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**WILSON COUNTY FY 12 CDBG PROGRAM  
REQUEST FOR PROPOSAL**

**LEAD BASED PAINT HAZARD REDUCTION  
(RISK ASSESSOR/DESIGN/CLEARANCE)**

Wilson County has been awarded a Small Cities Community Development Block Grant (CDBG) from the North Carolina Department of Commerce (DOC) in the amount of \$225,000 (100% of total program costs) to undertake a scattered site housing project. The grant includes the rehabilitation of approximately four (4) dwellings.

Wilson County is now accepting proposals for a certified contractor to provide lead testing, risk assessment, abatement project design and clearance testing for approximately four (4) dwelling units. These dwellings are single story and are approximately 1,100 to 1,400 square feet in size.

All inspectors and project designers must have current certifications from institutions that are approved in accordance with current state and federal requirements for lead based paint inspection activities. Attached are copies of the specifications necessary to complete this proposal. Please review these specifications carefully. All proposals are due at the Wilson County Planning Department, 2201 Miller Road South, PO Box 1728, Wilson, NC 27894, phone (252) 399-2965 no later than **Monday, December 9, 2013 at 5:00 PM**. The successful contractor will be required to provide proof of insurance (Attachment A).

Wilson County is an equal opportunity employer and encourages proposals from small, minority, and female-owned businesses and does not discriminate on the basis of handicapped status.

Questions about this Request for Proposal should be referred to Brendan Nolan, The Wooten Company at (252) 757-1096.

**Certified Contractor**

Division of Purchase and Contract  
NC Department of Administration  
1336 Mail Service Center  
Raleigh, North Carolina 27699-1336

**Proposal Submission**

Mark M. Johnson, Planning Director  
Wilson County Planning Department  
PO Box 1728  
Wilson, NC 27894

Date: November 25, 2013

phone (252) 399-2965

## **Paint Inspection, Risk Assessment and Clearance Test Request for Proposal**

The purpose of this Request for Proposal (RFP) is to provide Wilson County and property owners with information to help them manage and control lead-based paint hazards efficiently and effectively during rehabilitation activities, with particular attention to the requirements of the rule on federally-owned and assisted housing (24 CFR 35). This RFP is a request for a paint inspection, pre-rehabilitation risk assessment and post lead hazard abatement clearance test. Enclosed is the following information on the properties to be evaluated, as applicable:

- a. Proposal Sheet
- b. Location Map

All work must be performed by contractors certified to perform LBP inspections and risk assessments and by individuals certified and licensed to perform risk assessments by the State of North Carolina Health Hazards Control Unit (HHCU). The inspection, risk assessment and clearance work will be conducted in accordance with standards for conducting lead-based paint activities. The inspections and clearance shall be conducted by a State of North Carolina accredited lead inspector. The risk assessments shall be conducted by a State of North Carolina accredited lead risk assessor.

Wilson County reserves the right to restrict the assignment of any individual, for any reasonable cause, as a risk assessor under the contract or any subcontracts.

### **Scope of Work**

The LBP Contractor shall provide all necessary facilities, materials, supplies, equipment, supervision, and personnel and other items and services to perform the lead evaluation services as defined in this RFP. These services must be in accordance with applicable work practice standards of the HHCU. When more than one regulatory provision applies to a condition or activity, the most stringent shall be used. Applicable regulations are those that are in force when and where the lead evaluation is conducted, including, but not limited to:

- U.S. Department of Housing and Urban Development (HUD): 24 CFR 35 *Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing* (Guidelines) with the 1997, 2000 and 2004 revisions.
- U.S. Occupational Safety and Health Administration: 29 CFR 1926.
- U.S. Environmental Protection Agency (EPA): 40 CFR 745.227.
- State of North Carolina Lead-Based Paint Hazard Management Program: 10A NCAC 41C.0800.

### **Access to Locations**

The LBP Contractor is responsible for obtaining access to the properties. All properties are occupied. It is the responsibility of the Contractor to coordinate with the homeowners and the Project Manager.

