



**REQUEST FOR QUALIFICATIONS FOR RESIDENTIAL INSPECTORS FOR  
REHABILITATION ON RESIDENTIAL PROPERTY UNDER THE CHALK LEVEL  
AREA HOUSING REHABILITATION PROGRAM**

**REQUEST FOR QUALIFICATIONS RELEASED: SEPTEMBER 19<sup>TH</sup>, 2025**

**OPEN ENDED ACCEPTANCE**

### **Purpose of Request for Qualifications**

The City of Newnan has been awarded a Congressionally Directed Spending Request of \$4.6 million through the FY2023 Federal Budget. The City Council of the City of Newnan has authorized the Newnan Urban Redevelopment Agency (NURA) to serve as the program administrator. The activities in this program involve the rehabilitation of owner-occupied housing units and the construction of new homes on City of Newnan owned properties. The NURA is looking to engage qualified Residential Inspectors to inspect the properties. This solicitation is designed to enable the NURA to develop a pool of Residential Inspectors best suited to provide the services at the most competitive cost. Selection will be made by the NURA and City of Newnan's staff, and the NURA reserves the right to reject any or all responses not deemed acceptable. Selection will be based on the qualifications of the Residential Inspector to perform the services outlined below as well as on the estimated fees provided in the response. Inclusion in the pool will be granted to those Residential Inspectors deemed to be most responsive and responsible.

### **Qualifications of Contractor**

1. Hold a current license to complete home inspections in Georgia. Responders who do not meet this qualification will not be considered.
2. Not be debarred from conducting business with the state of Georgia. Responders who do not meet this qualification will not be considered
3. Possess a current business license/Occupational Tax Certificate where required by local law
4. Have sufficient workers compensation, general liability and builders risk insurance policies in force.
5. Possess sufficient financial stability to enable the contractor to finance the rehabilitation for 30 days while reimbursement from HUD is processed.
6. Demonstrate experience in each of the areas listed.

### **Role of Contractor**

The inspector should have considerable experience in performing inspections of residential property. Responsibilities include, but are not limited to:

1. Perform on call complete home inspections of occupied residential properties.
2. Recommend repairs needed to bring the property up to local, state and national building codes.
3. Estimate cost of all needed repairs.

### **Response**

One original, 5 hardcopies, and one digital copy of the response must be delivered to the City of Newnan, Attn: Chalk Level Area Housing Rehabilitation Program (Andrew Moody), 25 LaGrange Street, Newnan, GA 30263.

This RFQ is open ended as program income continues to provide revolving funds as each house is sold. Any response may be withdrawn or modified prior to acceptance.

## **Administrative Guidance**

This RFQ is designed to provide interested respondents with basic information needed to submit a response that will meet the minimum requirements. It is not intended to limit a response's content or exclude any relevant or essential data. Respondents are encouraged to expand upon the minimum requirements of the RFQ. Neither the NURA nor the City of Newnan will be responsible for any costs associated with the preparation of responses to this RFQ. If you should have any questions about this RFQ, please contact Andrew Moody, (678) 673-5414, or by email ([amoody@newnanga.gov](mailto:amoody@newnanga.gov)).

## **Required Submittals**

A complete response shall be submitted containing the following items:

1. Cover Letter – A cover letter highlighting your qualification and experience and the inspector's commitment to the program and availability.
2. Name and contact information (including contact person and email address) of the organization submitting the response.
3. Additional information required:
  - a. Evidence of the qualifications listed under Qualifications of Inspector including but not limited to copies of all licenses and certificates of insurance.
  - b. A detailed description of experience in inspecting residential property.
  - c. A description of your firm including the numbers of professional and support staff, respectively.
  - d. Proposed turn-around time for completion of the inspection after receipt of request for an inspection.
  - e. Three references with contact information. At least one of the references should be a banking reference (to substantiate financial ability).
  - f. Proposed rate per inspection.
4. Disclosure of any business or familial relationship with members of HAN, the Newnan Urban Redevelopment Agency, City of Newnan Council members or staff.
5. Contractor Affidavits under O.C.G.A. § 13-10-91(b)(1)
6. Any additional information the respondent feels will strengthen the response
7. E-Verify

## **Evaluation Criteria**

Each respondent should follow the above required format. All submittals will be carefully considered by the NURA and City of Newnan's staff and will be rated according to the following criteria:

- Experience in Residential Property Inspections (0-10 points)
- Ability to perform on a timely basis. (0-10 points)
- Past experience with HUD related Programs (0-5 points)
- Compensation being requested (0-10 points)
- Other attributes were deemed appropriate (0-5 points)

*Total possible points = 40*

This numerical representation will indicate, based on the responses submitted, the best qualified, most responsive and most responsible proposer.

