



## **RFP ADDENDUM #2**

To: All Bidders

From: Rita V. Brousseau, Chief Procurement Officer

Date: June 4, 2024

Re: RFP 2024-2 Development Partner

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This Addendum modifies and forms a part of the Bid Set documents dated April 3, 2024.

This Addendum consists of the following: One (1) typed page and Attachment F (3 pages)

Where any items called for in the bid documents are supplemented here, the supplemental requirements shall be considered as added thereto. Where any original item is amended, voided, or superseded here, the other provisions of such items not specifically amended, voided, or superseded shall remain in effect.

THE NUMBER OF THIS ADDENDUM MUST BE ENTERED IN THE APPROPRIATE SPACE PROVIDED ON "GENERAL BID FORM."

### **Answers to Bidder's Questions:**

1. **Question:** It appears that Attachment F - Profile of Firm is missing from the RFP documents.

**Answer:** Attachment F - Profile of Firm is attached hereto and should be completed and submitted under Tab 2 of your proposal.

END OF ADDENDUM #2

**ATTACHMENT F  
Profile of Firm**

**PROFILE OF FIRM**

(This Form must be fully completed and placed under Tab No. 2 of the "hard copy" tabbed proposal.)

(1) Prime \_\_\_\_\_ Sub-contractor \_\_\_\_\_ (This form must be completed by and for each).

(2) Name of Firm: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Website: \_\_\_\_\_

(3) Street Address, City, State, Zip: \_\_\_\_\_

(4) Please attached a brief biography/resume of the company, including the following information: Year Firm Established; (b) Year Firm Established in Massachusetts; (c) Former Name and Year Established (if applicable); (d) Name of Parent Company and Date Acquired (if applicable).

(5) Identify Principals/Partners in Firm (submit under Tab No. 5 a brief professional resume for each):

NAME	TITLE	% OF OWNERSHIP

(6) Identify the individual(s) that will act as project manager and any other supervisory personnel that will work on project; please submit under Tab No. 5 a brief resume for each. (Do not duplicate any resumes required above):

NAME	TITLE

(7) Proposer Diversity Statement: You must mark  all of the following that apply to the ownership of this firm and enter where provided the correct percentage (%) of ownership of each:

- |  |  |
|--|--|
| <input type="checkbox"/> Caucasian American (male) ____% | <input type="checkbox"/> Government Agency ____% |
| <input type="checkbox"/> Publicly-Held Corporation ____% | <input type="checkbox"/> Non-Profit ____%        |

Resident-(RBE), Minority-(MBE), or Woman-Owned (WBE) Business Enterprise qualifies by virtue of 51% or more ownership and active management by one or more of the following:

**Lowell Housing Authority**

LHA REQUEST FOR PROPOSALS – RFP 2024-2 DEVELOPMENT PARTNER

- |   |   |
|---|---|
| <input type="checkbox"/> Resident-Owned _____%          | <input type="checkbox"/> Asian/Indian American _____%   |
| <input type="checkbox"/> African American _____%        | <input type="checkbox"/> Woman-Owned (MBE) _____%       |
| <input type="checkbox"/> Native American _____%         | <input type="checkbox"/> Woman-Owned (Caucasian) _____% |
| <input type="checkbox"/> Hispanic American _____%       | <input type="checkbox"/> Disabled Veteran _____%        |
| <input type="checkbox"/> Asian/Pacific American _____%, | <input type="checkbox"/> Other (Specify): _____ %.      |
| <input type="checkbox"/> Hasidic Jew _____%             |   |

W/M/BE Certification Number: \_\_\_\_\_, Certified by (Agency/State): \_\_\_\_\_

(A CERTIFICATION/NUMBER NOT REQUIRED TO PROPOSE – ENTER IF AVAILABLE)

- (8) Federal Tax ID No.: \_\_\_\_\_
- (9) Local Business License No. (if applicable): \_\_\_\_\_
- (10) Commonwealth/State of Massachusetts License Type and No.: \_\_\_\_\_
- (11) Worker's Compensation Insurance Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- (12) General Liability Insurance Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- (13) Professional Liability Insurance Carrier: \_\_\_\_\_  
Policy No.: \_\_\_\_\_ Expiration Date: \_\_\_\_\_
- (14) Debarred Statement: Has this firm, or any principal(s) ever been debarred from providing any services by the Federal Government, any state government, the Commonwealth of Massachusetts, or any local government agency within or without the Commonwealth of Massachusetts? Yes  No   
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
- (15) Disclosure Statement: Does this firm or any principals thereof have any current, past personal or professional relationship with any Commissioner or Officer of the LHA?  
Yes  No   
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status.
- (16) Felony Disclosure: Has any principal(s) or any person(s) proposed to perform the work ever been convicted of a felony? Yes  No   
If "Yes," please attach a full detailed explanation, including dates, circumstances and current status. PLEASE NOTE: The Agency reserves the right to not make award to any proposer that has staff who have been convicted of a felony if the Agency feels that doing such is in its best interests.
- (17) Certificate of Non-Collusion: The undersigned certifies under penalties of perjury that this quote has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.
- (18) Verification Statement: The undersigned proposer hereby states that by completing and submitting this form he/she is verifying that all information provided herein is, to the best of his/her knowledge, true and accurate, and agrees that if the Agency discovers

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that any information entered herein is false, that shall entitle the Agency to not consider nor make award or to cancel any award with the undersigned party.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Printed Name and Title**

\_\_\_\_\_  
**Company**

**If firm is a corporation, attach a Certificate of Corporate vote authorizing the signatory (See Standard Agreement)**

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