**Lead-Based Paint Hazards:** The purposes of the risk assessment are: 1) to identify conditions that may result in adverse human health effects from the following sources: deteriorated lead-based paint (LBP), interior dust-lead hazards, soil lead hazards, chewable surfaces, friction surfaces and impact surfaces, as defined by HUD and EPA; and 2) to test all painted surfaces.

**The Risk Assessment Process:** The risk assessment shall include the following activities: testing for lead content of all coatings on surfaces, lead hazard identification of deteriorated paint, friction, impact and chewable surfaces, and dust and soil sampling. The risk assessment shall be completed within 14 days of the approval to begin work. The report must be submitted 10 days after completion of field work. Invoices will not be paid until the complete report is received and accepted by Wilson County.

**Laboratory Requirements:** All laboratories selected for use in the lead-based paint hazards and evaluation reports shall hold all accreditations, certifications and recognitions needed to conduct lead testing services as governed by regulatory agencies having jurisdiction over such work.

**Identification of Lead-Based Paint:** The risk assessor shall use HUD-approved methodologies for identifying lead-based paint. The risk assessor shall sample all painted components and surfaces. Identification of LBP may be done by either XRF testing or by collecting samples of paint followed by laboratory analysis. The LBP inspector will use a XRF to determine the lead content in milligrams per square centimeter ( $\text{mg}/\text{cm}^2$ ) of all painted surfaces at the subject properties. An adequate amount of testing shall be completed to properly identify the painted surfaces in the house. Numerous tests shall be completed on similar components in an effort to minimize reporting of inconclusives.

#### **Component Sampling within each Room or Area**

**Windows:** When testing windows, at a minimum, the following window surfaces shall be tested: Exterior sash, jamb, casing, and trough; Interior sash, casing and sill.

**Doors:** When testing doors, at a minimum, the following surfaces shall be tested: jamb, both sides of the door itself and door casing.

**Component Sampling Locations:** All testing shall include the following identification items: the room or area, component or portion of component tested, exact location of each component tested and the substrate. Wallpaper shall be assumed to cover paint and shall be tested.

#### **Lead-Based Paint Risk Assessments**

After delineating lead-based paints at the subject property, the LBP Contractor will perform a risk assessment to determine and report the existence, nature, severity and location of lead-based paint hazards and identify possible means of correcting hazards identified, as defined by the Toxic Substances Control Act (TSCA), Title IV, Section 401.

The LBP Contractor will complete HUD Resident Questionnaire – Form 5.0, Building Condition Form – Form 5.1, Paint Condition on Selected Surfaces Form – Form 5.2, Field Sampling Form for Dust – Form 5.4, and Field Sampling Form for Soil – Form 5.5 and include them in the report.

Single-surface wipe samples and composite soil samples will be collected from the subject property during each risk assessment. The State of North Carolina does not recommend composite dust wipe samples; thus only single-surface dust samples will be obtained. Single-surface lead dust wipe samples and soil samples will be collected and analyzed in accordance with HUD, EPA and/or state guidelines.

Field blank samples (minimum 1 FB for every 50 samples) and spike samples (minimum 1 spike for every 75 samples) will be collected, analyzed and reported as recommended by HUD and at no additional cost to Wilson County.

The risk assessor shall regard parts of the building components as separate testing combinations if visual indication or evidence exists that the different parts have separate and/or distinct painting histories.

**Clearance Testing:** Dust sampling will be performed in accordance with methodologies approved by HUD and EPA. Dust samples shall be collected from floors and sills in all living areas. The exact locations of each dust sample collected and each hazard identified shall be clearly identified. Quality control samples must be taken and submitted for analysis with samples from each structure. The Service Provider shall complete clearance testing within 24-hours of receiving confirmation from the remediation contractor that work is complete.

**Identification of Soil Lead Hazards and Sampling of Areas of Bare Soil:** Soil samples shall be taken any time the risk assessor identifies bare soil. Risk assessor must collect a minimum of two samples from play and non-play areas.

**Hazard Control Options:** All hazard control options provided by the risk assessor must be technically feasible and specifically suited to the identified surface(s) or hazard. The control options must take into account the surfaces to be disturbed during the renovation, the condition of the property and the location and severity of hazards.

