

RFP 2024-18 DISASTER RECOVERY CONSULTING SERVICES
Instructions to Proposers

Proposers interested in the Work are instructed to submit four (4) original hard copies and one (1) electronic copy (non-returnable USB flash drive) of its complete proposal in accordance with this RFP, no later than **April 22, 2024 at 3:00 PM., Eastern Time** unless otherwise changed through an addendum to this RFP, to the Procurement Office at 3093 Crawfordville Highway, Crawfordville, FL 32327. Proposals received after this date and time will not be considered and will be returned unopened. Cost proposal must be submitted separately.

All Proposals and all attachments must be bound and delivered **SEALED** to the County at the address shown below no later than the time and date set for receipt of Bids. Deliver OR mail the Bid in a sealed envelope/package to:

WAKULLA COUNTY PROCUREMENT OFFICE
ATTN: RFP # 2024-18
PATTY TAYLOR
3093 CRAWFORDVILLE HIGHWAY
CRAWFORDVILLE, FL 32327

The front lower left corner of each **SEALED** envelope/package must contain the following information for proper identification:

DISASTER RECOVERY CONSULTING SERVICES RFP # 2024-18 Attention: Patty Taylor DUE NO LATER THAN: April 22, 2024 at 3:00 PM EST
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1. Include name and address of Proposer on each sealed envelope/package.
2. If Proposal is contained in multiple packages, number each sealed package sequentially, i.e., “1 of 3”, “2 of 3”, “3 of 3”.
3. Cost proposal envelope/package must be labeled in the same manner as above and clearly identified as such, in a separate sealed envelope/package.

All Proposals received will be recorded and date stamped at the Wakulla County office located at 3093 Crawfordville Highway, Crawfordville, Florida.

Submission of Proposals by fax or other electronic means will not be accepted. Any proposals received after the stated time and date will not be considered. Late proposals will not be opened at the public opening. Arrangements may be made for the unopened proposals to be returned at the Proposer’s request and expense.

Proposals may be withdrawn or modified only by written notification from the Proposer prior to the time fixed for the opening of Proposals. Negligence on the part of the Proposer in preparing the Proposal confers no right for withdrawal of the Proposal after it has been opened.

Proposal Must Address:

The Proposal must address the requirements in a clear and concise manner in the order stated herein. Proposals must be divided as described below and must include the information/documents specified in the applicable divider. Proposals that do not adhere to the following format or include

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the requested information/documents may be considered incomplete and therefore unresponsive by the County.

Required forms can also be provided in Microsoft Word format, upon request. Please contact the procurement office: (850) 926-0919, ext. 705 or email ptaylor@mywakulla.com.

The County reserves the right to seek additional/supplemental representation on specific issues as needed.

Proposals should be typed. **No changes in or corrections to Proposals will be allowed after the Proposals are opened.**

The signer of the Proposal must declare that the Proposal in all respects fair and in good faith without collusion or fraud and that the signer of the Proposal has the authority to bind the principal Proposer.

The County will not be liable for any costs incurred by Proposer prior to entering a contract. Therefore, all Proposers are encouraged to provide a simple, straightforward, and concise description of their ability to meet the RFP requirements.

PROPOSAL CONSTRUCTION

Proposer will construct its Proposal in the following format as outlined and a divider must separate each section as prescribed.

TAB 1 – PROPOSAL TRANSMITTAL FORM ON THE FIRMS LETTERHEAD (FORM 1)

All signatures must be by an individual with authority to legally bind the Proposer, witnessed, and corporate and/or notary seal (as applicable.) If the individual signing the Proposal Transmittal Form does not have apparent authority to legally bind the Proposer, attach documentation demonstrating such authority. The corporate or mailing address must match the company information as it is listed on the Florida Department of State Division of Corporations. Attach a copy of the webpage(s) from <http://www.sunbiz.org> as certification of this required information. Verify that all addenda and tax identification number have been provided.

TAB 2 – EXECUTIVE SUMMARY AND QUALIFICATION APPLICATION (FORM 2)

This summary should be no more than Six (6), front and back, pages. Include Form 2, Qualification Application and Questionnaire. Additional pages may be added to Form 2 if needed.

Provide a description and history of the firm focusing on previous Federal and State Public Assistance (PA) program experience and applicability of the Robert T. Stafford Disaster Relief and Emergency Assistance Act, as amended, Federal Regulation (44 CFR, 2 CFR Part 200) and FEMA policies (the 9500 Policy Series and the Public Assistance Program and Policy Guide).

In this tab, provide the following:

1. Provide an organizational overview of the history, capability and business ability of the Respondent firm, relative to this RFP. Include information on organizational structure.

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2. Describe your firm’s qualifications in providing disaster recovery and specifically FEMA reimbursement services. Include any special expertise which your firm has in working with FEMA or the Florida Division of Emergency Management (FDEM).
3. Provide specific information on your experience working on disaster recovery reimbursement specific projects in Florida.
4. Provide a listing and professional profile of key personnel who will be assigned to provide professional services. Include the individual’s name, function with the firm, years of professional experience, education and years of experience with the firm. Professional resume’s and any professional certificates or licenses held should be included for each individual listed.
5. Ten (10) years of experience working with the Public Assistance Grant Program, at the Federal, State or local level, including Project Worksheet development, Project Worksheet audit, documentation review, eligible cost reconciliation, audit checklists, the development of successful appeal/appeal responses and closeout.
6. Experience with all categories of work in man-made and natural disasters, with expertise in the tracking of force account labor, equipment reimbursement, supplies, donated services, mutual aid and contracted service.
7. Provide a list of individuals who will be assigned (on site) to the disaster recovery reimbursement service engagement and their specific roles. Include summary resumes of the individuals to reflect their experience and education, particularly as they relate to the firm’s engagement in the last ten (10) years.
8. Provide the number of employees who would be available during normal business times versus during time of emergency or disaster. Describe if your employees are full time employees or contracted employees.
9. Describe the experience your employees have in handling the documentation required for receiving FEMA or other Federal or State grant reimbursement.
10. Describe the training that your employees have had regarding FEMA and FDEM grant rules and guidelines, State pass-through grant rules for reimbursement and any related training.

TAB 3 – LETTERS OF REFERENCE (FORM 3)

Include three reference letters from similarly situated communities, local governments or commercial jobs dated 2018 or later. Letters must be on the entities letterhead and signed by an authorized official and include a brief description of the project and results, date of the project and name of contact person, e-mail, and phone number.

TAB 4 – UNDERSTANDING OF THE SERVICES TO BE PROVIDED AND PROJECT APPROACH

1. Provide a description of the firm’s general approach to the proposed scope of services to include team organization, staff assignments, schedules, quality assurance and accountability.
2. Provide relevant availability of the primary contact relative t current and future client workload. Include for each individual the estimated number of hours that will be contributed and in what capacity they would serve. Include information on supervisory personnel.

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TAB 5 – COST PROPOSAL

Each Proposer must complete and submit the Cost Proposal Form. Cost will be evaluated using the hourly rates submitted for the labor positions indicated. The hourly labor rates shall include all applicable overhead and profit. Overtime hours will be paid at the same rate as regular time hours. All normal expenses shall be absorbed in hourly rates, including lodging, meals, transportation and per diem. Proposer may include other positions, with hourly rates and attach a job description and required years of experience for each position.

Cost Proposal shall be in a separate sealed envelope/package. Each Proposer must complete and submit the Cost Proposal Form set forth in Form 16. Proposers, please submit one cost proposal (Form 16) in a separate, clearly marked envelope with your submission.

TAB 6 – REQUIRED FORMS DOCUMENTS AND CERTIFICATIONS

The following forms must be fully filled out and signed by a person with authority to bind the Proposer:

- Form No. 4 Indemnification and Hold Harmless Statement
- Form No. 5 Public Entity Crimes Sworn Statement
- Form No. 6 Equal Employment Opportunity/Affirmative Action Statement
- Form No. 7 Drug Free Workplace Certification
- Form No. 8 Conflicts of Interest Disclosure
- Form No. 9 Non-Collusion Affidavit
- Form No. 10 Ethics Clause & Certification Regarding Lobbying for Contracts,
Grants, Loans, and Cooperative Agreements
- Form No. 11 List of Proposed Sub-Contractors
- Form No. 12 Certification Regarding Debarment, Suspension, and Other
Responsibility Matters -Primary Covered Transactions
- Form No. 13 E-Verify Certification
- Form No. 14 Insurance Certification
- Form No. 15 Comments on Proposed Contract
- Form No. 16 Cost Proposal

Please note any concerns with the proposed contract on Form No. 15. Any comments that are included on this form regarding the contract documents will be forwarded to the legal department for review. The County’s acceptance of comments does not guarantee any revision to the contract documents. Comments not included on this form **WILL NOT** be considered. Please indicate NONE or Not Applicable (N/A) if there are no comments on the proposed contract documents.