



REQUEST FOR PROPOSALS OCCUPATIONAL THERAPY CONSULTATIONS

INSTRUCTIONS and CHECKLIST

OCCUPATIONAL THERAPIST STANDARDS

PHDC has established certain standards that must be met by all applicants.

1. Consultations and Follow Up Visits must be provided by Occupational Therapists currently licensed without conditions or other restrictions in the Commonwealth of Pennsylvania. Documentation of such licenses, and any claims filed with applicant or a regulating agency against any Occupational Therapist that applicant intends to use must be provided to PHDC with the response to this RFP.
2. Occupational Therapists shall have at least five years of occupational therapy experience in a home care setting with at least two years of experience in major modifications (i.e. wheelchair lifts, barrier free showers, accessible kitchens and bathrooms).
3. Applicant must have a Philadelphia Commercial Activity License.
4. Applicant must meet the insurance requirements outlined on page 4 and in Exhibit B of the RFP narrative before a contract will be executed.
5. The Applicant must have no City tax, water or other delinquencies. The contractor may be in a current payment agreement to resolve such delinquencies.
6. The Applicant may not have a conflict of interest as disclosed on any forms or other documentation provided.
7. The Applicant has not answered “yes” on questions 1, 2 and 3 on the Additional Disclosures form on page 8 of this document.

The qualification review process may be stopped at any stage in the process if the contractor is not compliant.

BEFORE SUBMITTING YOUR QUALIFICATIONS, YOU ARE STRONGLY ENCOURAGED TO CONFIRM THAT YOU ARE COMPLIANT WITH THE ABOVE THRESHOLD CRITERIA.

To check city tax, water or other delinquencies:

<https://www.phila.gov/services/payments-assistance-taxes/get-tax-clearance/>

HOW TO SUBMIT

Your qualifications must be submitted online at <https://phdcphila.org/rfps-rfq-sales/professional-services-rfps/>. Be sure to answer all questions thoroughly. Lengthy answers are not necessary or advisable.

CHECKLIST

In addition to a completed Application, the following Supporting Documents must be submitted by all contractors:

- Narrative (maximum of 20 pages)
- Commercial Activity or Business Privilege License
- Copy of most recent bank statement showing cash on hand
- Copy of most recent completed federal tax return
- Current Insurance Certificate

The following documents must be submitted for each occupational therapist, staff and/or subcontractor, you intend to use:

- Copy of professional license
- Copy of resume
- Copy of current insurance certificates for any subcontractor(s)

The following documents must be submitted for all non-current contractors (contractors without current PHDC Home Improvement Program contracts):

- Articles of Incorporation and Bylaws;
Certificate of Organization & Operation Agreement;
Partnership Agreement; or Fictitious Name Registration
- Resumes of owners and key staff



APPLICATION

FIRM NAME: _____

ADDRESS: _____

TELEPHONE: _____ FAX: _____

CONTACT PERSON: _____

EMAIL (required) _____ CELL/PAGER: _____

TYPE OF BUSINESS: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC

FEDERAL EIN/TAX IDENTIFICATION NUMBER: _____

DATE OF INCORPORATION/ORGANIZATION/INITIATION: _____

PHILADELPHIA BUSINESS PRIVILEGE LICENSE # _____
(attach copy)

TOTAL STAFF (this business only):
Administrative/Supervisory: _____ Professional: _____ Clerical: _____

TOTAL GROSS SALES FOR LAST COMPLETED FY (from IRS documents): \$ _____

MBE/WBE/DBE Certified? _____ No _____ Yes (attach certification)

Have any of the company's principal officers been indicted or convicted of a felony?
_____ No _____ Yes (please explain circumstances and final disposition on a separate sheet)

SIGNED: _____ DATE: _____

PRINTED NAME & TITLE:

UNIT PRICING

All prices must be inclusive of travel, reporting and recordkeeping.

Price for Initial OT Consultation: \$ _____

Price for Follow Up OT Consultation: \$ _____

Hourly price for meetings requested by PHDC (excluding initial orientation), billed in 15 minute increments: \$ _____

Prices must remain as quoted above for the duration of the contract period.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION

1. The applicant certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in this transaction by any Federal, Commonwealth or City department or agency.
2. Where the applicant is unable to certify to any of the statements in this certification, such participant shall attach an explanation to this proposal.

