

190 Queen Anne Avenue N. P.O. Box 19028 Seattle, Washington 98109-1028

Web site: www.seattlehousing.org

Informal Solicitation No. 816981

Condominium, Homeowner Associations & Other SHA Entities - Audit & Tax Services

<u>Important Information</u>:

- Solicitation Issued: Day / Date: Wednesday / May 3, 2017
- Deadline for Questions: Time / Day / Date: <u>2:00 p.m.</u> / <u>Monday</u> / <u>May 8, 2017</u>
- Proposals Due: Time / Day / Date: 2:00 p.m. / Tuesday / May 23, 2017
- SHA's Contact: Name: **Don Tucker, Sr. Contract Administration**
- E-Mail Address: don.tucker@seattlehousing.org

The Seattle Housing Authority (SHA) as managing partner and/or managing agent for SHA related condominiums, homeowner associations and other entities, requires the services of one or more audit and tax services firms interested in performing the following:

Scope of Work:

The selected Consultant(s) shall provide annual audits and audited annual (calendar year) financial statements as needed for condominiums, homeowner associations and other entities that the SHA is the managing partner and/or managing agent for under this solicitation. This includes any preliminary audit work and audits of the information provided by SHA to sufficiently produce an audit opinion. The audits must be prepared in conformance with Generally Accepted Auditing Standards.

The selected firm(s) shall also prepare Annual Tax Returns based on the audited financial information as conforming to the Internal Revenue Service.

The selected firm(s) must allow for the State Auditor's office and SHA's primary government auditor(s) to review their working papers and must be available for discussions with them, as requested. There shall be no added costs to SHA or the entities being audited for this service.

Any fees resulting from the Consultant's delay in the submittal of the completed required documents to SHA shall be the responsibility of the Consultant.

Each selected firm could be assigned one or more entity for audit, tax and/or other financial related services.

Schedule: All assigned work will be required to meet the following schedule:

Task	Schedule
Prepared by Client list with a timeline for the receipt of the information requested	By Mid-January
Trial Balance to be provided by SHA	By end of third week in January
Draft audited Financial Statements	By February 16 th
Final Financial Statements and Footnotes	By March 16 th
Completed Tax Returns	By March 31 st

<u>Anticipated Contract Duration</u>: SHA expects to execute a Contract for the requested services for the scheduled dates shown above. If necessary, and at SHA's option, time extensions and appropriate scope and compensation adjustments may be made by Change Orders to the Contract.

Estimated Amount: The estimated range of annual cost of these services for each entity assigned to the Contract to be executed based on this solicitation is between \$3,000 and \$10,000 depending on the entity..

Contents Required in Your Proposal: Your Proposal must include:

- A cover letter that includes:
 - a) An expression of your interest in performing the work
 - b) The name, telephone number and e-mail address of who your contact person is for this solicitation
 - c) Signed by a principal or officer of the firm authorized to execute contracts or other similar documents on the firm's behalf
- Your response to each of the Evaluation Criteria noted below
- A list of three references that includes:
 - a) Agency or business name of client
 - b) Contact person at that agency or business
 - c) Address of agency or business
 - d) Telephone number and/or e-mail address for the Contact person

Your proposal shall not exceed 10 single sided or 5 double sided pages. Your cover letter and any forms required to be included with your proposal do not count toward the maximum number of pages.

Attachments to be Included with Your Proposal: The following forms are sent via separate links to this solicitation: You must complete and attach the forms listed below when you submit your proposal:

- Price / Rates Form
- Vendor Fact Sheet
- Section 3 Business Certification and Resident Employment Plan
- Suspension and Debarment Compliance Certificate for Consultant and Sub-Consultants

Evaluation Criteria: SHA will evaluate Proposals received based on the following weighted subjective/technical criteria. Your Proposal should directly address each of the Criteria listed below:

No.	Evaluation Criteria	Maximum Number of Points
1	Firm's (and sub-consultant's, if applicable) qualifications and experience with financial statement audits, tax returns and management advice associated with Tax Credit Limited Partnerships.	40
2	Qualifications and relevant experience of Firm's key personnel (and sub- consultant's key personnel, if applicable) likely to be assigned to any particular work required herein.	40
3	Price / Rates (You must use Attachment 1, Price / Rates Form)	20
	MAXIMUM TOTAL POINTS	100

SHA reserves the right to check references of one or more of the top ranked firms. In conducting reference checks, SHA may include itself as a reference if the Proposer has performed work for SHA, even if the Proposer did not identify SHA as a reference.