**THE NURA ACKNOWLEDGES THAT THERE MAY BE SUBJECTIVITY IN EVALUATION OF THE LISTED CRITERIA. EVERY EFFORT WILL BE MADE BY NURA OR ANY PANEL OF JUDGES TO BE IMPARTIAL AND FAIR IN THE EVALUATION PROCESS. NOTWITHSTANDING THE ABOVE, NURA RESERVES THE RIGHT TO REJECT ANY OR ALL RESPONSES.**

## Federal Obligations

If a firm is qualified any future awarded contracts are subject to Federal and State contract provisions prescribed by the United States Congress and the United States Department of Housing and Urban Development. This project is covered under the requirements of Section 3 of the HUD Act of 1968, as amended and Section 3 Business Concerns are encouraged to apply.

The City also abides by the following laws as they pertain to HUD Assisted Projects: Title VI of the Civil Rights Act of 1964; Section 109 of the Housing and Community Development Act of 1974, Title 1; Title VII of the Civil Rights Act of 1968 (Fair Housing Act); Section 104(b)(2) of the Housing and Community Development Act of 1974; Section 504 of the Rehabilitation Act of 1973 as amended; Title II of the Americans with Disabilities Act of 1990 (ADA); and the Architectural Barriers Act of 1968.



## GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT

The City is subject to the requirements of the Georgia Security and Immigration Compliance Act. Accordingly, the requirements of O.C.G.A §13-10-91 and Georgia Department of Labor Rule 300-10-01-02 will apply to this project. Compliance with these requirements shall be attested by the execution of the Contractor Affidavit attached hereto. In the event the contractor employs or contracts with any subcontractor(s) in connection with the project, the contractor shall secure from such subcontractor(s) attestation of the subcontractor's execution of the Subcontractor Affidavit attached hereto, which shall also become a part of the awarded contract and also a part of the contractor/subcontractor agreement. Failure to comply with this act/rule will result in the rejection of the RFP and/or termination of any awarded contract where it is subsequently determined that there has been a violation of any provision of the Act or its implementing rules and regulations.

## **GEORGIA SECURITY AND IMMIGRATION COMPLIANCE ACT: E-VERIFY AND SAVE PROGRAM OVERVIEW**

### **I. Federal Work Authorization Program Registration**

As of July 1, 2007, the Georgia Security and Immigration Compliance Act (GSICA) requires counties and other public employers, along with contractors and subcontractors doing business with public agencies, to register and participate in a federal work authorization program to verify work eligibility of all new employees.

*[OCGA § 13-10-91 (a)]*

**Registration/Access.** According to regulations of the Georgia Department of Labor, the applicable federal work authorization program is the “E-Verify Program” operated by the U.S. Citizenship and Immigration Services Bureau (USCIS) and the Department of Homeland Security (DHS). An employer’s participation in E-Verify is currently free to employers. Users can access the web-based program at <https://www.vis-dhs.com/EmployerRegistration>. To participate, an employer must register online and accept the electronic Memorandum of Understanding (MOU). If you need assistance in completing the registration process or need additional information relating to E-Verify, call the USCIS Verification Office toll free at 1-888-464-4218.

*[Georgia Department of Labor Rules, §§ 300-10-1-.01 and .02]*

**Certification of Registration and Participation.** Each county and other public employer must certify that it has registered and is participating in the E-Verify Program. For counties, certification is accomplished by transmitting a copy of all documents required for registration and participation including the required Memorandum of Understanding and the E-Verify Program ID number to the chairman/CEO/mayor of the county or consolidated government.

*[Georgia Department of Labor Rules, § 300-10-1-.04]*

**Monitoring New Employee Work Eligibility.** Each county and other public employer must designate an individual to monitor compliance with the employee eligibility verification requirements of the new law and maintain necessary records.

*[Georgia Department of Labor Rules, § 300-10-1-.05]*

### **II. Agreements Between Public Employers and Contractors/Subcontractors**

The GSICA also phases in a requirement that bars counties and other public employers from entering into agreements with contractors/subcontractors for the “physical performance of services” unless the contractor/subcontractor registers and participates in a federal work authorization program to verify work eligibility. Under GSICA, a subcontractor is defined to include subcontractors, contract employees, staffing agencies, or contractors.

