

**REQUEST FOR PROPOSAL  
LEAD BASED PAINT RISK ASSESSMENT SERVICES  
Halifax County CDBG-Neighborhood Revitalization Program (NRP)**

**A. PROBLEM STATEMENT**

Halifax County has been awarded a CDBG-NRP grant by the North Carolina Department of Commerce, Rural Economic Development Division (NCREDD) to undertake the rehabilitation of single-family homes located in the Lincoln Height Community near Roanoke Rapids.

The County is soliciting proposals for a certified Lead Based Paint Testing and Assessment firm to provide lead testing, risk assessment, abatement project design, cost estimates for abatement and clearance testing for two (2) single family dwellings. The following units are to be inspected for the presence of Lead Based Paint:

1. **Unit #1**  
**Owner: Lucille Rooks**  
**90 Carver St.**  
**Roanoke Rapids, NC 27870**
2. **Unit #3**  
**Owner: Hattie Lee Roundtree**  
**49 Bowser St.**  
**Roanoke Rapids, NC 27870**

**B. SCOPE OF WORK**

The hired contractor will inspect two (2) single family dwelling units and provide test results identifying any lead hazards; provide a risk assessment and design for lead abatement to eliminate any lead hazards found in each dwelling unit; conduct clearance testing once interim controls or abatement work is completed and conduct a final clearance test when all remaining rehabilitation work is completed. Additional units may be added to the original contract through a change order process. Other specifics of the services to be provided under the program include:

1. Provide consultation to the County staff in the area of lead inspections.
2. Conduct component by component, wall by wall lead inspections using an XRF machine, dust wipes, chip, and soil samples.
3. Provide detailed reports outlining the results of the lead inspections.
4. Provide a computer assisted drawing of the layout of the housing unit showing the location of all rooms and dimensions.
5. Provide Risk Assessments and advise the County on lead hazard reduction options to include cost and risk analysis.
6. Provide Scope of Work for each dwelling that clearly outlines contractor responsibilities, work practices and lead hazard reduction methods to be utilized.

7. Provide digital photos (printed copy and on disk) documenting lead hazards present in each housing unit.
8. Upon contract award, meet with contractors at the beginning of each job to inspect and approve set-up, prior to the commencement of work.
9. Monitor lead hazard reduction projects at least once while in progress.
10. Provide clearance inspections and results.

**C. SELECTION PROCEDURES/PROJECT SCHEDULE**

A determination as to the provider selected for the described services will be made by Halifax County. Determination will be made based upon the following criteria:

1. Quality and responsiveness of proposal.
2. Comprehensiveness of proposal.
3. Knowledge and experience of the firm in lead and/or hazardous material matters.
4. Knowledge and experience of the firm in the area of relevant rules, regulations, and governmental procedures.
5. Timeliness and flexibility for proposed implementation of services.
6. Reasonableness of costs.

Proposal Due Date and Time:	<b>4:30 PM, August 9, 2024</b>
Proposal Selection:	<b>September 16, 2024</b>
Contract Award:	<b>October 1, 2024</b>
Contractor Begins Service:	<b>November 1, 2024</b>

**D. BID SUMMARY**

For purposes of proposal evaluation, the Offeror is requested to submit the attached bid summary (Attachment 1). The bid summary should include fringe benefits, indirect costs, and profit. The charge for reimbursable expenses should also be provided. The bid summary will not be the sole criteria for selection. (See Section F).

**E. PROPOSAL CONTENT**

The proposal must contain four parts:

1. **Technical.** Describe the approach to be taken in addressing the proposed scope of work. This description is to include a listing of specific tasks identified as well as others you feel are required to properly implement the project.

Detailed Description of how work is to be performed:

- Type of testing device (XRF testing instrument and dust wipes are preferred).
- Time frame for work to be performed.
- List of subcontractors and suppliers (prefer use of local suppliers and subcontractors).

**2. Management and Staffing.** Describe the management plan to be used, staffing configurations that will be working on the project. This is to include a project schedule showing start and completion dates for all major tasks. A brief resume of the individuals involved in the project will be required. Company profile, history, copy of required business licenses and North Carolina Lead Based Paint Firm Certification, list of employees and resumes who will be assigned to perform the work, proof of insurability and three references from recipients of similar services. All inspectors and program designers must have current certifications from institutions that are approved in accordance with the most current state and federal requirements for lead-based paint activities.

**3. Prior Related Experience.** Provide a brief description of lead inspection/risk assessment experience including contact person and phone numbers for each referenced job. Include experience with grant funded programs and any prior work in Halifax County.