In the event that information obtained from the reference checks reveals concerns about the proposer's past performance and their ability to successfully perform the contract to be executed based on this solicitation, SHA may, at its sole discretion, determine that the proposer is not a responsible proposer and may select the next highest-ranked proposer whose reference checks validate the ability of the proposer to successfully perform the contract to be executed based on this solicitation.

<u>Due Date for Questions</u>: Any questions or requests for further information must be directed in writing no later than the date mentioned at the beginning of this solicitation. <u>Questions are to be sent by e-mail</u> to SHA's Contact, also shown at the beginning of this solicitation.

<u>Submittals</u>: Proposal due date is shown at the beginning of this solicitation. You are required to submit by e-mail to SHA's Contact shown at the beginning of this solicitation.

Administrative Information:

- A. <u>About the Seattle Housing Authority (SHA)</u>: Visit SHA's website at www.seattlehousing.org for more information about SHA.
- B. <u>Deadline for Submission of Proposals</u>: Proposers are responsible for ensuring that SHA receives your proposal as indicated herein by the stated deadline. Proposals received after the deadline will not be considered.
- C. <u>Contract Requirements</u>: Proposers may review a sample of SHA's standard contract language that will form the basis for any contract executed based on this solicitation by visiting the following website:

http://www.seattlehousing.org/business/quidelines/pdf/Consultant Professional Services Contract.pdf

SHA's standard contract document is intended to guide you in developing your proposal. The actual contract that the successful Proposer and SHA will sign will be based on this sample contract. Please be advised that SHA will only negotiate some aspects of the contract. Much of the contents of the sample contract are based on non-flexible requirements and cannot be modified in any form.

- D. <u>Certifications and Assurances Form</u>: In the event that the Contract for these services includes any HOPE VI Revitalization grant funds or any Choice Neighborhood Implementation (CNI) grant funds, the Consultant shall obtain and submit to SHA a completed and signed Certifications and Assurances Form (copy attached to this solicitation if applicable) for itself and each sub-consultant utilized on the Contract. Such form shall be submitted to SHA before any work is performed under the terms of the Contract.
- E. <u>Payment Requirements</u>: Proposers should be aware that SHA will only make payments on the Contract issued under this solicitation after the work being billed has been completed, and will pay reimbursable expenses only upon receipt of an invoice for the reimbursable expenses. No advanced payments will be made to the proposer, who must have the capacity to meet all project expenses in advance of payments by SHA.
- F. <u>Insurance Requirements</u>: The individual or business selected by SHA will be required to provide acceptable evidence of insurance prior to beginning work. The following summarizes the required insurance coverage. Additional requirements are detailed in the contract that SHA will execute with the selected individual or business. See Section 10 of the standard consultant contract for a complete listing of SHA's standard insurance provisions.

The following insurance coverage(s) / requirements will be required for this project:

- An ACORD Certificate of Insurance.
- Commercial General Liability: \$1,000,000 each occurrence, \$2,000,000 aggregate
- Additional Insured Endorsement Ongoing Operations naming the Seattle Housing Authority as an additional insured on a primary and non-contributory basis on the Commercial General Liability policy, ISO form CG2010 or equivalent. Blanket additional insured endorsements may be acceptable, but must be approved by SHA's Risk Manager.
- Washington Stop Gap or Employers Liability: \$1,000,000 each occurrence
- Workers Compensation: A policy of Workers Compensation. As respects Workers Compensation insurance in the State of Washington, the Consultant shall secure its liability for industrial injury to its employees in accordance with the provisions of Title 51 of the Revised Code of Washington (RCW). If the Consultant is qualified as a self-insurer in accordance with Chapter 51.14 RCW, the Consultant shall so certify by a letter signed by a corporate officer, indicating that it is a qualified self-insured, and setting forth the limits of any policy of excess insurance covering its employees, or any similar coverage required.
- Automobile Liability: \$1,000,000 combined single limit coverage
- Professional Liability/Errors & Omissions: \$1,000,000 per claim/aggregate
- G. <u>Diversity</u>: SHA strongly encourages small businesses, minority business enterprises (MBEs), women business enterprises (WBEs), HUD Section 3 businesses, socially and

