



ADDENDUM #1

Request for Proposals
HCV Monthly File Audits
Solicitation No. 2025-2001

Originally Issued January 23, 2025

Addendum 1 – Issued February 4, 2025

To Offerors:

The following additions, deductions, changes and corrections to the proposal and specifications for the above referenced project shall hereby be incorporated into the work, and their affect on the proposal shall be reflected in the Offeror's proposal. Offerors shall also verify this fact by indicating the receipt of the addendum in their proposal.

CHANGES:

The Fee Submission Form is deleted and replaced with the attached form. The Proposal Packet on the website has been updated.

QUESTIONS:

1. Can CMHA please clarify the max rate per file review? **The max rate has been removed. Please refer to the revised Fee Submission Form.**
2. Does CMHA expect the file review services to be provided onsite? Is there an option for the remote provision of services? **The services will be done remotely including training.**

END OF ADDENDUM TO DATE 2/4/2025

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Phone: (513) 333-0670 Fax: (513) 977-5606 TDD: (513) 977-5807 Website: www.cintimha.com

Equal Opportunity Employer, Equal Housing Opportunities



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Attachment B: Contractor’s 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.

Description	Firm Fixed Fee per File
Determination and documentation of reasonable rent for each unit leased.	\$
Ensure correct payment standard used to determine subsidy amount.	\$
Monthly Re-certification, interim and other change of unit (OCU) file reviews for correct rent calculations and that all supportive documentation is enclosed in accordance with regulations, processes and procedures.	\$
Review PHA established Utility Allowance Schedule and Payment Standards.	\$
Accurate determination and documentation of household’s income.	\$
Accurate determination and documentation of household’s adjusted income.	\$
Be available to conduct onsite internal audits and ongoing remote consulting/compliance reviews, if needed.	\$
Ensures that HAP Contracts and leases are executed in accordance with HCV program rules and regulations.	\$
Review all HAP Contracts and leases, TICs and addendums if applicable including HUD model leases, etc. to ensure compliance.	\$
Correct calculation of the tenant share of the rent and housing assistance payment.	\$



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Utilize CMHA’s checklist to ensure that all forms are executed and included in file.	\$
Description	Firm Fixed Fee per Month
Firm Fixed Fee for monthly review of 10% of CMHA’s file for indicators listed in 1.0.	\$
Monthly Training on common errors discovered from audits.	\$

Additional Services

Provide a firm fixed hourly rate for related services

Name/Position	Firm Fixed Hourly Rate
	\$ _____
	\$ _____
	\$ _____
	\$ _____

Notes and Exclusions:

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



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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 Documents 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: _____ Email: _____

By: _____
(Signature of Offerer)

By: _____ Title: _____
(Print Name)

Fed Tax ID: _____