

**REQUEST FOR QUALIFICATIONS  
FOR COUNTY-WIDE  
HOUSING REHABILITATION PROGRAM  
QUALIFIED CONTRACTOR LIST**

The Worcester County Commissioners are requesting qualifications from licensed contractors to establish a list that will be used for bidding on Requests for Proposals associated with the rehabilitation or renovation of dwellings funded under the Community Development Block Grant and managed by the Worcester County Housing Rehabilitation Program. This program provides grant and loan funding to owner-occupied properties for general rehabilitation, septic and well installation, HVAC, and lead abatement services.

The following Maryland licensed contractors are requested:

General rehabilitation – MHIC  
Lead Abatement – MDE  
HVAC Installers  
Septic Installers  
Well Installers

Bidders may quote to fulfill any of the listed functions with the appropriate license. Worcester County's review process, selection criteria, and award and proposal format guidelines are also described in this Request for Qualifications (RFQ).

Proposal submission deadline is **Monday, February 2, 2026**. The County's Housing Program Coordinator and the Worcester County Commissioners will review Proposals. Two (2) copies of the Proposal must be received in the Worcester County Commissioners Office at the address shown below no later than **1:00 p.m. on Monday, February 2, 2026**. Envelopes shall be marked "County-Wide Housing Rehabilitation Program Qualified Contractor List" in the lower left-hand corner. Handwritten, email and facsimile transmissions, as well as proposals received after the deadline, will not be considered.

Address all submissions to:

Worcester County Commissioners Office  
Worcester County Government Center  
One W. Market Street, Room 1103  
Snow Hill, MD 21863

## BACKGROUND

The Worcester County Housing Rehabilitation Program was created in 1987 to provide low to moderate income homeowners with the means to rehabilitate their substandard housing structures throughout the County. The Program is designed to give priority consideration to disabled, extremely low income and/or over age 62 County residents as well as to those structures posing health or safety hazards. The Housing Rehabilitation Program is primarily funded by Community Development Block Grant monies, the State Special Loans Program.

## DUTIES AND STANDARDS

- 1) The Contractor shall coordinate all work in progress with the homeowner so as not to severely disrupt living conditions. Inside work which is disruptive, or displaces the use of the kitchen, bathroom, or bedrooms, shall be pursued continuously on normal working days.
- 2) The Contractor shall be responsible for removing and replacing furniture and other articles, to and from other storage areas on premises, as needed to allow work space or to protect such possessions. Provide plastic film protection over all furniture (if not removed), carpets, finished floors, etc. – also install film at doorways as required.
- 3) The Contractor shall remove all excess material, construction debris, and other existing debris and material specified herein, to an approved dumpsite off premises. Work area shall be broom swept at the end of each work day.
- 4) The Contractor shall contact the Program Inspector or Program Administrator for direction in the event that coordination or clarification problems arise with the homeowner or other contractors.
- 5) The Contractor shall coordinate closely with the homeowner as to which possessions are considered “junk and debris” and which are valuable before hauling anything away.
- 6) The Contractor shall leave all work areas on the premises in a neat and clean condition, and shall instruct the homeowner in the care and use of all installed equipment and appliances. Owner’s manuals and warranty booklets are to be provided to the homeowner for all applicable equipment, appliances, and materials.
- 7) The Contractor shall not undertake or engage in any additional work intended to be billed to the Program as an “extra” or as additional cost to the original contract without a written change order signed by the Program Inspector, Program Administrator, and homeowner. A written change order as outlined above is also required for substitutions or additions to the original scope of work not involving additional costs.
- 8) The Contractor shall obtain and pay for all building, plumbing, electrical, well, septic and other permits required for specified work.
- 9) The Contractor shall call for all inspections required by County law as well as inspections to receive draw payments and any special inspections required by the Program Inspector. All work shall conform to code.

10) All of the above general conditions shall be adhered to unless otherwise specifically described in the following scope of work.

## CONTRACTOR PROFILE FORMAT

The Contractor Profile shall consist of two separate parts comprised of a Qualification Form and Conflict of Interest Disclosure.

The Qualification Form shall be submitted with the following documents attached.

1. Copy of license for area of expertise
2. MD Letter of Good standing
3. Proof of liability insurance
4. A list of all services available on company letter head

The Contractor may also include any other information he or she considers relevant to the request of qualifications; of especial interest is any past experience with Municipal, County, State or Federal housing rehabilitation programs and/or an example of a work write-up written by the bidder.

## SELECTION CRITERIA AND AWARD

### Basis of Award

The County Housing Program Coordinator and the Worcester County Commissioners will review proposals. The award of any contract as a result of this request will be based on an assessment of each proposal against three evaluation factors: 1) Experience and Credentials 2) Completion Times 3) Price.