BUSINESS NAME: _____

DATE: _____

BY: _____

Signature

Title

**PHILADELPHIA TAX STATUS CERTIFICATION AND
CONFLICT OF INTEREST FORM
CITY OF PHILADELPHIA
DEPARTMENT OF REVENUE**

STAFF USE ONLY: PHA PHDC PIDC PPA PRA PLB OTHER _____

Taxpayer Name: _____ Date: _____
Taxpayer Trading As: _____
Home Address: _____
Business Address: _____ Business Phone #: _____

1. Are you a Registered Taxpayer/Entity? YES NO
If so, provide your Federal Employer Identification Number here: _____
If so, provide your Philadelphia Tax Account Number here: _____
If so, provide your Social Security Number here: _____

2. Is taxpayer/entity presently delinquent in any City of Philadelphia or Philadelphia School District taxes? YES NO
If so, what tax and amount owed: \$ _____

3. Is taxpayer/entity presently delinquent in Water and Sewer charges? YES NO
If so, amount owed: \$ _____

4. Has taxpayer/entity ever been sued by the City of Philadelphia or the Philadelphia School District? YES NO
Has taxpayer/entity declared bankruptcy? YES NO
If so, list date and nature of lawsuit or filing date of bankruptcy petition: _____

5. Is taxpayer/entity involved in any other business activity? YES NO
If so, list company name(s) and account number(s) here: _____

I hereby affirm that the information provided above is true and correct to the best of my knowledge, information and belief; said affirmation being made subject to the penalties prescribed by 18 Pa. C.S.A. Sec. 4904 relating to unsworn falsification to authorities.

Name: (Please Print) _____ Title: _____
Signature: _____ Date: _____

CONFLICT OF INTEREST

All applicants are required to comply with federal, state and local regulations prohibiting conflicts of interest. The regulations concern the following groups of people:

- A. Employees, consultants, officers, or elected or appointed officials of the City of Philadelphia, the Philadelphia Housing Development Corporation, the Philadelphia Redevelopment Authority or the Philadelphia Land Bank.
- B. Employees, consultants, or officers of any organization or business receiving federal, state or local funds or participating in a government housing program (including, but not limited to, Philadelphia Housing Development Corporation, Philadelphia Industrial Development Corporation and city-funded non-profit housing entities).

1. Are you now, or have you been during the preceding year, in one of the categories (A or B) described above?

YES NO

2. Is any member of your family or your spouse's family now, or have they been during the preceding year, in one of the categories (A or B) described above?

(Family members include spouses, parents, brothers, sisters, or children).

YES NO

If yes, please state the nature of your relationship and briefly describe your family member's duties or title with respect to the organization or business.

3. Is any person with whom you have a business relationship, or with whom you have had a business relationship during the preceding year, in one of the categories (A or B) described above? (A person with whom you have a business relationship includes your employees, partners, shareholders, officers or directors).

YES NO

If yes, please state the nature of your relationship and briefly describe that person's duties or title with respect to the organization or business.

CONFLICT OF INTEREST

4. Does or will any person in one of the categories (A or B) described above have any interest in any contract for materials or services related to the project for which you are applying? YES NO

Briefly describe the nature of that person's interest in the contract for materials or services.

ADDITIONAL DISCLOSURES

1. Do you own any property that is subject to any significant unresolved violation of City codes and ordinances? YES NO
2. As a property owner, have you been involved in Philadelphia tax foreclosure proceeding in the last five years? YES NO
3. Have you or any owners/partners/officers of your company been convicted of any felony within the past five years? YES NO
4. Have you, your business or your business' principals been a developer, stockholder, officer, director, trustee, or partner (LLC) in any development projects with the City of Philadelphia, the Philadelphia Housing Development Corp., the Philadelphia Land Bank or the Philadelphia Redevelopment Authority? YES NO

If yes, provide the following information:

Project Name	Date	City Agency	Agency Role
1.			
2.			
3.			
4.			
5.			

