



Consultant Application

This application is submitted in response to TDA Consulting, Inc.'s request for qualifications for technical assistance services. Please read the instructions carefully, complete all requested information, and have an authorized representative sign the application. Incomplete applications will not be processed.

Part 1 – Organizational Information

Contact Information

Consultant:

Type of Entity
(mark one):

<input type="checkbox"/>	Sole Proprietor	<input type="checkbox"/>	Corporation
<input type="checkbox"/>	LLC	<input type="checkbox"/>	Other: _____

Tax ID Number: _____

DUNS Number: _____

Contact Person: _____

Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Facsimile: _____

Email: _____

Has the organization or does the organization intend to apply directly to HUD for technical assistance funds?

☐ Yes ☐ No

If yes, please explain below:

Has the organization or does the organization intend to apply as a subcontractor to another HUD technical assistance provider?

☐ Yes ☐ No

If yes, please list below the other provider(s):

Did a current TDA employee or subcontractor recommend that you apply to be a subcontractor with TDA?

☐ Yes ☐ No

If yes, please list below the employee(s) and/or subcontractor(s):

Organizational Biography

In the box below, provide a brief narrative that includes a general description of your organization and its experience and qualifications the areas of affordable housing, community development, economic development, homelessness, organizational development, training and technical assistance, and/or related topics. If available, include a corporate resume or brochure as Attachment A.

Part 2 –Billing Rate Information

Proposed Rate Schedule

For each person who would be providing technical assistance services, provide their name, labor category from the provided list of HUD-approved labor categories, their designation as an employee of the consultant or a subcontractor, email address, and the “fully loaded” hourly billing rate. The fully loaded rate should include direct labor costs and all applicable indirect labor costs (such as fringe benefits, overhead, and G&A) but not travel, which is paid separately at the government rate. The fully loaded rate may not include a fee or profit and must be consistent with rates charged to other government and non-government clients for comparable work. Attach additional sheets if necessary.

Consultant: _____

Status (mark one): ☐ Our organization is federally audited and has federally negotiated indirect cost rates. The listed rates are determined by labor category.

☐ Our organization is not federally audited and does not have federally negotiated indirect cost rates. The listed rates are determined by individual.

Name: _____
Labor Category: _____ ☐ Staff ☐ Subcontractor
Email: _____
Fully Loaded Rate: 2022

Name: _____
Labor Category: _____ ☐ Staff ☐ Subcontractor
Email: _____
Fully Loaded Rate: 2022

Name: _____
Labor Category: _____ ☐ Staff ☐ Subcontractor
Email: _____
Fully Loaded Rate: 2022

Name: _____
Labor Category: _____ ☐ Staff ☐ Subcontractor
Email: _____
Fully Loaded Rate: 2022

Name: _____
Labor Category: _____ ☐ Staff ☐ Subcontractor
Email: _____
Fully Loaded Rate: 2022

Recent Rate History

As documented in federal cost principles, it is discriminatory against the government if compensation costs are more than those being paid for similar non-government work under comparable circumstances. As such, TDA is required by HUD to “obtain evidence that its subcontractors and consultants have a recent history and pattern of actually having been paid at the proposed rate (excluding fee or profit) by their clients (including for-profit organizations, nonprofit organizations, and governments) and that these rates are consistent with the best (lowest) customary rates that were negotiated by their clients.” To comply with this requirement, provide the following information on the lowest rates charged during the previous 12 months. Provide at least three examples including at least one for each person listed above that would be providing technical assistance services. Attach additional sheets if necessary.

