



QUOTE PACKET

For Solicitation

2026-2804 HCV PROGRAM FEE ACCOUNTING

ATTENTION: ELECTRONIC PROPOSALS MUST BE SUBMITTED TO PROCUREMENT@CINTIMHA.COM AND DREW.KENDALL@CINTIMHA.COM. THE EMAIL TITLE MUST HAVE THE SOLICITATION NUMBER AND NAME (2026-2804, HCV PROGRAM FEE ACCOUNTING) AND THE VENDOR NAME IN THE SUBJECT LINE.

IF YOU DO NOT RECEIVE PROCUREMENT ACKNOWLEDGEMENT OF YOUR PROPOSAL WITHIN 24 HOURS OF SUBMISSION. PLEASE EMAIL PROCUREMENT AND DREW KENDALL TO CONFIRM RECEIPT.

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"/>	Proof of Insurance and Licensing
<input type="checkbox"/>	Professional References and Experience Summary
<input type="checkbox"/>	Contract Award and Acceptance Form
<input type="checkbox"/>	Fee Submission Form

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 Agency'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.

Signature

Date

Printed Name

Company**E-mail**

Phone

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.

11. **Insurance:** Agency 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:
 - 11.1. **Professional liability and/or “errors and omissions”** coverage with a limit not less than \$1,000,000.
 - 11.1.1. This is required for vendors who render observational services to the Authority such as appraisers, inspectors, attorneys, engineers, or consultants.
 - 11.1.2. The coverage shall be not less than \$1,000,000 each occurrence and \$1,000,000 general aggregate.
 - 11.1.3. The Authority and its affiliates must be named as an Additional Insured and be a Certificate Holder.
 - 11.1.4. If any aggregate limit is reduced below \$1,000,000 because of claims made or paid, the agency shall immediately obtain additional insurance to restore the full aggregate limit and furnish to CMHA a certificate of insurance showing compliance with this provision.
 - 11.2. Agency 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 agency shall thereupon within 10 days supply to CMHA evidence satisfactory of compliance with the provision of this section.
 - 11.2.1. The Contract may be terminated if the insurance lapses.
 - 11.3. 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 technical questions requested 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

2026-2804 HCV PROGRAM FEE ACCOUNTING

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

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.

Attachment	Contractor's signature
Attachment A: Statement of Work	
Fee Submission Form	
Attachment B: General Terms and Conditions and QSP Document	
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 three years. However, the contract shall not exceed \$75,000.

Cincinnati Metropolitan Housing Authority

Date: _____



QSP 2026-2804
HCV Program Fee Accounting

Agency's Fee Submission Form

The fees shall be a firm fixed price inclusive of all elements required to deliver the services.

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

Additional Services

Provide a firm, fixed hourly rate for related services

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

If travel may be reimbursed due to out-of-town consultants: CMHA anticipates that the successful proposer may need to travel to work on site (Cincinnati Metropolitan Housing Authority). If so, the proposer may seek approval for such arrangements and if so approved may charge the CMHA for reimbursement of certain travel expenses. Those expenses include: travel to and from Cincinnati, Ohio, and on-site living expenses. Out-of-pocket travel costs will be reimbursed with pre-approval of the CMHA Contracting Officer. Reimbursement is limited to the



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General Services Administration per diem rates. If the proposer expects to charge for travel, that must be indicated on this Fee Submission Form. Expected travel costs must be provided as an attachment to the Fee Submission Form.

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 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)