Housing Authority of the County of Cumberland (CCHA)
Request for Proposals (RFP)
Hearing Officer Services

Issue Date: August 6, 2026
Proposal Due Date: September 9, 2026, 4PM EST
Contract Term: One (1) year with up to four (4) one-year renewal options.

1. Purpose

CCHA is seeking qualified independent contractors to serve as Hearing Officers for informal hearings conducted under the Housing Choice Voucher Program, Public Housing Program, and other housing programs as needed. The selected Hearing Officer(s) will provide fair, impartial, and timely hearings in accordance with HUD regulations, applicable federal requirements, Authority policies, and principles of due process.

2. Scope of Services

The Hearing Officer shall:
• Review case files and applicable regulations.
•Conduct informal hearings in person or virtually, as authorized by CCHA. Hearings are generally scheduled one to two days per month between the hours of 9:00 a.m. and 3:00 p.m., subject to the Hearing Officer's availability and program needs. In person hearings are located at the Authority's administrative offices at 114 N Hanover St. Carlisle PA 17013. Travel expenses are the sole responsibility of the hearing officer and will not be reimbursed by the Authority.
• Administer hearings in a fair and impartial manner.
• Consider testimony and documentary evidence.
• Prepare a written decision with findings of fact and the basis for the decision.
• Submit written decisions within fourteen (14) calendar days of the hearing.

3. Estimated Workload

Historically, CCHA conducts approximately 30–60 hearings annually; however, this estimate is provided for planning purposes only and does not guarantee a minimum number of assignments.

4. Minimum Qualifications

Respondents should possess:
• Bachelor's degree in public administration, law, human services, business, social sciences, or a closely related field. A **Juris Doctor (J.D.)** is **preferred** but not required.
• At least three years of experience conducting administrative hearings, legal proceedings, housing program compliance, or a closely related field.

• Knowledge of HUD housing programs and administrative due process.
• Strong written communication skills.

5. Compensation

Compensation shall be $150 per completed hearing. The fee is all-inclusive and covers preparation, conducting the hearing, and issuance of the written decision.
No payment will be made for hearings cancelled before the scheduled hearing.
Invoices shall be submitted monthly and paid pursuant to CCRA's standard payment procedures.

6. Proposal Requirements

Include:
• Cover letter describing experience with HUD programs and administrative hearings.
• Resume.
• Three professional references.
• Proposed availability.
• Completed proposal forms and certifications.

7. Evaluation Criteria

Proposals will be evaluated on:
• Relevant experience – 50%
• Knowledge of HUD and administrative hearings – 40%
• References – 10%

8. Contract Terms

Selected respondents will execute CCRA's Independent Contractor Agreement, maintain required insurance if applicable, comply with all applicable federal, state, and local laws, and certify the absence of conflicts of interest.

9. Submission Instructions

Submit proposals electronically in PDF format to:

Mary E. Kuna, Executive Director
Cumberland County Housing and Redevelopment Authorities
114 N. Hanover Street
Carlisle, PA 17013
Email: mkuna@CCHRA.com

No later than September 9th, 2026 at 4PM EST

10. Reservation of Rights

CCRA reserves the right to reject any or all proposals, waive informalities, request additional information, negotiate with qualified respondents, or cancel this solicitation at any time if determined to be in the Authority's best interest.

ATTACHMENT A: RATE SCHEDULE

Respondent's Name: _____

Responding to: Hearing Officer

☐ I hereby certify that I will accept an all-inclusive compensation of $150 per completed hearing to perform Hearing Officer duties.

☐ I understand that no compensation will be paid for hearings cancelled by CCRA prior to commencement

☐ I understand that no other fees will be paid by CCRA.

Invoicing

Contractor shall submit invoices to:

CCRA – Finance Department
114 North Hanover Street
Carlisle, PA 17013-2445

Invoices shall reference the Hearing Officer Agreement. Properly executed invoices shall be submitted monthly for hearing services rendered. Following approval by the Executive Director, payment will be made in accordance with CCRA's standard payment procedures.

Signature: _____ Date: _____

ATTACHMENT B: APPLICATION FOR HEARING OFFICER

First Name: _____ MI: ____ Last Name: _____

Date: _____

Applications not meeting the required qualifications will be deemed NON-RESPONSIVE and will not be considered.

Qualifications	**Complies**
Bachelor's degree in human services, psychology, public administration or similar.	☐ Yes ☐ No
Juris Doctor from an ABA accredited law school.	☐ Yes ☐ No
Resume documenting at least three years of relevant professional experience and three references.	☐ Yes ☐ No
Rate Schedule attached.	☐ Yes ☐ No
Section 3 / SB / MB / WBE Certification Forms attached (if applicable).	☐ Yes ☐ No

Certification of Accuracy

I hereby certify that the information contained in this proposal, including all attachments and supporting documentation, is true, accurate, and complete to the best of my knowledge and belief. I understand that the Housing Authority of the County of Cumberland (CCRA) will rely upon the information provided in evaluating this proposal and that any false statement, omission, or material misrepresentation may result in rejection of this proposal, termination of any resulting contract, or other remedies available under applicable law.

I further certify that I am authorized to submit this proposal on behalf of the respondent and to bind the respondent to the representations made herein.

Respondent Name: _____

Authorized Representative: _____

Title: _____

Signature: _____

Date: _____

ATTACHMENT C – SELF-CERTIFICATION FOR SECTION 3 BUSINESS CONCERN (OPTIONAL)

Purpose

This information is requested to assist the Housing Authority of the County of Cumberland (CCRA) in complying with applicable HUD Section 3 reporting requirements under 24 CFR Part 75. Completion of this form is voluntary unless otherwise required by the solicitation. Submission of this form does not guarantee a contracting preference.

☐ We certify that our business qualifies as a Section 3 Business Concern under 24 CFR Part 75.

☐ We do not qualify as a Section 3 Business Concern.

If claiming Section 3 Business Concern status:

Please attach documentation supporting your eligibility under 24 CFR Part 75. Examples may include organizational records or other documentation demonstrating that the business meets HUD's current Section 3 eligibility requirements.

Certification

I certify that the information provided on this form and any supporting documentation is true, accurate, and complete to the best of my knowledge. I understand that CCRA may request additional documentation to verify eligibility if necessary.

Business Name: _____

Authorized Representative: _____

Title: _____

Signature: _____ Date: _____

ATTACHMENT D
SMALL BUSINESS AND DIVERSE BUSINESS CERTIFICATION

Purpose
The Housing Authority of the County of Cumberland (CCRA) encourages participation by small and diverse businesses. This information is requested for reporting and outreach purposes only and will not affect proposal evaluation unless otherwise required by law or the terms of this solicitation.

Business Classification (Check all that apply)

☐ Small Business

☐ Minority Business Enterprise (MBE)

☐ Women-Owned Business Enterprise (WBE)

☐ Veteran-Owned Small Business (VOSB)

☐ Service-Disabled Veteran-Owned Small Business (SDVOSB)

☐ Disadvantaged Business Enterprise (DBE)

☐ HUBZone Small Business

☐ LGBTQ+-Owned Business

☐ None of the Above

Optional Certifications

If applicable, please attach copies of any certifications issued by a federal, state, or recognized certifying agency (e.g., SBA, Pennsylvania Department of General Services, U.S. Department of Veterans Affairs, or other recognized certification programs).

Certification

I certify that the information provided on this form and any supporting documentation is true, accurate, and complete to the best of my knowledge. I understand that CCRA may request additional documentation to verify any business classification claimed.

Business Name: _____

Authorized Representative: _____

Title: _____

Signature: _____ Date: _____