**4. Bid Summary.** (See Attachment #1).

**5. Contractor Information Form** (See Attachment #2)

**F. FACTORS FOR AWARDS/EVALUATION CRITERIA.**

The following factors will be used in evaluating Lead Based Paint Firms proposals and awarding of contract:

- |   |             |
|---|-------------|
| 1. Technical Approach/Understanding of Program.           | (20 points) |
| 2. Work Management Plan/Experience of Proposed Personnel. | (20 points) |
| 3. Grant Funded Program Experience of the Firm.           | (20 points) |
| 4. Familiarity with Locality.                             | (20 points) |
| 5. Bid Summary.   | (20 points) |

**G. FEDERAL AND STATE TERMS AND CONDITIONS**

The selected Lead Based Paint Firm must comply with all the requirements of the North Carolina Single Family Rehabilitation Program and all applicable State and Federal regulations and guidelines. Procurement and contract procedures outlined in 24 CFR 85 will also be followed.

**H. PROPOSAL SUBMITTAL**

Proposals must be submitted by **4:30 PM, Friday, August 9, 2024**, to the following name and address. Faxed or electronic submittals will not be accepted. Halifax County will select the lowest most responsible bidder.

**Ms. Christina Wells, Assistant County Manager  
PO Box 38  
10 N. King Street  
Halifax, NC 27839**

**Halifax County is an Equal Opportunity Employer and encourages proposals from small, minority, women-owned and historically underutilized firms.**

*This Request for Proposals is available in Spanish upon request. Please contact Ms. Christina Wells, Assistant County Manager, PO Box 38, 10 N. King Street, Halifax, NC 27839 or at 252-583-1131 to request a Spanish language version of this Request for Proposal.*

*Este pedido ofertas está disponible en español a petición. Entre en contacto con por favor a Ms. Christina Wells, Assistant County Manager, PO Box 38, 10 N. King Street, Halifax, NC 2783 en 252-583-1131 para solicitar una versión española de la lengua de esta petición para la oferta.*



**ATTACHMENT #1**

**HALIFAX COUNTY  
CDBG-NRP PROJECT  
LEAD-BASED PAINT INSPECTION BID FORM**

I, the undersigned contractor, have inspected the foregoing listed properties and understand the extent and character of the work to be completed. I propose to furnish all labor and equipment necessary to accomplish the work, as indicated in the Request for Proposals, for the total sum of \_\_\_\_\_ (\$\_\_\_\_\_).

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Unit	Work to be Performed	Total Bid Amount
Unit #1		
Unit #3		
<b>Total</b>		

**The Following Documents Must Be Attached for Bid to Be Considered:**

- Contractor Information Form
- State and/or Federal Asbestos Inspection Certifications
- Current Certificate of Insurance

## **ATTACHMENT #2**

### **HALIFAX COUNTY CDBG-NEIGHBORHOOD REVITALIZATION PROJECT CONTRACTOR INFORMATION FORM**

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**Company Name:** \_\_\_\_\_ **Tax ID #:** \_\_\_\_\_

**Individual:** \_\_\_\_\_ **SSN:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Telephone Number:**

Business: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

Home: \_\_\_\_\_ Best time to contact: \_\_\_\_\_

**Type of Business** *(check all that apply)*

General Contractor \_\_\_\_\_ License No.: \_\_\_\_\_

Electrical \_\_\_\_\_ License No.: \_\_\_\_\_ Plumbing: \_\_\_\_\_ License No.: \_\_\_\_\_

Painting \_\_\_\_\_ Roofing: \_\_\_\_\_

Carpenter \_\_\_\_\_ Siding: \_\_\_\_\_

Other \_\_\_\_\_

\_\_\_\_\_

**Insurance** *(check all that apply)*

Do you carry comprehensive liability insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you carry property damage insurance? Yes \_\_\_\_\_ No \_\_\_\_\_

Are your workers covered by workman's compensation? Yes \_\_\_\_\_ No \_\_\_\_\_

**References:**

- |    |                    |       |
|----|--------------------|-------|
| 1. | Bank               | _____ |
|    | Contact Person     | _____ |
|    | Address            | _____ |
|    | Phone Number       | _____ |
| 2. | Materials Supplier | _____ |
|    | Contact Person     | _____ |
|    | Address            | _____ |
|    | Phone Number       | _____ |
| 3. | Materials Supplier | _____ |
|    | Contact Person     | _____ |
|    | Address            | _____ |
|    | Phone Number       | _____ |
| 4. | Customer Name      | _____ |
|    | Contact Person     | _____ |
|    | Address            | _____ |
|    | Phone Number       | _____ |
| 5. | Customer Name      | _____ |
|    | Contact Person     | _____ |
|    | Address            | _____ |
|    | Phone Number       | _____ |
| 6. | Customer Name      | _____ |
|    | Contact Person     | _____ |
|    | Address            | _____ |
|    | Phone Number       | _____ |

The undersigned certifies that all information in this statement, and all information furnished in support of this statement, is true and complete to the knowledge and belief of the undersigned.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date