

REQUEST FOR  
PROPOSALS/QUALIFICATIONS  
  
FOR  
  
*BUILDING INSPECTION ASSISTANCE*

*CITY OF DUNKIRK*  
342 CENTRAL AVENUE  
DUNKIRK, NEW YORK 14048  
ATTN: CITY CLERK  
(716)-366-0453  
FAX (716) 366-0058

PROPOSAL DUE: 3:00 P.M., MONDAY, NOVEMBER 17, 2014

## **REQUEST FOR PROPOSALS/QUALIFICATIONS**

### **Introduction:**

The City of Dunkirk, NY (Dunkirk) is soliciting proposals from qualified individuals or concerns to provide certain assistance to the Dunkirk Housing, Building & Zoning Office.

The successful submission, to provide such services on a contract basis to Dunkirk, will be approved by the Dunkirk Common Council, and will be memorialized with a written Agreement, detailing the complete terms and conditions of the undertaking.

Dunkirk reserves the right to accept the proposal deemed most favorable to it and/or to reject any and all proposals with no notification to those submitting proposals/qualifications. The proposal, if accepted, shall be required to provide insurance of the type and amounts as approved by Dunkirk's Law Department and shall be required to execute a written Agreement, all subject to the approval and direction of the Dunkirk Common Council.

The general scope of duties and responsibilities of the required assistance includes, but is not necessarily limited to, providing:

- inspections and advice regarding Property Maintenance Code compliance;
- inspections and advice regarding Multiple Dwelling Code compliance;
- inspections, investigations and advice regarding the conditions of housing units and premises, and compliance with Orders of Correction;
- generating written reports regarding such duties; and,
- such other and further duties within the defines of the Department.

The duties and responsibilities include field work (*e.g.*, inspections) and office work (*e.g.*, report preparation, *etc.*). The successful applicant will be required to undertake the duties and responsibilities in a professional and good-and-workman-like manner, with general direction by the City.

### **Proposal Requirements:**

Proposals shall address each of the items identified below, including but not necessarily limited to:

- Qualifications
- Relevant experience
- Accomplishments in the field
- Training, certifications (basic training certification from New York State Department of State)
- Details of proposed fee requirements and structure
- Brief statement as to the reasons why the vendor is best qualified to be awarded the proposed contract.

### **Proposal Submission:**

One (1) original and two (2) copies of the proposal shall be received by Dunkirk no later than 3:00 p.m. EST on Monday, November 17, 2014. All proposals shall be submitted to: City Clerk

342 Central Avenue

Dunkirk, New York 14048

### **Selection Process:**

Proposals meeting the requirements outlined in this RFP shall be given due consideration and shall be reviewed promptly. The selection of a vendor shall be based on Dunkirk's evaluation of the entire proposal submitted.

All information requested in the Proposal Form must be completed in order for the proposal to be given consideration for award. Prospective vendors must complete all information. Attach additional sheets as necessary. Dunkirk reserves the right to reject any or all proposals.

Dunkirk, at its sole discretion, may request; additional information on any or all proposals, oral presentations by one or all vendors, or may elect to disqualify all proposals and reissue the RFP.

To facilitate the Agreement, please supply full information concerning legal status:

FIRM NAME: \_\_\_\_\_

PRINCIPAL OFFICE: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Telephone (\_\_\_\_)\_\_\_\_\_ Fax (\_\_\_\_)\_\_\_\_\_

E-mail \_\_\_\_\_

CHECK ONE: Corporation\_\_\_\_ Partnership\_\_\_\_ Individual\_\_\_\_ Other \_\_\_\_

(Incorporated under the Laws of the State of \_\_\_\_\_)

(If foreign corporation, state if authorized to do business in  
the State of New York: Yes\_\_\_\_ No\_\_\_\_ Not Applicable\_\_\_\_)

TRADE NAMES: \_\_\_\_\_

NAMES AND ADDRESSES OF PARTNERS/PRINCIPALS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

NAME, TITLE AND ADDRESS OF PERSON AUTHORIZED TO SIGN CONTRACT:

Name: \_\_\_\_\_

Title: \_\_\_\_\_

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

Federal I.D. Number: \_\_\_\_\_