

TE-MOAK TRIBE OF WESTERN SHOSHONE HOUSING AUTHORITY

REQUEST FOR PROPOSALS **ACCOUNTING SERVICES**

The Te-Moak Tribe of Western Shoshone Housing Authority (TMHA) invites Indian and non-Indian Certified Public Accountants and individuals to submit a proposal to provide monthly accounting services. The accounting services must be performed in accordance with Generally Accepted Accounting Principles (GAAP) including all related Federal, Tribal, and State regulatory (2 CFR 200) and statutory requirements.

Each applicant must submit sufficient documentation to demonstrate to the satisfaction of the TMHA, that the applicant and its staff have the experience, professional qualifications, and technical abilities to perform the services required in this request for proposals (RFP).

The scope of the accounting services is not limited to but covers the Indian Housing Block Grants Native American Housing and Self Determination Act (IHBG-NAHASDA) and related programs and services that TMHA administers as the recipient for the Te-Moak Tribe of Western Shoshone Indians of Nevada.

Work Description:

1. Monthly general ledger review, maintenance, and account analysis.
2. Monthly bank reconciliations.
3. Monthly reconciliation of the Tenant Account Receivables.
4. Assist with maintaining the tenants accounts and rent rolls.
5. Monthly review and reconciliation of interest, income distribution and inter-fund account.
6. Prepare monthly financial statements.
7. Prepare quarterly Federal Form 941 and State of Nevada Unemployment report.
8. Prepare and submit annual Federal Form W-2 and 1099-NEC.
9. Review and reconcile annually the list of assets and depreciation.
10. Review and reconcile annually the list of Homebuyer units still in stock.
11. Assist with calculating the program income on an annual basis.
12. Assist in preparing year-end closing entries.
13. Assist in preparing the year-end compiled financial statements with Management's Discussion and Analysis Report.
14. Assist in preparing the annual operating budget and cost allocation method.

Additional Requirements:

1. Prepare a schedule of accounting activities to be accomplished on a monthly and annual basis.
2. Experience with the Sage 300 CRE (Construction and Real Estate) software, formerly known as Timberline.
3. The accounting services may be performed at the office of TMHA and/or electronically.
4. A minimum of one trip to the TMHA office per year.
5. Training/technical assistance for staff on accounting software.

All proposals must have a cost breakdown for monthly services and hourly rates for additional services requested.

Although this request for proposals is non-restricted, it is subject to Section 7(b) of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 45e (b)). All applicants seeking to qualify for Indian Preference in the award of this contract must complete and submit an "Indian Enterprise Qualification Statement". All applicants must submit a completed and/or signed Indian Qualification Statement (see attached – Exhibit A).

In order for a proposal to be considered responsive, and to earn the maximum points available, all applicants must submit sufficient documentation to satisfy this RFP, and the attached Proposal Rating System (see attached – Exhibit B).

The TMHA reserves the right to reject any and all proposals and reserves the right to waive any irregularities and reserves the right to request additional information or clarifications from proposers or to allow corrections of errors or omissions at the discretion of the TMHA.

All proposals must be submitted on or before Thursday, July 25, 2024, at 4:00 p.m. to the TMHA office:

Address: Te-Moak Tribe of Western Shoshone Housing Authority
ATTN: Finance Director
504 Sunset Street
Elko, NV 89801

Email: tmhainance@frontiernet.net
tmhaadmin@citlink.net

Telephone: (775) 738-9238

The TMHA will only accept hard copies and emailed submissions. The TMHA will reject any faxed proposals.

Dated: June _____ 2024

PROPOSAL RATING SYSTEM
ACCOUNTING SERVICES

The following Proposal Rating System is incorporated into the Request for Proposals ("RFP") and will give preference in the award of this contract for accounting services.

The rating system has a maximum of 100 points.

FIRM: _____

- | | | |
|----|---|-----------|
| 1. | Prior experience in housing programs that are federally assisted through the Office of Native American Programs (HUD) | |
| | A. 5 or more programs | 15 Points |
| | B. 2 to 4 programs | 8 Points |
| | C. 1 to 2 programs | 4 Points |
| | D. 0 programs | 0 Points |
| 2. | Prior experience in housing work comparable to this contract in type, scale, scope, etc. | |
| | A. 10 or more contracts | 15 Points |
| | B. 6 to 9 contracts | 8 Points |
| | C. 1 to 5 contracts | 4 Points |
| | D. 0 contracts | 0 Points |
| 3. | Prior years' experience in tribal housing or other government programs (IHBG, ICDBG, 638, etc.) | |
| | A. 20 years or more | 10 Points |
| | B. 10 to 19 years | 6 Points |
| | C. 4 to 9 years | 2 Points |
| | D. 0 to 3 years | 0 Points |
| 4. | Prior experience using Sage Timberline Accounting Software/Program | |
| | A. 5 or more programs | 15 Points |
| | B. 2 to 4 programs | 8 Points |
| | C. 1 to 2 programs | 4 Points |
| | D. 0 programs | 0 Points |
| 5. | Price (hourly rate, fee for basic services, etc.) | |
| | A. Lowest price | 15 Points |
| | B. Second lowest price | 8 Points |
| | C. Third lowest price | 4 Points |
| | D. Fourth and lower | 0 Points |
| 6. | Statement regarding employment & training for Indians | |
| | A. Acceptable | 15 Points |
| | B. Unacceptable | 0 Points |
| 7. | Indian Preference | |
| | A. Indian | 15 Points |
| | B. Non-Indian | 0 Points |

