



Hardin County Purchasing
300 Monroe St. Kountze, Texas 77625
(409) 246-5124
Fax (409) 246-3208

Misty Sims- Purchasing Agent

**REQUEST FOR PROPOSALS-GRANT ADMINISTRATION AND PROJECT
MANAGEMENT HAZARD MITIGATION GRANT PROGRAM DR-4332-0233
HURRICANE SAFE ROOM PHASE II**

Hardin County will be accepting sealed proposals for Grant Administration and Project Management for the Hazard Mitigation Grant Program DR-4332-0233 Hurricane Safe Room Phase II. Proposals should be plainly marked on the envelope and addressed to Hardin County Purchasing Department, 300 Monroe, Kountze, Texas 77625, if mailed or delivered and will be received until 2:00 P.M., August 8, 2024, at which time they will be publicly opened and read in the Purchasing Department. It is strongly recommended that you hand-deliver or send the proposals via FedEx or UPS to ensure they are delivered before the deadline. No proposal tendered later than time fixed will be accepted.

Additional information may be obtained from the Purchasing Department at (409)246-5124, www.co.hardin.tx.us .

Hardin County reserves the right to reject any or all proposals submitted.

Hardin County is an EEOC.

**HARDIN COUNTY TEXAS
REQUEST FOR PROPOSALS**

**GRANT ADMINISTRATION AND
PROJECT MANAGEMENT**

HAZARD MITIGATION GRANT PROGRAM

PHASE II HMGP DR-4332-0233

HURRICANE SAFE ROOM

DEADLINE TO SUBMIT:

2:00 pm, August 8, 2024

SECTION 1. GENERAL / SCOPE OF WORK

Hardin County is seeking proposals from qualified firms to conduct grant administration and project management for Hazard Mitigation Grant Program DR-4332-0233 Hurricane Safe Room Phase II. At a minimum grant application elements will involve preparation of all state and federal application materials, Benefit-Cost Analysis, schedule and budget development and project implementation. Project management elements will include direction, supervision, and assistance for contractors and property owners, and grant administration assistance including quarterly reports and tracking.

Proposals should include the following subject matter:

- 1) Provide proof of registration and active status with the System for Award Management (SAM, <https://www.sam.gov/portal/SAM/#1>).
- 2) Demonstrate capability and expertise to prepare grant applications and implement project management services in an effective and timely manner.
- 3) Demonstrate ability to properly document all work conducted from project management standpoint, coordinate with partner agencies and property owners as needed, and manage the work of contractors.
- 4) Demonstrate ability to conduct grant application and project management work in cost effective manner and readiness to mobilize and begin site work.

1.A. Award

Hardin County reserves the right to award this contract on the basis of the Best Offer in accordance with the laws of Texas, to waive any formality or irregularity, to make award to more than one Proposer, and/or to reject any or all proposals.

1.B. Governing Law

Proposer is advised that these requirements shall be fully governed by the laws of the State of Texas and that Hardin County may request and rely on advice, decisions, and opinions of the Attorney General of Texas and the District Attorney concerning any portion of these requirements.

1.C. Cost of Preparing Proposals

Cost for developing proposals is entirely the responsibility of Proposers and shall not be charged to Hardin County.

1.D. Signature of Proposal

A transmittal letter, which shall be considered an integral part of the proposal, shall be signed by an individual who is authorized to bind the Proposer contractually. If the Proposer is a corporation, the legal name of the corporation shall be provided together with the signature of the officer or officers authorized to sign on behalf of the corporation.

1.F. Non-Discrimination

The successful Proposer will be required to comply with the Americans With Disabilities Act and with all provisions of federal, state, county and local (if any) laws and regulations to ensure that no employee or applicant for employment is discriminated against because of race, color, religion, sex, age, handicap or national origin.

SECTION 2. INSTRUCTIONS

2.A. Interpretation and Clarification

No verbal interpretation or clarification will be made as to the meaning of this RFQ. Requests for interpretation or clarification shall be made in writing and delivered to Hardin County at the address shown below. Deadline for questions or request for clarification is August 5, 2024, at 5:00 pm. A response will be issued in the form of an addendum to the RFP by the County if substantive clarification is in order.

2.B. Submittal Requirements

The County will not accept any emailed proposals or proposals in digital format. It is strongly recommended that proposals are hand-delivered or sent via FedEx or UPS to ensure they arrive before the deadline. The County will not accept any proposals received after the stated deadline and will not accept any responsibility for late delivery of proposals. One (1) bound copy and one (4) unbound printed copies of proposing firm's Proposal shall be submitted no later than 2:00 pm, August 8, 2024, addressed as follows:

Mrs. Misty Sims
Purchasing Agent, Hardin County
RFP- GRANT APPLICATION & PROJECT MANAGEMENT
HURRICANE SAFE ROOM PHASE II
300 Monroe
Kountze, TX 77656

2.C. Proposal Content

All submittals must contain a transmittal letter that specifically states that all terms and conditions contained in this Request for Proposal are accepted by the proposing firm. Sufficient information on each of the following five (5) elements must be submitted to ensure a full evaluation for this contract. At a minimum the proposing firm's submittal must contain information regarding:

- 1) Agency/company description.
- 2) Printout of firm's System for Award Management (SAM) registration and current status <https://www.sam.gov/portal/SAM/#1>.
- 3) Experience and capabilities for developing applications and managing successfully awarded projects.
- 4) Description of Firm's strategy for project delivery in cost effective manner.
- 5) Description of readiness to begin work following contract signing (timeframe, in days, when firm can start work).

Please provide an original and three (3) copies of the proposal.

2.D. Evaluation

Evaluation of proposals will be made according to the following criteria.

<u>Criteria</u>	<u>Maximum Points</u>
Company structure, competence and qualifications	30
Applicable, relatable experience	30
Capacity, performance schedule	20
Cost of services	10
Affirmative Action	10

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of vendor who has a business relationship with local governmental entity.

2 Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

3 Name of local government officer about whom the information is being disclosed.

Name of Officer

4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes No

5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.

6 Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

7

Signature of vendor doing business with the governmental entity

Date

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
 Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is no Interested Party.

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

 Signature of authorized agent of contracting business entity
 (Declarant)

ADD ADDITIONAL PAGES AS NECESSARY