

**REQUEST FOR PROPOSALS
FOR
UPGRADED TECHNOLOGY EQUIPMENT**

July 21, 2020

The Housing Authority
of the County of Cumberland
Timothy F. Whelan, Executive Director
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INTRODUCTION

The Housing Authority of the County of Cumberland (Authority) hereby gives public notice of their intent to utilize competitive negotiation procedures for the procurement of new technology equipment, software, and installation.

Firms who possess the ability to successfully perform under the terms and conditions as specified by the Authority are invited to submit a proposal for professional contracts with the Authority. The Authority solicits and encourages Minority Business Enterprise (MBE) and Women Business Enterprise (WBE) participation in all of its contracts.

Proposals will be evaluated in accordance with the criteria in this Request for Proposals and the technology services firm whose proposal is most advantageous to the Authority will be selected, subject to negotiation of fair and reasonable compensation.

A proposal, including qualifications, procurement, installation and training of specified equipment, associated hourly rates and any other pertinent information, must be submitted in writing to The Housing Authority of the County of Cumberland, Attention: Timothy F. Whelan, Executive Director, 114 North Hanover Street, Carlisle, PA 17013 no later than August 4, 2020, 4:00 PM.

E-mail and facsimile-based proposals will be accepted and reviewed.

Timothy F. Whelan, Executive Director

July 21, 2020

Section I

HOUSING AUTHORITY PROFILE

The Authority is a public agency and a separate legal entity formed by the County of Cumberland under laws of the Commonwealth of Pennsylvania.

The Housing Authority of the County of Cumberland was created in 1972 in accordance with the Pennsylvania Law. The Housing Authority was created to provide safe, decent and affordable housing to eligible residents in Cumberland County. Since its creation, the Housing Authority has administered a wide variety of US Department of Housing and Urban Development Programs.

Presently the Housing Authority is administering funding from the Coronavirus Aid, Relief, and Economic Security (CARES) Act.

Main Office	114 North Hanover Street, Carlisle, PA 17013	
Members of the Board	Chairman	Mr. Roland D. Fenton
	Vice Chairman	Mr. Louis R. Martin
	Treasurer	Ms. Deborah J. Kelly
	Secretary	Mr. Timothy F. Whelan
	Asst. Secretary	Mr. Mark E. Bishop
	Member	Ms. Marlene Palmer
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Telephone	717-249-0789, Ext. 118	
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E-mail	twhelan@cchra.com	
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Section II
SUMMARY OF TECHNOLOGY SERVICES REQUIRED

The Firm's scope of work shall include, but not be limited to:

- Procuring new technology equipment, as specified
- Procuring and installing new technology software, as specified
- Installation of specified equipment and training on its operation

Section III TECHNOLOGY SPECIFICATIONS

Computer Web-Cameras

The Authority proposes to purchase 19 new web-cameras with at least 78-degree view, 1080p quality, and 30fps. The cameras must have a built-in microphone with stereo sound. All cameras must be able to be compatible with video call software such as Zoom and Windows computers. These devices need to have clip-on capability. The Logitech C920 HD Pro webcam (Part Number 960-000764) is recommended.

Alternative, comparable product: _____

Intel Core i5-based Computer Systems

The Authority proposes to purchase 18 new computers with Intel Core i5-9500T processors and Windows 10 64-bit operating systems. The computers must have 8GB RAM and 256GB SSD. The Dell Core i5 OptiPlex 3070 Micro (Dell Order Code s018o3070mffus) is recommended. Computer monitors are not included in this proposal.

Alternative, comparable product: _____

Additionally, the Authority proposes to purchase 16 new all-in-one computers with Intel Core i5-9500T processors and Windows 10 64-bit operating systems. The computers must have 8GB RAM and 256GB SSD, and the monitor display must be 21.5-inches and 1080p. The Dell OptiPlex 5270 All-in-One Desktop (Dell Order Code s014o5270aious) is recommended.

Alternative, comparable product: _____

Antimicrobial Film for Computer Screen

The Authority proposes to purchase 16 new antimicrobial and antifingerprint films for the screens of the all-in-one computers (see above). These films should be able to fit screens with a 21.5-inch diagonal size, or 18.7-inches in height and 10.54-inches in width for a 16:9 ratio. They should come with instructions for application. The NuShield Triple A is recommended (Part NU396A).