8. Proposal includes documentation required in the RFP, to demonstrate professional qualifications and technical abilities 0 Points
A. Acceptable _____
B. Unacceptable _____

9. Summary 0 Points
On the basis of the MLIHA's evaluation, this proposal is:
A. Responsive _____
B. Non-responsive _____

Total Points: _____

Comments: _____

Reviewer

Date

INDIAN ENTERPRISE QUALIFICATION STATEMENT

NOTE: Submit completed questionnaire to the Indian Tribe within the time frame specified. Use additional sheets to complete answer if needed.

The Undersigned certifies, under oath, the truth and correctness of all answers to questions made hereinafter:

1. I am bidding this project as Non-Indian.

Name of person authorized to sign bid.

Date

Or

Applicant wishes to qualify as:

An "Economic Enterprise" as defined in Section 3(e) of the Indian Financing Act of 1974 (P.L. 93-262); that is "any Indian-owned ... commercial, industrial, or business activity established or organized for the purpose of profit; provided that such Indian ownership shall constitute not less than 51 percent of the enterprise;

Or

A "Tribal Organization" as defined in Section 4(c) of the Indian Self-Determination and Education Assistance Act (P.L. 93-638); that is "the recognized governing body of any Indian Tribe; any legally established organization of Indians which is controlled, sanctioned or chartered by such governing body or which is democratically elected by the adult members of the Indian community to be served by such organization and which includes the maximum participation of Indians in all phases of its activities; Provided, that in any case where a contract is let or grant made to an organization to perform services benefiting more than one Indian Tribe, the approval of each such Indian Tribe shall be a prerequisite to the letting or making of such contract or grant ..."

2. Name of Enterprise or Organization: _____

Address: _____

Telephone No.: _____

3. Check One:

_____ Corporation

_____ Joint Venture

_____ Partnership

_____ Other:

_____ Sole Proprietorship

4. Answer the following:

If a Corporation:

a. Date of incorporation: _____

b. State of incorporation: _____

c. Give the names and addresses of the officers of this Corporation and establish whether they are Indian (I) or Non-Indian (NI).

<u>Name and Social Security No.</u>	<u>I or NI</u>	<u>Title</u>	<u>Address</u>	<u>% of Stock Ownership</u>
_____	_____	<u>President</u>	_____	_____
_____	_____	<u>Vice-President</u>	_____	_____
_____	_____	<u>Secretary or Clerk</u>	_____	_____
_____	_____	<u>Treasurer</u>	_____	_____
_____	_____		_____	_____

- d. Complete the following information on all stockholders who are not listed in C above, owning 0% or more of the stock. Establish whether they are Indian (I) or Non-Indian (NI).

<u>Name and Social Security No.</u>	<u>I or NI</u>	<u>Address</u>	<u>% of Stock Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a Sole Proprietorship or Partnership:

a. Date of Organization: _____

- b. Give the following information on the individual or partners and establish whether they are Indian (I) or Non-Indian (NI).

<u>Name and Social Security No.</u>	<u>I or NI</u>	<u>Address</u>	<u>% of Stock Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If a Joint Venture:

a. Date of Joint Venture Agreement: _____

- b. Attach the information for each member of the joint venture prepared in the appropriate format given above.

5. Give the name, address, and telephone number of the principal spokesperson of your organization: _____

6. Has any officer or partner of your organization listed in #4 been an officer or partner of another organization that failed to complete a contract in the last ten years? _____

If yes, state the circumstances:

7. Has this enterprise failed, in the last ten years, to complete any work awarded to it or to complete the work on time? _____

If so, note when, where and why:

8. Will any officer or partner listed in #4 be engaged in outside employment?

_____ Yes _____ No

If yes, complete:

<u>Name / Title</u>	<u>Hours per Week Outside the Enterprise</u>
_____	_____
_____	_____
_____	_____
_____	_____

9. Is the enterprise or anyone listed in #4 above, currently subject to an administrative sanction issued by any department or agency of the Federal Government?

