



MEALS ON WHEELS, INC. OF TARRANT COUNTY

**REQUEST FOR QUALIFICATIONS INSTRUCTIONS
AND
SPECIFICATIONS
FOR:**

**Construction Manager at Risk
Meals On Wheels, Inc. of Tarrant County, Facility Expansion Project**

DEADLINE:

February 2, 2023 at 2:00PM (CST)



***** **IMPORTANT SUBMITTAL INFORMATION** *****

Please duplicate the following label and affix to the outside of your sealed submittal envelope. Vendor's name and return address should be printed on the submittal envelope.

FOR U.S. MAIL OR HAND DELIVERY/COURIER SERVICES ✂

**MEALS ON WHEELS, INC.
OF TARRANT COUNTY
5740 Airport Freeway
Fort Worth, Texas 76117**

**Request for Qualifications, Meals On Wheels, Inc. of Tarrant County, Facility
Expansion Project.**

DO NOT OPEN UNTIL: Tuesday, February 2, 2023, 2:00 P.M. (CST)

It is your responsibility to meet the submittal requirements. We recommend that you verify the label data with the title page; the latter prevails.



Legal Notice Request for Qualifications
Meals On Wheels, Inc. of Tarrant County, Facility Expansion Project.

Meals On Wheels, Inc. of Tarrant County will accept Sealed Qualifications for Construction Manager at Risk services at:

Meals On Wheels, Inc.
Of Tarrant County
5740 Airport Freeway
Fort Worth, Texas 76117

until 2:00 P.M. on February 2, 2023. The Construction Manager, selected in a two-step process, will provide construction services at a contracted fee and provide consultation to the Meals On Wheels, Inc. of Tarrant County during and after the design of the facility.

The project to be constructed is "Meals On Wheels, Inc. of Tarrant County, Facility Expansion Project"

The Request for Qualifications (RFQ) packet may be obtained by contacting the following Meals On Wheels, Inc. of Tarrant County office:

Ms. Carla Jutson
President/CEO
Meals On Wheels, Inc.
of Tarrant County
5740 Airport Freeway
Fort Worth, Texas 76117

Meals On Wheels, Inc. of Tarrant County reserves the right to waive any informality and to reject any or all Proposals.



Meals On Wheels, Inc. of Tarrant County

PROJECT AND ANTICIPATED SCHEDULE

The following project narratives are to assist you in responding to the RFQ.

Facility Expansion Project

Funded through H.R. 1319 – American Rescue Plan Act of 2021, the facility expansion, approximately 17,860sf, includes freezer/refrigerator and kitchen storage, storage for Client Services, office space for Adult Activity Center Staff, expansion of Sally Port, natural gas-powered generator, concrete sitework, landscape/irrigation, detention pond and drainage structure modifications and expansion, etc.

Construction Budget: \$8,648,000.00 – Facility Expansion Project

Projected Schedule:

Construction Start: May 2023

Construction Completion: March 2024



Meals On Wheels, Inc. of Tarrant County

***CONSTRUCTION MANAGER SELECTION
SCHEDULE***

- First Advertisement Tuesday, January 3, 2023
- Request for Qualifications Released Tuesday, January 3, 2023
- Second Advertisement Monday, January 9, 2023
- Deadline for Questions **2:00 PM** - Thursday, January 19, 2023
- Addendum Posted Wednesday, January 25, 2023
- Receive Statements of Qualifications (Step 1) **2:00 PM** - Thursday, February 2, 2023
- Establish short list of firms and notify for Step 2 Thursday, February 9, 2023
- Conduct Interviews (if elected) Thursday, February 16, 2023
- Receive Proposals (Step 2) **2:00 PM** - Tuesday, February 21, 2023
- Evaluate Proposals and Rank Selections Thursday, February 23, 2023
- Recommendation to Board Wednesday, March 1, 2023



Meals On Wheels, Inc. of Tarrant County

REQUEST FOR QUALIFICATIONS

It is the intention of Meals On Wheels, Inc. of Tarrant County to select a Construction Manager at Risk firm in a two-step process for the Facility Expansion Project. Sealed submittals are to include the information requested in this package in the sequence and format prescribed. In addition to and separate from the requested information, submitting organizations may provide supplementary materials further describing their capabilities and experience (under separate cover).

Two copies are to be submitted to:

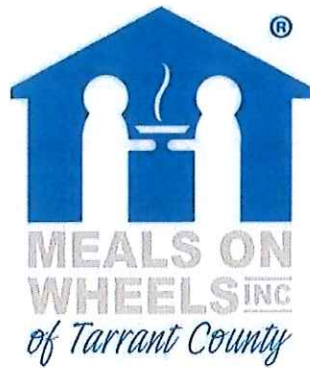
Meals On Wheels, Inc. of
Tarrant County
5740 Airport Freeway
Fort Worth, Texas 76117

no later than: 2:00 P.M. on February 2, 2023.