Note: Per company instructions, do not complete a bulk order form. Instead, under the regular "Order Now" option, select the Dell SE2219H, which maintains the same screen size as the computer being acquired. This will select Part NU396A, appropriate for this screen size.

Computer Keyboards

The Authority proposes to purchase 16 new medical-grade keyboards. They must be able to be thoroughly cleaned or washed, and have a seal cap to protect the wiring. The keyboards must be compatible with Windows computers. The Seal Shield Silver Storm Washable Keyboard (Model STWK503) is recommended.

Alternative, comparable product: _____

Computer Mice

The Authority proposes to purchase 16 new medical-grade mice. They must be able to be thoroughly cleaned or washed, and have a seal cap to protect the wiring. The mice must be compatible with Windows computers. The Silver Storm Corded Waterproof Mouse (Model STM042P) is recommended.

Alternative, comparable product: _____

Microsoft Office

The Authority proposes to purchase Microsoft Office for use by the all-in-one computers (see above). The Authority will need 2 licenses of Microsoft Office Professional 2019 (Product CFQ7TTC0K7C5), including Word, PowerPoint, Excel, Outlook, Publisher, and Access. The Authority will also need 14 licenses of Microsoft Office Home & Student 2019 (Product CFQ7TTC0K7C8), including Word, PowerPoint, and Excel. These product suites are available as one-time purchases (rather than annual subscriptions) and are priced by Microsoft accordingly.

Chromebook Laptops

The Authority proposes to purchase 2 new Chromebook laptops with an approximately 11.6-inch screen, Intel Celeron Processor N4000, 6GB RAM, and 64GB storage. The device should weigh no more than 3lbs and have at least 10 hours of battery life. It is preferred to have industrial or military-grade durability for transit. The Samsung Chromebook 4 (XE310XBA-K01US) is recommended.

Alternative, comparable product: _____

Large-Screen Television Monitors and Accessories

The Authority proposes to purchase 2 new large-screen television monitors for use in a conference room. The monitor must have a 32-inch screen and be approximately 720p HD. The Toshiba 32-inch LED 720p HDTV (Product 32L310U20) is recommended. Any additional appropriate cables must also be acquired; a 4-foot HDMI cable and display port cable is

recommended. Additionally, a TV wall mount will be required; the Rocketfish Tilting TV Wall Mount for Most 32-inch to 70-inch TVs (Product TVMLPT03V2/V3) is recommended.

Alternative, comparable products: _____

Conference Room Cameras and Microphones

The Authority proposes to purchase 2 cameras with microphones. These cameras will be used in conference rooms that are 15-feet by 16-feet ("Room 1") and 14-feet by 23-feet ("Room 2"), respectively.

For Room 1, the camera must be capable of displaying around a 120-degree field of view and maintain 4K HD quality, and the microphone must be capable of detecting noise up to 16 feet away. The Logitech MeetUp Part (960-001101) is recommended for this room.

Alternative, comparable product: _____

For Room 2, the camera must be capable of displaying at least a 90-degree field of view and maintain 1080p HD quality, and the microphone should be capable of detecting noise of up to 23 feet away. The Logitech Group and Expansion MICS (960-001060) is recommended for this room. This product is also capable of a 260-degree pan and 130-degree tilt.

Alternative, comparable product: _____

Laser projector

The Authority proposes to purchase one new laser projector for use in a classroom setting. The wall used for the projector screen is 32 feet in length and the wall perpendicular that the projector mount will be parallel to is 29 feet in length. It is necessary for the projector to have a light luminosity of around 5,000 lumens. The projector should be capable of displaying an image on a screen up to 10 feet in diagonal size. The ViewSonic LS750WU, with a 16:10 ratio, is recommended.

Alternative, comparable product: _____

Wireless Module for Projector

The Authority proposes to purchase one new wireless module, allowing for any computer to broadcast to the projector. The ViewSonic VC10 is recommended.