**Minimum Report Requirements:** The LBP Inspection and risk assessment report shall comply with the minimum requirements established by HUD. The report shall contain at least the following:

**Notice of Evaluation Results:** Completed copy of Notice of Evaluation Results suitable for distribution by Wilson County to the occupants.

**Summary of Risk Assessment:** An executive summary written in simple and easy-to-understand English describing the on-site investigation conducted and the results. The summary must be in the basic format found at 24 CFR part 35, Appendix B and include the names of all risk assessors performing services, the date the site was visited and samples collected. The summary must include all identified lead-based paint and/or lead-based paint hazards and their location. Room-by-room summaries of type and location of areas tested; of lead-based paints located during work **including all locations** of lead-based paint and **quantities identified**.

In addition, it must include all treatment options for each hazard identified, clearly identified as being either interim control or abatement.

The summary for LBP Inspection will include the information found at 24 CR Part 35, Appendix A. It will also contain a list of all surfaces tested, with the unique test identification number (ID) for each testing combination and the results, the location description of the testing combination where any XRF measurement or paint sample was collected, the XRF and/or laboratory analysis measurement value with units of measure, i.e., for paint, mg/sq.cm, and the lead classification result for the surface as positive or negative.

**Data collected.** The risk assessor shall provide all sampling forms and field notes, all XRF results, raw data, analytical laboratory results and all miscellaneous photographs or documents relating to the on-site visit, assessments and all paint, dust and soil samples collected.

**List of all surfaces tested and/or sampled.** This includes the testing method and sampling procedures for all visual assessments, paint testing and environmental samples collected.

**Identification of all lead-based paint and LBP hazards with sufficient detail to permit replication of sampling and testing effort**

**Sketches or drawings of property with floor plans detailing all sample locations**

If the report is not clearly written and understood by Wilson County, the County reserves the right to request clarifications and revisions by the risk assessor, at no additional cost to Wilson County.

**Required submittals:** To be considered responsive, each proposal must include technical and cost proposals, as well as copies of the following documents:

- Copies of risk assessor's State certification/license.
- Documentation of successful completion of XRF manufacturer's training for each individual performing risk assessment services.
- Copy of analytical laboratory EPA recognition and licensing.
- Current resume (1-2 pages) for each risk assessor proposed to be used. At a minimum, this shall include a listing of the relevant certifications (with document numbers and effective dates), licenses, training and experience for persons providing risk assessment services.

### **Completion of Work**

All paint inspection and risk assessment reports must be completed and submitted to Wilson County within **twenty four (24) calendar days** of receipt of work order from Wilson County requesting work to proceed. Clearance reports must be completed and submitted to Wilson County within **three (3) calendar days** of completion of field work.

### **Payment**

Payment for services will be made within 30 days of receiving complete and final report and invoice. Final invoices shall be sent to Mark M. Johnson, Planning Director, Wilson County Planning Department, PO Box 1728, Wilson, NC 27894, phone (252) 399-2965.

### **Proposed Fee**

The LBP Contractor shall provide a lump sum cost to complete each paint inspection, risk assessment and clearance inspection. Change-orders or additional fees to complete work will not be approved. The fee shall include all costs associated with the work including project coordination, travel (including all trips to and from property), on-site survey including sample collection, sample shipment to laboratory, laboratory sample analysis, sample disposal, completion of reports (including principal/senior review) and invoicing.

**LEAD PAINT SERVICES  
(RISK ASSESSOR/DESIGN/CLEARANCE)**

**PROPOSAL DUE DATE – MONDAY, DECEMBER 9, 2013 AT 5:00 PM**

Mark M. Johnson, Planning Director  
Wilson County Planning Department  
2201 Miller Road South  
PO Box 1728  
Wilson, NC 27894

Unit	Address	LBP Inspection	Risk Assessment	Clearance Test	Total
1	104 East Dixon Road, Elm City	\$	\$	\$	\$
2	6609 Speight School Road, Wilson	\$	\$	\$	\$
3	121 Church Street, Wilson	\$	\$	\$	\$
4	5421 First Road, Wilson	\$	\$	\$	\$
				<b>TOTAL</b>	\$

