PROCUREMENT & CONTRACT OFFICER

The Lorain Metropolitan Housing Authority is seeking a Procurement & Contract Officer. This is a full time position, *37 hours per week* with full benefits. The pay range is $55,835 - $83752.

Interested applicants must submit a current resume, employment references and completed/signed application form to:

Lorain Metropolitan Housing Authority  
Attn: John McMahon  
1600 Kansas Avenue  
Lorain, OH 44052

no later than 2:00 p.m. on Wednesday, January 6, 2016.

Please see the attached job description and application form.

LMHA is an Equal Opportunity Employer.
Lorain Metropolitan Housing Authority
Classification Description

Classification Title: Procurement & Contract Officer
Department: COCC 
Reports To: Assistant Director
Grade: 11
FLSA Status: Exempt

General Statement of Job
The Procurement & Contract Officer ensures the Authority’s compliance with federal regulations in the utilization of public bids and proposals for the procurement of materials, supplies, equipment, and all contractual services, including professional, technical, design, maintenance and construction; ensures vendor/contractor compliance with the terms of contracts.

Specific Duties and Responsibilities
Serves as the primary contract administrator and delegated by the Executive Director as the procurement officer overseeing LMHA’s procurement activities to ensure integrity of procurement processes and conformance to LMHA procurement policies and federal, state and local procurement laws and regulations.
Coordinates the development of scope of work for solicitations and contract specifications by obtaining input from Executive Staff, Construction Project Manager, relevant administrative staff, architects, engineers, and consultants.
Prepares all public solicitations, including Requests for Proposals (RFP), Requests for Qualifications (RFQ), Invitations for Bids (IFB), requests for quotes and informal bids.
Ensures competitive procurement processes are followed and documented.
Develops scoring methodology and evaluation criteria associated with RFPs and RFQs.
Reviews all bids, quotes, and proposals to ensure they are responsive and responsible; recommends awards of formal contracts to LMHA Board of Commissioners.
Investigates and participates in “piggy-backing” on contracts and purchasing agreements with other governmental agencies.
Utilizes automated or electronic procurement and related technological systems.
Assists in negotiating pricing, terms, and conditions of contracts.
Obtains independent costs estimates to ensure reasonableness.
Prepares award documents.
Conducts pre-bid and pre-construction meetings.
Monitors vendor/contractor performance and compliance with contract requirements and federal regulations from contract signing through contract close out.
Ensures construction contracts over $2000 comply with Davis Bacon wage requirements.
Serves as the Davis Bacon wage compliance officer, requests conforming wage rates and new classifications, reviews contractor wage reports, performs on-site and mail interviews of contractors’ workers.
Develops plans to meet EEO objectives of HUD and monitors EEO procurement goals.
Orientates contractors to Federal EEO, MBE, and Section 3 requirements; monitors compliance; responsible for annual reporting requirements.
Procurement & Contract Officer

Approves invoices according to guidelines and project progress; when necessary, supports Accounting Department in resolving issues with invoices or reconciling accounts

Arranges for efficient methods of procurement of materials and services, such as Just In Time delivery, bulk purchasing, drop shipments, etc.

Ultimately responsible for proper procurement of materials, supplies, vehicles and equipment; management of inventory; disposal of surplus/obsolete items

Follows changes in federal rules and regulations governing the Public Housing Authority regarding procurement policies and procedures

Facilitates planning and submission of annual Capital Fund Program and 5 Year Action Plan

Ensures Environmental Reviews are performed as required

Supervises Contract/Capital Funds Program Technician and Purchasing Agent-Inventory Specialist

Resolves problems related to delivery of contracted services, including but not limited to, lawn care, snow removal, fire safety systems, security/monitoring/alarm systems, floor mats, custodial, HVAC, extermination, kitchen hood cleaning, elevators, boilers, plumbing, roofing, paint suppliers, window/door repair/replacement, vehicles, etc.

Provides assistance to staff to resolve problems in procurement of services and execution of contracts

May also perform duties related to special projects (e.g., grant applications, proposals to HUD) as directed by the Executive Director or his/her designee.

Performs other related duties as required

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Education, Experience, and Licenses

Bachelor's Degree plus five (5) years relevant experience or equivalent combination of education and experience

Previous employment experience with a Public Housing Authority is preferred

Experience using electronic procurement systems preferred

Must possess and maintain valid Ohio driver's license and be insurable by LMHA's vehicle insurance carrier; if current driver's license is not from Ohio, must obtain Ohio's driver's license within 14 days of employment

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Knowledge, Skills, and Abilities

Must pass physical, drug screen, employment reference and criminal history background check

Proficient in Microsoft Word, Excel and Outlook

Ability to become proficient in LMHA computer software

Considerable knowledge of governmental/public sector procurement and contracting, Davis Bacon Wage compliance, Section 3 and EEO compliance

Requires considerable knowledge of budgets, purchasing, financing and real estate development

Demonstrated ability to prepare complicated specifications and solicitations for products and services

