

# Request for Qualifications (RFQ) for Engineering/Architectural/Surveying Services - Cover Letter

June 2, 2022

Re: Request for Qualifications

Dear Engineering Service Providers:

Attached is a copy of Houston County's Request for Qualifications for engineering services for various projects upcoming and pending Commissioners Court approval of eligible activities in Houston County. The submission requirements for this proposal are also included on the attached Request for Qualifications (RFQ) form. Firms and/or individuals should have past experience with local, state and federally funded programs. Please submit a proposal of services and statement of qualifications to:

Melissa Jeter  
Houston County Auditor  
401 E. Goliad, Ste 204  
Crockett, TX 75835

Along with your proposal, you must also include verification that your company as well as the company's principal or principals are not listed (is not debarred) through the System for Award Management ([www.SAM.gov](http://www.SAM.gov)). Please include a print out of the search results.

The deadline for submission of proposals is due July 6, 2022 @ 3:00PM. Please send 2 copies of your proposal to Melissa Jeter, Houston County Auditor, 401 E. Goliad, Ste 204, Crockett, Texas 75835 by July 6, 2022 at 3:00PM. The County of Houston reserves the right to negotiate with any and all persons or firms submitting proposals, per the Texas Professional Services Procurement Act and the Uniform Grant and Contract Management Standards.

The County of Houston is an Affirmative Action/Equal Opportunity Employer.

Sincerely,

Melissa Jeter  
County Auditor

**Houston County, Texas**  
**Request for Qualifications for Engineering**  
**Project Description**

Houston County is requesting the engineering services through an hourly-basis and/or project basis depending upon the project approved by Commissioners Court for a period of one year. The County shall select a firm or team of firms that is best qualified.

The County projects discussed are:

- Demolition and removal of existing cinder block county building
- Construct new metal building – shop –
  - *production/delivery of designs, plans, drawings and specifications*
- Building purchase – under contract
  - *Review building for renovations/guidance*
- Courthouse is Historical Building under Texas Historical Commission
  - *Assist Commissioners Court and Facilities with Courthouse updates*
- Assist in providing periodic reports for Commissioners Court regarding each project's status as necessary
- Other Engineering Services including those required under the Texas Local Government Code and the Government Code.

**Statement of Qualification Requirements**

The statement must include the following:

1. Cover letter containing name, address, telephone number, email address, and main contact name of primary firm and each participating firm other than primary firm if applicable.
2. Number of total personnel and personnel assigned to this project, by discipline for each participating firm.
3. Outline of specific areas of responsibility (design, bidding, inspection, etc.) and team lead for primary and each participating firm if applicable.
4. Brief resume of key personnel including name/title, name of firm, experience, education, professional registration or licensure number (if applicable), and other relevant qualifications.
5. List of recent work completed in by primary firm and each participating firm, if applicable, that may be relevant to the project, including project name/location, type of work, funding source (if known), firm's responsibilities and services provided, project owner's main contact/address/telephone number, approximate completion date, and estimated project cost.
6. Certifications and Documentation:
  - a. Certified statement by primary firm committing to provide required general liability insurance, worker's compensation and professional liability insurance for personnel assigned to the project in the amounts specified below in this RFQ within 10 calendar days of any Notice of Award, or copy of insurance binder indicating coverage currently in-force. (submit as Attachment A)

- b. Child Support Statement for Negotiated Contracts and Grants (complete and submit as Attachment B).
- c. Civil Rights Compliance (complete and submit as Attachment C).
- d. Professional Registration Documentation if any (submit as Attachment D).
- e. Conflict of Interest (Attachment E).
- f. W-9 (Attachment F).

### **Selection Criteria and Contract Negotiation**

The County shall evaluate each Statement of Qualifications in accordance with the following criteria:

1. Professional qualifications in the areas of engineering
2. Experience engineering, bidding, and inspecting various county projects
3. Experience in designing/drawing specifications for building renovation and construction projects completed for a county
4. Overall performance record based upon references and County's prior experience with firm(s)
5. Capacity to perform all services outlined in this request

Each firm will be ranked according to its qualifications to perform all services outlined in this request. No interviews are anticipated at this time. Once selected, the County will negotiate final contract terms and price with the most qualified firm; should negotiations fail it shall negotiate with the next most qualified firm until an agreement is reached.

### **Insurance Requirements**

Worker's Compensation – Statutory Amount  
Employer's Liability - \$500,000.00

Commercial General Liability  
Personal injury and property damage:  
\$1,000,000.00 combined single limit each occurrence and  
\$2,000,000.00 aggregate

Professional Liability (errors and omissions)  
\$1,000,000 each occurrence  
\$1,000,000 aggregate

Business Automobile Liability for all vehicles  
Bodily Injury and property damage:  
\$500,000.00 combined single limit any one accident

### **Historically Underutilized Businesses (HUBs)**

HUBs, DBE (Disadvantaged Business Enterprises), and LSA (Labor Surplus Vendors) are encouraged to respond to the RFQ. The County encourages respondents to consider subcontracting with HUBs if opportunities arise.