I, the undersigned contractor, have inspected the foregoing listed properties and understand the extent and character of the work to be completed. I propose to furnish all labor, material, and equipment necessary to accomplish the work for all units listed for the total sum of

\_\_\_\_\_ Dollars (\$ \_\_\_\_\_)

\_\_\_\_\_  
Certified Contractor

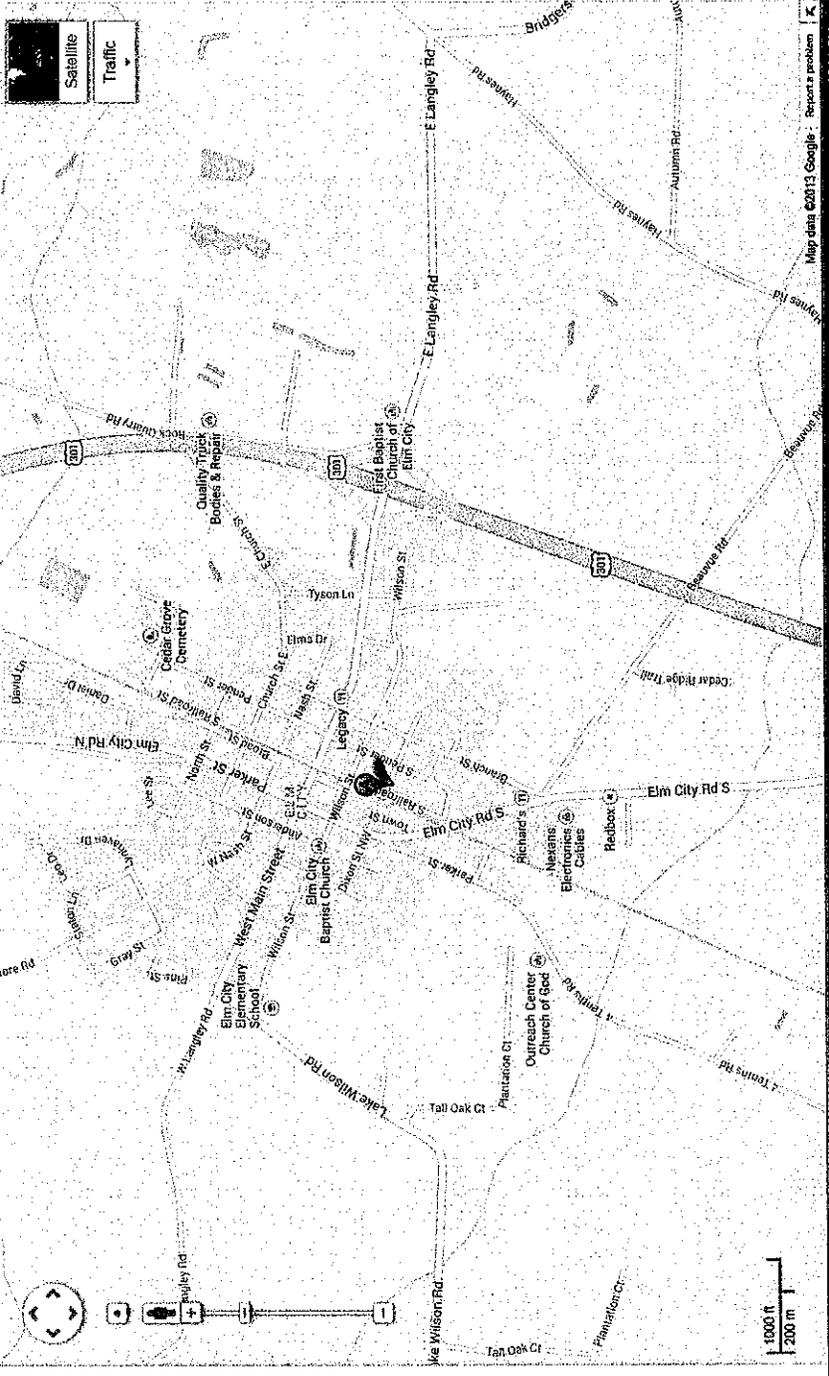
✓  
\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Company