Alternative, comparable product: _____

Drop Ceiling Mount for Projector

The Authority proposes to purchase one new drop ceiling mount for the projector. The mount should fit most major projector brands and be able to support at least the gross weight of the projector. Additionally, the product should allow for flexible positioning and 360-degree rotation. The ViewSonic PJ-WMK-006 Universal Projector Ceiling Mount is recommended.

Alternative, comparable product: _____

Laser Pointer

The Authority proposes to purchase one new laser pointer for use during presentations. The product should be compatible with Windows 10 PCs and be able to have a receiver connected via USB. The product should be battery-powered. The Logitech R500 Laser Presentation Remote is recommended, but more affordable alternatives may be available.

Alternative, comparable product: _____

Section IV SELECTION CRITERIA

All respondents are required to submit a proposal and self-certifications found in this RFP no later than August 4, 2020 at 4:00 PM Eastern Time. Such proposal shall contain responses to at least the following:

- 1) Respondent's method for providing the requested services:
 - a. Your understanding of the Authority's technical and training needs.
- 2) Respondent's qualifications and experience:
 - a. The previous experience of the Firm.
 - b. Familiarity with the Authority's operational jurisdiction (County of Cumberland, PA).
- 3) Management and work plans:
 - a. The ability of the Firm to perform all required professional services on a timely basis.
 - b. The technical resources of the Consultant that will be made available to complete the assignments.
- 4) Basis for Compensation (refer to Section VII – Fee Proposal):
 - a. Procurement costs, installation and associated hourly rates for professional services to cover all other services, including but not limited to those outlined under Services Required in Section II of this request.
- 5) Other considerations:
 - a. Professional liability insurance at a minimum level of at least \$250,000 per occurrence and \$500,000 aggregate.

Section V

FACTORS FOR AWARD

The Authority will evaluate each written proposal and determine whether oral discussions of the respondents' proposals are necessary. The Authority will assign points for each segment of the proposals based on the content of the written proposals and any oral discussions. Points will be assigned based on the criteria set forth in this offering document.

The respondent with the highest total points will be selected for purposes of awarding the Authority technology services contract. The Authority reserves the right to include within the usual discussions, adjustments to the respondent's proposal, including but not limited to, fee schedules. The points to be awarded are set forth for each major segment and subsegment below:

- 1) Respondent's method for providing the requested services (up to 30 points)
 - a. Understanding of the Authority's various programs and technology service needs (0-15 points)
 - b. Adequacy of the Scope of Services (0-15 points)
- 2) Respondent's qualifications and experience (up to 30 points)
 - a. The previous experience of the Firm (0-10 points)
 - b. Knowledge of or experience with community development matters related to Authority programs (0-10 points)
 - c. Familiarity with the Authority's operational jurisdiction (0-10 points)
- 3) Management and work plans (up to 15 points)
 - a. The ability to perform all required professional services on a timely basis (0-10 points)
 - b. The technical resources of the Consultant (0-5 points)
- 4) Participation by Small, Minority, Women and Labor Surplus Area Firms (0-25 points).

Any respondent who meets any one of the following factors shall receive 5 points:

 - a. Small business firm
 - b. Minority owned business firm
 - c. Women owned business firm
 - d. Labor surplus area business firm
 - e. Section 3 Business Concern
- 5) Basis for Compensation (25 points)

Section VI FEE PROPOSAL

The Firm shall provide detailed costs for the procurement, installation and training on the specified equipment in Section III. If an alternate, comparable product is offered, detailed information on the product shall be provided with the response to this Request for Proposals.

The Fee Proposal shall be submitted as a “sealed bid” and received no later than August 4, 2020 at 4:00 PM.

Section VII SELF-CERTIFICATIONS

MBE/WBE CERTIFICATION REPORT is to be submitted to the Housing Authority of Cumberland County with Bid Documents and at any time requested by the Authority. Please list ALL contracts awarded, whether or not they were MBE/WBE. If no contracts were awarded, this form must be submitted. Failure to submit will deem bidder non-responsive. The MBE/WBE report documents are attached to this RFP. Complete the attached form(s) as applicable.

SECTION 3: The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance and HUD assisted projects shall, to the greatest extent feasible, be directed to low and very low income persons, particularly persons receiving assistance for housing. Complete the attached form(s) as applicable.