*[OCGA § 13-10-91 (b)(1) and (2) and Georgia Department of Labor Rules, § 300-10-1-.02]*

**Phase-In Schedule.** The contracting requirements of the GSICA are to be implemented as follows:

- (a) Beginning July 1, 2007, public employers, contractors and subcontractors with 500 or more employees.
  - (b) Beginning July 1, 2008, public employers, contractors and subcontractors with 100 or more employees.
  - (c) Beginning July 1, 2009, all public employers, contractors and subcontractors.
- [OCGA § 13-10-91 (b)(3) and Georgia Department of Labor Rules, § 300-10-1-.02]*

**Evidence of Contractor/Subcontractor Compliance.** Each agreement between a public employer and a contractor/subcontractor for the physical performance of services will have to include a provision that compliance with OCGA § 13-10-91 is a condition of the contract. In addition, each contract must include a requirement that the contractor/subcontractor execute an affidavit verifying compliance with OCGA § 13-10-91. The affidavit must be in a form consistent with the sample affidavits included in the Georgia Department of Labor Rules.

*[Georgia Department of Labor Rules, §§ 300-10-1-.03 and .07]*

**Public Transportation Contracts.** The Georgia Department of Labor Rules apply generally to contracts between a public employer and a contractor/subcontractor. Exception: rules and forms related to agreements relating to “public transportation” are to be promulgated by GDOT.

*[OCGA § 13-10-91 (d)]*

### **III. Access to Federal, State and Local Benefits**

Counties and other public agencies must verify that a person who applies for federal, state or local benefits (as defined in 8 U.S.C. Sections 1611 and 1621) is lawfully within the United States by requiring the applicant to sign an affidavit specifying that he or she is a citizen, legal permanent resident, or a qualified alien or nonimmigrant.

*[OCGA § 50-36-1]*

**Verification.** For aliens seeking benefits that claim to be lawfully present in the U.S., eligibility for benefits must be determined through the Systematic Alien Verification of Entitlement (SAVE) program operated by the U.S. Citizenship and Immigration Services (USCIS) and Department of Homeland Security (DHS). To join the SAVE Program and acquire access to the VIS-CPS (Verification Information System (VIS), Customer Processing System (CPS)) to perform immigration status verification, an agency must first establish a Memorandum of Understanding (MOU) with the SAVE Program, and then establish a purchase order with the SAVE Program contractor to pay for VIS-CPS transaction fees. Access to SAVE is subject to USCIS resource limitations or other legal or policy criteria. To request participation in SAVE and to begin the MOU process, please access the following website to register: <https://www.vis-dhs.com/agencyregistration>. For more information on the SAVE Program, please call 1-888-464-4218.

**Public Benefits Defined.** Generally, public benefits are defined to include any grant, contract, loan, professional license, or commercial license provided by federal, state or local government; and, any retirement, welfare, health, disability, public or assisted housing, postsecondary education, food assistance, unemployment assistance or similar benefit. [8 U.S.C. Sections 1611 and 1621]

**Benefits Excluded.** Generally, the verification requirements do not apply when the following public benefits are applied for:

- (1) Treatment of emergency medical conditions;
- (2) Short term, non-cash emergency disaster relief;
- (3) Immunizations;
- (4) Certain in kind programs or services (such as soup kitchens and crisis counseling) delivered by public and nonprofit agencies that are necessary for the protection of life or safety when approved by the U.S. Attorney General;
- (5) Prenatal care;
- (6) Postsecondary education under specified circumstances;
- (7) Certain community development assistance or financial assistance programs administered by HUD; and
- (8) Other Federal programs including certain social security and medicare benefits under specified conditions. [OCGA § 50-36-1 (c) and 8 U.S.C. Sections 1611 and 1621]

Note that it is unlawful for a county or other public agency to provide any federal, state or local benefit in violation of OCGA § 50-36-1. An annual report is to be prepared regarding the requirements of the new law.

Regarding the details of the verification requirements, benefits covered and exclusions, please see the Federal statutes cited above.

City of Newnan  
25 LaGrange Street  
Newnan, Georgia 30263  
Phone: 770-254-2351  
Fax: 770-254-2353  
[www.newnanga.gov](http://www.newnanga.gov)



**Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)**

By executing this affidavit, the undersigned contractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services on behalf of

\_\_\_\_\_ has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the contractor with the information required by O.C.G.A. § 13-10-91(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification      Number Date of Authorization

\_\_\_\_\_  
Name of Contractor      Name of Project

\_\_\_\_\_  
Name of Public Employer

*I hereby declare under penalty of perjury that the foregoing is true and correct.*

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent      Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_.