Mailing Address: \_\_\_\_\_

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
\_\_\_\_\_



104 Dixon St NW  
Elm City, NC 27822

Directions Search nearby Save to map more

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Google 6609 Speight School Road, Wilson, NC

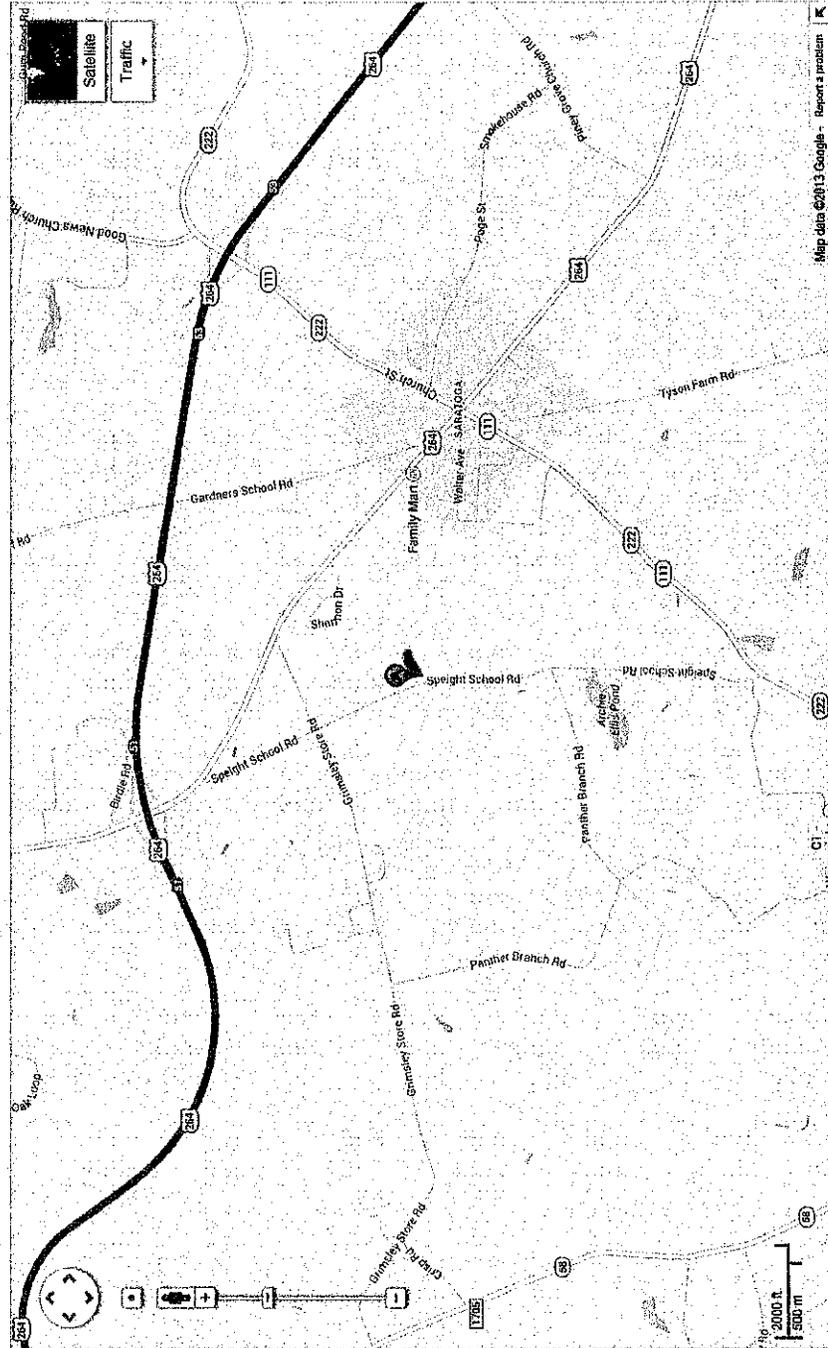
Get directions My places



6609 Speight School Rd Wilson, NC 27693

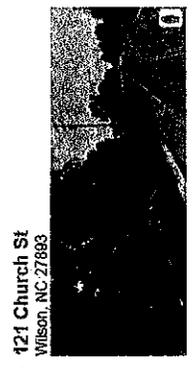
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Google 121 Church Street, Wilson, NC