Immediately thereafter, Meals On Wheels, Inc. of Tarrant County will review the information. They will use a two-step selection process. At a time to be determined, Meals On Wheels, Inc. of Tarrant County will review and rank the qualification information through an Administrative Committee.

Queries about the Projects and Request for Qualification Packages should be addressed to:

Ms. Carla Jutson
President/CEO
Meals On Wheels, Inc.
of Tarrant County
5740 Airport Freeway
Fort Worth, Texas 76117



Meals On Wheels, Inc. of Tarrant County

REQUEST FOR SEALED QUALIFICATIONS QUESTIONNAIRE

Please provide the following information in the sequence and format prescribed by this questionnaire. Supplemental materials providing additional information may be included under separate cover attached, but the information requested below is to be provided in this format.

Tab 1: Experience

- 1.1 Company Information: Company name, address of principal's office, telephone number, and Form of Business Organization (Corporation, Partnership, Individual, Joint Venture, other), Name of Primary Contact, Primary Contact telephone number and primary contact e-mail:
- 1.2 Years in Business: Number of years operating within the Dallas-Fort Worth Area
- 1.3 Construction of similar addition and renovation projects on an active facility as CMAR; Provide the following information for each project listed for a minimum of five completed projects in the last 8 years:
 - Project name, location, description, original budget, owner, architect photographs and project size
 - Original Substantial completion and actual substantial completion date
- 1.4 Experienced in the North Texas construction market ; Provide the following information for each project listed in the last 10 years:
 - Project name, location, description, original budget and final project size
 - Original Substantial completion and actual substantial completion date

Tab 2: Technical Competence

- 2.1 Schedule: Provide a schedule that will be used to control various project phases, Describe your approach to assure timely completion, including methods used for schedule recovery and describe strategies for meeting or improving schedules for design and/or construction.
- 2.2 Pre-Design Estimates: Describe your organization's methods for estimating cost during the design/ document phases. Provide the following information for one of the projects listed in 1.3:
 - Attach a sample conceptual cost estimate prepared during the design phase of a project and a sample of the final cost estimate/breakdown used to fix the contract amount for the same project. (Identity of the project may be concealed)
- 2.3 Technology: Provide examples of information management systems you will use during pre-construction services.
- 2.4 Cost control: Provide the following information:
 - Describe your organization's concept for the disposition of savings realized during construction.
 - Describe your organization's concept for the disposition of contingency funds during construction.
 - Does your organization make all cost information during design and construction available to owner and architect?



Tab 3: Capability to perform

3.1 Financials:

- A. Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:
 - Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory, and pre-paid expenses).
 - Net Fixed Assets
 - Other Assets
 - Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries, and accrued payroll taxes).
 - Other Liabilities (e.g., capital stock, authorized and outstanding shares par value, earned surplus, and retained earnings).
- B. Name and address of firm preparing attached financial statement and date thereof.
- C. Is the attached financial statement for the identical organization named under Item 3.1 above? If not, explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g. parent-subsidiary).
- D. Will the organization, whose financial statement is attached, act as guarantor of the contract for construction?
- E. Provide name, address, and phone number for bank reference.
- F. Surety: Name of bonding company and name and address of agent.

3.2 Litigation: Provide details of any past or pending litigation, or claims filed against your firm in the past five years that may affect your performance under a Contract with the Owner. (If the answer to any of the questions below is yes, please attach details). If this is not applicable please respond accordingly.

- Has your organization ever failed to complete any work awarded to it?
- Are there any judgments, claims, arbitration proceedings, or suits pending, or outstanding, against your organization or its officers?
- Has your organization filed any law suits or requested arbitration with regards to construction contracts within the last five years?

3.2 References: For five (5) of the projects listed above in item 1.3, identify a representative of the owner and a representative of the architect (provide name, phone, and email) whom we could contact as references regarding your organization's services.

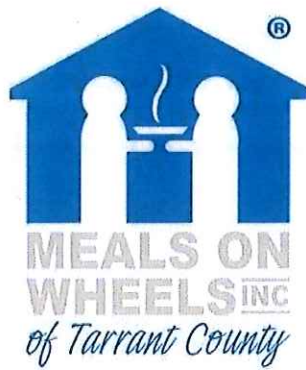
Tab 4: Past Performance

4.1 Project Team Time with company for each individual: Given the scope and schedule of the project, identify who would work on the project. Provide assurances the identified team will remain with this project throughout the course of construction.