- economically disadvantaged businesses and veteran-owned businesses to submit proposals or to participate in this work as sub-consultants.
- H. Rights Reserved by SHA: SHA reserves the right to waive as an informality any irregularities in submittals/proposals, to reject any or all submittals/proposals, and to cancel this solicitation at any time prior to contract award. SHA also reserves the right to award all or any portion of the work specified in this Informal Solicitation to any proposer(s). Prior to making a selection decision, SHA reserves the right to interview any or all individuals or businesses submitting for this work, and to check references as part of the final evaluation process. Any protest of the selection process shall be resolved in accordance with SHA's Procurement Policies, which may be reviewed at the following website address:

http://www.seattlehousing.org/business/guidelines/pdf/Procurement Policies.pdf

ATTACHMENT 1, PRICE / RATES FORM

Condominium, Homeowner Associations & Other Entities Audit & Tax Services - Solicitation # 816981

In order to have a comparable and justifiable evaluation process of assigning scores for prices and/or rates, you must complete this Price / Rates Form and submit it when you submit your proposal.

For this form, assume you are performing one Audit and Tax Return for a Condo Association.

Audit / Financial Statements

Classification / Title	Task	# of Hours	*Hourly Rate	Task Total	Audit / Financial Statements Total
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
	Reimbursable Costs			\$	
	Audit / Financial Statements Total				\$

Tax Returns

Classification / Title	Task	# of Hours	*Hourly Rate	Task Total	Tax Returns Total
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
	Reimbursable Costs			\$	
	Tax Returns Total				\$

GRAND TOTAL	\$
-------------	----



VENDOR FACT SHEET

Return this Form TO: Seattle Housing Authority, Purchasing Division, ATTN: <u>Don Tucker, Sr. Contract Administrator</u>
190 Queen Anne Ave N, P.O Box 19028, Seattle WA 98109-1028