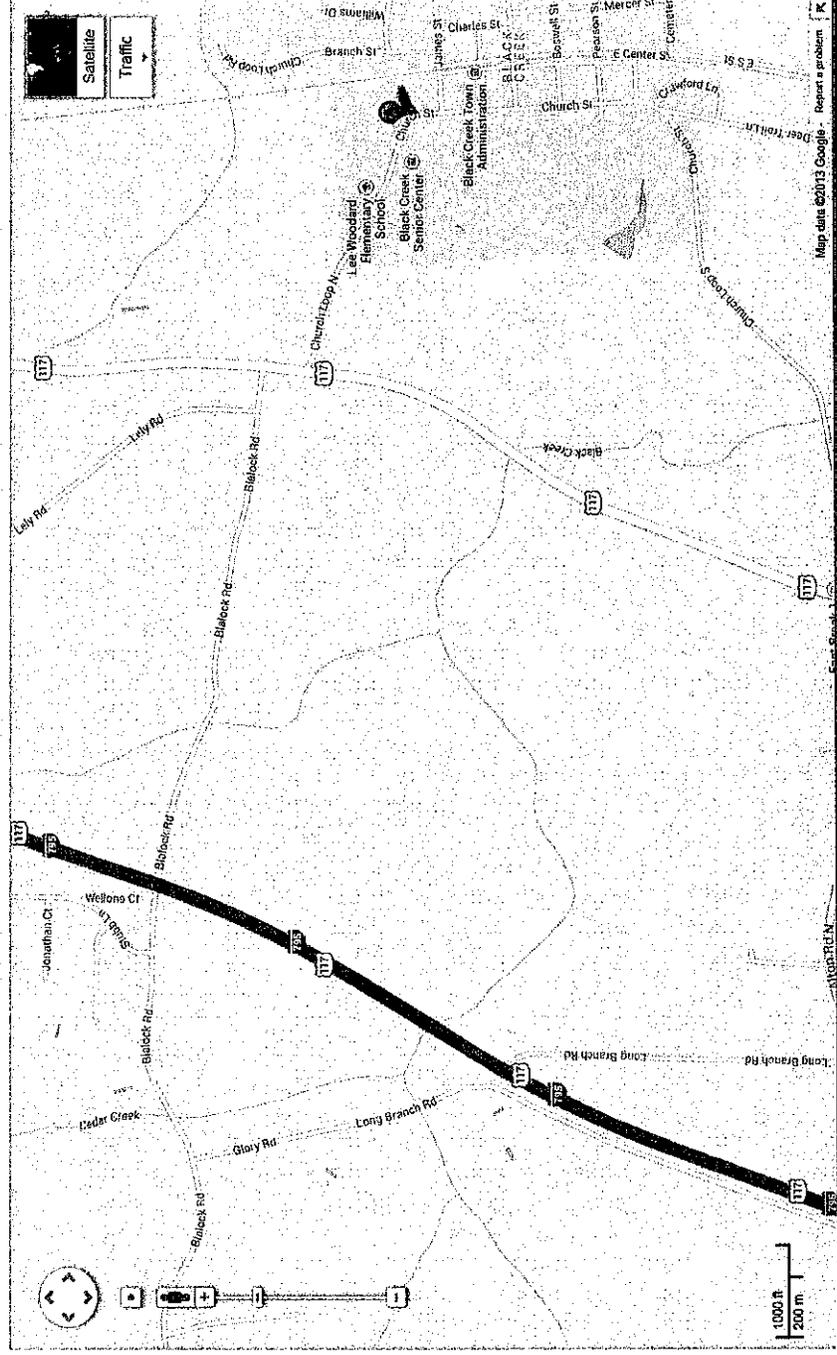
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