Please include any additional projects on a separate sheet.

STATEMENT OF NO PENDING OR THREATENED LITIGATION

Other than as attached, there is no pending or threatened litigation, claim, consent order, settlement agreement, investigation, challenge or other proceedings being brought by applicant, and/or any business associate of applicant against the City of Philadelphia or any of its departments, its Division of Housing and Community Development (“DHCD”), the Philadelphia Housing Development Corporation (“PHDC”), the Philadelphia Land Bank (“PLB”), the Philadelphia Redevelopment Authority (“PRA”) or the Philadelphia Industrial Development Corporation (“PIDC”).

A business associate includes, but may not be limited to: officers, directors, partners, employees, lenders, lessors and consultants. Depending on the circumstances, business associates may also include shareholders, landlords, sellers of real estate, agents, representatives, subsidiaries, affiliates or joint ventures. Applicants are encouraged to use a broad definition of “business associate” when completing this and other questions where that term is used.

On an attached sheet, list the following information regarding any pending or threatened litigation, claim, consent order, settlement agreement, investigation, challenge or other proceeding: name(s) of parties, type of proceeding, claim, etc.; status of proceeding, claim, etc.

NAME: _____

TITLE: _____

COMPANY: _____

SIGNATURE: _____

DATE: _____

ANTI-LOBBYING CERTIFICATION

I, _____, on behalf of _____ (“Contractor”), hereby certify that I have been duly authorized to execute this Certification on behalf of Contractor and that no Federally-appropriated funds have been paid or will be paid by or on behalf of Contractor to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan or cooperative agreement.

Contractor will provide immediate written notification to PHDC if Contractor learns that the above certification was erroneous when submitted or has become erroneous because of changed circumstances.

On behalf of Contractor, I also certify that Contractor has required, and will continue to require during the term of this Contract, this same certification from its contractors.

I verify and affirm that the statements made in this certification are true and correct in all material ways. I understand that any false statements contained herein are made subject to the penalties of 18 PA.C.S. § 4904 relating to unsworn falsification to authorities.

Witness

Name:

Title:

**PHILADELPHIA CODE CHAPTER 17-1300 CERTIFICATION
MINIMUM WAGE / BENEFIT ORDINANCE**

Section A: Gross Receipts

Contractor, _____ certifies that
Contractor's gross receipts are:

- ___ \$1,000,000 per year or less
(Skip to Signature line)

- ___ in excess of \$1,000,000 per year
(Complete Section B)

Section B: Minimum Wage

Contractor certifies that all employees working on this PHDC program will be paid a minimum of \$13.75 per hour, excluding benefits. Employees being paid less than \$13.75 per hour should be listed below:

Employee Classification	Hourly Rate
_____	\$ _____
_____	\$ _____
_____	\$ _____

Signature

Date

Printed Name & Title

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p>2 Business name/disregarded entity name, if different from above</p> <hr/> <p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
<p>5 Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p>6 City, state, and ZIP code</p> <hr/> <p>7 List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/> <hr/>

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
				-					
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

SOLICITATION and COMMITMENT FORM (BID)