_____ Yes _____ No

If yes, complete:

<u>Name of person / business</u>	<u>Date of Action</u>	<u>Type of Action</u>	<u>Department or Agency</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

10. Does this enterprise have any subsidiaries or affiliates or is it a subsidiary or affiliate of another concern?

_____ Yes _____ No

If yes, complete:

<u>Name and address of subsidiary affiliate or other concern:</u>	<u>Description of Relationship:</u>
_____	_____
_____	_____
_____	_____

11. Does this enterprise, or any person listed in #4 above, have or intend to enter into any type of agreement with any other concern or person which relates to or affects the on-going administration, management or operations of this enterprise? These include, but are not limited to, management, joint venture agreements, and any arrangement or contract involving the provisions of such compensated services as administrative assistance, data processing, management consulting of all types, marketing, purchasing, production and other type of compensated assistance.

_____ Yes _____ No

If yes, attach a copy of any written agreement or an explanation of any oral or intended agreement.

12. Has this enterprise ever been subject to a judgment of any court or administrative sanction (Federal, State or Tribal)?

_____ Yes _____ No

Has any individual listed in #4 ever been subject to judgment of any court or administrative sanction (Federal, State or Tribal)?

_____ Yes _____ No

If the answer is yes to either question, furnish details in a separate attachment.

13. Has any tax lien or other collection procedure been instituted against this enterprise or the individuals listed in #4 as a sole proprietor or partner in their capacities with this enterprise or other enterprise?

_____ Yes _____ No

If yes, furnish details in a separate exhibit.

14. Has this enterprise or any person listed in #4 ever been involved in a bankruptcy or insolvency proceeding?

_____ Yes _____ No

If yes, provide details in an attachment.

15. What dollar amount of Working Capital is available to your enterprise prior to the start of construction? \$ _____

Explain the source of these funds: _____

Include a copy of the Company's most recent audited financial statement.

16. How will project development bookkeeping and payroll be maintained:
(Check one)

a. By Contract with an outside professional accounting firm: _____

Name: _____ Address: _____

Telephone No.: _____

b. Records are to be kept by enterprise personnel: _____

If "b" has been checked - state the qualifications of your personnel to perform this function:

c. Other: _____

17. Trade References (Include addresses and phone numbers):

18. Bank and credit references (Include addresses and phone numbers):

19. a. Indicate the core crew employees in your work force, their job titles, and whether they are Indian or Non-Indian. Core crew is defined as an individual who is a current bona-fide individual who is regularly employed by the contractor in a supervisory or other key position when work is available.

b. Over the past three years, what has been the average number of employees?: _____

20. Attach certification by a tribe or other evidence of enrollment in a federally recognized tribe for each officer, partner or individual designated as an Indian in #4.

21. Attach a certified copy of the charter, article of incorporation, by-laws, partnership agreement, joint venture agreement and/or other pertinent organizational documentation.
22. Explain in narrative form the stock ownership, structure, management, control, financing, and salary or profit sharing arrangements of the enterprise, if not covered in answers to specific questions heretofore. Attach copies of all shareholder agreements, including voting trust, employment contracts, agreements between owners and enterprise. Include information on salaries, fees, profit sharing, material purchases, and equipment lease or purchase arrangements.

Evidence relating to structure, management, control, and financing should be specifically included. Also, list the specific management responsibilities of each principal, sole proprietor, partner, or party to a joint venture (as appropriate) listed in #4.

23. Attach evidence that the enterprise (or an individual in it) is appropriately licensed for the type of work that is to be performed. Include Federal I.D. Number.
24. Attach a brief resume of the education, technical training, business, employment, design, and/or construction experience for each officer, partner or sole proprietor listed in #4. Include references.

NOTES:

- I. Omission of any information may be cause for this statement not receiving timely and complete consideration.
- II. Knowing that the Department of Housing and Urban Development must approve a contract between this enterprise and the Indian Housing Authority, the persons signing below certify that all information in this INDIAN ENTERPRISE QUALIFICATION STATEMENT, including exhibits and attachments, is true and correct.
- III. Print and type name below all signature.

If applicant is Sole Proprietor, Sign Below:

Name

Date

If applicant is a Partnership or Joint Venture, all Partners must sign below:

Name Date

Name Date

If applicant is a corporation, affix corporate seal.

Corporate Seal Date

By: _____
President's Signature Date

Attested by: _____
Corporate Secretary's Signature

WARNING: U.S. Criminal Code, Section 1010, Title 18, U.S.C. provides in Part:
"Whoever...makes, passes, utters, or publishes any statement, knowing
the same to be false...shall be fined not more than \$5,000 or imprisoned
not more than two years, or both."