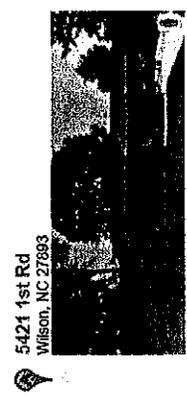
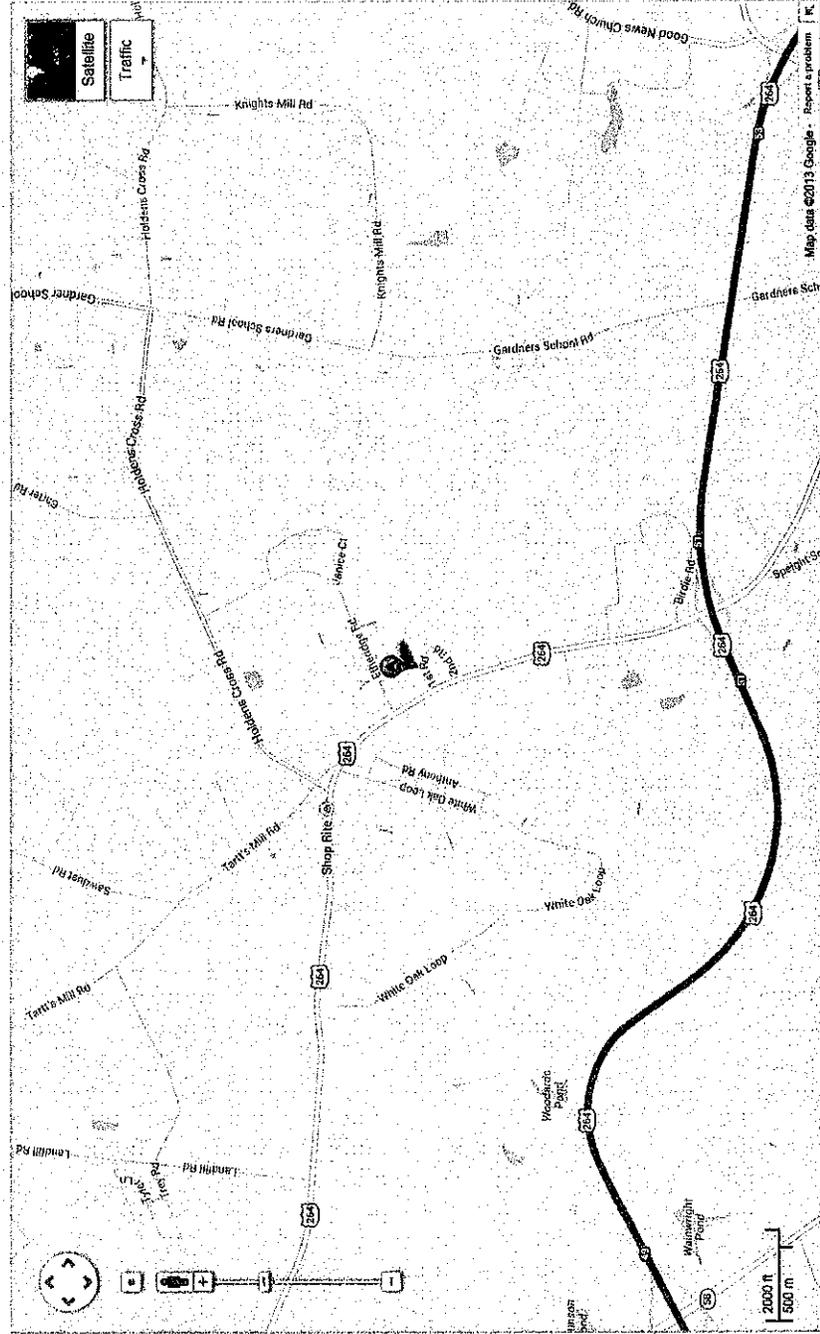