MINORITY/WOMEN and DISABLED BUSINESS ENTERPRISES

Bid Number:				Name of Bidder:				Bid Opening Date:			
List below all firms that will be utilized in this contract. Please make sure they know they will be called by the city to confirm their participation. If, when the city calls, they are not aware they have been listed on this form it will delay project app.											
<input type="checkbox"/> DBE	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Section 3	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED		COMMITMENT MADE		GIVE REASON(S) IF NO COMMITMENT		
Company Name:					By Phone	By Mail	<input type="checkbox"/> Yes (Give date)	<input type="checkbox"/> No			
Address:					Date:	Date:	Date:				
Contact Person:					Quote Received		Amount Committed to:				
Phone #:					<input type="checkbox"/> Yes <input type="checkbox"/> No		\$				
MBE Certification #:							Percent of total bid:				
							%				
<input type="checkbox"/> DBE	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Section 3	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED		COMMITMENT MADE		GIVE REASON(S) IF NO COMMITMENT		
Company Name:					By Phone	By Mail	<input type="checkbox"/> Yes (Give date)	<input type="checkbox"/> No			
Address:					Date:	Date:	Date:				
Contact Person:					Quote Received		Amount Committed to:				
Phone #:					<input type="checkbox"/> Yes <input type="checkbox"/> No		\$				
MBE Certification #:							Percent of total bid:				
							%				
<input type="checkbox"/> DBE	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Section 3	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED		COMMITMENT MADE		GIVE REASON(S) IF NO COMMITMENT		
Company Name:					By Phone	By Mail	<input type="checkbox"/> Yes (Give date)	<input type="checkbox"/> No			
Address:					Date:	Date:	Date:				
Contact Person:					Quote Received		Amount Committed to:				
Phone #:					<input type="checkbox"/> Yes <input type="checkbox"/> No		\$				
MBE Certification #:							Percent of total bid:				
							%				
<input type="checkbox"/> DBE	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Section 3	TYPE OF SUBCONTRACT WORK OR MATERIALS	DATE SOLICITED		COMMITMENT MADE		GIVE REASON(S) IF NO COMMITMENT		
Company Name:					By Phone	By Mail	<input type="checkbox"/> Yes (Give date)	<input type="checkbox"/> No			
Address:					Date:	Date:	Date:				
Contact Person:					Quote Received		Amount Committed to:				
Phone #:					<input type="checkbox"/> Yes <input type="checkbox"/> No		\$				
MBE Certification #:							Percent of total bid:				
							%				

Section 3 – Form A

**CITY OF PHILADELPHIA
DIVISION OF HOUSING AND COMMUNITY DEVELOPMENT
SECTION 3 CERTIFICATION**

(THIS FORM SHOULD BE SUBMITTED WITH PRE-CONTRACT DOCUMENTS SUCH AS A BID, RFQ, RFQ OR EEO/AA PLAN)

Name of Company: _____

Address: _____

Project Title: PHDC HIP

This is to certify that I have read and understand the Section 3 resident employment and Section 3 resident business utilization requirements that apply to the above cited project, said requirements being known as the Section 3 Clause found in 24 CFR 135, and that neither the project nor the company are under any contractual restrictions or other impediment that would prevent the company from complying with said requirements.

Indicate the efforts that you will make, to the greatest extent feasible, to either train, employ or provide economic opportunities for low- and very low-income persons and toward Section 3 businesses. (Check all that apply.)

I will demonstrate compliance with the requirements of Section 3 by committing (select all that apply):

- 30% of the aggregate number of new hires each year over the duration of this project to Section 3 residents
- at least 10% of the total amount of all construction, rehabilitation or lead abatement subcontracts to businesses that meet the definition of Section 3 business concerns.
- at least 3% of the total amount of all other Section 3 covered contracts.

(Please note that, to the extent feasible, the City of Philadelphia’s Executive Order 2-95, The Neighborhood Benefit Strategy, encourages contractors to establish a goal of employing low- and very low-income neighborhood and area residents as 50 percent of new hires associated with the project and awarding 50 percent of all construction and service contracts to neighborhood and area businesses.)

Signature of Company Officer: _____

Title of Officer: _____

Date: _____

CERTIFICATION

I do hereby declare that I have filed the foregoing Application and do hereby certify that the statements made in the foregoing Application are true and correct to the best of my knowledge, information, and belief. I understand that false statements made herein are subject to the penalties of the Act of December 6, 1972, PLI 1482, No. 334, as amended, 18 PA. C. A 4904, relating to unsworn falsification to authorities.

Signature _____

Print/Type Name _____

Date _____

NOTICE: ANY AND ALL INFORMATION SUBMITTED MAY BE SUBJECT TO DISCLOSURE TO THE PUBLIC UNDER THE PENNSYLVANIA RIGHT TO KNOW LAW AND MAY ALSO BE REQUIRED TO BE DISCLOSED BY APPLICABLE LAW, SUBPOENA, OR COURT ORDER.

INTERNAL USE ONLY

Check for outstanding License & Inspection violations:

No outstanding violations.

Outstanding violations: _____
