

CITY OF BRUNSWICK



DEPARTMENT OF ECONOMIC AND COMMUNITY DEVELOPMENT
REQUEST FOR PROPOSAL (RFP)

MICRO-ENTERPRISE TECHNICAL ASSISTANCE PROGRAM (MAP) EDUCATOR
FUNDED BY THE US DEPARTMENT HOUSING AND URBAN COMMUNITY
DEVELOPMENT BLOCK GRANT (CDBG)

PROGRAM YEAR 2017-2018

Application Form and Program Guidelines

Release Date: November 14, 2017
Closing Date: December 6, 2017
RFP Number: Micro 2017-4

Contact Person: Aaron Durham
Purchasing Agent/Financial Analysis
City of Brunswick
601 Gloucester Street
Brunswick, GA 31520
912-267-5538 Office
adunham@cityofbrunswick-ga.gov

COB
RFP-CDBG Micro Enterprise Technical Assistance Program-Program Administer

Proposal Submission

All proposals to be received by **4:00 PM of December 6, 2017**, at the address listed above, by mail or in person. All packets must be returned in sealed envelopes. No verbal or faxed submittals will be permitted.

The COB will not be responsible for late or lost proposals, or accept proposals that fail to be delivered to the specified physical or email address by the specified date and time.

The City of Brunswick (COB) receives annual entitlement allocations from the U.S. Department of Housing and Urban Development (HUD) for the Community Development Block Grant Program (CDBG). This handbook has been designed to integrate these applications and guidelines for funding sources included the COB FY17-18/ PY17 Annual Action Plan.

INTRODUCTION

The COB is soliciting proposals from qualified firms to operate the City's Community Development Block Grant (CDBG) Micro-Enterprise Assistance Program (MAP) Manager. Qualified Micro-enterprises are business with five or fewer employees, operating within the COB limits, where the owner will employ individuals is earning less than 80% of the COB median income as adjusted for household size.

SCOPE OF WORK -Mandatory

1. Weekly Progress Reports
2. Demographic Reporting (name, address, etc. separate from spread sheet)
3. Information submitted must correspond with weekly reports
4. Program survey
5. End of Program Report along with any outstanding documentation must be properly submitted before final reimbursement will be disbursed
6. Case note documentation for each program participant
7. Timesheets- CDBG Allocation for all program employees
8. Daily course roster
9. Documentation confirming proof of payment to employees
10. Provide in-depth, customized consulting where needed to help a business reach a new level of growth and stability.
11. Utilize a format that encourages networking and mentoring among participant business owners so that participants learn from each other and form useful alliances.
12. Maintain a minimum of twenty (20) enrollees throughout the course.
13. Provide training for a six (6) week period minimum, two (2) days a week maximum, one (1) day a week minimum.
14. Business plans for a minimum of twenty (20) course participants.
15. Two (2) year Strategic Plans for a minimum of twenty (20) course participants.
16. Provide a business development course for a minimum of twenty (20) course participants.

QUESTIONS REGARDING THIS RFP

Questions regarding this Request for Proposals may be submitted in during the technical assistance time prior to November 30, 2017 at 4:00 p.m. EST. Only written questions will be accepted. Written questions should be submitted to micro@cityofbrunswick-ga.gov.

All questions and answers will be issued in the form of an addendum posted on the City's website and issued to all known recipients who have provided registration by December 1, 2017.

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TENTATIVE SCHEDULE

November 14, 2017	Request for Proposal release date (15-Day Application Process)
November 29, 2017	Mandatory Meeting at 10:00 am Old City Hall 1229 Newcastle St, Brunswick, GA 31520
November 30, 2017	Technical Assistance Deadline (Must be electronic)
December 6, 2017	MAP RFP Submission Deadline (Late Applications will not be considered)

Any technical questions regarding the completion/submission of the CDBG RFP will be addressed by:

Department of Economic and Community Development
COB Hall
601 Gloucester Street
2nd Floor
Brunswick, Georgia 31521
micro@cityofbrunswick-ga.gov

PROPOSAL SUBMISSION

1. Proposals may be submitted by mail or in person to:
COB of Brunswick
601 Gloucester Street
Brunswick, GA 31520
Attn: Aaron Dunham
Purchasing Agent/Financial
Analysis
912-267-5538 Office
2. Proposal must be in a sealed envelope or package, clearly marked with the RFP number and consultant's name.
3. Proposals must be received at the physical address or email address listed above no later than 4:00 p.m. November 13, 2017. Late submittals will not be accepted. The COB is not responsible for lost proposals or proposals delivered to a person or location other than listed above.
4. All proposals and documents submitted become the property of the COB.
5. All costs of preparing the proposal shall be borne by the proposer.

PROPOSAL FORMAT

A qualifying proposal must address all the following in the order shown below:

1. Cover letter: Describe your agency and summarize your qualifications and experience operating the proposed program.
2. Proposal Summary Sheet (Complete the Proposal Summary Sheet included with this RFP)
3. Proposal:
 - a. Firm Experience: The experience your firm has delivering the described scope of work.
 - b. Staff Experience: Resumes of the key staff that would be assigned to this job.
 - c. Cost: Estimate the cost of providing this service, number of clients to serve, cost per client over a 6-week period
 - d. Design Description: Provide a description, up to five pages, of how you would design, organize, execute, and monitor the program.
4. Insurance Requirements: Provide Insurance Evidence as specified in the SELECTION CRITERIA and PROCESS Section.
5. Authorized Signature: Proposals shall be signed by an authorized employee to receive consideration.