General Business Informat	tion:						<u>For</u>	SHA Use Only:
Name of Business, Organization, or Name of Person (if payment is to an individual): JDE Vendor No.								
Mailing Address for Payments:								
City:	State:		Zip Cod	le:	E-M	/lail Address:		
Telephone No.:		Fax No.:				DUNS No.:		
Washington UBI No.:		-		iness License N		Washington	Contractor's	s License No.:
President/General Manager:			ucts and/	or services offe	ered:			
Type of Organization (chec			- In time	Comparation		O=::ernment:	1 4 ~ 2 2 2 2 4	Other
Individual Sole Propi		Partner ty No. (if Ind]	Corporation	n	Governmenta	al Agency	Other
, ,		` `						
Substitute IRS Form W-9 C			4 the nii	mhar shawn	on f	his form is I	my correc	4 toyngyor
Under penalties of perjury, I hereby certify that the number shown on this form is my correct taxpayer identification number, and that 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. person (including a U.S. resident alien). Note: The Internal Revenue Service does not require your consent to any provision of this document other than the								
certifications required to avoi	id backı	up withho		ent to any pro	ovisi	on of this do	ocument (
	id backı	up withho		ent to any pro	OVISI	on of this do	ocument (Date
SIGN Signature of U. HERE→ Ownership Status (check a	id backi S. Pers	up withho son apply):	lding.	ent to any pro		acial/Ethni	c Status	_
Certifications required to avoid SIGN Signature of U. S	all that usiness usiness -Owned ness En HUD S	apply): Enterprise Enterprise Business aterprise) Section 3 E	e) Enterprises	se) s and Women's	R	acial/Ethnic Caucasia African A Native Ar Hispanic	c Status an (1) merican (2 merican (3 American cific Ameri	Check one):
Certifications required to avoid SIGN Signature of U. HERE→ Signature of U. When I	all that tusiness usiness -Owned ness En HUD S	apply): Enterprise Enterprise Business Interprise) Section 3 Enterprise ded statemen	e) Enterpris Busines Minority at re: self-	se) s and Women's certification)	R:	acial/Ethnic Caucasia African A Native Ar Hispanic Asian/Pac Hasidic J	c Status an (1) merican (2 merican (3 American cific Ameri lews (6)	Check one): (check one): (2) (4) (4) (can (5)
Certifications required to avoid SIGN Signature of U. S	all that tusiness usiness En HUD S gton States a signer act payr	apply): Enterprise Enterprise Business Interprise) Section 3 E te Office of ed statemen S: As outl ments is the	e) Enterprise Businese Minority at re: self-elined on hrough a	se) se and Women's certification) the reverse san electronic	Ri C	acial/Ethnic Caucasia African A Native Ar Hispanic Asian/Pac Hasidic J of this form, al credit carc	c Status an (1) merican (2) merican (3) American cific Ameri dews (6) for contra	(check one): (check one): (4) (can (5) cts over one million y SHA's e-payables
Certifications required to avoid SIGN Signature of U.	all that tusiness usiness En HUD S gton States a signer act payress SHA	apply): Enterprise Enterprise Business Interprise) Section 3 Enterprise) ded statemen S: As outlinents is the Agrants a	e) Enterprise Businese Minority at re: self-elined on hrough a	se) se and Women's certification) the reverse san electronic	Ri C	acial/Ethnic Caucasia African A Native Ar Hispanic Asian/Pac Hasidic J of this form, al credit carc	c Status an (1) merican (2) merican (3) American cific Ameri dews (6) for contra	Cts over one million y SHA's e-payables
Certifications required to avoid SIGN Signature of U.	all that tusiness usiness En HUD S gton States a signer act payress SHA	apply): Enterprise Enterprise Business Interprise) Section 3 Enterprise) ded statemen S: As outlinents is the Agrants a	e) Enterprise Businese Minority at re: self-elined on hrough a	se) se and Women's certification) the reverse san electronic	Ri C	acial/Ethnic Caucasia African A Native Ar Hispanic Asian/Pac Hasidic J of this form, al credit carc	c Status an (1) merican (2) merican (3) American cific Ameri lews (6) for contra d issued by	(check one): (check one): (4) (can (5) cts over one million y SHA's e-payables
SIGN HERE→ Signature of U. Signature of U. Signature of U. Signature of U. Where is a signature of U. Signature of Authorized Representation of U. Signature of Authorized Representation of U. Where is a signature of Authorized Representation of U. Signature of Authorized Representation of U. Where is a signature of Authorized Representation of U. Signature of Authorized Representation of U. Where is a signature of U. Signature of U. Where is a signature of U.	all that tusiness usiness -Owned ness En HUD S gton States a signer act payress SHA ative of Venter in interest or other et Instruction ply wopplying of	apply): Enterprise Enterprise Business Interprise) Section 3 Enterprise) Section 3 Enterprise) ded statements A grants a Yendor: dor hereby to the besist in the Votransaction ctions, or; with SHA's goods and/	e) Enterprise Businese Minority Int re: self- lined on hrough a waiver, represe st of its l endor's n, pursua General /or service	se) send Women's certification) the reverse send electronic vendors will in the vendors will in the certification will in the certification of the certifi	Ra Condi	acial/Ethnic Caucasia African A Native Ar Hispanic Asian/Pac Hasidic J of this form, al credit carc ive an enrollr elief, neither to participate ation of Eligib itions applica	c Status an (1) american (2 merican (3 American cific Ameri dews (6) for contra d issued by ment form it, nor any e in a SHA oility provi	(check one): (check one): (d) (d) (can (5) cts over one million y SHA's e-payables from SHA following Date: (person/principal or contract, purchase sion specified in the chase Orders, if the

Vendor Fact Sheet Instructions

Thank you for your interest in doing business with the Seattle Housing Authority (SHA). We look forward to doing business with you. If you have any questions about completion of the Vendor Fact Sheet, please call us at (206) 615-3379.

In order for SHA to make payments to you or to procure goods or services from you, we need the information requested on the Vendor Fact Sheet, which also serves as a substitute IRS W-9 Form. The information about you will be entered into our computerized payment system and will allow us to make required reports to the Federal government about our business and payment transactions.

<u>Substitute IRS Form W-9 Certification:</u> In completing the Vendor Fact Sheet, you must sign the "Substitute IRS Form W-9 Certification" or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct taxpayer identification number to SHA, you must cross out the portion of the certification after the word "<u>and</u>" in line two, through the end of line five, before signing the form. Detailed instructions about IRS Form W-9 are included on the form, which may be obtained by calling our office at (206) 615-3379 or visiting the IRS web site at www.irs.gov.

Certification of Eligibility: In order to do business with SHA, the Vendor must be eligible to:

- 1) Be awarded contracts by any agency of the U.S. Government, HUD, or the State in which this Contract work is to be performed; or,
- 2) Participate in HUD programs pursuant to 24 CFR Part 24.