MBE/WBE SUMMARY REPORT

*** To be submitted to the Housing and Redevelopment Authorities of Cumberland County with Bid Documents and at any time requested by the Authority(ies). Please list ALL contracts awarded, whether or not they were MBE/WBE. If no contracts were awarded, this form must be submitted. Failure to submit will deem bidder non-responsive.**

Date Report Submitted: _____

Name/Address of Contract Recipient: _____

Name of Principal Owner _____

Bid Opening Date _____

Bid Amount _____

Does your company claim MBE Status? Yes _____ No _____

If yes, indicate Race of principal owner. _____

Is principal owner Hispanic? Yes _____ No _____

Does your company claim WBE Status? Yes _____ No _____

If your company claims MBE/WBE Status, is the company registered with the PA Department of General Services as MBE/WBE? Yes _____ No _____

NAME OF BUSINESS AWARDED CONTRACT	TYPE OF WORK TO BE PERFORMED*	MBE	WBE	AMOUNT OF CONTRACT

Attach additional sheets, if necessary

*Type of Work Codes

- 1. New Construction
- 2. Substantial Rehab
- 3. Repair
- 4. Service

- 5. Project Management
- 6. Professional
- 7. Tenant Services
- 8. Education/Training
- 9. Architecture/Engineering Appraisal
- 0. Other

SUBCONTRACTOR MBE/WBE SUMMARY REPORT

*** To be submitted to the Housing Authority of Cumberland County with Bid Documents and at any time requested by the Authority). Please list ALL contracts awarded, whether or not they were MBE/WBE. If no contracts were awarded, this form must be submitted. Failure to submit will deem bidder non-responsive.**

Date Report Submitted: _____

Name/Address of Contract Recipient: _____

Name of Principal Owner

Bid Opening Date _____

Bid Amount _____

Does your company claim MBE Status? Yes _____ No _____

If yes, indicate Race of principal owner. _____

Is principal owner Hispanic? Yes _____ No _____

Does your company claim WBE Status? Yes _____ No _____

If your company claims MBE/WBE Status, is the company registered with the PA Department of General Services as MBE/WBE? Yes _____ No _____

NAME OF BUSINESS AWARDED CONTRACT	TYPE OF WORK TO BE PERFORMED*	MBE	WBE	AMOUNT OF CONTRACT

Attach additional sheets, if necessary

*Type of Work Codes

- 1. New Construction
- 2. Substantial Rehab
- 3. Repair
- 4. Service

- 5. Project Management
- 6. Professional
- 7. Tenant Services
- 8. Education/Training
- 9. Architecture/Engineering Appraisal
- 0. Other

SELF-CERTIFICATION FOR SECTION 3 BUSINESS CONCERN
 Cumberland County Housing & Redevelopment Authorities

I. Basic Information

Name of Business/Company: _____
 Address of Business: _____
 Type of Business (corporation, partnership,
 sole proprietorship): _____
 Owner/Official Representative: _____
 Phone Number/Email Address: _____

II. Type of Section 3 Business Concern

The business listed above certified that it qualifies as a Section 3 business concern under the check-marked category below:

- _____ is 51% or more owned by Section 3 residents; or
 _____ whose permanent, full-time employees include persons at least 30% of whom are currently Section 3 residents; or
 _____ provides evidence of a commitment to subcontract in excess of 25% of the dollar amount of all subcontracts to be awarded to qualified Section 3 business concerns

Income Limits 2020

# in Household	1	2	3	4	5	6	7	8
80% AMI (gross income)	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800

Placing a check mark under category 1 or 2 implies that you (the official representative of the business) required each employee or owner to fill out the Section 3 Resident self-certification form, so that you could truthfully claim qualification under either category. Section 3 Resident certifications do not need to be submitted with this form, but MUST be kept in your business records and may be requested at any time by the Authorities. The certification is valid for a period of three (3) years.

III. Verification

The company hereby agrees to provide, upon request, documents verifying the information provided above. The applicant acknowledges that the information provided on this form may be disclosed to the public in response to requests made under the Freedom of Information Act. This applicant waives or releases any rights or claims it may have against the release of such information.

