

Provider of Relocation Hotel Accommodations- Request for Proposal (RFP)
Lawrence County Social Services, Inc.

Performance Measures

The proposal is for the following:

- **Hotel partnerships for relocation of clients**

The purpose of our grant program is to assist states, cities, or other units of local government in undertaking comprehensive programs to identify housing rehabilitation needs and/or control lead-based paint hazards in eligible privately-owner rental or owner-occupied housing populations. To provide remediation of lead in homes, temporary relocation for families and individuals while the work is conducted and until the time the affected unit receives clearance for re-occupancy is needed. HUD expects that most temporary relocation for lead hazard control work would be for 10 days or less. There may be a need to change check-out date before or after contracted date.

The areas may include the following Counties:

- Lawrence
- Mercer
- Butler

DEADLINE IS FRIDAY, MARCH 11, 2022.

RFP's will be publicly open and read on Monday, March 14, 2022, at 12:00pm at the 1745 Frew Mill Rd. New Castle, PA 16101, Suite 9 location.

Scope of Work

LCSS clients may have the need to be relocated while remediation is being done to their homes. During this timeframe (normally 5-10 days), hotel accommodations are needed for the client and/or family members. The Provider agrees to furnish hotel services for Lead Program participants. Service provided under this RFP is at the request of LCSS with locations to vary based on need of temporarily relocated parties. When persons with disabilities are temporarily located, they must be placed in housing compliant to Section 504 of the Rehabilitation Act (24 CFR part 8).

Amenities should include refrigerator, microwave, access to crib, pullout bed for small children, and a secure room safe. Provided breakfast is preferred.

Confirmation number required by LCSS prior to payment authorization and final receipt shall be sent immediately to LCSS upon client checkout.

I hereby certify that upon submitting a proposal for Provider of relocation hotel accommodation services for LCSS that the contracted company is capable of providing the services listed above. It is the responsibility of the bidder to ensure that the proposal documents are received by LCSS prior to the bid opening date.

Signature

Date

Relocation Hotel Accommodations - Request for Proposal (RFP) **Instructions and Document Checklist**

Thank you for your interest in submitting a proposal for Relocation Hotel Provider services for Lawrence County Social Services (LCSS). Proposals shall be submitted on the forms provided in these documents, filled out in ink or typed. Please complete and email all the following items as requested on this checklist (marked to ensure they have been completed), along with all other documents in this attachment to sschwartz@lccap.org or mail to Lawrence County Social Services, 1745 Frew Mill Rd, New Castle, PA 16101, Suite 9, ATTN: Stacy Schwartz. ***Proposals will be scored on a maximum of 100 point scale based on points listed on each item above and compared to other received bids.**

REMINDER: DEADLINE IS FRIDAY, MARCH 11, 2022.

ITEM	INCLUDED
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Fill in requested information and attach any necessary documentation

- | | |
|---|--------------------------|
| 1. Contact/Business Information | <input type="checkbox"/> |
| • Fill in requested information | <input type="checkbox"/> |
| • Attach completed W-9 Form | <input type="checkbox"/> |
| 2. Qualifications and Experience (up to 60 points) | <input type="checkbox"/> |
| • Answer questions 1-3 with requested information | <input type="checkbox"/> |
| • Attach proper certifications and insurance | <input type="checkbox"/> |
| ○ Liability Insurance Declaration Page | |
| ○ References (not required) | |
| ○ Other (as applicable) | |
| 3. Complete Pricing/Bid Costs Worksheet (up to 40 points) | <input type="checkbox"/> |
| 4. Vendor Survey for Section 3 MBE/WBE | <input type="checkbox"/> |
| 5. Signed Provider Statement | <input type="checkbox"/> |
| 6. Submit Company's Verification of no Debarment and Suspension | <input type="checkbox"/> |
| • https://www.dgs.internet.state.pa.us/debarmentsearch/debarment/index | |

Hotel Accommodations Provider – Contact/Business Information

A. GENERAL INFORMATION

1) **Official Company Name:** _____

Is this a: () Corporation () Partnership () Sole Proprietorship

2) **Your Principal Business Address (Location):** _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone Number: _____ **Fax:** _____

Name of Contact Person: _____ **Cell Phone #:** _____

E-mail address: _____

Federal Tax ID Number: _____

DUNS # / UEI#: _____

According to the U.S. General Services Administration, the federal government will stop using the DUNS number in **April 2022** and transition to a 12-digit Unique Entity Identifier (UEI) created in the System for Award Management ([SAM.gov](https://sam.gov)). If you already have an active DUNS number, the federal government has already assigned your agency a UEI. Therefore, you do not need to apply for one. You can log onto the [SAM.gov](https://sam.gov) website, pull up your registered account to verify what number has been assigned to you. If you do not currently have a DUNS number assigned, you may still apply for one and must register your DUNS number in the SAM system until the transition period is over (April 2022), where a UEI will be assigned to you based on your DUNS registration.

