

## Ellington Community Development Office

*Location:* Ellington Senior Center, 40 Maple Street

*Mailing Address:* Post Office Box 187

Ellington, CT 06029

Telephone: 860-870-3132

November 30, 2016

### REQUEST FOR PROPOSALS - LEAD PAINT TESTING SERVICES

The Town of Ellington has been awarded a FY 2016 Connecticut Small Cities Grant to continue its Regional Housing Rehabilitation Program, which serves Ellington and four other communities in north-central Connecticut. It is estimated that 12-14 units will be assisted through this grant. The Program provides assistance to lower income property owners via deferred payment loans and primarily assists single-family homes. The assistance can be used to complete general repairs such as roof replacement, painting, septic systems, window, siding, electrical and plumbing repairs, etc. The Program also addresses lead paint testing and mitigation/abatement efforts.

The Housing Rehabilitation Program is presently accepting statements of qualification and proposals from licensed lead paint inspectors / risk assessors to provide inspection services to the Program on an as-needed basis. Where lead paint is believed to be present in a unit, the lead paint inspection firm will be called in to prepare a lead paint report or a risk assessment, for use by the Program's Rehabilitation Specialist in developing work specifications. Fees for inspecting the property and preparing a lead inspection report will be paid for with Program funds. Where lead abatement or safe work practices are used, the inspector will conduct post-abatement testing for issuance of the certifications required under federal laws. The inspector shall provide services so as to comply with both federal and Connecticut state lead paint laws and regulations. **Inspection and clearance services must comply with the revised federal lead paint regulations** (24 CFR Part 35 and Sections 1012 and 1013 (Title X) of the Residential Lead-Based Paint Hazard Reduction Act of 1992, and revisions) and EPA's Renovate, Repair and Paint Program.

The contract for these services will be subject to the provisions and requirements of the Connecticut Small Cities CDBG Program. All pertinent federal and state laws and regulations apply. The Town encourages participation by Section 3, small, disadvantaged, minority and women-owned businesses. Ellington is an Equal Opportunity/Affirmative Action Employer and contracting agency.

If you/your firm is interested in providing the requested services to the Ellington Regional Housing Rehabilitation Program, please complete the enclosed 3-page Bid Form and the Supplemental Form with the other documentation requested and return it to this office by 12:00 Noon, Tuesday, December 27, 2016. If you have any questions, call the Community Development Office at (860) 870-3132 and speak with Nancy Albut, Paula Stuart, or me.

Sincerely yours,



Peter Sanborn  
Program Manager



## **Request for Qualifications and Proposals**

### **Lead Paint Testing**

#### **A. Scope of Work**

The Town of Ellington has received a FY 2016 federal Community Development Block Grant from the Connecticut Department of Housing to continue its regional housing rehabilitation program. Many of the properties that will be assisted through the program are older -- built prior to 1978. The Town is seeking to hire a consultant to inspect these housing units for lead paint and provide, as applicable, a lead hazard screen test or a Risk Assessment, and to provide specifications for recommended mitigation and/or abatement measures to be used. In circumstances where abatement is required, the consultant will re-inspect and provide clearance testing.

As part of the requested services, the Town will require the selected consultant to distribute required notices and informational brochures/handbooks/pamphlets to homeowners and, as applicable, to tenants. This requirement also includes obtaining written confirmation of the receipt of such. These include:

- EPA/HUD/CPSC “Protect Your Family from Lead in Your Home” brochure, EPA-747-K-99-001 (September 2103);
- EPA “Renovate Right” pamphlet, EPA-747-K-12-001 (April 2010).
- Confirmation of Receipt of Lead Pamphlet “Protect Your Family from Lead in Your Home,” EPA747-K-99-001 (*2 versions of this form, one for homeowners and one for tenants*)\*;
- “Risk Assessment / Lead-based Paint Testing Notice of Evaluation” form\*; and
- “Hazard Reduction Completion Notice” form\*.

\* The Town will provide these forms to the selected consultant.

The properties to be inspected and assessed will be primarily scattered site, owner-occupied, single-family homes, although, there could be instances where the properties will consist of multi-family housing. The properties will be occupied. The exact location and number of units to be inspected has not yet been determined, however, the Town anticipates that inspections will be required for 9-12 units (estimated) during the next 22 or so months. Additional units may be assisted by using CDBG Program Income.