In addition, the applicant authorizes the information provided to be added to a database of Section 3 businesses, which will enable the business to receive notification of contracting opportunities for future Section 3 covered projects. The applicant understand that this list may be accessed by the Housing and Redevelopment Authorities and its sub-grantees, contractors and developers working on Section 3 covered projects **YES [] NO []**

Under penalty of perjury, I certify that I am the _____ (title) of the company listed above; that I am authorized by the company to execute this affidavit on its behalf; that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Name (signature): _____ Date: _____
 Name (print): _____ Title: _____

SUBCONTRACTOR SELF-CERTIFICATION FOR SECTION 3 BUSINESS CONCERN

Cumberland County Housing & Redevelopment Authorities

I. Basic Information

Name of Business/Company: _____
Address of Business: _____
Type of Business (corporation, partnership, sole proprietorship): _____
Owner/Official Representative: _____
Phone Number/Email Address: _____

II. Type of Section 3 Business Concern

The business listed above certified that it qualifies as a Section 3 business concern under the check-marked category below:

- is 51% or more owned by Section 3 residents; or
- whose permanent, full-time employees include persons at least 30% of whom are currently Section 3 residents; or
- provides evidence of a commitment to subcontract in excess of 25% of the dollar amount of all subcontracts to be awarded to qualified Section 3 business concerns

Income Limits 2020

# in Household	1	2	3	4	5	6	7	8
80% AMI (gross income)	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800

Placing a check mark under category 1 or 2 implies that you (the official representative of the business) required each employee or owner to fill out the Section 3 Resident self-certification form, so that you could truthfully claim qualification under either category. Section 3 Resident certifications do not need to be submitted with this form, but MUST be kept in your business records and may be requested at any time by the Authorities. The certification is valid for a period of three (3) years.

III. Verification

The company hereby agrees to provide, upon request, documents verifying the information provided above. The applicant acknowledges that the information provided on this form may be disclosed to the public in response to requests made under the Freedom of Information Act. This applicant waives or releases any rights or claims it may have against the release of such information.

In addition, the applicant authorizes the information provided to be added to a database of Section 3 businesses, which will enable the business to receive notification of contracting opportunities for future Section 3 covered projects. The applicant understand that this list may be accessed by the Housing and Redevelopment Authorities and its sub-grantees, contractors and developers working on Section 3 covered projects **YES [] NO []**

Under penalty of perjury, I certify that I am the _____(title) of the company listed above; that I am authorized by the company to execute this affidavit on its behalf; that I have personal knowledge of the certifications made in this affidavit and that the same are true.

Name (signature): _____ Date: _____
Name (print): _____ Title: _____

SUBCONTRACTOR SELF-CERTIFICATION FOR SECTION 3 RESIDENT

Cumberland County Housing & Redevelopment Authorities

Eligibility for Preference

A Section 3 resident seeking the preference in training and employment provided by this part shall certify that the person is a Section 3 Resident, as defined in Section 135.5.

The undersigned represents and says under penalty of law, as follows:

1. My current address is: _____
2. I am a resident of Public Housing. YES [] NO []
If yes, list name of the development: _____
3. The total number of individuals in my household (count any person living in household, not just family or those persons related to you) is: _____
4. Last year, the annual income for all persons in my household was less than the amount listed in the table below for the size of my household: YES [] NO []
5. I have skills, training, or experience in the following area(s): _____

Income Limits 2020

# in Household	1	2	3	4	5	6	7	8
80% AMI (gross income)	\$47,600	\$54,400	\$61,200	\$68,000	\$73,450	\$78,900	\$84,350	\$89,800

I authorize the information above to be added to a database of Section 3 Residents that will enable me to receive notice of employment and training opportunities for future Section 3 covered projects. I understand that this list may be accessed by the Housing and Redevelopment Authorities and its sub-grantees, contractors and developers working on Section 3 covered projects.

This certification is valid for a period of three (3) years, after which, a new form will need to be completed to continue to receive preference for employment and training opportunities as a Section 3 Resident.

Under penalty of perjury, I certify that I have personal knowledge of the certification made in the affidavit and that the same are true.

Name (signature): _____ Date: _____

Name (print): _____