Excellent written and verbal skills with ability to write effective and concise reports and correspondence

Ability to read, interpret, and implement federal regulations as it pertains to contract administration and procurement

Demonstrated ability to analyze complex documents, such as bids, proposals, specifications, contracts

Knowledge of Ohio Building Code, UFAS, ADA, and Section 504 helpful

Page 2 of 3
Effective negotiating skills

Working knowledge of inventory principles and practices

Ability to work in a fast-paced environment and prioritize multiple tasks with frequent interruptions

Ability to work with, serve and communicate effectively with a diverse population and relate to individuals at all socio-economic levels, including tenants, employees, contractors, vendors, board members, and HUD personnel

Requires excellent internal and external customer service skills

Ability to operate independently with little supervision, be accountable for the performance of the assigned staff, and maintain an expectation for success

Requires a high degree of confidentiality

Ability to explain reasoning for actions taken and be able to document such reasoning clearly

Ability to speak, read and write Spanish a plus, but not required

**Physical Demands/Work Environment**

While performing the essential functions of this job, the employee is frequently required to sit, talk, see, and hear. The employee frequently performs repetitive motions of the wrist, hands, and/or fingers, primarily while using a computer. The employee is occasionally required to stand and walk; ascend and descend stairs; reach with hands and arms; climb, balance, kneel, bend, stoop, crouch or twist; finger grasp and handle objects. The employee must occasionally lift, push, pull, and/or move up to 25 pounds. The noise level in the work environment is usually quiet and occasionally moderate with typical office sounds and conversations of others able to be heard throughout the office area. Though the work is conducted primarily in an office environment, the employee may occasionally be exposed to wet and/or humid conditions, fumes and airborne particles, construction sites and outside weather conditions.

**ADA/EEO Compliance**

The Lorain Metropolitan Housing Authority is an Equal Opportunity Employer. In compliance with the American's with Disabilities Act, the Housing Authority will provide reasonable accommodations to qualified individuals with disabilities and encourages both prospective employees and incumbents to discuss potential accommodations with the employer.

**Acknowledgment**

This classification description for my position was received, read and understood by me as acknowledged by my signature below.

______________________________  __________________________
Employee                                       Date

______________________________  __________________________
Supervisor                                   Date
Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap. As employee/government contractors, we comply with government regulations and affirmative action responsibilities. Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a confidential file separate from the Application for Employment.

PLEASE PRINT

DATE __________________________

POSITION(S) APPLIED FOR: __________________________

REFERRAL SOURCE: ( ) ADVERTISEMENT ( ) FRIEND ( ) RELATIVE
( ) WALK-IN ( ) EMPLOYMENT AGENCY ( ) OTHER

NAME: ____________________________________________
First                                                        Middle                                                                        Last

ADDRESS: ____________________________________________
Number                Street                                     City                                     State             Zip Code

TELEPHONE NUMBER: ( ) ________________________________ ( ) ________________________________
Area Code         Home Number   Area Code          Cell Phone Number

AFFIRMATIVE ACTION SURVEY
Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicant.
CHECK ONE: ( ) MALE ( ) FEMALE

CHECK ONE OF THE FOLLOWING RACE/ETHNIC GROUPS:
( ) WHITE [Not of Hispanic Origin] ( ) BLACK or AFRICAN AMERICAN [Not of Hispanic Origin]
( ) ASIAN/PACIFIC ISLANDER ( ) AMERICAN INDIAN/ALASKAN NATIVE

ETHNICITY: ( ) HISPANIC ( ) NON-HISPANIC

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE: ( ) DISABLED INDIVIDUAL
( ) VETERAN ( ) HANDICAPPED INDIVIDUAL
APPLICATION FOR EMPLOYMENT

LORAIN METROPOLITAN HOUSING AUTHORITY
1600 Kansas Avenue, Lorain, OH 44052 (440) 288-1600

PLEASE PRINT

Date of Application: ______________________

Position(s) applied for: ______________________

Name: ___________________________________________________________

First Middle Last

Address: __________________________________________________________

City: ____________________________ State: ______________ Zip Code: _______

Home Ph: Area Code ( ) _______________ Cell Ph: Area Code ( ) __________

Have you filed an application here before? _____ Yes _____ No If yes, give date: ________________

Have you ever been employed here before? _____ Yes _____ No If yes, give date: ________________

Are you currently on lay-off and subject to recall? _____ Yes _____ No

If you are currently employed, may we contact your present employer? _____ N/A _____ Yes _____ No

If employed and under 18 years of age, can you furnish a work permit? _____ N/A _____ Yes _____ No

Are you prevented from lawfully becoming employed in this country because of

Visa or Immigration status? _____ Yes _____ No

On what date would you be available for work? ____________________________

Are you available to work _____ Full Time _____ Part-Time _____ Temporary

Can you travel if the job requires it? _____ Yes _____ No

Are you or have you ever been a Section 8 landlord? _____ Yes _____ No

Are you a Veteran of U. S. Military Service? _____ Yes _____ No

Are you related to any current employee of LMHA? _____ Yes _____ No

If yes, please explain relationship: ______________________________________________

