



45+ Years Proudly Serving Flathead, Lincoln, Lake and Sanders Counties.

April 21, 2025

Dear Vendor,

Community Action Partnership of NW MT (CAPNM) is seeking Requests for Proposal for planting grass seed at the apartment complex currently under construction at **400 Commerce Way, Libby Montana**. CAPNM has been providing anti-poverty services in Flathead, Lake, Lincoln and Sanders Counties since 1976. In depth information can be found at www.capnm.net.

Closing submission for the proposal is Wednesday May 7 at 5:00 pm. Any RFP received at the designated location after the required time and date specified for receipt shall be considered late, non-responsive and will not be evaluated for award. RFP may be submitted electronically via email, via mail or dropped off at the CAPNM office.

Name	Cassidy Kipp, Director of Project Development, CAPNM
Address	Mailing - PO Box 88, Kalispell, MT 59904 Physical – 1820 Highway 93 S
Phone	406-752-6565
Email	ckipp@capnwm.org (email is best method to submit questions regarding process)

All proposals will be reviewed for complete information. Efforts will be made by Community Action Partnership of NW MT to utilize small businesses, women owned enterprises and minority-owned businesses in accordance with **2 CFR § 200.321**. An Offeror qualifies as a small business firm, if it meets the definition of "small business" as established by the Small Business Administration (13 CFR 121.201).

Enclosed please find the request for proposal which outlines a clear and accurate description of the services being solicited, as well as requirements of the bidder. A copy of the evaluation criterion is also enclosed.

Please feel free to reach out with any questions or concerns.

Thank you,

Cassidy Kipp

Cassidy Kipp

Enc: RFP summary, evaluation criterion

Main Office Location
1820 US 93 S
Kalispell, MT 59901

Main Mailing Address
PO Box 88
Kalispell, MT 59903
Phone: 406-752-6565
Fax: 406-205-7971

Lincoln County Office
933 Farm to Market Rd.
Suite B
Libby, MT 59923
Phone: 406-293-2712
Fax: 406-299-9072

info@capnwm.org

www.capnm.net



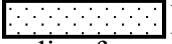
HRDC District 10



learningtree@capnwm.org

SPECIFICATIONS/ SCOPE OF WORK:

The following items will be needed to complete this task:

- 1) Cost to plant grass seed in the areas surrounding apartment duplex units, community room and paved areas. (Area to be seeded is identified by polka-dots on Attachment: A )
- 2) Timeline for completion. Preference if completed prior to 07/15/25.

Email inquiries regarding the scope of work to ckipp@capnwmmt.org

All proposals and quotes must include:

LIST ALL ITEMS THAT WILL BE SCORED ON THE EVALUATION CRITERIA ATTACHMENT B.

