LEAD BASED PAINT / ASBESTOS ASSESSMENT SERVICES
Request for Qualification – DuPage County, Illinois
DuPage Community Development Commission

Purpose:

To qualify parties to assist the DuPage County Single Family Rehabilitation Program and the Community Development Block Grant – Disaster Recovery program by providing lead paint and/or asbestos assessments for properties to be rehabilitated or demolished. Parties that are found to be qualified will be put into a pool of assessors which will then be assigned assessments as the need arises.

Background:

DuPage County has been allocated federal funds by the U.S. Department of Housing and Urban Development (HUD). Eligible uses of the funds include rehabilitation of structures or demolition of structures. It is necessary to know of existing lead based paint and/or asbestos hazards prior to undertaking these activities.

Request:

Qualified parties are invited to submit a statement of qualifications describing their ability to carry out the lead paint and/or asbestos assessments.

Selection Criteria:

Individuals or firms will be selected based on materials submitted in response to this RFQ, as well as possible follow up interviews. The following criteria will be utilized to determine each applicant’s qualification and should be submitted in a format so that the following five categories are clearly delineated:

<table>
<thead>
<tr>
<th>Identification of Respondent</th>
<th>Please provide the name of the party responding to this Request for Qualification and legal status (sole proprietor, corporation, etc.). If corporation, please provide names of officers. Please provide address, telephone number, e-mail address, W-9 form, and DuPage County Ethics form.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Qualification</td>
<td>Please provide information and documentation regarding: experience, training, certification, licensing, and insurance carried.</td>
</tr>
<tr>
<td>Capacity</td>
<td>Please provide information and documentation as to the ability to provide assessment services in a timely manner.</td>
</tr>
</tbody>
</table>
| Cost                         | Recognizing that the cost of assessments is dependent upon the building being assessed, for purposes of this RFQ, please use the following example to approximate the cost of assessments (lead paint and/or asbestos, depending upon the services offered by party responding):  
                              | 1400 square foot wood and brick sided dwelling built in 1960; three bedrooms; one bathroom; eight windows; hardwood floors in living areas; square tiles in kitchen, baths and full basement; painted cabinets in kitchen and bath; detached 300 square foot garage. |
| Minority and/or Women’s Businesses | Qualifications submitted by documented minority or women’s business enterprises will be given special consideration. |
Submissions:

Submissions will be accepted beginning February 12, 2015 and continue through March 6, 2015. Submissions may be hand delivered, mailed, faxed, or e-mailed to:

DuPage Community Development Commission
421 N. County Farm Road
Wheaton, IL 60187
Attn: Carrol Roark
Phone: 630-407-6605
Fax: 630-407-6601
carrol.roark@dupageco.org
W-9
Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:

☐ Individual/sole proprietor
☐ C Corporation
☐ S Corporation
☐ Partnership
☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
☐ Other (see instructions) ▶

Exemptions (see instructions):

Exempt payee code (if any) ▶
Exemption from FATCA reporting code (if any) ▶

Address (number, street, and apt. or suite no.)
City, state, and ZIP code
Requester's name and address (optional)

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 the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
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 on page 3.

Signature of U.S. person

Date ▶

General Instrustions

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

Future developments. The IRS has created a page on IRS.gov for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

• An individual who is a U.S. citizen or U.S. resident alien,
• A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
• An estate (other than a foreign estate), or
• A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.
Required Vendor Disclosure Statement

Company Name: 

Company Contact: ___________________________ Contact Phone: ___________________________

Bid/Contract/PO: ___________________________

The DuPage County Procurement Ordinance requires the following written disclosures prior to award:

1. Every contractor, union, or vendor that is seeking or has previously obtained a contract, change orders to one (1) or more contracts, or two (2) or more individual contracts with the county resulting in an aggregate amount at or in excess $25,000 shall provide to Procurement Services Division a written disclosure of all political campaign contributions made by such contractor, union, or vendor within the current and previous calendar year to any incumbent county board member, county board chairman, or countywide elected official whose office the contract to be awarded will benefit. The contractor, union or vendor shall update such disclosure annually during the term of a multi-year contract and prior to any change order or renewal requiring approval by the county board. For purposes of this disclosure requirement, "contractor or vendor" includes owners, officers, managers, lobbyists, agents, consultants, bond counsel and underwriters counsel, subcontractors and corporate entities under the control of the contracting person, and political action committees to which the contracting person has made contributions.

I have made the following campaign contributions within the current and previous calendar year:
If no contributions have been made enter "NONE" below:

<table>
<thead>
<tr>
<th>Recipient</th>
<th>Donor</th>
<th>Description (e.g., cash, type of item, in-kind service, etc.)</th>
<th>Amount/Value</th>
<th>Date Made</th>
</tr>
</thead>
</table>

Attach additional sheets if necessary. Sign each added sheet and number each page (#) of (total pages).

2. All contractors and vendors who have obtained or are seeking contracts with the county shall disclose the names and contact information of their lobbyists, agents and representatives and all individuals who are or will be having contact with county officers or employees in relation to the contract or bid and shall update such disclosure with any changes that may occur.

<table>
<thead>
<tr>
<th>Lobbyists, Agents And Representatives And All Individuals Who Are Or Will Be Having Contact With County Officers Or Employees In Relation To The Contract Or Bid</th>
<th>Telephone</th>
<th>Email</th>
</tr>
</thead>
<tbody>
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A contractor or vendor that knowingly violates these disclosure requirements is subject to penalties which may include, but are not limited to, the immediate cancellation of the contract and possible disbarment from future county contracts.

Continuing disclosure is required, and I agree to update this disclosure form as follows:
• If information changes, within five (5) days of change, or prior to county action, whichever is sooner
• 30 days prior to the optional renewal of any contract
• Annual disclosure for multi-year contracts on the anniversary of said contract
• With any request for change order except those issued by the county for administrative adjustments.

The full text of the county's ethics and procurement policies and ordinances are available at [http://www.dupageco.org/CountyBoard/Policies/](http://www.dupageco.org/CountyBoard/Policies/)

I hereby acknowledge that I have received, have read, and understand these requirements.

Authorized Signature __________________________________________

Printed Name ________________________________________________

Title _________________________________________________________

Date _________________________________________________________

Page 1 of ______ Failure to complete and return this form may result in delay or cancellation of the County's Contractual Obligation.