If this is a Corporation: Date Incorporated: _____ **State of Incorporation:** _____

Are you registered with a minority/women’s business enterprise program? Yes No

If yes, please submit a copy of certification.

Are you a Section III business enterprise program? Yes No

If yes, please submit a copy of certification.

Names of President and Other Officers of the Corporation:

Name Title

Name Title

How many employees do you employ full-time? _____

Have you ever worked for the Department of Housing and Urban Development (HUD)?

Circle One: Yes No

If yes, please explain: _____

Qualifications and Experience (up to 60 points)

- 1- Describe qualifications and experience to provide requested hotel accommodations, such as amenities and meals. (up to 15 points)

- 2- Describe your room availability and guest capacity, such as adjusting rooms. (up to 15 points)

- 3- Describe your invoicing process, such as ability to provide electronic confirmations/invoices (up to 15 points)

- 4- Please attach proper certifications and insurance (up to 15 points):
- Liability Insurance Declaration Page
 - Other if applicable

Pricing/Bid Costs Worksheet:

Potential hotel accommodation provider shall bid on the following items, which cost shall apply to every reservation request/hotel stay (up to 40 points):

BID ITEM	UNIT PRICE
<p>Weekday (Sunday-Thursday)</p> <p>Weekend (Friday-Saturday)</p> <p>Weekly Rate (7 days):</p>	<p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p> <p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p> <p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p>
<p>Pet fee (if applicable):</p>	<p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p>
<p>Are Smoking Rooms available? If yes, what is the extra cost?</p> <p>Rate for adjoining rooms for larger families</p> <p>Miscellaneous Fees (if applicable):</p> <p>Nightly security hold on guest's card (if applicable) *NO HOLDS are to be made on LCSS's credit card on file*</p> <p>Special Notes:</p>	<p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p> <p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p> <p>Normal Customer Rate \$ _____</p> <p>LCSS Discounted Rate \$ _____</p> <p>\$ _____</p> <p>**Payment will be based on the actual number of days the participant stayed at the hotel. Any difference between estimated and final quantities will NOT be considered reason for increase of unit prices.</p>

VENDOR SURVEY FOR SECTION 3 MBE/WBE (Minority/Women Business Enterprise)

Name of Business: _____
 Employer Identification Number (EIN): _____
 Address of Business: _____

 Phone No. of Business: _____
 Email: _____

Please answer the following *optional* questions:

Are you a Section 3 owned business? _____ YES _____ NO
 If yes, are you registered with the State? _____ YES _____ NO
 Is your business owned by a woman? _____ YES _____ NO
 If yes, are you registered with the State? _____ YES _____ NO
 Is your business owned by a minority? _____ YES _____ NO
 If yes, are you registered with the State? _____ YES _____ NO

Under which racial/ethnic category would the business fall?

___ White American ___ Black American ___ Native American
 ___ Hispanic American ___ Asian/Pacific American ___ Hasidic Jews

Please complete the following:

Section 3 Work Force Needs Table-Employees

Occupation Category (1)	Approximate Number of Skilled Employees Required	Total Number of Skilled Employees Presently on Payroll	Total Number of Section 3 Skilled Employees	Total Number of Skilled Employees to be Hired	Total Number of Section 3 Residents to be Hired
Totals:					

**The following occupational category classifications may be used above: Accounting, architecture, appliance repair, bookkeeping, bricklaying carpentry, carpet installation, catering, cement/masonry, computer/info., demolition, drywall, electrical, elevator construction, engineering, fencing, florist, heating, iron works, janitorial, landscaping, machine operation, manufacturing, marketing, painting, payroll, plastering, plumbing, printing, research, surveying, tile setting, transportation, or work processing.

Provider of Relocation Hotel Accommodations Statement

**THE UNDERSIGNED CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS
SUBSTANTIALLY CORRECT AND FURTHER AGREES:**

- That the Provider of relocation hotel accommodations' licenses and/or certificates are current, and the undersigned agrees to maintain in current status all licenses and bonds as required by the appropriate facilities.
- That the Provider is aware of the general nature of accommodations to be provided as indicated in the RFP.
- That, if the accommodations provided by the Provider are found to be unsatisfactory by the administering agency, the administering agency may remove the provider's name from the approved list, with such accompanying publicity as it deems necessary.

Signature

Title

Date