The websites to verify eligibility of the firm and its principals are: https://www.sam.gov/portal/public/SAM/ and https:

<u>Contract Payments:</u> Unless SHA grants a waiver, its method of contract payment for contracts of one million or more is through its Bank of America epayables program. Payments will be made electronically through a virtual Visa credit card. Benefits for using this method include reduced labor costs associated with the processing of checks and enhancing cash flow by eliminating float time associated with the mailing of checks. To learn more about the program, please click here or copy and paste the following URL into your browser: www.bankofamerica.com/epayablesvendors. For new vendors, SHA will automatically send an enrollment form upon contract award. If you have questions about the program, please contact Brenda Mix, SHA's Accounts Payable Manager, at 206-615-3421 or bmix@seattlehousing.org.

<u>Small Businesses:</u> The Vendor Fact Sheet also requests information about whether your business is owned and controlled by women or minorities, and/or is a small business. The following are definitions of these terms for your use. This information provides valuable information to SHA in its efforts to ensure its contracting program meets its diversity objectives and requirements.

- <u>WMBE:</u> Minority and women-owned business enterprises must either be self-identified or certified by, the Washington State Office of Women's and Minority Business Enterprises (OMWBE) to be at least fifty-one percent owned by women and/or minority group members.
- <u>Small Business:</u> A small business means a business concern, including its affiliates, that is
 independently owned and operated, not an affiliate or subsidiary of a business dominant in its field of
 operation, and qualified as a small business under the criteria and size standards in 13 CFR 121.
 Furthermore, a business is considered small according to the Small Business Administration's
 established guidelines provided to such businesses.
- <u>HUD Section 3 Business:</u> A business that is owned 51% or more by a Section 3 qualified person, or where 30% or more of the permanent, full-time employees of the business are Section 3 qualified persons, or where the business can provide evidence of a commitment to subcontract in excess of 25% of the amount of all subcontracts to other Section 3 certified businesses. A Section 3 qualified person must live in the metropolitan statistical areas identified on SHA's Section 3 form and whose income level meets or falls below the stated income limits.

Seattle Housing Authority

Section 3 Business Certification

The work to be performed under this contract is subject to the requirements of Section 3 of the Housing and Urban Development Act of 1968, as amended, 12 U.S.C. 1701u (Section 3). The purpose of Section 3 is to ensure that employment and other economic opportunities generated by HUD assistance or HUD-assisted projects covered by Section 3, shall, to the greatest extent feasible, be directed low-and very low-income persons, particularly persons who are recipients of HUD assistance for housing.

For more information regarding the Section 3 requirements for Consulting Contracts and to view the full contract provisions, see Section 7 of the standard contact at:

http://seattlehousing.org/business/guidelines/pdf/Consultant professional services contract.pdf

<u>Section 3 Business Criteria:</u> Your business is eligible for Section 3 Certification if it meets any one of the following criteria. If your business meets one or more of these criteria, please circle the applicable criteria.

- 1. Fifty-one percent or more of your business is owned and managed by a Section 3 qualified person or persons. (See qualification guidelines below) A completed and signed Individual Certification form for each Section 3 qualified person or persons is required to be submitted.
- 2. Thirty percent or more of your permanent, full time employees are Section 3 qualified persons. (When seeking certification under this criteria, please submit a listing of all current, permanent, full-time employees, as well as a completed and signed Individual Certification form for each Section 3 qualified employee.)
- You can provide evidence of a commitment to subcontract in excess of 25 percent of the amount of all subcontracts to Section 3 certified businesses. (When seeking certification under these criteria, please consult with the Section 3 Coordinator regarding the documentation to be submitted.)

Section 3 Person Criteria: A Section 3 qualified person must:

- 1) Be a City of Seattle Housing Authority public housing resident; or
- 2) Live in the metropolitan statistical area (MSA) covering King, Snohomish, and Pierce counties, and,
- 3) Earn no more than the following amounts for the respective MSA area:

Region/Area	1 Person	2	3	4	5	6	7	8
Region/Area	11613011	Persons						
King and Snohomish Counties	\$ 48,550	\$55,450	\$ 62,400	\$ 69,300	\$ 74,850	\$ 80,400	\$ 85,950	\$ 91,500
Pierce County	\$ 40,500	\$ 46,300	\$ 52,100	\$ 57,850	\$ 62,500	\$ 67,150	\$71,750	\$ 76,400

<u> </u>	tion 3 Statement: Please check the appropriate box below.
	My business is eligible to be certified as a Section 3 business in accordance with the criteria circled above under Section 3 Business Criteria.
	My business is not a Section 3 business.

Signature:		Date Signed:
N. T.		
Name:	Title:	
Company Name:		
Address:		
Telephone Number:		
Note: If you certify above that your busines documentation and additional information as ma business qualifies as a Section 3 business.		-
Section 3 Resident	<u>t Employment Plan</u>	
Section 3 of the Housing and Urban Developme SHA, to the greatest extent feasible, to proresidents." Section 3 residents include resident residents of the metropolitan statistical area (her Pierce counties. SHA residents, preferably residence to be done, are favored over other low-income residence.	vide employment opportunit nts of SHA communities and reinafter "MSA") covering King ents of the SHA community in	ies to "Śection 3 other low income g, Snohomish, and
Firms are required to include this Section 3 Re their submittal showing, if applicable, the hirin contemplated by the submittal.		
In order to fulfill its Section 3 obligations, the Corat various SHA communities including, but a Employment Opportunities Center. The plan Consultant expects will be created and what min order to perform the positions. The plan, if apstrategy for recruiting SHA residents for the consultation with SHA's Section 3 Coordinator.	not limited to, Neighborhood should specify the number nimum qualifications and skills oplicable, should also addres	d House and the r of positions the will be required in s the Consultant's
1. How many new positions do you expect this o	contract will require you to cre	ate?
2. Describe each position and provide the name taking applications for each such position.	and provide the location of th	ne person(s)
3. What minimum skills will be required for each	position?	

4. Please describe any training opportunities which the contra agreements concerning training you have.	ict may create and any
5. How will you advertise these positions to SHA residents?	

If you have any questions about this form, please call Samuel Pierce, SHA's Section 3 Coordinator, at (206) 913-9227.

SEATTLE HOUSING AUTHORITY

SUSPENSION AND DEBARMENT COMPLIANCE CERTIFICATE FOR CONSULTANT

By signing below, the Consultant certifies that to the best of its knowledge and belief neither its firm nor any of its principals as named below are presently debarred, suspended, or have been declared ineligible or are excluded from participation in this transaction by any federal, state or local government.

Co	nsultant's Firm Name:	
	dress: y, State, Zip:	
	PRINCIPAL(S) Name(s)	Title(s)
1		
2		
3		
4		
5		

Consultant's Signature	Printed Name	Title	Date

<u>NOTE:</u> This requirement applies to the Consultant's firm as well as its principals. Principal is defined in the regulation (2 CFR 180.995) as follows:

- 1) An officer, director, owner, partner, principal investigator, or other person within a participant with management or supervisory responsibilities related to a covered transaction; or
- 2) A consultant or other person, whether or not employed by the participant or paid with Federal funds, who
 - a) Is in a position to handle Federal funds;
 - b) Is in a position to influence or control the use of those funds; or,
 - c) Occupies a technical or professional position capable of substantially influencing the development or outcome of an activity require to perform the covered transaction.

The federal websites to verify eligibility include: https://www.sam.gov/portal/public/SAM/ and https://www.sam.gov/porta

SEATTLE HOUSING AUTHORITY

SUSPENSION AND DEBARMENT COMPLIANCE CERTIFICATE FOR SUBCONSULTANTS

The Prime Consultant may use this form if the Prime can verify that their Subconsultants named below, nor any of their principals are debarred, suspended or ineligible from involvement by Federal, State or Local Government. If the Prime is unable to verify this information, the Prime must send the previous SUSPENSION AND DEBARMENT COMPLIANCE CERTIFICATE FOR CONSULTANT form to each subconsultant to be completed and returned.

Prime Consultant's Name: ______ certifies that neither any of the subconsultant firms named below, nor any of its principals are debarred, suspended or ineligible from involvement by Federal, State or Local Government. I understand that the Seattle Housing Authority (SHA) relies on this certification and I understand that I am obligated to submit the following to SHA:

- A certification for any new subconsultant hired after submission of this certification.
- A renewal certification for every subconsultant on the anniversary of the Contract execution date if the Contract Time extends beyond one year.

(**Note:** In lieu of this certification, the Prime Consultant may elect to submit a separate certification signed by each subconsultant firm to SHA as evidence of subconsultant eligibility. It is the Prime Consultant's responsibility to initiate, obtain, and provide all such individual subconsultant certifications to SHA.)

Prime Consultant's Signature	Printed Name	Title	Date

Subconsultant Firm Listing: (If subconsultants are not involved in the project, please enter NONE.)

If additional pages are necessary, copy this form to ensure signed statement precedes any listing of subconsultants.

Please contact Don Tucker, Sr. Contract Administrator at 206-615-3475 or by e-mail at don.tucker@seattlehousing.org if you have any questions regarding compliance with this requirement