Name of Client: _____
Contact Person: _____
Title: _____ Telephone Number: _____
Consultant Staff: _____
Performance Period: _____ Fully Loaded Rate: _____

Name of Client: _____
Contact Person: _____
Title: _____ Telephone Number: _____
Consultant Staff: _____
Performance Period: _____ Fully Loaded Rate: _____

Name of Client: _____
Contact Person: _____
Title: _____ Telephone Number: _____
Consultant Staff: _____
Performance Period: _____ Fully Loaded Rate: _____

Name of Client: _____
Contact Person: _____
Title: _____ Telephone Number: _____
Consultant Staff: _____
Performance Period: _____ Fully Loaded Rate: _____

Name of Client: _____
Contact Person: _____
Title: _____ Telephone Number: _____
Consultant Staff: _____
Performance Period: _____ Fully Loaded Rate: _____

Part 3 – Personnel Information

Resumes

For each person who would be providing technical assistance services, include a resume as Attachment B. Resumes should highlight work relevant to the scope of work described in TDA's RFQ. Include a summary paragraph at the beginning of each resume that reflects the individual's experience as a technical assistance provider. The paragraph should include information sufficient for readers to gain a broad sense of the person's skills, experience, and knowledge. Please be sure to state the number of years of experience in housing and community development, experience providing technical assistance services, and whether the person has passed the HOME Certified Specialist – Regulations exam.

HOME Certifications

For each person who has passed one or more of HUD's HOME Certified Specialist exams, include a copy of the certificate(s) as Attachment C. The documentation for the HOME Certified Specialist – Regulations must show the score achieved.

Part 4 – Geographic Information

Place an “X” next to each HUD office indicating your organization has worked with that HUD Office and/or you have other experience working in that particular state/area. Also indicate those states/areas in which you are willing to work.

HUD Office	State/Area	Experience with HUD Office	Other Experience in State/Area	Willing to Work in State/Area
Birmingham Field Office	AL			
Anchorage Field Office	AK			
Little Rock Field Office	AR			
San Francisco Regional Office	Northern CA, AZ, NV			
Los Angeles Field Office	Southern CA			
San Juan (Caribbean) Field Office	PR			
Denver Regional Office	CO, MT, ND, SD, UT, WY			
Hartford Field Office	CT			
Washington, DC Field Office	DC			
Miami Field Office	Southern FL			
Jacksonville Field Office	Northern FL			
Atlanta Regional Office	GA			
Honolulu Field Office	HI			
Chicago Regional Office	IL			
Indianapolis Field Office	IN			
Kansas City Regional Office	KS, Western MO			
St. Louis Field Office	Eastern MO			
Louisville Field Office	KY			
New Orleans Field Office	LA			
Baltimore Field Office	MD			
Boston Regional Office	MA, ME, NH, RI, VT			
Detroit Field Office	MI			
Minneapolis Field Office	MN			
Jackson Field Office	MS			
Omaha Field Office	NE, IA			
Newark Field Office	NJ			
Albuquerque Field Office	NM			
Buffalo Field Office	Upstate NY			
New York Regional Office	Downstate NY			
Greensboro Field Office	NC			
Columbus Field Office	OH			

HUD Office	State/Area	Experience with HUD Office	Other Experience in State/Area	Willing to Work in State/Area
Oklahoma City Field Office	OK			
Portland Field Office	OR ID			
Philadelphia Regional Office	Eastern PA, DE			
Pittsburgh Field Office	Western PA, VA			
Columbia Field Office	SC			
Knoxville Field Office	TN			
Fort Worth Regional Office	Northern TX			
San Antonio Field Office	Southern TX			
Houston Field Office	Eastern TX			
Richmond Field Office	VA			
Seattle Regional Office	WA			
Milwaukee Field Office	WI			

Part 5 – Certifications

The undersigned hereby certifies that he/she is the duly authorized representative and has the authority to submit this application on behalf of the consultant. The undersigned further certifies that the information included in this application and in any attachments in support hereof is true, correct, and complete to the best of his/her knowledge and belief. The undersigned authorizes TDA to contact the clients referenced herein to obtain performance information for the purpose of evaluating this application.

IN WITNESS WHEREOF, the consultant has caused this document to be duly executed in its name on this _____ day of _____, 2022.

Consultant: _____

Signature: _____

Name: _____

Title: _____

Attachments

Attachment A: Corporate Resume or Brochure

Attachment B: Personnel Resumes

Attachment C: HOME Certifications

Attachment D: Signed Master Consultant Agreement

Attachment E: Proof of Insurance as required by Section 21 of the Master Consultant Agreement

Attachment F: Completed Form W-9