The Town of Ellington is an AA/EEO Employer and contracting agency. Proposals are encouraged from Section 3, Small and D/M/WBE individuals and firms.

#### **B. Inspection Report Requirements**

Inspection reports require the following: A listing of components that tested positive, sections on regulatory compliance, overall scope of work, field procedures, laboratory and field quality control procedures, Substrate Equivalent Lead determination, data analysis and reduction, laboratory procedures, and application of HUD decision-making rules. As is typical, the consultant shall also

supply diagrammatic floor plans of each unit. The consultant shall submit all reports to the Town via a digital (electronic) copy. The report to inspection report to the property owner shall be mailed to the owner, together with the forms requiring the owner's and/or tenants' signatures.

### **C. Standards - References or Regulatory Standards to be Met in Providing Services**

1. HUD Guidelines for the Evaluation and Control of Lead Hazards in Housing.
2. Connecticut Department of Health Lead Paint Regulations
3. Environmental Protection Agency (EPA) regulations, specifically 40 CFR 745.85 (RRP).
4. HUD regulations.
5. Occupational Safety and Health Administration (OSHA) Regulations.
6. Nuclear Regulatory Commission (XRF radiation sources).

### **D. General Instructions**

1. Submission Time and Dates: Proposals will be due by **12:00 Noon, Tuesday, December 27, 2016**, at the Ellington Community Development Office, Town Hall, 55 Main Street, Post Office Box 187, Ellington, CT 06029.
2. Questions may be submitted in writing to the above address up to seven (7) days before the bids are due.
3. Addenda and other clarifications will be issued to all prospective bidders by fax, mail or email no later than 72 hours prior to the bid opening.
4. A draft contract will be available for review upon request of any prospective proposers.

### **E. Insurance Requirements**

The Contractor shall procure and shall maintain, during the life of this Contract, and shall require each of his subcontractors to procure and maintain during the life of his subcontract, Commercial General Liability of not less than \$1,000,000 (combined single limit) for bodily and personal injury. Coverage shall include Premises and Operation, Independent Contractors, Product and Completed Operations and Contractual Liability.

The Contractor shall procure and maintain Automobile Liability: \$1,000,000 combined single limit per accident for bodily injury. Coverage extends to owned, hired and non-owned automobiles. The Contractor shall maintain, during the life of this Contract, Worker's Compensation Insurance as per statutory coverage in Connecticut for all employees and sub-contractors engaged in work under this Contract.

The Contractor shall furnish Certificates of Insurance showing same and listing the Town of Ellington/Ellington Regional Housing Rehabilitation Program as an "Additional Party Insured."

### **F. Proposal Format and Content**

1. Proposers must use the attached bid form for submitting bids.
2. Proposers must include a Transmittal Letter signed by an authorized representative of the firm.

3. Proposals must include statements of:
  - a) Qualifications - certifications and training as required by the State of Connecticut.
  - b) Related experience - directly applicable experience in performing these services for comparable housing.
  - c) Three (3) references **each** from clients needing inspection reports and from contractors performing lead abatement of safe practices. (6 references total)
  - d) Proposed staffing and project organization.
  - e) Work plan/ technical approach
  - f) One copy each of a sample inspection report and a sample risk assessment report.
  - g) Fully completed 3-page Bid Form (follows on next page).
  - h) Statement about availability to provide services on an as needed basis.
  - i) Copies of applicable licenses.
  - j) Proof of insurance.

## **G. Proposal Evaluation and Contract Award**

### 1. Evaluation Criteria Factors.

- a. Qualifications, experience, and references. For both inspection and risk assessment, qualifications must include certification and/or licensing by a Connecticut Department of Public Health. Qualifications and experience will be evaluated as follows:
  - Experience in inspection (other than lead- based paint), maintenance, renovation, or management of housing similar to the housing units for which services are being sought. This experience is most relevant for risk assessment.
  - Experience in the planning, design, and monitoring of lead- based paint hazard control projects. This experience is most relevant to inspection services.
  - Experience in collecting environmental samples and interpreting test results. Collection and analysis of lead samples such as dust wipes, soil, paint chips, and water samples in housing environments. Applicable to both risk assessment and inspection.
  - Experience in environmental report writing. Ability to outline a lead hazard control strategy with an order of priorities and recommended methodologies.
  - Staffing and organization.
- b. Quality of proposed work plan/ technical approach. Understanding and experience in using HUD Lead-Based Paint Testing and/ or Risk Assessment Protocols are essential requirements.
- c. Cost and price: Proposers **MUST** submit prices on the attached form. Additional price information maybe attached to the form.
- d. Other Special Requirements – Section 3, Small Business and D/W/MBE participation.