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**Sub-subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(4)**

By executing this affidavit, the undersigned sub-subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with \_\_\_\_\_ (Subcontractor or Sub-subcontractor with whom subcontractor has privity of contract) and \_\_\_\_\_ (Contractor) on behalf of \_\_\_\_\_ (Public Employer) has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned sub-subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned sub-subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the sub-subcontractor with the information required by O.C.G.A. § 13-10-91(b). The undersigned sub-subcontractor shall submit, at the time of such contract, this affidavit to \_\_\_\_\_ (Subcontractor or Sub-subcontractor with whom subcontractor has privity of contract). Additionally, the undersigned sub-subcontractor will forward notice of the receipt of any affidavit from a sub-subcontractor to \_\_\_\_\_ (Subcontractor or Sub-subcontractor with whom the subcontractor has privity of contract). Sub-subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

\_\_\_\_\_  
Federal Work Authorization User Identification Number      Date of Authorization

\_\_\_\_\_  
Name of Sub-subcontractor      Name of Project

\_\_\_\_\_  
Name of Public Employer

*I hereby declare under penalty of perjury that the foregoing is true and correct.*

Executed on \_\_\_\_\_, 20\_\_\_\_ in \_\_\_\_\_.

\_\_\_\_\_  
Signature of Authorized Officer or Agent      Printed Name & Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC  
My Commission Expires: \_\_\_\_\_.

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**Conflict of Interest Statement**

As a duly authorized representative of the firm \_\_\_\_\_

I, \_\_\_\_\_ with the title \_\_\_\_\_ certify

that to the best of my knowledge no circumstances exist that will cause a conflict of interest in performing services for The City of Newnan, GA Government, that no employee of The City of Newnan, GA, nor any public agency official or employee affected by this Request for Proposals has any pecuniary interest in the business of this firm, associates or consultants of this firm, or the firm's parent firm, subsidiary, or other legal entity of which this firm is a part, and that no person associated with or employed by this firm has any interest that would conflict in any way, manner or degree with the performance of services for The City of Newnan, GA Government.

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

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

Authorized Representative Name: \_\_\_\_\_

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

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

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### Officer's Oath

As a duly authorized representative of the firm involved in bidding for or procuring the contract

\_\_\_\_\_, I, \_\_\_\_\_

with the title \_\_\_\_\_ certify that I did not prevent or attempt to prevent competition in such proposals by any means whatsoever. Nor did I prevent or endeavor to prevent anyone from making a proposal therefore by any means whatsoever or inducing another to withdraw a proposal for the work.

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

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

Authorized Representative Name: \_\_\_\_\_

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

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

**Residential Inspectors  
Statement of Qualifications**

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

ADDRESS: \_\_\_\_\_

1. Years in Business in Present Form: \_\_\_\_\_

2. Firms History and Resource Capability to Perform Required Services:

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3. Titles, names, and addresses of all officers.

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4. List up to five (5) projects which demonstrate skills to be used on similar projects.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

5. Describe the organizational capacity to complete all necessary inspection activities, including the experience of all employees who will be or may be assigned to this project.

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6. Are you a Section 3 Business Concern? Yes \_\_\_\_\_ No \_\_\_\_\_

*If you are claiming to be a Section 3 Business Concern, then a Section 3 Business Concern Certification, Previous Certification and Action Plan must be filled out, signed, notarized, and submitted with your proposal (See Attached). If you answered no, then you will not have to fill out and submit with your proposal.*

Is the signed and notarized Section 3 Business Concern Certification, Previous Certification and Action Plan attached to your proposal?

Yes \_\_\_\_\_ No \_\_\_\_\_

7. Certifying that:

Mr./Mrs./Ms. \_\_\_\_\_ being duly sworn deposes and states that he/she is the (title) of \_\_\_\_\_ (name of firm) and that answers to the foregoing questions and all statements herein contained are true and correct.

### REFERENCES

The NURA requests a minimum of THREE (3) references where work of a similar size and scope has been completed.

1.) COMPANY NAME \_\_\_\_\_

BRIEF DESCRIPTION OF PROJECT

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COMPLETION DATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

2.) COMPANY NAME \_\_\_\_\_

BRIEF DESCRIPTION OF PROJECT

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COMPLETION DATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

3.) COMPANY NAME \_\_\_\_\_

BRIEF DESCRIPTION OF PROJECT

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COMPLETION DATE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

## **Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion**

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This certification is required by the HUD regulations implementing Executive Order 12549, Debarment and Suspension, 34 CFR Part 85, for all lower tier transactions meeting the threshold and tier requirements stated at Section 85.110.

### **Instructions for Certification**

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.
- 6.. The prospective lower tier participant further agrees by submitting this proposal that it will include the clause titled Certification Regarding Debarment, Suspension, Ineligibility, and Voluntary Exclusion, modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the Non-procurement List.
8. Nothing contained in the foregoing shall be construed to require the establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

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

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

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

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

Corporate Seal (where appropriate)

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

State of: \_\_\_\_\_

County of: \_\_\_\_\_