of the company and has authority to negotiate and bind the company named below and that the company is qualified and authorized to perform all services as set forth.

Further, by completing and submitting this form and the response, the undersigned is thereby agreeing to abide by all terms and conditions pertaining to this solicitation as issued by CMHA. Upon issuance of award to proposer, CMHA is accepting Contractor's offer contained in the submittal. No other contractual documents will be necessary or accepted. The Contract commences upon CMHA's signature and issuance of Award on this form. Pursuant to this Contract Acceptance and Award including attachments, and pursuant to all Documents submitted, the undersigned proposes to supply the Authority with the services described herein for the fee(s) submitted pertaining to this solicitation.

Date: \_\_\_\_\_

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

By: \_\_\_\_\_  
(Authorized Signature)

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

**Award by CMHA**

Term of Contract \_\_\_\_\_ to \_\_\_\_\_

Unless otherwise stated, this contract is good for a period of one year with an option to renew annually for an additional two years at CMHA's sole discretion. However, the contract shall not exceed \$75,000.

\_\_\_\_\_  
Cincinnati Metropolitan Housing Authority

Date: \_\_\_\_\_



**CMHA SOLICITATION 2024-1860**  
**Recertification Services**  
**ATTACHMENT B FEE SUBMISSION FORM**

The fees shall be a firm fixed price inclusive of all elements required to deliver the services, including but not limited to: employee costs and benefits, clerical support, supplies, materials, licensing, insurance, travel, fuel surcharges, franchise fees, etc. Please note that such cost is inclusive of all elements required to provide these services as specified herein and each fee proposed shall be fully “burdened” with profit and overhead costs. **Firm fixed fee per certification shall not exceed \$100.**

**1.0 PUBLIC HOUSING PROGRAM**

Description	Firm Fixed Fee per Certification
Completed Recertification for Public Housing with CMHA	\$
Incomplete Recertification for Public Housing with CMHA	\$
Completed Interim Certification for Public Housing with CMHA	\$
Incomplete Interim Certification for Public Housing with CMHA	\$
Rent Calculation Only. All documentation provided to contractor.	\$
Tenant File Review (Calculation, Required Documents, etc.)	\$

**Additional Services**

Provide a firm fixed hourly rate for related services

Name/Position	Firm Fixed Hourly Rate
General Consultation	\$ _____
Audit Preparation	\$ _____
	\$ _____
	\$ _____



**CMHA SOLICITATION 2024-1860**  
**Recertification Services**  
**ATTACHMENT B FEE SUBMISSION FORM**

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Notes and Exclusions:

**DISCOUNT OFFERED FOR EARLY PAYMENT:** \_\_\_\_\_ % if invoice paid within \_\_\_\_\_ days of properly submitted invoice as stated in the QSP.

**PROPOSER'S STATEMENT**

The undersigned proposer hereby states that by completing and submitting this Form and all other documents within this submittal, he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and that if the Authority discovers that any information entered herein to be false, such shall entitle the Authority to not consider or make award or to cancel any award with the undersigned party. Pursuant to all QSP Document including attachments, this Fee Submission Form, and pursuant to all documents submitted, the undersigned proposes to supply the Authority with the services and/or products described herein for the fee(s) submitted pertaining to this QSP.

Date: \_\_\_\_\_

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

Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone(s): \_\_\_\_\_

Email: \_\_\_\_\_

By: \_\_\_\_\_  
(Signature of Offerer)

By: \_\_\_\_\_ Title: \_\_\_\_\_  
(Print Name)

Fed Tax ID: \_\_\_\_\_