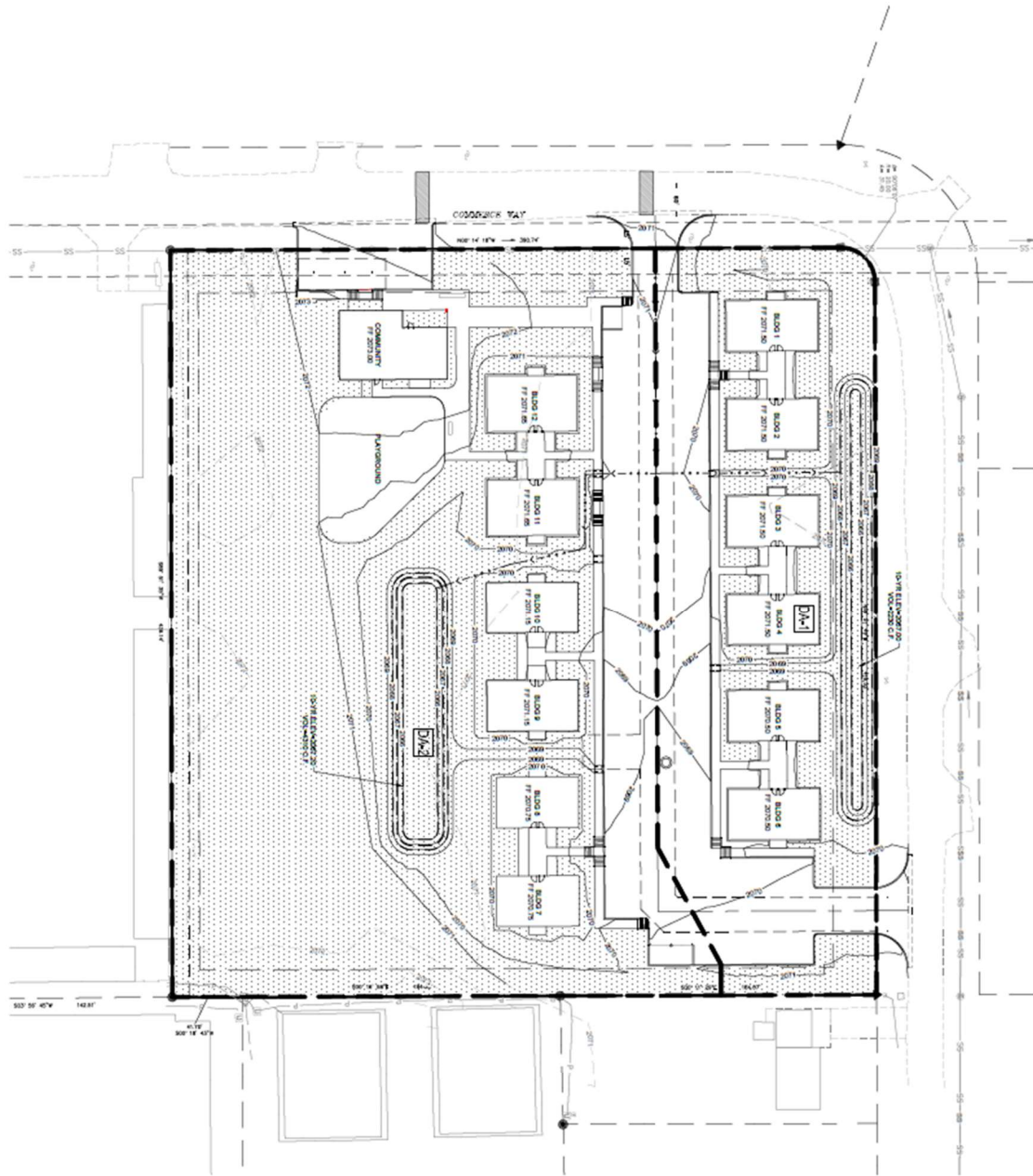
Please provide documentation if your business is a small and minority businesses or a women's business enterprises as referenced in 2 CRF 200.321. (<https://www.govinfo.gov/app/details/CFR-2014-title2-vol1/CFR-2014-title2-vol1-part200>)

When applicable, all contractors performing tasks or services for the agency must submit proof of the following to meet qualification criteria:

- Certificate of general liability insurance with limits of at least \$1,000,000 and \$2,000,000 in aggregate.
- Certificate of auto liability insurance with split limits of \$1,000,000 per person and \$2,000,000 per accident (personal injury) and \$100,000 per accident (property damage) OR combined single limits of \$1,000,000 per occurrence.
- Proof of Workers' Compensation Insurance OR proof of Exemption from Workers' Compensation Insurance.
- Copy of required licenses, permits, or contractor's registration, if applicable.
- IRS form W-9 showing federal identification number
- CAPNM listed as additional insured on general liability coverage.

No bid will be considered without the required documents. The agency has the right to accept or reject all bids.

Attachment A:



LEGEND

- > DRAINAGE FLOW PATH
- DRAINAGE AREA BOUNDARY
- DRAINAGE AREA LABEL
- DRAINAGE AREA LABEL
- POINT OF ANALYSIS



Attachment B:

400 Commerce Way Seed

SELECTION PROCESS – EVALUATION SCORING SHEET

PROPOSER NAME: _____

REVIEWER: _____

Evaluation

Evaluation criteria was provided to offerors in the scope of work/ services. Evaluation of each proposal will be based on the following criteria:

Factors

	<u>Point Range</u>	<u>Awarded</u>
1. Did vendor submit proposal for items or services requested?		
a. Yes	4	___
b. <u>No</u>	3	___
2. Non-profit discount	2	___
3. Price		
a. below \$25,000	2	___
b. Above \$25,000	1	___
4. Ability to complete project by July 15, 2025		
a. Yes	2	___
b. No	1	___
5. Over all reviews of product or proposal	1 - 9	___
6. Women or minority owned business	2	___
MAXIMUM POINTS (21)		___

DISCUSSION/COMMENTS:
