Request for Qualifications
River Star Homes –
Living Shoreline and Oyster Reef
Construction

June 11, 2020
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1. PURPOSE

The Elizabeth River Project is issuing this Request for Qualifications (RFQ) to solicit Statements of Qualifications (SOQs) from Contractors interested in serving as a Contractor to design and/or build residential living shoreline and/or oyster reef projects in Norfolk, Chesapeake, Portsmouth and Virginia Beach.

The purpose of this RFQ is to solicit information that will enable The Elizabeth River Project to determine which Contractors are best qualified to successfully execute the designing and/or building of residential BMPs (Best Management Practices) to meet grant and contract deliverables for the River Star Homes program. The most qualified Contractors will be invited to submit pricing proposals. This RFQ includes background information on The Elizabeth River Project, the River Star Homes program, a general scope of work for these projects, and procurement details including submittal requirements, selection criteria, and schedule.

2. INTRODUCTION

The Elizabeth River Project is a non-profit organization founded in 1993, with the mission to “restore the environmental quality of the Elizabeth River through government, business and citizen partnerships.” In 2011, the River Star Homes program was developed as the result of several workshops with social marketing expert Doug Mackenzie-Mohr, with funding from a National Fish and Wildlife Foundation grant. The River Star Homes program incorporates some of the ideas from those sessions. Any homeowner in the Elizabeth River watershed is eligible to be a River Star Home, so long as they agree to 7 behavior changes that correlate directly to the health of the river -

1. Scoop the dog poop
2. Reduce lawn fertilizers
3. Only rain down the storm drain
4. No grease in your sink
5. Help geese migrate by not feeding them
6. Avoid single-use plastics
7. Don’t flush medicines

Homeowners that take this pledge receive a yard flag to display to let their neighbors know they are an environmental steward. In the six years since its inception, over 5,700 homeowners have signed up to be River Star Homes in Norfolk, Chesapeake, Virginia Beach and Portsmouth. In 2014, the Elizabeth River Project began contracting with the City of Norfolk to provide cost share incentives to River Star Homes interested in doing more for their property such as river-friendly lawn makeovers, rain gardens and living shorelines. That initial contract has led to 5 years of contracting with the city of Norfolk, 4 years of contracting with the city of Chesapeake and 2 years of contracting with the City of Virginia Beach. Each of these contracts provides matching funds for homeowners to implement residential BMPs, with the goal of reducing nitrogen, phosphorus and sediment levels in the River.
3. SCOPE OF WORK

This RFQ is being issued to solicit project specific Statements of Qualifications (SOQs) from Contractors qualified to design and construct living shorelines and oyster reef structures at residential properties in the Elizabeth River watershed. The Elizabeth River Project encourages SWAM (Small, Woman and Minority Owned) Businesses to apply.

These practices provide shoreline protection during storm events, decrease erosion on vulnerable shorelines, provide vital habitat for native flora and fauna including the Virginia Oyster (*Crassostrea virginica*) and improve water quality by reducing sediment and nutrient levels in the Elizabeth River.

A general list of contractor responsibilities include:

1) Conduct site visits with the homeowners and Elizabeth River Project staff
2) Create shoreline plan and cost estimate as necessary
3) Assist Elizabeth River Project with project permitting as necessary
4) Attend wetland board hearings as necessary
5) Coordinate construction of project with Homeowner and Elizabeth River Project
6) Coordinate material acquisition and delivery, carry out construction and planting, report results to Elizabeth River Project
7) Install goose exclusion fencing when necessary
8) Take measurements of the final project including linear feet, square feet, and quantities of materials.

The completed projects will be used by the city (Norfolk, Chesapeake, Portsmouth or Virginia Beach) to count towards the city’s Total Maximum Daily Load (TMDL) goals and their MS4 permits. Each project will need to be re-verified by the Elizabeth River Project or City staff after 5 years to ensure the project is still functioning as a BMP. Final project reductions will be calculated by the Elizabeth River Project and reported to the City or funding agency.

4. PROCUREMENT PROCESS

The Elizabeth River Project will use a one-phase process for the selection of the project Contractors. The Elizabeth River Project intends to short list the highest-ranked Contractors based on Statements of Qualifications (SOQ) submitted in response to this RFQ. Only the short-listed Contractors will be asked for quotes to carry out specific projects as they arise.

4.1 Project Selection Committee

A Project Selection Committee will be appointed by The Elizabeth River Project to review and evaluate the SOQs.
4.2 **The Elizabeth River Project Point of Contact**

The Elizabeth River Project’s sole Point of Contact (POC) for matters related to the RFQ shall be Barbara Gavin. All communications with the POC about the project or this RFQ shall be in writing via e-mail. Contact information for The Elizabeth River Project POC is provided below.

Ms. Barbara Gavin  
The Elizabeth River Project  
5205 Colley Avenue  
Norfolk, VA 23508  
bgavin@elizabethriver.org

The Elizabeth River Project disclaims the accuracy of information derived from any source other than the Elizabeth River Project POC, and the use of any such information is at the sole risk of the Contractor.

5.0 **SELECTION CRITERIA AND PROJECT SCHEDULE**

A Project Selection Committee will review the contractor qualifications. The evaluation of contractor qualifications will be based on the following considerations: Cover Letter, Experience with successful similar projects (50%), Qualifications of project team (30%), and Safety (20%).

The Elizabeth River Project reserves the right to reject any or all qualification submittals for any or no reason without stating the reasons.

5.1 **COVER LETTER**

Items to be included in/with the Cover Letter include:

1) Official representative and point of contact for the Contractor relative to this RFQ. Identify such representative’s title, address, phone and fax numbers, and email addresses. Letter should be signed by an authorized representative of the Contractor’s organization.

2) Copy of Contractors License and Proof of Insurance, or insurability.

3) The Cover Letter should reference in the subject line: **River Star Homes Living Shoreline and Oyster Reef Construction**

5.2 **EXPERIENCE WITH SIMILAR PROJECTS (50%)**

Describe the firm’s experience with construction of residential or commercial living shorelines or oyster reefs. Provide examples for up to three active or past projects that are similar to the living shoreline projects being proposed for residential homes through the River Star Homes Program. For each project, please prepare a succinct project summary including the following information: project name, location, description, illustrations, plant sources, cost and reference contact information. Indicate if projects were completed on time and within budget. Indicate
any cost control efficiencies achieved by the contractor.

5.3 Personnel/Firm Qualifications (30%)

Present a list of key staff who will work on this project, indicating years of construction experience and any relevant certifications held by key team members. Describe any potential conflicts of interest in conducting this project. Identify whether your firm is a licensed Small, Woman-owned business enterprise or minority business enterprise. Provide Department of Professional and Occupational Regulations (DPOR) license details for any individual offering to practice professional services in Virginia as part of the proposed work. Such information shall include the name, address, registration type, registration number, and expiration date. Please indicate if your company is on the Federal Debarment List or listed in the Excluded Parties List System (EPLS). DPOR registration information for each office practicing or offering to practice any professional services in Virginia. Provide the business name, address, registration type, registration number, and expiration date.

5.4 Safety Record (20%)

Contractor shall provide sufficient information to enable The Elizabeth River Project to understand and evaluate the capability of the Contractor to provide a safe working environment for all individuals associated with the project, including the public. The Contractor and any proposed subcontractors shall provide a completed Safety Criteria Questionnaire *(provided in Appendix A)*. The selected Contractor will be responsible for the health and safety of all workers under their control on the Project site.

5.5 Insurance Requirements

Contractor shall provide a Certificate of Insurance showing they maintain at all times during the term of this agreement, the following policies of insurance:

COMMERCIAL GENERAL LIABILITY INSURANCE (“CGL”) with a limit of not less than $1,000,000 each occurrence, $2,000,000 general aggregate. CGL will cover liability arising from premises, operations, independent contractors, products-completed operations, personal injury and liability assumed under insured contract.

WORKER’S COMPENSATION INSURANCE providing coverage as required by applicable Federal and, or, States’ statutes, and Employer's Liability Insurance. The limits of such policies will be at least $500,000 per accident/disease, and policy limit of $500,000.

AUTOMOBILE/MOTOR VEHICLE LIABILITY INSURANCE with a limit of not less than $2 million combined single limit; or, Bodily Injury $1,000,000 each person, $2,000,000 accident, and Property Damage $100,000 each accident. Such insurance must cover liability arising from any motor vehicle as defined by Commonwealth of Virginia laws and must...
include coverage for owned, hired and non-owned motor vehicles, as well as uninsured and underinsured motorists.

PROFESSIONAL/ERRORS & OMISSIONS LIABILITY INSURANCE that will protect the Contractor against legal liability from alleged negligence or errors and omissions, including personal injury, which may arise from the performance of the Contractor’s duties and obligations under this contract, and for two years thereafter, whether such operations be by the Contractor, the Contractor’s staff, or by any Subcontractor or anyone directly or indirectly employed by either of them. The minimum acceptable limits of liability to be provided by such Professional Liability Insurance are $1,000,000 each claim, $2,000,000 aggregate.

CONTRACTOR’S POLLUTION LIABILITY INSURANCE with limits of at least $1,000,000 covering any sudden and/or non-sudden pollution or impairment of the environment, including clean-up and defense costs, that arise from the operations within the scope of this agreement.

The Contractor’s General Liability insurance policy shall name the Elizabeth River Project, its staff and board members as additional insured. All policies of insurance shall be written by insurance companies licensed to conduct the business of insurance in Virginia.

5.6 Project Schedule

Please note that the schedule may change for any reason without notice. If the contractor cannot meet the mobilization date listed below, please indicate an alternative mobilization date in your package of qualifications.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Date</th>
<th>Time Due</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advertise RFQ</td>
<td>June 27, 2020</td>
<td></td>
</tr>
<tr>
<td>SOQs are due</td>
<td>July 17, 2020</td>
<td>5PM EST</td>
</tr>
<tr>
<td>Contractor short list notification</td>
<td>July 22, 2020</td>
<td></td>
</tr>
<tr>
<td>Notification(s) of award</td>
<td>July 27, 2020</td>
<td></td>
</tr>
</tbody>
</table>

6.0 SOQ SUBMITTAL REQUIREMENTS

Contractors must submit one electronic PDF file by email by 5:00 p.m. on July 17, 2020 to The Elizabeth River Project, Barbara Gavin, at bgavin@elizabethriver.org. Statement of Qualifications should not exceed 10 pages and failure meet this page limit may disqualify the Contractor from the evaluation process.

Late submissions will be rejected without opening, consideration, or evaluation, and will be returned unopened to the sender. All qualification submittals and documents submitted by the Contractor shall become the property of The Elizabeth River Project. The Elizabeth River Project shall have no obligation to compensate any Contractor for any costs or expenses.
associated with the preparation or submission of any qualification submittal or in connection with any interviews or meetings with a Contractor.

Contractors are advised that The Elizabeth River Project reserves the right to conduct an independent investigation of any information, including prior experience, identified in an SOQ by contacting project references, accessing public information, contacting independent parties, or any other means. The Elizabeth River Project further reserves the right to request additional information from a Contractor during the evaluation of the Contractor’s SOQ. The Elizabeth River Project encourages SWAM (Small, Woman and Minority Owned) Businesses to apply.

6.1 Submittal Documents
The Contractor is responsible for providing all requested information in the order specified in Section 5.0. Failure to do so may disqualify the Contractor from the evaluation process.

7.0 DISCLAIMER
This RFQ is not a contract document and may not be relied upon to determine contract rights. The Elizabeth River Project and Contractor selected by The Elizabeth River Project will enter into a Contractor Agreement to control the rights and obligations of the parties.
Attachment A - Safety Criteria Questionnaire
SAFETY, HEALTH & ENVIRONMENTAL
SUBCONTRACTOR SAFETY CRITERIA QUESTIONNAIRE

Company Name: ____________________________ Date: ____________________________

Address: ________________________________________________________________

City: ___________________ State: ____________________________

List Service(s) to be provided:

1. Experience Modification Rates
   a) List your firm's Experience Modification Rate (EMR) for the three (3) most recent years. (Information is available from your Workers' Compensation Insurance Carrier)

<table>
<thead>
<tr>
<th>Year</th>
<th>Interstate</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   b) If your organization does not have an EMR or your EMR is greater than 1.10, please explain why.

   ________________________________________________________________

2. Please consolidate your firm's OSHA Form 300 injury and illness data for the last three (3) years and complete the following:

<table>
<thead>
<tr>
<th>Data</th>
<th>Year</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Number of Lost Workday Cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not days lost)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b) Number of Restricted Workday Cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not restricted days)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c) Number of Medical Treatment Cases*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(not including first aid)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>d) Total Recordable Cases</td>
<td></td>
<td></td>
</tr>
<tr>
<td>((a + b + c))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>e) Total Corporate Hours Worked</td>
<td></td>
<td></td>
</tr>
<tr>
<td>((\text{hourly and salaried employees}))</td>
<td></td>
<td></td>
</tr>
<tr>
<td>f) Recordable Case Frequency Rate (RCFR)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>((\text{td x 200,000}}) / e)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

   *Medical Treatment Case is a case in which an on-the-job injury requires other than first aid treatment (and is not considered a restricted or lost workday) as defined by the U.S. Bureau of Labor Statistics recordability criteria (i.e., prescribed medication, physical therapy - more than one visit, fractures, imbedded foreign body, etc.) First aid injury treatment cases are not required to be added to the OSHA Form 300 log

   a) Does your organization have fewer than 10 employees? □ Yes □ No

   **Note:** If you check Yes, you are required to only complete rows d) and e) in the above table.

3. List any fatalities your firm has had in the last three (3) years. Include location, cause, and corrective actions. (Attach supplemental information as required)

   ________________________________________________________________

   ________________________________________________________________

4. List any OSHA REPEAT, WILLFUL, or CRIMINAL citations your firm has had in the last three (3) years. Please describe. (Attach supplemental information as required)

   ________________________________________________________________

   ________________________________________________________________