



REQUEST FOR QUALIFICATIONS (RFQ)

GENERAL CONTRACTORS AND PROFESSIONAL SERVICE PROVIDERS WANTED TO PERFORM REHABILITATION WORK IN SMALL RENTAL PROPERTIES IN THE CITY OF SCHENECTADY, NY

RESPONSES FOR INITIAL RESPONDENTS DUE BY APRIL 4th, 2025 AT 4:00PM

INTRODUCTION AND BACKGROUND:

Better Community Neighborhoods, Inc. (BCNI) is seeking General Contractors (GCs) and Professional Service Providers (Vendors) to submit their qualifications to join the list of qualified contractors and vendors notified of bid opportunities for projects to be funded by the [New York State Vacant Rental Program \(VRP\)](#). More information on this program may be found online at <https://hcr.ny.gov/vrp> or <https://bcnihousing.org/grants/>.

BCNI is a non-profit, affordable housing and community development organization, and a HUD certified "Community Housing Development Organization" (CHDO). Our mission is to build and support resilient neighborhoods where residents of all backgrounds can flourish. With a primary focus on low- and moderate-income households, BCNI provides a range of services funded by state, federal and private sources including:

- Promote homeownership through housing counseling, financial literacy and by providing downpayment assistance for first-time home buyers.
- Support struggling homeowners with foreclosure prevention counseling.
- Provide renovation and rehabilitation work to address accessibility needs, code violations and other health and safety issues for owner-occupied and small rental properties.
- Develop and manage a growing portfolio of affordable rental properties.

For more information about BCNI, please visit our website: <https://www.bcnihousing.org>

INITIAL CONTRACTOR ELIGIBILITY REQUIREMENTS:

If you are interested in receiving email notifications of projects that are available for bidding, please complete the registration form that follows. Once approved, you will receive a confirmation email and be added to our email group notification list. Future VRP projects will be bid on a rolling basis as applications are received and approved for funding.

In addition to the complete *Contractor Qualification Registration Form*, respondents must also provide the following:

- Two references listing the project name and owner's contact information, location, description of work performed and the project's value.
- Proof of Commercial General Liability insurance coverage in the minimum amount of \$1,000,000 per occurrence and \$2,000,000 Aggregate.
- Proof of Workers' Compensation covering employees and subcontractors. CE-200s are not acceptable. ALL contractors must carry Workers Compensation.

**Please note, additional certifications and insurance may be required.*

Respondents to this RFQ who meet the initial deadline stated above, and who are deemed qualified and eligible based on their submission, will be considered for the initial project(s) funded via this Program. No project(s) for this Program will be bid prior to the stated due date, or until all responses received by the initial deadline are reviewed and respondents notified of their eligibility. PLEASE NOTE: BCNI will continue to accept responses to this RFQ on an open basis after the stated deadline, thereafter, adding qualified and eligible respondents to our list for future project opportunities.

BCNI actively seeks certified and non-certified minority and women-owned business enterprises, Section 3, and SDVOB contractors and vendors to participate in our programs. BCNI has agreed to meet specific goals provided by our funders to utilize certified and non-certified MWBE's, SDVOB's and Section 3 contractors. MWBE, SDVOB and Section 3 contractors are highly encouraged to apply.

Interested Contractors and Vendors are encouraged to visit BCNI's website or contact our office for additional information about our bidding process and related requirements.

PLEASE SUBMIT YOUR CONTRACTOR QUALIFICATION REGISTRATION FORM AND RELATES MATERIALS TO:

Katie Kiernan, Rehabilitation Specialist
BCNI
670 Franklin Street, Suite 201
Schenectady, NY, 12305
Phone: (518) 372-7616
E-mail: kkiernan@bcnihousing.org
With copy e-mail to: VRP@bcnihousing.org



CONTRACTOR QUALIFICATION REGISTRATION FORM

1. Name of Firm: _____
2. Firm Address: _____
3. Name of Primary Contact Person: _____
4. Name of Secondary Contact Person: _____
5. Primary Phone: _____
6. Secondary/Alternate Phone: _____
7. Primary Email Address: _____
8. Secondary/Alternate Email Address: _____
9. Type of Business: _____
10. Years Firm has been doing business under present name: _____
11. General Field Contractor Works In/Specialized Areas of Service Provided:
12. Total number of employees in firm: _____
13. Please attach copies of current liability and worker's compensation policies.
 - a. Liability Carrier: _____
 - b. Worker's Compensation Carrier: _____
14. Provide a list of any Subcontractors used for projects.
15. Provide a portfolio of relevant work performed within the last two years.
16. Is the Firm EPA Lead Safe Certified? YES ___ NO ___
17. If YES, please provide copies of EPA license, certification and registration under RRP requirements.
18. Is the Firm a Minority or Women-Owned Business? YES ___ NO ___
19. If YES, if the Firm a NYS Certified MWBE? YES ___ NO ___
20. If YES, please provide copy of NYS Certification(s).
21. Is the Firm a Service-Disabled Veteran-Owned Business (SDVOB)? YES ___ NO ___
22. Is the Firm OSHA certified? YES ___ NO ___
23. Does firm have experience working with architectural drawings? YES ___ NO ___
24. Does firm have experience with commercial construction? YES ___ NO ___
25. If YES, how many years of commercial construction experience: _____



CERTIFICATION

I, the undersigned, do hereby certify that all information in this questionnaire is true and complete to the best of my knowledge and belief. Better Community Neighborhoods, Inc. (BCNI) is hereby authorized by me to maintain a file on my behalf based upon the information I have provided. BCNI is further authorized to perform such verifications of this information as they may deem necessary, (i.e. credit, banking, employment).

I, the undersigned, understand and further hereby certify that all estimates provided for future job proposals will include all labor and material, permits, permit closeouts and a one year warranty for parts and labor including all costs of subcontractors and insurance. I understand that filling in this form does not guarantee my firm any bid opportunities or contracts. I understand that BCNI may share this information with other agencies for the purpose of seeking local contractors for their programs.

Firm Name

Authorized Contact Name and Title

Authorized Contact Signature

Date