

# The Hightstown Housing Authority

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## REQUEST FOR PROPOSAL

Architectural services for the design and refurbishing of 6 residential ADA compliant kitchens, ADA compliant community room kitchen and outdoor concrete ramps.

**RESPONSE REQUESTED NO LATER THAN: Friday, May 24<sup>th</sup>, 2019 AT 4 PM**

**Client:** The Housing Authority of the Borough of Hightstown (HHA)

### Property

**Description:** 7 residential buildings with one office building on 3-acre campus located at 131 Rogers Avenue, Hightstown, NJ 08520.  
**Block 37, Lot 8 and Block 32, Lot 8**

### Architectural Services Needed:

1. Evaluate, plan and design ADA compliant kitchens for 6 existing apartment units.
2. Evaluate, plan and design ADA compliant kitchen for the Housing Authority's community room.
3. Evaluate, plan and design ADA compliant sidewalks, walkways and handrails for the laundry room located on building 6.

Older plans are available for reference and approximate dimensions. The Hightstown Housing Authority (HHA) is not responsible for the accuracy of current documents, as all dimensions need to be field verified by contractor.

Available online: <http://www.hightstownhousing.org/app.aspx>

Proposals should be sent via pdf with subject line: “Architectural Services “to:  
[kleprevost@hightstownhousing.org](mailto:kleprevost@hightstownhousing.org)

**Consultant Selection:**

**Date Expected** May 24<sup>th</sup>, 2019 - Submitters to be notified within 5 working days.

**Proposal Requirements:**

1. The proposal should indicate your company’s ability and agreement to meet the requirements set forth herein. It should include information regarding specific, relevant experience, and your company’s ability to operate effectively and in a cost-effective manner.
2. The proposal should identify a specific project coordinator, who will be the principal liaison with the HHA. This individual will be responsible to manage the relationship with the HHA, including adequate staffing, timely response, quality of workmanship and any other related matters or issues that may arise.
3. The proposal should include a pricing proposal for basic services and standard fee schedule by which additional services will be billed. **All** costs associated with the project should be broken down as much as possible, and per the main requested services outlined above. HHA may award some, all or none of the work, in its sole discretion.
4. The proposal should include proof of insurance showing minimum coverages and policy limits, as required in the State of New Jersey.
5. The proposal must indicate whether the consultant has or may have a conflict of interest with representing HHA for the work described herein.
6. The selection of a proposal by HHA may be canceled at any time prior to the complete execution of a contract. Reasons for canceling the selected proposal will be discussed in advance.
7. If HHA cancels its selection of a proposal, HHA may repost this or a similar RFP and re-seek proposals.
8. HHA reserves the right, in its sole discretion, to accept or reject any proposal for any or no reason and is not obligated to accept the proposal which contains the lowest cost estimate or the lowest unit prices. HHA also reserves the right to waive any defect in any proposal, to the extent permitted by law, or permit correction of any defect or non-compliance by any consultant, as a condition to further consideration of, or to acceptance of, the proposal. However, HHA is under no obligation to any consultant to waive any such defect or permit any such correction.

The HHA is a Public Housing Authority that is in process of converting its units using RAD.

**FEE PROPOSAL**  
**Hightstown Housing Authority**

**ENVIRONMENTAL SITE ASSESSMENT**

We, the undersigned, propose to furnish to the Hightstown Housing Authority services consistent with the Request for Proposal dated May 24<sup>th</sup>, 2019.

**DESCRIPTION**

**AMOUNT**

Architectural Services-Residential Kitchens: \$ \_\_\_\_\_

Architectural Services- Community Room Kitchen: \$ \_\_\_\_\_

Architectural Services-Laundry room ramp: \$ \_\_\_\_\_

SUBTOTAL \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**PLEASE TYPE:**

Company Name: \_\_\_\_\_

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

Agent Name: \_\_\_\_\_

Agent's Title: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**Agents Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_