**LEAD PAINT INSPECTION SERVICE - BID FORM**

Name of Company: \_\_\_\_\_

Name of Principal: \_\_\_\_\_ Regular Contact: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Company Information:

Number of Employees: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Corporation: \_\_\_ Sole Proprietorship: \_\_\_ Partnership: \_\_\_ Other (specify): \_\_\_\_\_

Federal Employer I.D. # or Social Security #: \_\_\_\_\_ DUNS #: \_\_\_\_\_

Minority-owned Business? Yes \_\_\_ No \_\_\_ Women-owned Business? Yes \_\_\_ No \_\_\_

Section 3 Business\*? Yes \_\_\_ No \_\_\_ Small Business? Yes \_\_\_ No \_\_\_

*\* See two page supplemental form attached to end of this RFP.*

Are you certified as a Lead Paint Inspector in the State of Connecticut? Yes \_\_\_ No \_\_\_

**(ATTACH YOUR CURRENT CERTIFICATION FORM)**

List three (3) references from projects that you have completed within the past year (name, address/ association, and telephone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

List three (3) references from contractors doing lead abatement or safe practices that you have worked with within the past year (name, address/ association, and telephone number):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**COST OF SERVICES:**

**Notes:** Paint testing: All paint testing will include paint testing and a report. A “room” is defined as a room, hallway, or outbuilding. Closets are considered part of the room that they are accessory to. Multiple hallways are each considered a room if fully demised (however a 2-story, open hallway is a single room). Pantries would be considered a room if they are a separate space from a kitchen or dining room and 50 s.f. or larger.

**Risk Assessment with Full Paint Inspection**

*All Risk Assessments shall include paint testing, test wipes, report and full scope of work to correct hazards.*

- 1. Fee for a risk assessment of a housing unit up to six (6) rooms with wipe tests:       \$\_\_\_\_\_   
    *(LR, DR, Hall Exterior, Bathroom Kitchen, Finished Basement, Den, Bedroom, Office, etc.)*
- 2. Fee for a risk assessment for each additional room [over 6] in a unit:                       \$\_\_\_\_\_
- 3. Fee for a risk assessment for additional units [up to 6 rooms] in multi-unit buildings: \$\_\_\_\_\_
- 4. Fee for paint testing each additional room [over 6] in an additional unit:               \$\_\_\_\_\_

**Clearance Examinations**

*All Clearance Examinations will include test wipes, visual assessment, clearance reports, and Notice of Hazard Reduction (with a 24-hour turn-around time).*

- 5. Fee for Clearance Examination of a housing unit up to six (6) rooms:                       \$\_\_\_\_\_
- 6. Fee for Clearance Examination for each additional room [over 6] in a unit:               \$\_\_\_\_\_
- 7. Fee for Clearance Examinations of additional units   
    (up to six (6) rooms) in multi-unit buildings:   \$\_\_\_\_\_
- 8. Clearance Examination fee for each additional room [over 6] in an additional unit:       \$\_\_\_\_\_

**Other**

- 9. Fee for soil samples per sample:   \$\_\_\_\_\_
- 10. Abatement Plan for 1<sup>st</sup> unit:   \$\_\_\_\_\_
- 11. Abatement Plan for additional units:   \$\_\_\_\_\_
- 12. Management Plan for 1<sup>st</sup> unit:    \$\_\_\_\_\_
- 13. Management Plan for additional units:   \$\_\_\_\_\_

14. Hourly rate for Project Manager: \$ \_\_\_\_\_

Any items that we did not ask for but you think may be relevant? \_\_\_\_\_

---

---

---

---

---

The Town of Ellington will base the award of a contract for lead paint inspection services on a combination of the consideration of price, ability, and experience, including its own past experience with a proposer. It reserves the right to reject any and all bids as it deems in its best interest.

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name of Individual Filing Proposal: \_\_\_\_\_

Signature: \_\_\_\_\_

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

**REMINDER - PLEASE ATTACH A COPY OF YOUR CURRENT CERTIFICATION FORM**

Present any other information with this bid that you think is pertinent in evaluating your ability, experience and cost.