SELECTION CRITERIA AND PROCESS

The COB is using the competitive negotiation process, wherein the experience of each Proposer is evaluated as it relates to the Scope of Work and grant purpose. The COB is particularly interested in receiving proposals from small, female, and minority, locally owned small businesses. The CDBG program staff will review the Proposals and select a consultant to perform the work based on the following selection criteria:

1. General firm and individual experience.
2. Capacity to perform the Scope of Work.
3. Staff availability for periodic meetings.
4. Cost effectiveness of bid.
5. Ability to complete the task in a timely manner.
6. Ability to work cooperatively with COB staff and other contractors.

COB Staff will notify each bidder of the acceptance or rejection of their proposal. Final contract is subject to approval by the COB Manager & COB Attorney.

The COB reserves the right to award a contract to the firm or individual that presents the proposal which, in the sole judgment of the City, best serves the interest of the City.

The COB reserves the right to reject any or all proposals, to waive minor irregularities in said proposals, or to negotiate minor deviations with the successful firm.

PROTEST

Any consultant that submitted a proposal may protest another consultant's proposal by submitting said protest and the reasons therefor to the COB Manager within fifteen (15) days of the announcement of the selection committee's choice. Protests must be based on the proposal's lack of responsiveness or the consultant's lack of responsibility. The Brunswick City Manager will then have five (5) days to respond with a determination to affirm or deny the protest. The Brunswick City Manager's decision is final.

CDBG TERMS AND CONDITIONS

The consultant will be bound by all applicable state and federal regulations governing the CDBG program. See Attachment A.

CONFLICT OF INTEREST

Consultant warrants and covenants that no official or employee of the City, nor any business entity in which an official of the COB has an interest, has been employed or retained to solicit or assist in the procuring of the resulting contract without immediate divulgence of such fact to the City.

INSURANCE REQUIREMENTS

The successful Proposer shall furnish the COB with certificates and original endorsements affecting the required insurance coverage prior to the execution of a contract by the City. The endorsements shall be on forms as approved by the City. The successful Proposer shall provide a Certificate of Insurance, naming the COB, COB as additional insured for the following:

A. Employer's liability insurance in the amount of at least \$1,000,000 per accident for bodily injury and disease as required under the applicable laws relating to worker's compensation insurance, all of their employees working on the agreement, in accordance with the Worker's Compensation and Insurance Act, at Division IV of the Labor Code of the State of California and Acts amendatory thereof.

B. Comprehensive or Commercial General Liability Insurance at least as broad as Insurance Services Office Commercial General Liability coverage (occurrence from CG 0001), in an amount of \$1,000,000 per occurrence. Professional liability insurance/errors and omission coverage in an amount no less than \$1,000,000 combined single limit (CSL). If insurance is written on a claim made basis, Contractor agrees to maintain such insurance in effect for at least three years following completion of performance under this Agreement. If work involves explosive, underground or collapse risks, XCU must be included. If a general aggregate limit is used, either the general aggregate limit shall apply separately to this project or the general aggregate shall be twice the required occurrence limit. Said policy shall contain, or be endorsed with the provision that the policy shall not be canceled without thirty-days prior written notice (ten days for non-payment of the premium) to the COB by certified mail.

The policies described above shall not be cancelable without thirty days advance written notice to the City, and shall be in a form and by a surety approved by the City.

In the event, any required policy is canceled prior to the completion of the project and the Contractor does not furnish a new Certificate of Insurance prior to cancellation, the COB may obtain the required insurance and deduct the premium(s) from contract monies due to the Contractor.

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If any required policy is a claims-made policy, the policy shall contain language providing coverage up to six months following the completion of the contract to provide insurance coverage for the hold harmless provisions herein.

As used above, the term "Contractor" includes the Contractor, and its officers, agents of employees. Contractor shall be responsible for insuring that any subcontractor engaged to provide project services obtains and maintains adequate liability insurance.

INDEMNIFICATION

Contractor agrees to indemnify, defend and save harmless the COB, its City Council, its offices, agents, employees, and volunteers from any and all claims and losses, whatsoever, accruing or resulting from any and all contractors, subcontractors, material men, laborers, and any other person, firm or corporation furnishing or supplying work, services, materials, or supplies in connection with the performance of any agreement arising from this RFP, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged resulting from any wrongful acts, errors and omissions, or negligence of Contractor, its agents and employees, pertaining to the performance of any agreement arising from this RFP.

ASSIGNMENT

Any agreement resulting from this RFP and any amendments or supplements thereto shall not be assignable by the successful bidder either voluntarily or by operation of law, without the written approval of the COB, and shall not become an asset in any bankruptcy, receivership or guardianship proceedings.

INQUIRY

All inquiries regarding this RFP should be directed to the contact person listed above.

PROPOSAL SUMMARY SHEET

**MICRO-ENTERPRISE TECHNICAL ASSISTANCE
COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM**

Proposals are due September 20, 2017 by 4pm

Interested consultants should submit this form with their proposal.

Cost per person: _____

Total Cost for Service: _____

Signed: _____

Name/Title (Printed): _____

Company/Consultant: _____

Company DUNS Number (Required for Federal contracts): _____

Tax ID No.: _____

Address: _____

Phone Number: _____

Email Address: _____

Indicate if firm is a small business and/or a minority or woman-owned business:
