



Asbury Park Housing Authority
HOUSING AUTHORITY & URBAN REDEVELOPMENT AGENCY

**REQUEST FOR QUOTATION
PHYSICAL NEEDS ASSESSMENT**

RFQs DUE: APRIL 16, 2025 @ 12NOON

QUOTATION RESPONSES

Should you wish to take part in the selection process please submit the RFQ and attached Pricing Sheet to:

Name	Cynthia Beniquez
Job Title	Executive Administrative Assistant
Telephone	732.774.2660 Ex. 301
Email	cbeniquez@aphanj.org
Address:	Administrative Office 1000 ½ Third Avenue Asbury Park, NJ 07712

SCOPE OF WORK (SOW) FOR PHYSICAL NEEDS ASSESSMENT

Introduction

The Asbury Park Housing Authority (APHA) is seeking proposals from qualified consultants to conduct a Physical Needs Assessment (PNA). The PNA should ensure a thorough evaluation of the sites, to assist APHA in making informed decisions about maintenance, repairs, and upgrades for the following sites, all located in Asbury Park, NJ 07712:

- NJ 7-1 Asbury Park Village: 2 Atkins Avenue
One hundred twenty-six (126) unit family development consisting of twelve (12) two-story buildings and a free-standing Community Building.
- NJ 7-2 Washington Village: 1259 Washington Avenue
Fifty-nine (59) unit family development consisting of seven (7) two-story buildings and a free-standing Community Building.
- NJ 7-4 Lincoln Village: 101 Memorial Drive
Sixty-three-unit (63) family development consisting of two (2) three-story buildings with basements.
- NJ 7-5 Comstock Court: 1018 First Avenue
Fifty (50) unit senior mid-rise consisting of one (1) seven-story building.
- NJ 7-6 Charles Lumley Homes A & B: 1004 Comstock Street & 1025 2nd Avenue
Sixty (60) unit senior mid-rise consisting of two (2) adjoined five-story buildings
- NJ 7-7 Dr. Robinson Towers: 1000 Asbury Avenue
One hundred five (105) unit senior mid-rise consisting of one (1) eight-story building



1. **Initial Consultation and Planning:**
 - Meet with APHA to understand the objectives and requirements.
 - Review existing documentation, including previous assessments, maintenance records, and architectural plans.
2. **Site Inspection:**
 - Conduct a thorough inspection of the building complex, including all structures, systems, and components.
 - Assess the condition of the exterior (roof, walls, windows, doors) and interior (floors, ceilings, walls, fixtures).
3. **Mechanical, Electrical, and Plumbing (MEP) Systems Evaluation:**
 - Inspect HVAC systems, electrical panels, wiring, lighting, plumbing fixtures, and piping.
 - Evaluate the performance and efficiency of these systems.
4. **Structural Assessment:**
 - Examine the foundation, structural framing, and load-bearing elements.
 - Identify any signs of structural damage or deterioration.
5. **Safety and Code Compliance:**
 - Check for compliance with local building codes and safety regulations.
 - Identify any hazards or areas that require upgrades to meet current standards.
6. **Energy Efficiency and Sustainability:**
 - Assess the building's energy performance and identify opportunities for improvements.
 - Evaluate insulation, windows, and other elements affecting energy efficiency.
7. **Accessibility Review:**
 - Ensure the building meets accessibility standards (e.g., ADA compliance).
 - Identify necessary modifications to improve accessibility.
8. **Documentation and Reporting:**
 - Compile detailed findings, including photographs and descriptions of deficiencies.
 - Provide cost estimates for recommended repairs and improvements.
 - Develop a long-term maintenance and replacement schedule.
9. **Recommendations and Prioritization:**
 - Prioritize repairs and improvements based on urgency, cost, and impact.
 - Suggest strategies for phased implementation to manage budget constraints.
10. **Final Presentation:**
 - Present the assessment report to APHA.
 - Discuss findings, recommendations, and next steps.



CHECKLIST

INITIAL

- **Ownership Disclosure Form** _____
- **EEO Certification** _____
- **Affirmative Action Evidence** _____
- **Business Registration Certificate** _____
- **Disclosure of Investment Activities in Iran** _____
- **Certificate of Non Involvement** _____
- **Certificate of Insurance** - prior to award of contract. _____
- **Pricing Sheet** _____

To determine the business registration status:

1. Goto: <https://www.njportal.com/DOR/BusinessNameSearch/Search/BusinessName>
2. Enter the **BUSINESS NAME** and click **SEARCH**
3. Obtain the **BUSINESS ENTITY I.D. #**
4. Go to: https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp

Enter the first four letters of the business NAME and the BUSINESS ENTITY I.D.# in the appropriate fields, and click SEARCH



