2138 Lincoln Street
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1-800-346-3020
(570) 326-0587
FAX: (570) 322-2197

Rachelle A. Abbott, President & CEO

124 East Walnut Street
Lock Haven, PA 17745
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Lycoming-Clinton Counties Commission for Community Action (STEP), Inc.

DCED Weatherization Readiness Program

REQUEST FOR QUALIFICATIONS AND PROPOSALS

Serving Clinton and Lycoming Counties

Proposals are due by 4:00 pm on Friday, September 4, 2026

RETURN TO:

Rachelle Abbott
President and CEO
STEP, Inc.
2138 Lincoln Street
Williamsport, PA 17701
(570) 601-9501
raabbott@stepcorp.org

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Lycoming-Clinton Counties Commission for Community Action (STEP), Inc.
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Request for Qualifications and Proposals

I. OBJECTIVE

Lycoming-Clinton Counties Commission for Community Action (STEP), Inc. is seeking qualified contractors to provide professional mold assessment, containment, remediation, cleaning, and clearance-related services for residential properties served through STEP housing programs.

The purpose of this RFQP is to establish a pool of qualified mold remediation contractors capable of responding to identified mold conditions in a timely, safe, and compliant manner. Contractors selected through this process may be awarded work on an as-needed basis for a period of up to three (3) years, subject to annual review of qualifications, performance, and pricing.

STEP intends to secure services that protect resident health and safety while ensuring compliance with applicable federal, state, and local regulations and industry best practices.

II. PROPOSAL DUE DATE

To be considered, one original copy of the qualification package must be received by STEP, on or before **4:00 pm on Friday, September 4, 2026 at**:

STEP, INC.
2138 Lincoln Street
Williamsport, PA 17701
Attn: Rachelle Abbott

Qualification packages received after the RFQP is closed will not be accepted.

III. BRIEFING SESSION

A briefing session will be held at **10:00 AM, Wednesday, August 26, 2026** in STEP's Conference Room, 2138 Lincoln Street, Williamsport, PA 17701.

IV. QUESTIONS

Subcontractor's may submit questions to Fred Englert via email at **wfenglert@stepcorp.org** to discuss any RFQP questions. This offer is only open to subcontractors who attend the briefing session.

V. PROGRAM DESCRIPTION AND RESPONSIBILITIES

STEP requires qualified firms to perform mold remediation services in residential units occupied by program participants.
Services may include:

- Mold inspection and damage assessment
- Moisture source identification
- Development of remediation work plans
- Establishment of containment systems
- HEPA filtration and negative air pressure systems
- Removal and disposal of mold-contaminated materials
- Cleaning and sanitization of affected surfaces
- Structural drying
- Air scrubbing
- Post-remediation cleaning
- Documentation and reporting

Contractors shall follow:

- ANSI/IICRC S520 Standard for Professional Mold Remediation
- Applicable OSHA regulations
- Pennsylvania Department of Health guidance
- Manufacturer requirements for all products utilized

CLIENT RESPONSIBILITIES

The client or their designated POA is responsible for being available to sign off on client education and all measures completed. Client agreement is also needed regarding the receipt and understanding of the work performed. If the client is the homeowner, the client must provide permission in writing for all work performed. The client or their proxy must be available to sign off on the final inspection and client satisfaction documents.

VI. SPECIFICATIONS AND PRICING PROPOSALS

The Subcontractor shall furnish all supervision, technical personnel, labor, machinery, tools, equipment, materials and services, and perform all work required in accordance with the U.S. Department of Energy Standard Work Specification Procedures (SWS), which can be found at https://sws.nrel.gov/. The work performed is based on home site visits conducted by the subcontractor. The properties and services to be contracted for will be included in the Work Orders issued by STEP. Those subcontractors evaluated from this RFQP to be the most qualified and price competitive will be selected as approved subcontractors.

Subcontractor is responsible for leaving the job site clean, hauling away job debris, and existing equipment (if applicable) and for properly disposing of existing equipment or debris to meet EPA regulations. When applicable, Lead Safe Work Practices must be followed. Appropriate documentation related to EPA regulations must be completed on every job.

Project commencement and completion must be accomplished within five (5) working days of notice to proceed. Subcontractor is to notify STEP as soon as project is completed for inspection.

Please provide labor rates for mold remediation, demolition, and cleanup work. STEP will reimburse subcontractor for actual cost of materials, inspections, and permits. All other expenses should be included in the subcontractor's hourly labor rates (i.e., travel, gas, equipment, overhead, etc.).

REQUIRED TRAINING

The subcontractor agrees that employees who perform work under WAP Readiness shall participate in all required trainings including, but not limited to the U.S. Environmental Protection Agency Lead Safe Work Practices, Customer Service, OSHA 10, Intro to Weatherization, and any other DCED courses considered mandatory. Trainings occurring at a Weatherization funded training center do not have a participant cost associated with them. However, subcontractors will be responsible for the cost of their staff time related to these trainings. No individuals will be permitted to perform work prior to completing ALL required coursework. Subcontractor's participating in DCED sponsored trainings will agree to the attached retention agreement.

VII. SUBMISSION REQUIREMENTS

All information provided in response to this RFP is subject to verification. Misleading and/or inaccurate information shall be grounds for disqualification at any stage in the procurement process. Preference will be given to each of the following: Minority firms; Women business enterprises; Labor surplus area firms; and Small businesses.

The following information is required in the submission of this RFQP:

- Contractors Information/Application Form;
  - Company Qualifications
    - Years in business
    - Organizational structure
    - Service area coverage
    - Staff qualifications
  - Certifications
    - IICRC Applied Microbial Remediation Technician (AMRT)
    - IICRC Water Damage Restoration Technician (WRT)
    - OSHA 10 or OSHA 30
    - Any additional mold-related certifications
  - References
    - Provide at least three (3) references for similar projects completed within the past three years.
- Certification Regarding Debarment, Suspension, and Other Responsibility Matters;
- Byrd Anti-Lobbying Amendment; and,
- Price Proposal.

The qualifications and proposals package consisting of the signed proposals containing all required information, shall be SEALED, clearly labeled with the following information and must be received by STEP, on or before **4:00 pm on Wednesday, September 27, 2026 at**:

STEP, INC.
2138 Lincoln Street

Williamsport, PA 17701
Attn: Rachelle Abbott

Submission of a signed proposal(s) is acknowledgment and acceptance of all terms and conditions of the solicitation. STEP reserves the right to reject all proposals.

By signing a proposal, an Offeror affirms that he/she has not given any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a STEP employee or board member in connection with the submitted proposal. Failure to sign the proposals, or signing it with a false statement, shall void the submitted proposal or any resulting agreements, and the Offeror shall be removed from all contractor lists.

LICENSES
Offerors shall maintain in status all Federal, state, and local licenses and permits required for the operation of business conducted by the Offeror.

VIII. DOCUMENTATION OF INSURANCE

Prior to the implementation date of the agreement, the Offeror shall provide STEP with documentation evidencing insurance for a minimum:

1. The Subcontractor shall maintain Worker's Compensation Insurance for all its employees engaged in work at the site in accordance with the State of Pennsylvania Worker's Compensation Laws.

2. The Subcontractor shall maintain professional liability insurance (errors and omissions insurance) applicable to the work being performed. If there is no professional liability insurance product applicable to the work being performed, the Subcontractor shall maintain a commercial general liability policy covering his/her work. The Subcontractor shall file with STEP, a certificate of insurance from an insurance company licensed to do business in the State of Pennsylvania showing evidence of such professional or commercial general liability insurance in limits of not less than $3,000,000 in the aggregate, and $1,000,000 per occurrence.

3. The Subcontractor shall carry Automobile Liability Insurance covering all owned, hired and non-owned vehicles with a minimum combined single limit of $500,000 each accident for bodily injury and property damage.

4. The Subcontractor shall carry Pollution Occurrence Insurance in the amount of $500,000 for each occurrence.

The Offeror shall name STEP as an additional insured party to address application and equipment damage that occurs during agreement or service operations.

Each person signing the quotations certifies either that:

- He or she is the person in the Offeror's organization responsible for the decision as to any prices being offered herein, and that he or she has not participated in, and shall not participate in, any action contrary to the requirements of this document.

- He or she is not the person in the Offeror's organization responsible for the decision as to any prices being offered herein, but that he or she has been authorized to act as agent for the persons responsible for such decision. Furthermore, those persons have not participated in, and shall not participate in, any action contrary to the requirements of this document.

Any offer made in the submitted proposals, and any clarifications to the proposals shall be signed by an officer of the offering firm or a designated agent empowered to bind the firm in an agreement.

IX. EVALUATION

STEP will evaluate this RFQP based on the criteria as listed in Attachment A. STEP will determine the best offer(s). Qualifications and Proposal submissions must meet all the mandatory criteria for the proposals to be evaluated. Proposals that are incomplete or contain significant inconsistencies or inaccuracies may be rejected by STEP without further discussion.

Attachment A

RFQP Scoring Criteria

Proposals will be evaluated and scored based on the following criteria.

Criteria	Maximum Points	Points Awarded
Bid prices for providing work per attachment B Specifications and Pricing	**25**	
Relevant Mold Remediation Experience	**20**	
Qualifications and Certifications	**20**	
References and Past Performance	**10**	
Capacity and Response Time	**15**	
Will provide service within 2 county service area	**5**	
Small business, minority, female or veteran owned business	**5**	
Total Points	**100**	

Comments:

_____

_____

_____

Evaluated By: _____

Title: _____

Date: _____

Attachment B

Contractors Information/Application Form

Please Note: If applicable, copies of your Contractor's License and local tax licenses must accompany this application. If qualified, also include a copy of your certificate from a minority/women business program. Please ask your insurance agent to submit a copy of your Certificate of Insurance and Bonding.

DATE: _____

Business Name: _____

Owner / (Title): _____

Business Address:

_____

Number Street City/State Zip Code

Mailing Address:

_____

Number Street City/State Zip Code

Phone Numbers: _____

Office Fax Mobile

E-mail Address: _____

Date and State Company Formed: _____

Type of Ownership: _____

Federal I.D./Social Security Number: _____

List the types of licenses with expiration date held by the company, attach a copy of each:

_____

_____

_____

_____

How long have you been in business? _____

Years Months

Are you registered with a minority/women's business enterprise program or LSA?

Yes_____ No_____ *If your answer is "YES," please submit a copy of certification.*

Please list all education and training that you have had specific to Building Science, & Mold Remediation

Training	Date
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the types and coverage amounts of insurance carried by the Contractor:

Worker's Compensation: Per Occurrence _____ Aggregate _____

General Liability: Per Occurrence _____ Aggregate _____

Automobile: Per Occurrence _____ Aggregate _____

Other: _____

Approximately how many jobs have you completed as a mold contractor? _____

What is the smallest/value job you have done?_____

What is the largest/value job you have done? _____

How many employees do you employ full-time? _____

Counties in which work has been performed within the last 3 years:

_____Clinton _____Lycoming

If selected, are you willing to perform work in all counties listed above? Yes _____ No_____If no, why not and list ones you are willing to work in? _____

_____

_____

Describe any previous work experience with STEP, Inc._____

_____

_____

Describe any previous work experience completing WAP Readiness work (list agencies you contracted with). _____

_____

_____

Knowing payment will be made within 30 days after work approval at final inspection of all work at the house, are you still interested? Yes_____ No _____

_____

_____

List types of equipment owned by contractor. _____

_____

_____

_____

Describe your current capacity in staff and equipment to begin performing WAP jobs?

_____

_____

_____

Have any claims or lawsuit been brought against your company as a result of services you provided in the past three years? Yes_____ No _____

Tell us anything else about your skills and experience that you would like us to know.

_____

_____

_____

Do you perform criminal background checks and drug screens on all of your workers and what is your policy for hiring applicants with criminal backgrounds or drug usage?

