

**REQUEST FOR PROPOSALS (RFP)**  
**PRE-DISASTER CONSULTING SERVICES FOR DISASTER REIMBURSEMENT**  
**BEAUFORT COUNTY, NORTH CAROLINA**



**RFP Issue Date:** Thursday, May 8<sup>th</sup>, 2025  
**Last Day for Questions:** Monday, June 9<sup>th</sup>, 2025  
**Proposals Due:** Friday, June 13<sup>th</sup>, 2025 at 2:00pm

**Questions Regarding Proposal Package**

Hollie Jones

Purchasing Officer

Ph: 252-946-7721 ext. 1080

Email: [hollie.jones@beaufortcountync.gov](mailto:hollie.jones@beaufortcountync.gov)

**Technical Questions Regarding RFP**

David (DC) Linton

Operations Chief of Fire & EM

Ph: 252-940-6511

Email: [david.linton@beaufortcountync.gov](mailto:david.linton@beaufortcountync.gov)

**PURPOSE**

Beaufort County, North Carolina (hereafter referred to as “the OWNER”) is seeking proposals from qualified consulting firms to provide professional disaster recovery services under a pre-disaster contract. The selected firm(s) will assist the County in post-disaster recovery efforts, including but not limited to, damage assessments, debris monitoring, FEMA and state reimbursement documentation, grant management, and other related activities.

The purpose of this Request for Proposals (RFP) is to establish a contract with a firm(s) capable of providing comprehensive disaster recovery consulting services in compliance with local, state, and federal regulations, including the Federal Emergency Management Agency (FEMA) Public Assistance Program and the Stafford Act.

**SCOPE OF WORK**

The selected consultant(s) shall be responsible for the following tasks:

1. Disaster Recovery/Reimbursement Planning & Technical Assistance:

- Provide guidance on FEMA and state recovery programs.
- Assist with the development of disaster recovery plans and strategies.

2. Damage Assessment & Cost Recovery:

- Assist in damage assessments and documentation of impacts.
- Facilitate applications for immediate FEMA Public Assistance and Hazard Mitigation Grant Program (HMGP).
- Provide technical support for insurance claims.

3. Debris Monitoring & Compliance:

- Oversee and document debris removal operations.
- Ensure compliance with FEMA guidelines and cost reimbursement procedures.

4. Financial & Grant Management:

- Assist in tracking expenses and preparing documentation for reimbursement.

- Ensure compliance with federal procurement regulations (2 CFR Part 200).

#### 5. Staff Augmentation & Training:

- Provide personnel to support the County's Emergency Operations Center (EOC).
- Conduct training sessions for County staff on FEMA policies and disaster cost recovery.

#### 6. Other Related Services:

- Support long-term recovery/reimbursement planning and mitigation strategies.
- Coordinate with state and federal agencies as needed.

### **Time of Response**

The selected consultant(s) must be capable of responding within 24 hours of activation by the County. This includes mobilizing personnel, equipment, and resources necessary to support emergency and recovery operations.

## **PROPOSAL SUBMISSION REQUIREMENTS**

Proposals must include the following information:

#### 1. Company Information:

- Legal name, address, and contact details.
- Overview of experience in disaster debris management and FEMA-compliant projects.
- List of key personnel and their qualifications.

#### 2. Approach and Methodology:

- Description of how the contractor will mobilize and execute services.
- Plan for managing and documenting debris removal.
- Plan for managing and documenting reimbursement procedures.
- Summary of past disaster recovery projects, including references.
- Knowledge of FEMA reimbursement procedures and federal grant management.
- Plan for mobilizing and supporting County operations post-disaster.

- Strategies for ensuring FEMA compliance and maximizing reimbursement.
- Proof of compliance with FEMA procurement requirements (2 CFR Part 200).

### 3. References:

- At least three (3) references from similar projects.

### 4. Pricing and Fee Schedule:

- Detailed pricing structure.

#### **Fee Schedule:**

- Hourly rates for key personnel, including project managers, field supervisors, and support staff.
- Equipment rates, including any monitoring tools or software.
- Travel and lodging costs (per person, per day).
- Any other reimbursable expenses.

### 5. Compliance Documentation:

- Proof of insurance, E-Verify certification, and applicable licenses.

## **EVALUATION CRITERIA**

Proposals will be evaluated based on the following criteria:

<b>Criteria</b>	<b>Weight (%)</b>
Experience & Past Performance	30%
Technical & Operational Approach	25%
Pricing & Fee Schedule	20%
Personnel & Staffing Plan	15%
Compliance & Certifications	10%

## **SUBMISSION DEADLINE & CONTACT INFORMATION**

### **Proposal Deadline: June 13<sup>th</sup>, 2025**

#### **Submission Format:**

Firms or companies desiring to provide services, as described in the Scope of Work, shall submit sealed proposals with original, three (3) complete copies, no later than 2:00 p.m., Friday, June 13th, 2025, and clearly marked '**CONSULTING SERVICES FOR DISASTER REIMBURSEMENT**' to Hollie Jones, Purchasing Officer, Beaufort County Finance Office, 132 W. 2<sup>nd</sup> Street, Washington, NC 27889.

Offers by telephone or email shall not be accepted. Also, applicants are instructed NOT to fax their proposal. Faxed proposals shall be rejected as non-responsive regardless of where the fax is received.