- Specific Project Manager
- Project Engineer
- Estimator
- Superintendent

4.2 Project Team time in construction: Provide a resume for each individual identified in 4.1

4.3 Number of similar projects completed by each individual: Provide references for each individual identified in 4.1



Meals On Wheels, Inc. of Tarrant County

CRITERIA FOR SELECTION

Meals On Wheels, Inc. of Tarrant County may consider the following in determining to whom to award a project contract for Construction Manager at Risk services.

- 1) the price;
- 2) the offeror's experience and reputation;
- 3) the quality of the offeror's goods or services;
- 4) the impact on the ability of the government entity to comply with rules relating to historically underutilized businesses;
- 5) the offeror's safety record;
- 6) the offeror's proposed personnel;
- 7) whether the offeror's financial capability is appropriate to the size and scope of the project and
- 8) any other relevant factor specifically listed in the request for bids, proposals, or qualifications.

(b) In determining the award of a contract under the chapter, the governmental entity shall:

- 1) consider and apply any existing laws, including any criteria, related to historically underutilized businesses; and
- 2) consider and apply any existing laws, rules, or applicable municipal charters, including laws applicable to local governments, related to the use of women, minority, small or disadvantaged businesses.



The following criteria will be considered in selecting the construction manager.

STEP 1	
10 points	Experience: <ul style="list-style-type: none"> 1.1 Company Information 1.2 Years in Business 1.3 Construction of similar addition and renovation projects on an occupied campus as CMAR 1.4 Experienced in the North Texas construction market
20 points	Technical Competence: <ul style="list-style-type: none"> 2.1 Schedule 2.2 Pre-design estimates 2.3 Technology 2.4 Cost control
10 points	Capability to perform: <ul style="list-style-type: none"> 3.1 Financials 3.2 Litigation 3.3 References
20 points	Past Performance: <ul style="list-style-type: none"> 4.1 Project Team Time with company for each individual. 4.2 Project Team time in construction 4.3 Project Team Number of similar projects completed by each
	Total possible points for Step 1 = 60 points
STEP 2	
30 points	Price: Lowest overall pricing will receive 30 points. The other proposals receive fewer points in descending order.
10 points	Interview: Short listed team will be provided a set of questions and will be scored on how they answer those questions and their overall approach to this project.
	Total possible points for Step 2 = 40 points

Total overall Points Available = 100 points



NOTICE OF NO SUBMISSION FORM

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it by the scheduled date and time:

☐ Our company cannot provide the products, supplies and/or services listed in this request. Please **MOVE** our name and address to the following category (ies) so that we may propose at a later date:
Category (ies): _____

☐ We have chosen **NOT** to submit a proposal at this time, but would like to remain on your list for this proposal category. We did not submit a proposal because:
Reason(s): _____

PLEASE RETURN THIS FORM TO:

Meals On Wheels, Inc. of Tarrant County

5740 Airport Freeway

Fort Worth, TX 76117

Notice of "No-Submission" – RFQ for Construction Manager at Risk

Meals On Wheels, Inc. of Tarrant County – Facility Expansion Project

Company Name: _____

Representative: (please print) _____

Address: _____ Phone () _____

Name of Proposal and Opening Date: _____



Please complete the information below:

Name of Vendor: _____
(Please type or print)

Name of Company Official: _____
(Please type or print)

Signature of authorized agent: _____ **Date:** _____

****This form must be signed and dated****

CERTIFICATION REGARDING LOBBYING

CERTIFICATION FOR CONTRACTS, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instruction.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, US Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Company

Authorized Representative (Print)

Date

Signature

Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions

U.S Department of Agriculture

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' responsibilities. The regulations were published as Part IV of the January 30, 1989, *Federal Register* (pages 4722- 4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

(Before completing certification, read the instructions below.)

Please check one choice below:

- ☐ The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- ☐ When the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Organization Name

Name and Title of Authorized Representative

Signature

Date

Instructions For Suspension/Debarment Certification Statement

1. *By signing and dating the certification statement, the bidder certifies that neither it nor any of its principals (e.g., key employees) has been proposed for debarment, debarred or suspended by a federal agency on the date signed.*
2. *The prospective bidder shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective bidder learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.*
3. *Federal and State penalties exist for vendors and districts that knowingly enter into contracts with suspended/debarred persons.*

ACKNOWLEDGEMENT FORM

Having carefully read the Standard Terms and Conditions and any Special Conditions listed in this document, the undersigned hereby agrees to furnish all goods and services specified on the Meals On Wheels, Inc. of Tarrant County Proposal Form at the prices and transportation costs as proposed.