Return this form and one copy of the other requested proposal information to:

Ellington Community Development Office  
Town Hall, 55 Main Street  
Post Office Box 187  
Ellington, CT 06029

***Proposals are due on or before 12:00 Noon, Tuesday, December 27, 2016.***

**This bid form must be complete and submitted with original signatures. No faxed copies will be accepted.**

Thank you. If you have any questions, please call (860) 870-3132.

**ELLINGTON REGIONAL HOUSING REHABILITATION PROGRAM**  
**Ellington, Somers, Suffield, and Windsor Locks**  
**CONTRACTOR REGISTRATION FORM**  
**SUPPLEMENTAL FORM**

Dear Contractor:

Your assistance in filling out this supplemental form is requested. This information will allow the Program to respond to Federal and Connecticut State requirements concerning employment and economic opportunity (Section 3 reporting requirements). **The answers supplied will have no effect on your eligibility to participate in the Program.**

The following information should assist you in answering the questions below. After establishing the proper location category from #1-3 below, match that category with the two-page "Income Limits" table attached at the end of this RFP. The income limits to be used depend on the home address of the respondent.

1. If the person/firm answering resides in Andover, Avon, Ashford, Barkhamsted, Berlin, Bloomfield, Bolton, Bristol, Burlington, Canton, Colchester, Columbia, Coventry, Cromwell, Durham, East Granby, East Haddam, East Ellington, East Hartford, East Windsor, Ellington, Enfield, Farmington, Glastonbury, Granby, Haddam, Hartford, Harwinton, Hebron, Lebanon, Manchester, Mansfield, Marlborough, Middlefield, Middletown, New Britain, New Hartford, Newington, Plainville, Plymouth, Portland, Rocky Hill, Simsbury, Somers, Southington, South Windsor, Stafford, Suffield, Tolland, Vernon, West Hartford, Wethersfield, Willington, Winchester, Windham, Windsor, or Windsor Locks, **Hartford PMSA limits** would be used.
2. If the person/firm answering resides in Chaplin, Brooklyn, Eastford, Ellington, Killingly, Pomfret, Putnam, Scotland, Sterling, or Woodstock, **Windham County limits** would be used.
3. If the person/firm answering lives in a community other than one listed above, please call the Ellington Housing Rehabilitation Office, and we will provide the appropriate set of limits.
4. Individuals who file a federal tax return as **self-employed** should use adjusted gross income **plus** the gross incomes of other non-self-employed household members 18 years of age or older (except those who are full-time students) when calculating income.

Please answer each of the following:

- a) Do at least 51% of the owners of this business meet one of the following criteria: 1) reside in public housing or publicly assisted housing for the elderly? **or** 2) qualify as "low-income" households as determined by household size as indicated on the accompanying chart titled Income Limits? **and** 3) seek to receive employment preference as an eligible section 3 resident?  
\_\_\_\_\_ Yes      \_\_\_\_\_ No

If you checked "yes" to the above question, please indicate the number of owners of this company.

\_\_\_\_\_

- b) Do 30% of your full-time employees meet one of the following criteria: 1) reside in public housing or publicly assisted housing for the elderly? **or** 2) qualify as "low-income" as determined by household size as indicated on the attached chart titled Income Limits? **or** 3) have been employed by your firm for no more than three years and satisfied criterion 1 or 2 during any of that three year period? \_\_\_\_\_ Yes \_\_\_\_\_ No
  
- c) Do you subcontract with businesses which provide economic opportunities to low income persons? \_\_\_\_\_ Yes \_\_\_\_\_ No Will you commit to subcontract in excess of 25% of the dollar award of all subcontracts to business concerns that meet the qualifications of a Section 3 Business as set forth in a) and b) above? \_\_\_\_\_ Yes \_\_\_\_\_ No

I certify that all the information in this statement is true and complete to the best of my knowledge and belief.