OWNERSHIP DISCLOSURE FORM

_____ **VENDOR {PROPOSER}:**

PART 1

PLEASE COMPLETE THE QUESTIONS BELOW BY CHECKING EITHER THE "YES" OR THE "NO" BOX. ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO COMPLETE THIS FORM PURSUANT TO N.J.S.A. 52:25-24.2

- | | <u>YES</u> | <u>NO</u> |
|--|--------------------------|--------------------------|
| 1. Are there any individuals, corporations, partnerships, or limited liability companies owning a 10% or greater interest in the Vendor {Bidder}? | <input type="checkbox"/> | <input type="checkbox"/> |

IF THE ANSWER TO QUESTION 1 IS "NO", PLEASE SIGN AND DATE THE FORM.

IF THE ANSWER TO QUESTION 1 IS "YES", PLEASE ANSWER QUESTION 2–4 BELOW.

- | | | |
|---|--------------------------|--------------------------|
| 2. Of those parties owning a 10% or greater interest in the Vendor {Bidder}, are any of those parties individuals? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Of those parties owning a 10% or greater interest in the Vendor {Bidder}, are any of those parties corporations, partnerships, or limited liability companies ? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. If you answer to Question 3 is "YES" , are there any parties owning a 10% or greater interest in the corporation, partnership, or limited liability company referenced in Question 3? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Is the Vendor {Bidder} incorporated as a not-for-profit organization? | <input type="checkbox"/> | <input type="checkbox"/> |

IF THE ANSWER TO THIS QUESTION IS "YES", EXECUTE THE CERTIFICATION SECTION.

IF ANY OF THE ANSWERS TO QUESTION 2-4 ARE "YES", PLEASE PROVIDE THE REQUESTED INFORMATION IN PART 2

PART 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO QUESTIONS 2–4 ANSWERED AS "YES".

If you answered **"YES"** for questions 2, 3, or 4, you must disclose identifying information related to the individuals, corporations, partnerships, and/or limited liability companies owning a 10% or greater interest in the Vendor {Bidder}. Further, if one or more of these entities is itself a corporation, partnership, or limited liability company, you must also disclose all parties that own a 10% or greater interest in that corporation, partnership, or limited liability company. This information is required by statute.

INDIVIDUALS

NAME	_____
ADDRESS 1	_____
ADDRESS 2	_____
CITY	_____
STATE	_____
ZIP	_____

NAME	_____
ADDRESS 1	_____
ADDRESS 2	_____
CITY	_____
STATE	_____
ZIP	_____

NAME	_____
ADDRESS 1	_____
ADDRESS 2	_____
CITY	_____
STATE	_____
ZIP	_____

NAME	_____
ADDRESS 1	_____
ADDRESS 2	_____
CITY	_____
STATE	_____
ZIP	_____

Attach Additional Sheets If Necessary



PART 2 continued

ENTITY NAME	_____		
PARTNER NAME	_____		
ADDRESS 1	_____		
ADDRESS 2	_____		
CITY	STATE	ZIP	_____

ENTITY NAME	_____		
PARTNER NAME	_____		
ADDRESS 1	_____		
ADDRESS 2	_____		
CITY	STATE	ZIP	_____

ENTITY NAME	_____		
PARTNER NAME	_____		
ADDRESS 1	_____		
ADDRESS 2	_____		
CITY	STATE	ZIP	_____

Attach Additional Sheets If Necessary

In the alternative, to comply with the ownership disclosure requirement, a Vendor {Bidder} with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest. N.J.S.A. 52:25-24.2.

PART 3

PUBLICLY TRADED PARENT COMPANY DISCLOSURE

Ownership disclosure (name and address) can be met by submitting the last annual filing of an SEC or similar foreign regulator

<u>TITLE OF ATTACHED DOCUMENTS OR WEBLINK</u>	<u>PAGE #</u>

Attach Additional Sheets if Necessary

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor {Bidder}, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the AUTHORITY of CALDWELL, NJ is relying on the information contained herein, and that the Vendor {Bidder} is under a continuing obligation from the date of this certification through the completion of any contract(s) with the AUTHORITY to notify the AUTHORITY in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(s) with the AUTHORITY, permitting the AUTHORITY to declare any contract(s) resulting from this certification void and unenforceable.

Signature (Do not enter Vendor ID as a signature)

Date

Print Name and Title

FEIN/SSN



**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27**

During the performance of this contract, the contractor/vendor/professional agrees as follows:

The contractor will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Authority Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor will in all solicitations or advertisements for employees placed by or on behalf of the contractor state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

(Signature of responder)



AMERICANS WITH DISABILITIES ACT OF 1990 Equal Opportunity for Individuals with Disability

The Contractor and the Owner, do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 *U.S.C. S121 01* et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The Owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.



THESE ARE **SAMPLES** OF THE **ONLY** ACCEPTABLE
BUSINESS REGISTRATION CERTIFICATES.

PREFER SUBMITTED WITH RFP RESPONSE
REQUIRED BY LAW PRIOR TO AWARD OF CONTRACT

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS


DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT
TAXPAYER IDENTIFICATION#: 970-097-382/500
ADDRESS: 847 ROEBLING AVE
TRENTON NJ 08611
EFFECTIVE DATE: 01/01/01
FORM-BRC(08-01)

TRADE NAME: CLIENT REGISTRATION
SEQUENCE NUMBER: 0107330
ISSUANCE DATE: 02/14/04

John S. Tully
Acting Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

 STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TAX REG TEST ACCOUNT
Trade Name:
Address: 847 ROEBLING AVE
TRENTON, NJ 08611
Certificate Number: 1095907
Date of Issuance: October 14, 2004

For Office Use Only:
20041014112823533



Disclosure of Investment Activities in Iran

Responder Name:

Part 1: Certification

*RESPONDERS ARE TO COMPLETE PART 1 BY CHECKING **EITHER BOX.***

Pursuant to Public Law 2012, c.25, any person or entity that submits a RFP or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Responders must review this list prior to completing the below certification. Failure to complete the certification may render a responder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

Check the Appropriate Box

I certify, pursuant to Public Law 2012, c. 25, that neither the responder listed above nor any of the responder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or

I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the responder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran on additional sheets provided by you.



Part 3: Certification

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the Owner is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts to notify the Owner in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Owner and that the Owner at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	



NOT CURRENTLY REQUIRED PENDING LITIGATION

**CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR
BELARUS
PURSUANT TO P.L.2022, c.3
PHYSICAL NEEDS ASSESSMENT**

Prohibited Activities: Engaged in prohibited activities in Russia or Belarus” means (1) companies in which the Government of Russia or Belarus has any direct equity share; (2) having any business operations commencing after the effective date of this act that involve contracts with or the provision of goods or services to the Government of Russia or Belarus; (3) being headquartered in Russia or having its principal place of business in Russia or Belarus, or (4) supporting, assisting or facilitating the Government of Russia or Belarus in their campaigns to invade the sovereign country of Ukraine, either through in-kind support or for profit.

Failure to provide such description will result in the RFP being rendered as non-responsive, and the Owner will not be permitted to contract with such person or entity, and if a RFP is accepted or contract is entered into without delivery of the certification, appropriate penalties, fines and/or sanctions will be assessed as provided by law.

CHECK THE APPROPRIATE BOX

_____ I, the undersigned , am authorized by the person or entity seeking to enter into or renew the contract identified above, to certify that the Vendor/Responder is not engaged in prohibited activities in Russia or Belarus as such term is defined in P.L.2022, c.3,ⁱ section 1.e, except as permitted by federal law.

CHECK ONE BOX BELOW:

_____ I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L.2022, c.3, section 1.d.

OR

_____ I, the undersigned am unable to certify above because the person or entity seeking to enter into or renew the contract identified above, or one of its parents, subsidiaries, or affiliates may have engaged in prohibited activities in Russia or Belarus. If checked, a detailed, accurate and precise description of the activities is provided below.

Signature of Authorized Representative

Date: _____

(PRINT NAME) _____



PRICING SHEET

PRICING & COSTS FOR PHYSICAL NEEDS ASSESSMENT

The undersigned proposes to furnish and deliver the above goods/services pursuant to the quote scope of work and made part hereof:

Amount in words for Asbury Park Village

\$ _____
Amount in numbers for Asbury Park Village

Amount in words for Washington Village

\$ _____
Amount in numbers for Washington Village

Amount in words for Lincoln Village

\$ _____
Amount in numbers for Lincoln Village

Amount in words for Comstock Court

\$ _____
Amount in numbers for Comstock Court

Amount in words for Charles Lumley Homes A & B

\$ _____
Amount in numbers for Charles Lumley Homes A & B

Amount in words for Dr. Robinson Towers

\$ _____
Amount in numbers for Dr. Robinson Towers



PRICING SHEET

PRICING & COSTS FOR PHYSICAL NEEDS ASSESSMENT

The undersigned proposes to furnish and deliver the above goods/services pursuant to the quote scope of work and made part hereof:

Total Amount in words for all Sites

\$ _____
Total Amount in numbers for all Sites

Company Name

Federal I.D. # or Social Security#

Address

Signature of Authorized Agent

Type or Print Name

Title

Telephone Number

Date

Fax Number

E-mail Address