By submission of this proposal, the undersigned certifies that:

- a. This proposal has been independently arrived at without collusion with any other bidder or any other competitor;
- b. This proposal has not been knowingly disclosed and will not be knowingly disclosed, to any other bidder, competitor or potential competitor, prior to the opening of bids, or proposals for this project;
- c. No attempt has been or will be made to induce any other person, partnership or corporation to submit or not submit a proposal;
- d. The undersigned certifies that he is fully informed regarding the accuracy of the statements contained in this certification, and the penalties herein are applicable to the bidder as well as to any person signing in his/her behalf;
- e. Vendor warrants it has no interest, and shall acquire no interest that would directly or indirectly conflict in any manner or degree with the performance of this proposal. For violation or breach of this warranty, Meals On Wheels, Inc. of Tarrant County shall have the right to annul this contract without liability;
- f. The undersigned certifies that to his/her knowledge no Meals On Wheels, Inc. of Tarrant County employee has any personal or beneficial interest whatsoever in this service or property described herein.

Respondent acknowledges receipt of Addenda number through and has incorporated the provisions therefore into this proposal.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

DATE

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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 one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: 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 not 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) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

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 *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-				-			
or											
Employer identification number											
					-						

Part II Certification

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.

Certification instructions. 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.

Sign Here	Signature of U.S. person ►	Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Meals On Wheels, Inc. of Tarrant County

REQUEST FOR PROPOSALS

PROPOSAL FORM

MEALS ON WHEELS, INC. OF TARRANT COUNTY FACILITY EXPANSION PROJECT

Please provide the following information in the sequence and format prescribed by this response section. Supplemental materials providing additional information may be attached, if limited to three pages, but the information requested below is to be provided in this format.

1. Firm Information:

Name of firm:

Address of principal office:

Phone: Email:

Primary Individual to Contact:

2. Fees:

It is anticipated that Meals On Wheels, Inc. of Tarrant County will enter into a fixed sum contract with the construction manager.

Pre-construction Service Fee

To include personnel expenses, project estimates, preliminary project schedule, value engineering, constructability reviews, pre-planning, overhead and profit, and other services, through the Design and construction document phases to conclude with the establishment of a guaranteed maximum price.

Pre-construction Service Fee: \$ _____

Construction Phase Services Fee

To include Profit and Indirect Costs.

Profit includes home office, home office personnel (cost of doing business) and profits.

Indirect costs are defined as indirect cost (including General Conditions) and shall include:

Home Office Personnel Assigned to the Project	
Project Manager(s)	Job Site Office
Assistant Project Manager(s)	Job Site Phone/Internet
Superintendent(s)	Job Site Cell Phones
Assistant Superintendents(s)	Job Site Office Supplies
Any Additional Staff <u>Not</u> Mentioned	Postage & Shipping Costs

Employee Benefits for Above	Project Office Equipment
Worker's Compensation for Above	Drug Screens for Site Staff
Vehicle Allowance/Mileage for Staff	Accounting & Audit Fees
Transportation for Project Personnel	First Aid Supplies

List any other indirect cost you have included but not shown above.

Identify the **Profit** part of the Construction Phase Fee based on project scope and budget shown in the RFQ. Show as a percentage and in dollars. Include method of calculating this cost.

_____ %

\$ _____ based on estimated cost in the RFQ.

Identify the **Indirect Cost** (General Conditions) part of the Construction Phase Fee based on project scope and budget shown in the RFQ. Show as a percentage and in dollars. Include method of calculating this cost. A detailed breakdown is to be attached to this proposal.

_____ %

\$ _____ based on estimated cost in the RFQ.

3. Schedule

Furnish a schedule of estimated calendar days for the project.

4. Savings:

Define the savings participation for this project.

Owner _____ % CM _____ %

5. Performance and Payment Bond

Identify the premium for 100% Performance and Payment Bond, _____ %

6. Liability Insurance

Identify the premium for General Liability, Automobile Liability and Umbrella Liability Insurance.

_____ %

7. Builders Risk Insurance

Identify the premium for Builders Risk Insurance.

_____ %

8. Personnel

Given the scope and schedule of the projects, identify the specific Project Manager, Estimator, and Field Operations personnel who would work on the projects. Identify if personnel will be located on site or off site. Provide a resume and references for each individual.

9. Owner/Contractor Agreement

The Owner/construction Manager at Risk Agreement shall be the "***AIA Document A133-2019, Standard Form of Agreement Between Owner and Construction Manager as Constructor*** where the basis of payment is the Cost of the Work Plus a Fee with a Guaranteed Maximum Price" with negotiated amendments.

END OF DOCUMENT