_____

_____

_____

<u>THE UNDERSIGNED CONTRACTOR</u> CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- Contractor License Class is current, and the undersigned contractor agrees to maintain in current status all licenses as required by the STEP.
- That the work be performed in accordance with the State of Pennsylvania WAP Procedures and property and building code standards.

- That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor's name from the approved list, with such accompanying publicity as it deems necessary.
- The contractor will abide by the federal regulations pertaining to equal employment opportunity.

Contractor:

BY: _____ Date: _____
Signature of Authorized Representative

Print Name: _____ Title: _____

CUSTOMER REFERENCE CHECK AUTHORIZATION

Please give us the names, addresses and phone numbers of 3 customers for whom your company has performed work:

The provision of these names and your signature below signifies that you authorize STEP, Inc. to contact the listed persons. STEP, Inc. will contact each customer you list and ask them questions about how satisfied they are with the work and your firm's customer relations.

This authorization is valid until the conclusion of the contractor selection process. Include the customer name, customer city, phone number, and type of work performed.

Company: _____

Owner Signature: _____ Date: _____

1)_____

2)_____

3)_____

Attachment C
WAP Readiness SUBCONTRACTOR COST PROPOSAL

Mold Remediation: Provide labor rate per hour for mold remediation services.

***Mold Remediation* SERVICES**	
Labor Rate Per Hour	$

Demolition: Provide labor rate per hour for demolition.

***Demolition* SERVICES:**	
Labor Rate Per Hour	$

Cleanup*: *Provide labor rate per hour for cleanup services.

***Cleanup* SERVICES:**	
Labor Rate Per Hour	$

WAP Readiness cost proposal certified by:

Company Name _____

BY (Printed Name) _____

Signature _____

Title _____

Date _____

Attachment D

INSTRUCTIONS for Certification Regarding Debarment, Suspension, and Other Responsibility Matters

1. By signing and submitting this proposal, the prospective contractor is providing the certification set out below.

2. The inability of a person to provide the certification required below will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out below. The certification or explanation will be considered in connection with the Department of Labor's (DOL) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an explanation shall disqualify such person from participation in this transaction.

3. The certification in this clause is a material representation of fact upon which reliance was placed when the DOL determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the DOL may terminate this transaction for cause or default.

4. The prospective primary participant shall provide immediate written notice to the DOL if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of charged circumstances.

5. The terms "covered transaction"; "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal", and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the DOL for assistance in obtaining a copy of those regulations.

6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.

7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transactions", provided by the DOL, without modification, in all lower tier covered transactions and all solicitations for lower tier covered transactions.

8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determined the eligibility of its principals. Each participant may, but is not required to,
check the List of Parties Excluded from Procurement or Non-procurement Programs.

9. Nothing contained in the foregoing shall be construed to required establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the agency may terminate this transaction for cause or default.

Attachment D
Contractor Information Regarding Debarment and Suspension

CONTRACTOR'S NAME:_____

Certification Regarding Debarment, Suspension, and Other Responsibility Matters

Primary Covered Transactions

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(Before Signing Certification, Read Instructions on Page 13)

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:

   a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;

   b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

   c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and

   d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

_____	_____
Name	Title
_____	_____
Signature	Date

Attachment E

Contractor Information Regarding **Byrd Anti-Lobbying Amendment**

CONTRACTOR'S NAME:_____

Byrd Anti-Lobbying Amendment

The prospective contractor certifies to the best of its knowledge and belief, that it and its principals will not and have not used Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name	Title
Signature	Date

Attachment F Subcontractor
Retention Agreement

CONTRACTOR'S NAME: _____

Subcontractor agrees that employees who perform work under the WAP Readiness Program shall participate in all required trainings including, but not limited to the U.S. Environmental Protection Agency Lead Safe Work Practices, Customer Service, OSHA 10, Intro to Weatherization, and any other DCED courses considered mandatory. Coursework that is required, can be completed through the Clean Energy Center at no cost to the subcontractor. Subcontractor's enrolling employees in required courses through the Clean Energy Center at Penn College will agree to provide service for the entire WAP Program Year that enrollments occurred.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

_____	_____
Name	Title
_____	_____
Signature	Date