**Deadline**

Along with your statement of qualifications, you must also include verification that your company, as well as the company's principals, are not listed (is not debarred) through the federal government's System for Award Management ([www.SAM.gov](http://www.SAM.gov)). Please include a printout of the search results.

Submit two\_(2) copies of the Statement of Qualifications before July 6, 2022 at 3:00 PM included in the newspaper notice.

Melissa Jeter  
Houston County Auditor  
401 E. Goliad, Ste 204  
Crockett, TX 75835

The County reserves the right to negotiate with any and all persons or firms submitting SOQs, per the Texas Professional Service procurement Act and the Uniform Grant and Contract Management Standards.

**HOUSTON COUNTY, TEXAS**  
**Request for Qualifications for Engineering Services**  
**Scoring Sheet**

Name of Firm: \_\_\_\_\_

Date of Rating: \_\_\_\_\_

Review Committee Member: \_\_\_\_\_

**Rate the Proposing Team's Experience in the following areas:**

<b>A. Experience of Team</b>	<b>Points Possible</b>	<b>Points Awarded</b>
1. Past experience in engineering County Building projects.	20	
2. Experience with the completion of preliminary design plans and specifications for similar projects.	10	
3. Expertise with completion of final plans and specifications	10	
4. Experience with County on previous projects	20	
<b><i>SUBTOTAL</i></b>	<b><i>60</i></b>	

<b>B. Related Work Performance (references and prior experience with team)</b>	<b>Points Possible</b>	<b>Points Awarded</b>
1. Facilitates completion of projects' activities on schedule	5	
2. Manages projects within budgetary constraints	5	
3. Work project is consistently of high quality	5	
4. Understanding the approach for project implementation	5	
<b><i>SUBTOTAL</i></b>	<b><i>20</i></b>	

<b>C. Capacity to Perform</b>	<b>Points Possible</b>	<b>Points Awarded</b>
1. Staffing level/experience of staff, number and type assigned to project	10	
2. Adequacy of resources	10	
<b><i>SUBTOTAL</i></b>	<b><i>20</i></b>	

<b>Scoring Summary:</b>	<b>Points Possible</b>	<b>Points Awarded</b>
A. Experience of firm	60	
B. Related work performance	20	
C. Capacity to perform	20	
<b><i>TOTAL SCORE</i></b>	<b><i>100</i></b>	

Committee Member Signature: _____	<b>FINAL SCORE:</b> _____
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**ATTACHMENT A**

***Attach Insurance Certification or Binder***

**Certification**

I, \_\_\_\_\_, as a duly authorized representative of  
(full name) \_\_\_\_\_, (name of firm),  
certify that evidence of required general liability, worker's compensation, and professional  
liability insurance for personnel assigned to the project and automobile insurance for any  
vehicles used for the project in the amounts in this RFQ shall be provided to the issuer of this  
RFQ within 10 calendar days of any Notice of Award.

\_\_\_\_\_  
Signature – Company Official

\_\_\_\_\_  
Printed/Typed Firm Name

\_\_\_\_\_  
Printed/Typed Name/Title

\_\_\_\_\_  
Date

**ATTACHMENT B  
CHILD SUPPORT STATEMENT FOR  
NEGOTIATED CONTRACTS AND GRANTS**

Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is eligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.

List below the name and social security number of the individual or sole proprietor and each partner, shareholder, or owner with an ownership interest of at least 25% of the business entity submitting the bid or application.

<b>NAME</b>	<b>SOCIAL SECURITY NUMBER</b>

Section 231.006, Family Code, specifies that a child support obligor who is more than 30 days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services; or receive a state-funded grant or loan.

A child support obligor or business entity ineligible to receive payments described above remains ineligible until all arrearage have been paid or the obligor is in compliance with a written repayment agreement or court order as to any existing delinquency.

Except as provided by Section 231.302(d), Family Code, a social security number is confidential and may be disclosed only for the purposes of responding to a request for information from an agency operating under the provision of Parts A and D of Title IV of the federal Social Security Act (42 USC Section 601417 and 651-669).

\_\_\_\_\_  
Signature – Company Official

\_\_\_\_\_  
Printed/Type Firm Name

\_\_\_\_\_  
Printed/Typed Name and Title

\_\_\_\_\_  
Date

**ATTACHMENT C**  
**CIVIL RIGHTS COMPLIANCE**

**1. Nondiscrimination**

The Architect/Engineer, with regard to the work performed by him or her during the contract, shall not discriminate on the grounds of race, color, sex, or national origin in the selection and retention of subcontractors, including procurement of materials and leases of equipment. The Architect/Engineer shall not participate either directly or indirectly in the discrimination prohibited by Section 21.5 and Part 710.405(b) of the Regulations, including employment practices when the contract covers a program set forth in Appendix B of the Regulations.

**2. Solicitations for Subcontracts Including Procurement of Materials and Equipment**

In all solicitations either by competitive bidding or negotiation made by the Architect/Engineer for work to be performed under a subcontract including procurement of materials or leases of equipment, each potential subcontractor or supplier shall be notified by the Architect/Engineer of the Architect/Engineer's obligations under this contract and the Regulations relative to nondiscrimination on the grounds of race, color, sex, or national origin.

\_\_\_\_\_  
Signature – Company Official

\_\_\_\_\_  
Printed/Typed Firm Name

\_\_\_\_\_  
Printed/Typed Name/Title


\_\_\_\_\_  
Date



**ATTACHMENT D**

***PROFESSIONAL REGISTRATION DOCUMENTATION COMPLIANCE, IF ANY***

ATTACHMENT E –

	<b>HOUSTON COUNTY, TEXAS</b> <b>CONFLICT OF INTEREST QUESTIONNAIRE</b> <b>For vendor doing business with local governmental entity</b>	<b>FORM CIQ</b>
<p>This questionnaire reflects changes made to the law by H.B. 23, 84th Legislature, Regular Session. This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a). (SEE BACK OF FORM FOR COMPLETE DEFINITIONS)</p> <p>By law this questionnaire must be filed with the Houston County Auditor (401 E. Goliad, Ste 204, Crockett, TX 75835) not later than the <u>7th business day</u> after the date the vendor becomes aware of facts that require the statement to be filed. <i>Section 176.006(a-1), Local Govt Code.</i>          A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code.          An offense under this section is a misdemeanor.</p>		
<p><b>If Vendor has an affiliation with <u>any</u> local government officer--vendor must complete the rest of the form. If none, complete section 1, write NONE in section 3, sign and date section 7, then return form.</b></p>		
<b>1</b>	<b>Name of vendor:</b>  	
<b>2</b>	<input type="checkbox"/> <b>Check this box if you are filing an update to a previously filed questionnaire.</b> (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)	
<b>3</b>	<b>Name of local government officer</b> vendor has an affiliation / family relationship / business relationship with:  <div style="text-align: center;">_____</div> <div style="text-align: center;">Name of Officer</div>	
<b>4</b>	<b>Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.</b>  <p style="margin-left: 40px;">A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?</p> <p style="margin-left: 80px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p> <p style="margin-left: 40px;">B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?</p> <p style="margin-left: 80px;"><input type="checkbox"/> Yes      <input type="checkbox"/> No</p>	
<b>5</b>	<b>Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.</b>	
<b>6</b>	<input type="checkbox"/> <b>Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).</b>	
<b>7</b>	<div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 60%;">           _____            Signature of vendor doing business with the governmental entity         </div> <div style="width: 35%;">           _____            Date         </div> </div>	

## ATTACHMENT E (INSTRUCTIONS)

### CONFLICT OF INTEREST QUESTIONNAIRE For vendor doing business with local governmental entity

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

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(2) the vendor:

- (A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that
  - (i) a contract between the local governmental entity and vendor has been executed;
  - or
  - (ii) the local governmental entity is considering entering into a contract with the vendor;
- (B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:
  - (i) a contract between the local governmental entity and vendor has been executed; or
  - (ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

- (1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);
- (2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or
- (3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

- (1) the date that the vendor:
  - (A) begins discussions or negotiations to enter into a contract with the local governmental entity; or
  - (B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or
- (2) the date the vendor becomes aware:
  - (A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);
  - (B) that the vendor has given one or more gifts described by Subsection (a); or
  - (C) of a family relationship with a local government officer.

ATTACHMENT F – W-9

Form <b>W-9</b> (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2> <p style="margin:0;">▶ Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional) HOUSTON COUNTY, TEXAS
	6 City, state, and ZIP code	FAX - 936-544-3260 EMAIL-BILLING@CO.HOUSTON.TX.US
	7 List account number(s) here (optional)	

<b>Part I Taxpayer Identification Number (TIN)</b> Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> , later.  <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>Social security number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center;"><b>or</b></td> </tr> <tr> <td style="text-align: center;"><b>Employer identification number</b></td> </tr> <tr> <td style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table> </td> </tr> </table>	<b>Social security number</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> <td style="width:25%; border: 1px solid black; height: 20px;"></td> </tr> </table>					<b>or</b>	<b>Employer identification number</b>	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> <td style="width:10%; border: 1px solid black; height: 20px;"></td> </tr> </table>										
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<b>Part II Certification</b> Under penalties of perjury, I certify that:	
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and 3. I am a U.S. citizen or other U.S. person (defined below); and 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.	
<b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.	

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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