



CITY OF BLOOMINGTON HOUSING AUTHORITY (BHA)

REQUEST FOR PROPOSAL (RFP)

Flooring Services for Vacant Units

RFP Details

Details	Information
RFP Number	2024-07
RFP Issued	12/26/2024
Proposal Submission Deadline	01/09/2025
Questions Due By	01/05/2025
Email Questions To	andrese@bloomingtonha.com

Contact Information for This RFP

Procurement Contact Details

Contact Person	Andres Escobar-Silva
Title	Procurement Specialist
Phone Number	(309) 829-3360
Email Address	andrese@bloomingtonha.com

1. General Information

1.1 RFP Introduction

The City of Bloomington Housing Authority (BHA) invites proposals from qualified and experienced flooring service providers for installation, removal, and disposal of flooring in



vacant residential units managed by BHA. The selected contractor will ensure professional removal and installation of new flooring according to the specifications outlined in this RFP.

1.2 BHA Reservation of Rights

BHA reserves the right to:

- Accept or reject any proposals at its discretion.
 - Cancel or amend the RFP as necessary.
 - Negotiate contract terms with selected proposers.
 - Determine service schedules and locations based on operational needs.
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2. Scope of Work

2.1 Flooring Services for Vacant Units

The selected vendor will provide professional services for flooring upgrades in vacant residential units. The scope includes:

- **Removal and Disposal of Old Flooring:**
 - Safely remove and dispose of all types of old flooring, including carpet, vinyl, and tile.
- **Installation of New Flooring:**
 - Install new flooring materials provided by BHA, including vinyl, tile, and carpet.
- **Surface Preparation:**
 - Ensure the slab is clean and free of debris before installation.

2.2 Unit Types

Services must cover a range of unit sizes, from 1-bedroom to 5-bedroom apartments.



2.3 Frequency of Services

- Services will be requested on an as-needed basis for vacant units.
- The typical response time for flooring requests is within 48 hours of notification.

2.4 Work Schedule

- Work must be completed during preferred hours, Monday through Friday, 8:00 AM to 4:00 PM.
- Timelines for completion will be unit-based and determined by request.

2.5 Compliance with HUD Guidelines

The contractor must comply with HUD requirements and ensure adherence to local safety codes and standards.

3. Proposal Submission Requirements

3.1 Submission Format

Proposals must include the following:

- **Letter of Interest**
 - Clearly state your interest in the project and outline your qualifications.
- **Detailed Work Plan and Timeline**
 - Provide a description of your flooring process, including methods and disposal practices.
- **Cost Breakdown**
 - Submit a detailed pricing structure, including per-unit costs for removal and installation for each unit size.
- **Required Forms and Certifications**



- HUD-5369, HUD-5369-A, HUD-5370
 - Conflict of Interest Certification
 - MWBE Participation Plan
 - **Documentation of Past Performance**
 - Include references or project summaries from at least three similar projects.
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4. Evaluation Criteria

Proposals will be evaluated based on the following criteria:

Criteria	Weight
Experience and Qualifications	20%
Work Plan and Turnaround Time	25%
Cost Effectiveness	25%
Compliance with HUD Requirements	15%
MWBE and Section 3 Participation	10%
References and Past Performance	5%

5. Contract Requirements

5.1 Contractor Obligations

- Provide all the labor and equipment necessary for removal and installation.
- Ensure staff are trained and follow safety protocols.
- Maintain accurate records of services provided.



5.2 Reporting

- Submit monthly invoices detailing services rendered, unit addresses, and completion dates.
 - Maintain logs of tenant complaints and resolutions.
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6. Submission Instructions

- Submit proposals via email to andrese@bloomingtonha.com.
 - Proposals must be received by January 09, 2025.
 - Late submissions will not be considered.
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Attachments

Appendices:

- Appendix A: HUD-5369 ([5369.PDF](#))
- Appendix B: HUD-5369-A ([5369-a](#))
- Appendix C: HUD-5370 ([5370.pdf](#))
- Appendix D: Conflict of Interest Certification (Full Form Attached)
- Appendix E: MWBE Participation Plan (Full Form Attached)



Conflict of Interest Certification



I, the undersigned, certify the following on behalf of myself and the entity I represent regarding our proposal submitted in response to the City of Bloomington Housing Authority's Request for Proposal (RFP):

1. I have read and understood the Conflict of Interest policy outlined in the RFP.
2. Neither I nor any member of my organization has any conflicts of interest as defined by HUD regulations, federal procurement standards, or other applicable laws.
3. I understand that a conflict of interest includes, but is not limited to:
 - Any personal or financial interest in a potential contract.
 - Relationships with employees or officials of the City of Bloomington Housing Authority.
 - Actions that could give the appearance of impropriety.
4. I agree to disclose immediately to the City of Bloomington Housing Authority any potential conflicts of interest that arise at any point during the procurement or contract process.
5. I understand that failure to disclose conflicts of interest may result in disqualification from the RFP process or termination of the contract.

Certification of Accuracy

I certify that the above statements are true and correct to the best of my knowledge. I understand that any false or misleading information may disqualify my proposal or result in contract termination.

Name of Organization: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____



Appendix E: MWBE Participation Plan Form

Minority- and Women-Owned Business Enterprise (MWBE) Participation Plan

Name of Contractor: _____

Contact Person: _____

Phone Number: _____

Email Address: _____

1. MWBE Participation Commitment

- Total dollar amount of contract: \$ _____
- Total dollar amount to MWBE firms: \$ _____
- Percentage of total contract to MWBE firms: _____%

2. MWBE Subcontractors and Suppliers

Provide details of all MWBE firms that will be engaged under this contract. Use additional sheets if necessary.

Business Name	Contact Name	Scope of Work	Dollar Amount	MWBE Certification Number
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3. Outreach Efforts

- Describe your efforts to include MWBE firms in your proposal:
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4. Certification and Signature



- I certify that the information provided in this MWBE Participation Plan is accurate and complete to the best of my knowledge. I agree to make good-faith efforts to meet the stated MWBE participation goals.

Signature: _____

Title: _____

Date: _____