



Oakland Housing  
Authority

**RFP #18-005**

**Construction Inspector Services**

**Addendum #1**

**Date issued and released: July 13, 2018**

**Correction**

1. The Qualifications Statement (Attachment C) is revised and attached to the addendum. Please use the revised form when submitting your proposal.

**Responses to Questions**

**Question 1:** Is the Oakland Housing Authority looking for one person to do the work listed in the services scope?

**Answer:** OHA is looking for the most efficient and cost effective solution to this work. If you plan to have multiple staff, please outline that in your proposal.

**Question 2:** Are most projects ground up or tenant improvements?

**Answer:** We will need construction inspector service for both new construction and rehabilitation. The most immediate need is for rehabilitation.

**Question 3:** Are the projects mostly federally funded?

**Answer:** Because we anticipate using Project Based Vouchers on all of our development projects, they will be federally funded so, for example, Section 3 and Davis-Bacon will apply.

**Question 4:** Must the Authority apply for building permits with the City of Oakland?

**Answer:** Yes, the Authority must adhere to the City of Oakland's planning and building codes and is required to apply for building permits when needed.

**Question 5:** Please provide the Client Reference Form mentioned on Attachment C- Qualifications Statement, Question 20.

**Answer:** The Client Reference Form is not required. The revised Qualifications Statement is attached to the addendum. Please use the revised form when submitting your proposal.



Oakland Housing  
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**RFP #18-005**

**Construction Inspector Services**

**Addendum #1**

Date issued and released: July 13, 2018

Proposer hereby acknowledges this addendum:

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

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Acknowledgement of this Addendum must be included with your proposal.**



Oakland Housing  
Authority

**REVISED**

**CONTRACT COMPLIANCE & GENERAL SERVICES**

**QUALIFICATIONS STATEMENT**

All questions must be answered, with responses clear and complete. Attach additional pages if needed. This form must be signed by an officer or authorized company staff.

Name of Project: **RFP #18-005 – Construction Inspector Services**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone: \_\_\_\_\_

**1. Permanent Main Office address, phone, fax, and website**

**2. Names and titles of principals**

**3. Names of authorized signatories**

**4. If your company is a corporation, answer the following:**

- i. Date of incorporation:
- ii. State of incorporation:
- iii. President's name:
- iv. Applicable business and trade licenses:

**5. If your company is a partnership, answer the following:**

- i. Date of licensing:
- ii. Type of partnership:
- iii. Name(s) of general partner(s):

**6. If your company is individually owned, answer the following:**

- i. Date of licensing:
- ii. Name of owner:

**7. Number of years your company has been in business in the State of California for the above type of work?**

**8. Number of years engaged in business under the company's present name:**

**9. List alternative company names and affiliations:**

**10. List the number of current employees you currently have:**

**11. List the number of managerial staff that you currently have:**

**12. List any type(s) of license and certification expiration date(s).**

13. Indicate the local (city) business license # and date of expiration.

14. Has your company or subsidiary ever defaulted on a contract?

Yes       No

If yes, what was the name of the contract and what was the reason for default?

15. List all Claims and lawsuits within the last five (5) years. (If the answers to any of the questions below are yes, please attach details.)

16. Has your company ever refused to sign a contract after award of the bid?

Yes       No

If yes, what was the name of the contract and reason for refusal?

17. Has your company, subsidiaries, or principals ever been debarred from government contracts?

Yes       No

If yes, please identify party and state the reason.

18. Upon request, will you complete a detailed financial statement and furnish any other information required by the Oakland Housing Authority?

Yes       No

19. Upon award of contract, will you add Oakland Housing Authority as an additional insured, provide a 30-day notice of cancellation and be primary to any other insurance carried by OHA for coverage listed under "Insurance Requirements" as listed in the Scope of Work?

Yes       No

20. Please list any additional information you would like to provide.

The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading and authorizes any person, firm or corporation to furnish any information requested by the Oakland Housing Authority, verifying the declarations included in this Statement of Qualifications.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date