SOLICITATION NO.: Request for Proposal (RFP) 97/2025
PROCUREMENT OFFICER: Autumn Klauba
PHONE NO.: (573) 817-5020
E-MAIL: autumn.klauba@como.gov

TITLE: Consultant for Historian/Architectural Survey Services – Phase I

ISSUE DATE: September 23, 2025

RETURN PROPOSAL NO LATER THAN: October 21, 2025 AT 5:00 PM CENTRAL TIME (END DATE)

OFFERORS ARE ENCOURAGED TO RESPOND ELECTRONICALLY THROUGH THE CITY'S E-BIDDING WEBSITE BUT MAY RESPOND BY HARD COPY (See Mailing Instructions Below)

MAILING INSTRUCTIONS: Print or type **Solicitation Number** and **End Date** on the lower left hand corner of the envelope or package. Delivered sealed proposals must be in the Purchasing Division office (701 E. Broadway, 5th Floor) by the return proposal date and time.

RETURN PROPOSAL TO:

(U.S. Mail)
CITY OF COLUMBIA PURCHASING
PO BOX 6015
COLUMBIA MO 65205

or

(Courier Service)
CITY OF COLUMBIA PURCHASING
701 E. BROADWAY, 5th FLOOR
COLUMBIA MO 65201

CONTRACT PERIOD: Effective Date of Contract through Completion – Contract shall not exceed five (5) years.

DELIVER SUPPLIES/SERVICES FOB (Free On Board) DESTINATION TO THE FOLLOWING ADDRESS:

City of Columbia, Community Development Department
Columbia, MO 65201

The offeror hereby declares understanding, agreement and certification of compliance to provide the items and/or services, at the prices quoted, in accordance with all requirements and specifications contained herein. The offeror further agrees that the language of this RFP shall govern in the event of a conflict with their proposal. The offeror further agrees that upon receipt of an authorized purchase order from the Purchasing Division or when a Contract is signed and issued by an authorized official of the City of Columbia, a binding contract shall exist between the offeror and the City of Columbia.

SIGNATURE REQUIRED

OFFEROR NAME Owen & Eastlake Ltd	
MAILING ADDRESS P.O. Box 10774	
CITY, STATE, ZIP CODE Columbus, Ohio 43201	
CONTACT PERSON Rory Krupp	EMAIL ADDRESS rkrupp@oweneastlake.com
PHONE NUMBER 614-439-9068	FAX NUMBER
OFFEROR TAX FILING TYPE WITH IRS (CHECK ONE) ___ Corporation ___ Individual ___ State/Local Government ___ Partnership _X__ Sole Proprietor ___IRS Tax-Exempt	
AUTHORIZED SIGNATURE	DATE 10-20-2025
PRINTED NAME Rory Krupp	TITLE principal

EXHIBIT A

OFFEROR INFORMATION

The offeror should provide the following information about the offeror's organization:

Provide a brief company history, including the founding date and number of years in business as currently constituted. See proposal

Describe the nature of the offeror's business, type of services performed, etc. Identify the offeror's website address, if any.

Provide a list of and a short summary of information regarding the offeror's current contracts/clients.

List, identify, and provide reasons for each contract/client gained and lost in the past two (2) years.

EXHIBIT B

CURRENT/PRIOR EXPERIENCE

The offeror should copy and complete this form documenting the offeror and any subcontractor's current/prior experience considered relevant to the services required herein. In addition, the offeror is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Offeror Name or Subcontractor Name: (if reference is for a Subcontractor):	
Reference Information (Current/Prior Services Performed For:)	
Name of Reference Company/Client:	See proposal
Address of Reference Company/Client:	
Reference Contact Person Name, Phone #, and E-mail Address:	
Title/Name of Service/Contract	
Dates of Project Initiation and Project Completion:	
If service/contract has terminated, specify reason:	
Description of Services Performed, such as: ✓ What the offeror did ✓ How the offeror did it ✓ Results ✓ Additional Detail	
Personnel Assigned to Service/Contract (include all key personnel and identify role):	

EXHIBIT C

EXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed)

Title of Position:_____	
Name of Person:	
Educational Degree (s): include college or university, major, and dates	Rory Krupp see proposal
License(s)/Certification(s), #(s), expiration date(s), if applicable:	
Specialized Training Completed.	
# of years' experience in area of service proposed to provide:	
Describe person's relationship to offeror. If employee, # of years. If subcontractor, describe other/past working relationships	
Describe this person's responsibilities over the past 12 months.	
Previous employer(s), positions, and Dates	

Staffing Methodology

Describe the person's planned duties/role proposed herein:	

List of Projects and Roles Completed

Describe the projects worked by the individual and the specific role:	

EXHIBIT D

METHOD OF PERFORMANCE

The offeror should use this Exhibit, or any format desired, to present a written plan for performing the requirements specified in this Offeror.

