



City of Fond du Lac
First on the Lake

Website: www.fdl.wi.gov

City-County Government Center
160 S. Macy Street~P.O. Box 150~Fond du Lac, WI 54936-0150

January 28, 2022

Dear Vendor:

Attached are specifications for After Rehabilitation Appraisals. Please review the specifications and return your proposal on the proposal sheet located at the back of the specifications. The Qualifications of Appraiser form and the Minority Enterprise Business form must be returned with the proposal. The quotes should be returned to:

City of Fond du Lac
Attn: Purchasing Manager
160 S. Macy St.
PO Box 150
Fond du Lac, WI 54936-0150

All quotes must be received no later than 4:30 on Friday, February 11, 2022. Quotes may be mailed to the above address, faxed to 920-322-3402 or emailed to Tricia Davi at tdavi@fdl.wi.gov.

Please feel free to contact me at 920-322-3453 with any questions.

Sincerely,

Cameron Fails
Purchasing Manager
City of Fond du Lac

AFTER REHABILITATION APPRAISAL SPECIFICATIONS QUOTE

The City of Fond du Lac is seeking quotes for after rehabilitation appraisals with the following specifications:

1. Furnish an “after – rehabilitation” appraisal of value for certain 1-4 unit residential properties participating in the City’s Housing Rehabilitation Programs.
2. Must be able to understand specifications for rehabilitating residential properties furnished by the Community Development Department and apply them to the property’s current value in order to estimate an “after rehab value”.
3. Appraisals are expected to be fully completed within ONE (1) WEEK of notification on a “Uniform Residential Appraisal Report” form including photos of the subject property and comparable values.
4. The expected (but not guaranteed) volume of work is approximately ten (10) to twenty (20) appraisals per year.
5. The applicant shall possess at least two (2) years of full-time, active, residential appraisal experience.
6. Preference will be given to those applicants who have or are actively working toward either of the following designations:
 - a. An “SRA” from the Society of Real Estate Appraisers
 - b. An “RM: from the Appraisal Institute
7. The successful bidder must be licensed as a Residential real estate appraiser by the State of Wisconsin.
8. Minority and Women’s Business Enterprise companies are encouraged to submit quotations. Section 3 Qualified Businesses are also encouraged to submit quotations.
9. The attached Minority Business Enterprise form must be completed and included with proposal.
10. Qualifications of Appraisers form must be included with proposal.
11. All quotes must be submitted on the attached proposal form.
12. The term of the contract runs from February 1, 2022 through January 31, 2023.
13. All quotes must be received no later the 4:30 on Friday February 11, 2022.

Quotes may be returned via mail, fax, or email

City of Fond du Lac
Attn: Purchasing Manager
PO Box 150
Fond du Lac, WI 54936-0150
Fax: 920-322-3453
Email: tdavi@fdl.wi.gov

Questions should be directed to Merry Arndt, Community Development Specialist at 920-322-3445.

PROPOSAL

AFTER REHABILITATION APPRAISAL

To: City of Fond du Lac
Purchasing Department
PO Box 150
160 South Macy Street
Fond du Lac, WI 54936-0150

We, the undersigned, propose to completely furnish all materials necessary to complete the requirements listed in the Detailed Specifications at a cost as follows:

After Rehabilitation Appraisal

Cost Per Appraisal \$ _____

Name of Company _____

By _____ Title _____

Address _____

Email Address _____

Date _____ Phone Number _____

Signature _____



**Department of Community Development
City of Fond du Lac, 160 S. Macy Street, PO Box 150
Fond du Lac, WI 54936-0150
920-322-3440**



**Section 3 Qualification for Contractor Businesses
And Minority Business Enterprise/Women Business Enterprise**

*** Please circle the most appropriate choice that best describes your Business's Racial/Ethnic Code.**

- | | |
|----------------------------|-----------------------|
| 1. White Americans | 4. Hispanic Americans |
| 2. Asian/Pacific Americans | 5. Black Americans |
| 3. Hasidic Jews | 6. Native Americans |

Is the Business Owner's Ethnicity? (Check only one box) Hispanic Non-Hispanic

Is your Business Owned by a Woman (51% or more): Yes No

Type of Business: Corporation Partnership Joint Venture Sole Proprietorship

Your Business's Tax Identification Number: _____

Individuals residing in Fond du Lac County who meet the income limits set forth below can qualify as a Section 3 Business.

Do 51% or more of your permanent employees have household income that falls within the guidelines listed in the chart below Yes No

Please DO NOT indicate your income or household size on this form. Find your household size in the left hand column. Then determine if your **TOTAL** household income is either **BELOW** or **ABOVE** the income listed for your household size, and then check the box yes or no listed below.

Household Size	Income
1	\$42,200
2	\$48,200
3	\$54,250
4	\$60,250
5	\$65,100
6	\$69,900
7	\$74,750
8	\$79,550

- Yes, I fall **below** the income listed for my household size.
- No, my income is **above** the income listed for my household size.
- I do not wish to provide this information.

I certify that this information is true and correct to the best of my knowledge.

Business Name _____
Business Address _____

Please Print Owner's Name _____

Signature _____

Date _____

The information requested on this form regarding race and ethnicity status is needed to analyze and assure compliance with Federal Equal Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the success of our equal opportunity program.