### Source Selection Evaluation Priority

Worcester County will select the best offer based on Experience and Credentials, Completion Times and Price. These three factors are of equal importance.

### Award Without Discussions

The Worcester County Commissioners intend to evaluate proposals and award a contract without discussion with bidders. Therefore, the bidder's initial offer should contain the best terms from a price and completion time standpoint. However, the Worcester County Commissioners reserve the right to conduct discussions if during the review process this is deemed to be necessary.

### Evaluation Factors

The proposals will be evaluated by evaluation of three factors: Past Performance, Completion Time, and Price.

Experience and Credentials: Experience and Credentials will be evaluated as a measure of Worcester County's confidence in the ability to successfully perform the inspector function based on comparable inspection and work write-up experience as well as any industry certifications or qualifications. To achieve this level of confidence, the County may employ the following approaches including: 1) Reviewing the past experience listed in the proposal 2) Seeking additional performance information; to include requests for sample rehabilitation work write-ups 3) using data obtained from other relevant sources.

Completion Times: The satisfaction of this factor will be based upon the bidder's ability to provide initial inspections and final work write-ups in a timely manner. Completion time is defined to be an estimate of time lapse between service request by County and delivery of requested service.

Price: Price will be assessed with regard to affordability, fairness and reasonableness.

**WORCESTER COUNTY HOUSING REHABILITATION PROGRAM  
CONTRACTOR QUALIFICATION FORM**

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Federal I.D. or S.S. # \_\_\_\_\_

Insurance Company, Agent, & Coverages: \_\_\_\_\_

\_\_\_\_\_

List of Company Officers: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List of Licenses Currently Held:

\_\_\_\_\_

MHIC Number Exp. Date

\_\_\_\_\_

MBR Number Exp. Date

\_\_\_\_\_

MDE Lead Cert. Exp. Date

\_\_\_\_\_

EPA Lead Cert. Exp. Date

\_\_\_\_\_

HVACR License Number Exp. Date

\_\_\_\_\_

Well Driller License Number Exp. Date

\_\_\_\_\_

Septic Installer License Number Exp. Date

Trade References (2) \_\_\_\_\_

Name Phone

\_\_\_\_\_

Name Phone

Client References (2) \_\_\_\_\_

Name Phone

\_\_\_\_\_

Name Phone

Is contractor in a State of Bankruptcy? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is contractor on HUD's debarred list? \_\_\_\_\_ Yes \_\_\_\_\_ No

Is contractor any of the following? (not required to qualify)

\_\_\_\_\_ Minority Business Enterprise

\_\_\_\_\_ Women's Business Enterprise

\_\_\_\_\_ Disadvantaged Business Enterprise

\_\_\_\_\_ Section 3 Employer

## Contractor Conflict of Interest Disclosure

All businesses submitting bids for projects and activities which include funding through the Maryland Community Development Block Grant Program must disclose any potential conflict of interest. A conflict of interest may occur if the business owner/principals are related to or have a business relationship with an employee, officer or elected official of **Worcester County**. If it is determined there is a conflict of interest or potential conflict of interest, you may not be selected even if your bid is determined to be the lowest, most qualified. The **County** can request for the State of Maryland CDBG Program to review and make a determination which could result in a waiver allowing for approval.

1. Are owner(s)/principal(s) ever been an employee, agent, consultant, officer, elected official or appointed official of \_\_\_\_\_? ☐ Yes ☐ No  
If yes, please identify: \_\_\_\_\_
2. Are owner(s)/principal(s) related (including through marriage or domestic partnership) to an employee, agent, consultant, officer, elected or appointed official of \_\_\_\_\_? ☐ Yes ☐ No If yes, please identify: \_\_\_\_\_
3. Do owner(s)/principal(s) have a business or professional relationship with anyone identified under Question #1? ☐ Yes ☐ No  
If yes, please identify: \_\_\_\_\_

I/We certify that the above information is true and correct. I/We understand that providing false statements or information is grounds for termination of assistance and is punishable under federal law.

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Print)

Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Name: \_\_\_\_\_ (Print)

*\*For all non-construction contracts and for single family housing rehabilitation only  
9/2017*

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### For Grantee Use Only:

|   |  |   |
|---|--|---|
| <b>CDBG Grant Number:</b>   |  | <b>Date Received:</b>                                       |
| <input type="checkbox"/> <b>Conflict of Interest does not exist</b> |  | <input type="checkbox"/> <b>Conflict of Interest exists</b> |
| <b>Date Sent to State:</b>  | <input type="checkbox"/> <b>Waiver Granted</b> | <input type="checkbox"/> <b>Waiver Denied</b>               |