Name: \_\_\_\_\_

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

Return this form to:

Ellington Community Development Office  
Post Office Box 187  
Ellington, CT 06029

----- 2016 ADJUSTED HOME INCOME LIMITS -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
<b>Bridgeport, CT HUD Metro FMR Area</b>								
30% LIMITS	18800	21450	24150	26800	28950	31100	33250	35400
VERY LOW INCOME	31300	35750	40200	44650	48250	51800	55400	58950
60% LIMITS	37560	42900	48240	53580	57900	62160	66480	70740
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Danbury, CT HUD Metro FMR Area</b>								
30% LIMITS	22450	25650	28850	32050	34650	37200	39750	42350
VERY LOW INCOME	37400	42750	48100	53400	57700	61950	66250	70500
60% LIMITS	44880	51300	57720	64080	69240	74340	79500	84600
LOW INCOME	54250	62000	69750	77500	83700	89900	96100	102300
<b>Stamford-Norwalk, CT HUD Metro FMR Area</b>								
30% LIMITS	27600	31550	35500	39400	42600	45750	48900	52050
VERY LOW INCOME	46000	52550	59100	65650	70950	76200	81450	86700
60% LIMITS	55200	63060	70920	78780	85140	91440	97740	104040
LOW INCOME	58000	66250	74550	82800	89450	96050	102700	109300
<b>Hartford-West Hartford-East Hartford, CT HU</b>								
30% LIMITS	18800	21450	24150	26800	28950	31100	33250	35400
VERY LOW INCOME	31300	35750	40200	44650	48250	51800	55400	58950
60% LIMITS	37560	42900	48240	53580	57900	62160	66480	70740
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Southern Middlesex County, CT HUD Metro FMR</b>								
30% LIMITS	21350	24400	27450	30500	32950	35400	37850	40300
VERY LOW INCOME	35600	40650	45750	50800	54900	58950	63000	67100
60% LIMITS	42720	48780	54900	60960	65880	70740	75600	80520
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Milford-Ansonia-Seymour, CT HUD Metro FMR A</b>								
30% LIMITS	20350	23250	26150	29050	31400	33700	36050	38350
VERY LOW INCOME	33900	38750	43600	48400	52300	56150	60050	63900
60% LIMITS	40680	46500	52320	58080	62760	67380	72060	76680
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>New Haven-Meriden, CT HUD Metro FMR Area</b>								
30% LIMITS	18400	21000	23650	26250	28350	30450	32550	34650
VERY LOW INCOME	30650	35000	39400	43750	47250	50750	54250	57750
60% LIMITS	36780	42000	47280	52500	56700	60900	65100	69300
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750

----- 2016 ADJUSTED HOME INCOME LIMITS -----

PROGRAM	1 PERSON	2 PERSON	3 PERSON	4 PERSON	5 PERSON	6 PERSON	7 PERSON	8 PERSON
<b>Waterbury, CT HUD Metro FMR Area</b>								
30% LIMITS	17900	20450	23000	25550	27600	29650	31700	33750
VERY LOW INCOME	29800	34050	38300	42550	46000	49400	52800	56200
60% LIMITS	35760	40860	45960	51060	55200	59280	63360	67440
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Norwich-New London, CT HUD Metro FMR Area</b>								
30% LIMITS	18800	21450	24150	26800	28950	31100	33250	35400
VERY LOW INCOME	31300	35750	40200	44650	48250	51800	55400	58950
60% LIMITS	37560	42900	48240	53580	57900	62160	66480	70740
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Colchester-Lebanon, CT HUD Metro FMR Area</b>								
30% LIMITS	22100	25250	28400	31550	34100	36600	39150	41650
VERY LOW INCOME	36800	42050	47300	52550	56800	61000	65200	69400
60% LIMITS	44160	50460	56760	63060	68160	73200	78240	83280
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Windham County, CT HUD Metro FMR Area</b>								
30% LIMITS	17900	20450	23000	25550	27600	29650	31700	33750
VERY LOW INCOME	29800	34050	38300	42550	46000	49400	52800	56200
60% LIMITS	.	.	.	.	.	.	.	.
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
<b>Litchfield County, CT</b>								
30% LIMITS	18800	21450	24150	26800	28950	31100	33250	35400
VERY LOW INCOME	31300	35750	40200	44650	48250	51800	55400	58950
60% LIMITS	37560	42900	48240	53580	57900	62160	66480	70740
LOW INCOME	46000	52600	59150	65700	71000	76250	81500	86750
30% LIMITS	.	.	.	.	.	.	.	.
VERY LOW INCOME	29800	34050	38300	42550	46000	49400	52800	56200
60% LIMITS	35760	40860	45960	51060	55200	59280	63360	67440
LOW INCOME	.	.	.	.	.	.	.	.