Offeror should provide their current certificate of insurance and indicate if the City's terms and conditions stated in sample contract attachment if applicable can be met.

Offeror should describe the methodology and goals of the survey. See proposal

Offeror should describe all methods, experience, expertise and services that are unique to the firm or that differentiate the firm.

Offeror should describe the approach the firm will take to complete the work, including an estimate of the total time needed for the firm to complete the work.

EXHIBIT F

MISCELLANEOUS INFORMATION

Employee/Conflict of Interest:

Offerors who are elected or appointed officials or employees of the City or any political subdivision thereof, serving in an executive or administrative capacity, must comply with sections 105.450 to 105.458, RSMo, regarding conflict of interest. If the offeror or any owner of the offeror's organization is currently an elected or appointed official or an employee of the City or any political subdivision thereof, please provide the following information:	
Name and title of elected or appointed official or employee of the City or any political subdivision thereof:	N/A
If employee of the City or political subdivision thereof, provide name of City or political subdivision where employed:	N/A
Percentage of ownership interest in offeror's organization held by elected or appointed official or employee of the City or political subdivision thereof:	_____0____%

Registration of Business Name (if applicable) with the Missouri Secretary of State

The offeror should indicate the offeror's charter number and company name with the Missouri Secretary of State. Additionally, the offeror should provide proof of the offeror's good standing status with the Missouri Secretary of State. If the offeror is exempt from registering with the Missouri Secretary of State pursuant to section 351.572, RSMo., identify the specific section of 351.572 RSMo., which supports the exemption.

Charter Number (if applicable)	***Company Name***
If exempt from registering with the Missouri Secretary of State pursuant to section 351.572 RSMo., identify the section of 351.572 to support the exemption:	

EXHIBIT E, Continued
CITY OF COLUMBIA, MISSOURI
WORK AUTHORIZATION AFFIDAVIT
PURSUANT TO 285.530 RSMo
(FOR ALL SERVICES IN EXCESS OF $5,000.00)

County of ~~Ohio~~ Franklin
)SS.
State of Ohio)

My name is Rory Knapp. I am an authorized agent of Anna Kimball Lee LLC (Offeror). This business is enrolled and participates in a federal work authorization program for all employees working in connection with services provided to the City. This business does not knowingly employ any person who is an unauthorized alien in connection with the services being provided. **Documentation of participation in a federal work authorization program is attached to this affidavit.**

Furthermore, all subcontractors working on this contract shall affirmatively state in writing in their contacts that they are not in violation of Section 285.530.1 RSMo and shall not thereafter be in violation. Alternatively, a subcontractor may submit a sworn affidavit under penalty of perjury that all employees are lawfully present in the United States.

Affiant

Rory Knapp
Printed Name

Personally appeared before me, a Notary Public, within and for the County of Franklin, State of Ohio, the person whose signature appears above, PERSONALLY AND KNOWN TO ME AND ACKNOWLEDGED, that signed the foregoing Affidavit for the purposes therein stated.

Subscribed and sworn to me this 20 day of October, 2025.
My Commission expires 10/31, 2028.

JESNI GRAGGS - NOTARY PUBLIC
COMM. EXP. OCT 31, 2028
STATE OF OHIO

Jesni Graggs
(Notary Public)

Consultant for Historian/Architectural Survey Services - Phase I

RFP - 97/2025	Billing Rate	Hours	Cost	Notes
Mobilization - Project Startup				
TOTAL				
Travel, Field Evaluation & Research	**Billing Rate**	**Hours**		
Travel			$3,000	
Fieldwork	$115	120	13,800	
Research	$115	30	$3,450	
TOTAL				
Report Preparation	**Billing Rate**	**Hours**	$3450	
Writing	$115	30		
Editor	$55	15	$825	
TOTAL				
Expenses				
		TOTAL	$24,525	
PROJECT TOTAL				