121 Church St  
Wilson, NC 27803

Directions Search nearby Save to map more

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5421 1st Rd  
Wilson, NC 27893

Directions Search nearby Save to map more

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## ATTACHMENT A

### INSURANCE REQUIREMENTS

***Note to Bidders: The successful contractor shall be required to submit completed Attachment A before beginning work.***

The service provider shall not commence any work in connection with this Request for Proposal until it has obtained all of the following types of insurance and such insurance has been approved by Wilson County. Nor shall the Service Provider allow any subcontractor to commence work on its subcontract until all similar insurance required on the subcontractor has been obtained and approved. All insurance policies shall be with insurers qualified and doing business in North Carolina recognized by the Secretary of State and the Insurance Commissioner's Office. Wilson County shall be furnished proof of coverage of insurance by certificates of insurance accompanying the contract documents and shall name Wilson County as an additional named insured.

**Wilson County shall be exempt from**, and in no way liable for any sum of money, which may represent deductible in any insurance policy. The payment of such deductible shall be the sole responsibility of the service Provider and/or subcontractor providing such service.

**Indemnity and Insurance:** To the extent permitted by law, the Service Provider shall indemnify and save harmless, Wilson County, its officers, agents, employees and assigns, from and against all loss, cost damages, expense and liability caused by an accident of other occurrence, resulting in bodily injury, including death, sickness and disease to any person(s), or damage or destruction to property, real or personal; arising directly or indirectly from operations, products of services rendered or purchased under this contract.

The Service Provider further agrees to purchase and maintain insurance with an insurance company rated not less than A by A. M. Best, authorized to do business in the State of North Carolina, acceptable to Wilson County.

1. Automobile Liability - Bodily injury and property damage liability covering all owned, non-owned, and hired automobiles for limits of not less than \$ 1,000,000 bodily injury each person, each accident and \$1,000,000 property damage, or \$ 1,000,000 single limit - bodily injury and property damage.
2. Comprehensive General Liability - Bodily injury and property damage liability as shall protect the Service Provider and any subcontractor performing work under this contract, from claims of bodily injury or property damage which arise from operation of this contract whether such operations are performed by the Service Provider, any subcontractor or anyone directly or indirectly employed by either. The amounts of such insurance shall be no less than \$ 1,000,000 bodily injury, each occurrence/aggregate and \$1,000,000 property damage combined limits each occurrence/aggregate. This insurance shall include coverage for products/completed operations, personal injury liability and contractual liability.
3. Workers' Compensation meeting the statutory requirements of the State of North Carolina and Employers Liability \$100,000 per accident limit, \$500,000 disease per policy limits, \$100,000 disease each employee limit providing coverage for all employees and owners.

**ATTACHMENT A**

Certificate of such insurance and Bond will be furnished to Wilson County and shall contain the provision that Wilson County be given thirty (30) days written notice of any intent to amend or terminate by either the insured or the insuring company.

Should any or all of the required insurance coverage be self-funded/self-insured, a copy of the Certificate of Self-Insurance or other documentation from the North Carolina Department of Insurance shall be furnished.

The Service Provider is advised that if any part of the proposed work under this Request For Proposal is sublet, the subcontractor shall be required to meet all insurance requirements as listed above, However, this will in no way relieve the Service Provider from meeting all insurance requirements or otherwise being responsible for the subcontractor.

**Proposing party and insurance agent statement:**

We understand the insurance requirements of these specifications and the evidence of insurability shall be provided prior to contract execution. If our client is awarded this contract, we agree to provide Wilson County with a thirty (30) day written notice of any intent to amend, terminate, or non-renew coverage by the insuring company.

\_\_\_\_\_  
Contractor

\_\_\_\_\_  
Insurance Agency

✓  
\_\_\_\_\_  
Signature of Contractor

Agent's Errors and Omission Policy:

✓  
\_\_\_\_\_  
Signature of NC Resident Agent

\_\_\_\_\_  
Amount of Coverage

\_\_\_\_\_  
**Number**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Coverage**

\_\_\_\_\_  
Name and Location of Agency

\_\_\_\_\_  
Address of Agency

\_\_\_\_\_  
(Area Code) Telephone Number