Applicants are cautioned that they are responsible for delivery to the specific location cited above. Therefore, if your bid, proposal, or quotation is delivered by an express mail carrier or by any other means, it is your responsibility to ensure delivery to the above address. This office will not be responsible for deliveries made to any place other than the specified address. It is the sole responsibility of the bidder to ensure that his or her proposal reaches the County on time. The OWNER shall not be responsible for late deliveries or mail delays. All proposals will be opened publicly.

## **TERMS AND CONDITIONS**

1. The OWNER reserves the right to accept or reject any or all proposals, with or without cause, to waive technicalities, or to accept the proposal which, in its sole judgment, best serves the interest of the OWNER, or to award a contract to the next most qualified applicant if a successful applicant does not execute a contract within thirty (30) days after approval of the selection by the OWNER.

The OWNER reserves the right, and has absolute and sole discretion, to cancel a solicitation at any time prior to approval of the award by the OWNER.

2. The OWNER reserves the right to request clarification of information submitted and to request additional information about one or more applicants.

3. Any proposal may be withdrawn by the date and time set above for the submission of the proposals. Any proposals not so withdrawn shall constitute an irrevocable offer, for a

period of ninety (90) days, to provide the OWNER with the services set forth in this Request for Proposals, or until one or more of the proposals have been awarded.

4. Proposals shall be sealed, and applicants should indicate in their proposal the following:

- Date of Award – 6:30 p.m., July 7th, 2025
- Name and Address of Applicant

5. Costs of preparation of a response to this request for proposals are solely those of the applicant. The OWNER assumes no responsibility for any such costs incurred by the applicant. The applicant also agrees that the OWNER bears no responsibility for any costs associated with any administrative or judicial proceedings resulting from the solicitation process.

6. The applicant receiving the award will obtain or possess the following insurance coverage and will provide Certificates of Insurance to the OWNER to verify such coverage.

- A. Workers' Compensation – In accordance with statutory requirements.
- B. Commercial General Liability - The vendor shall provide coverage for all operations including, but not limited to, Contractual, Products and Completed Operations, and Personal Injury. With a limit of \$500,000 of each occurrence.
- C. Business Automobile Liability - The vendor shall provide coverage for all owned, non-owned and hired vehicles with limits of not less than \$1,000,000.00, per occurrence, Combined Single Limits (CSL) or its equivalent.
- D. Professional Liability (Errors & Omissions) - The vendor shall provide coverage for all claims arising out of the services performed with limits of not less than \$1,000,000.00 per claim. The aggregate limit shall either apply separately to this contract or shall be at least twice the required per claim limit.

7. The VENDOR awarded this contract must maintain adequate records to justify all charges, expenses, and costs incurred in estimating and performing the work for at least five (5) years after completion of the latter of final grant closeout or final audit by OIG of any project work performed under contract resulting from this RFP. The OWNER shall have access to all records, documents and information collected and/or maintained by others during the administration of the agreement. This information shall be made accessible at the awardees' place of business to the OWNER, including the County Clerk's Office and/or its designees, for purposes of inspection, reproduction, and audit without restriction.

8. The OWNER/VENDOR shall follow the FEMA non-discrimination clause, stating that the OWNER/VENDOR shall not discriminate against employees or applicants based on race, color, religion, sex, national origin, age, disability, or other protected characteristics, and to take affirmative action to ensure equal opportunities.

9. It is the intent of the OWNER to enter a THREE (3) year term contract, with a renewal clause for two (2) additional one (1) year renewal terms for services as described herein.

Beaufort County Emergency Management

1420 Highland Dr.

Washington, NC 27889

Questions & Clarifications: All questions must be submitted via email to [hollie.jones@beaufortcountync.gov](mailto:hollie.jones@beaufortcountync.gov) **no later than Monday, June 9<sup>th</sup>, 2025.**

## **HUB**

The Office of Historically Underutilize Businesses (HUB) promotes full and equal access to business opportunities with the State of North Carolina. HUB firms which include minority-owned and women-owned businesses, disadvantaged-owned businesses, and disabled-owned businesses as well as other responsible vendors shall have a fair and reasonable opportunity to participate in state business opportunities.

Prime suppliers and contractors should support the HUB Office Program by actively engaging minority, women, disadvantaged and disabled businesses as subcontractors for goods and services to the extent available. The County and State's utilization goal are 10%. *Minority and women-owned businesses are encouraged to submit a proposal.*

**Beaufort County thanks you for your interest in providing these critical disaster response services.**

**Attachment A****Acknowledgement of Amendment(s)**

Issue Date:

*Pursuant to Section 2.2.5 of the Request for Proposals, this addendum is being issued to provide clarification to specifications of the bid following questions from potential bidders. The Proposer must acknowledge receipt of this addendum (Attachment A) for the Proposal to be deemed acceptable. No consideration will be allowed due to any potential Proposer not being aware of or familiar with this addendum. This addendum shall form part of the RFP and is to be read, interpreted, and coordinated with all other parts.*

The following form shall be completed and included in the bid submission.

Failure to acknowledge receipt of all amendments may cause the bid to be considered non-responsive to the solicitation. Acknowledged receipt of each amendment must be clearly established and included with the bid.

The undersigned acknowledges receipt of the following amendments to the documents:

**Amendment No.** \_\_\_\_\_, **Dated** \_\_\_\_\_

**Amendment No.** \_\_\_\_\_, **Dated** \_\_\_\_\_

**Amendment No.** \_\_\_\_\_, **Dated** \_\_\_\_\_

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

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

\_\_\_\_\_

Signature of Authorized Representative: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_