______________________________________________________

AN EQUAL OPPORTUNITY EMPLOYER

Revised: June 2013
Do you have any non-traffic felony or misdemeanor (including vehicular homicide) criminal case(s) pending in any federal, state, county or municipal court? _____Yes _____No

Are you currently or have you been in the past 2 years on parole or probation? _____Yes _____No

Are you subject to registration as a sex offender? _____Yes _____No

Have you been convicted of a misdemeanor in the last five (5) years? _____Yes _____No
(Conviction will not necessarily disqualify applicant from employment)

Have you been convicted of a felony within the last seven (7) years? _____Yes _____No
(Conviction will not necessarily disqualify applicant from employment)
If yes to any of the above, please explain: __________________________________________

______________________________________________________________________________

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Indicate all languages you speak, read and/or write:

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List professional references:

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SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS AND INDIVIDUALS WITH PHYSICAL OR MENTAL DISABILITIES.

Government contractors are subject to 38 USC2012 of the Vietnam Era Veterans Readjustment Act of 1974 which requires that they take affirmative action to employ and advance in employment qualified disabled veterans and veterans of the Vietnam Era and Section 503 of the Rehabilitation Act of 1983, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified disabled individuals.

If you are a disabled veteran, or have a physical or mental disability, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodation to enable you to perform the job to the best of your ability in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect your consideration for employment.

If you wish to be identified, please sign below:

_____ Disabled Individual _____ Disabled Veteran _____ Vietnam Era Veteran

Signed: __________________________________________
EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex or national origin. If no employment experience, please write “NONE” in Block 1. *Use additional paper, if necessary.*

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An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

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**EDUCATION:**

List any professional affiliations, licenses, certifications, awards and/or other diplomas.

____________________________________________________________________

____________________________________________________________________

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4
DRUG FREE WORKPLACE
Lorain Metropolitan Housing Authority is a drug free workplace and utilizes testing as a means of detecting substance abuse. Alcohol and drug abuse will not be tolerated in the workplace and its presence can result in the termination of an employee. Testing can occur during a periodic physical examination, systematic random testing without notice, or as a result of observations of an individual’s performance on the job which reveal a “reasonable basis to believe” he/she is under the influence of a controlled substance(s) and/or alcohol. All applicants being considered for employment with the Authority will, as a part of their pre-employment physicals, undergo substance abuse testing.

TRANSITIONAL WORK PROGRAM
In conjunction with the Ohio Bureau of Workers’ Compensation, Lorain Metropolitan Housing Authority has adopted the Transitional Work Program sponsored by the Ohio BWC. A transitional work program uses real job duties that accommodate an injured worker’s medical restrictions for a specified time period to gradually return the injured worker to their original job. All worker’s compensation injuries and illnesses will be considered for entry into the program. The complete policy is available from the Main Office upon request for your review.

PLEASE READ THE BELOW STATEMENTS CAREFULLY BEFORE YOU SIGN AND DATE.

APPLICANT’S ACKNOWLEDGEMENT
I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time as determined by the Lorain Metropolitan Housing Authority. The Application may be rejected if the form is incomplete.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this “at will” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of Applicant  Date

"Title 18, Section 1001 of the U.S. Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department of the United States Government. HUD and any owner (or any employee of HUD or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form. Use of the information collected based on this verification form is restricted to the purposes cited above. Any person who knowingly or willingly requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than $5,000. Any applicant or participant affected by negligent disclosure of information may bring civil action for damages and seek other relief, as may be appropriate, against the officer or employee of HUD or the owner responsible for the unauthorized disclosure or improper use. Penalty provisions for misusing the social security number are contained in the Social Security Act at **208 (a) (6), (7) and (8).** Violation of these provisions are cited as violations of 42 U.S.C. Section **408 (a) (6), (7) and (8).**

LORAIN METROPOLITAN HOUSING AUTHORITY
EQUAL OPPORTUNITY EMPLOYER
ATTENTION JOB APPLICANT: PLEASE READ CAREFULLY

***Please take notice that the Lorain Metropolitan Housing Authority (LMHA) may, as part of its employment screening process, procure your consumer report for employment purposes.

*A consumer report is any written, oral, or other communication of any information by a consumer reporting agency bearing on your credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living which is used or expected to be used or collected in whole or in part for the purpose of serving as a factor in your eligibility for employment.

*By signing below, you are authorizing LMHA to procure a consumer report for employment purposes.

***Please take notice that LMHA may also, as part of its employment screening process, procure an investigative consumer report which may include information as to your character, general reputation, personal characteristics and mode of living.

*An investigative consumer report is a consumer report or portion thereof, in which information on your character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates or acquaintance of yours, or others who may have knowledge concerning any such items of information.

*You are advised that you are entitled to request a complete and accurate disclosure of the nature and scope of the investigation requested and that the same will be provided to you not later than five days after the date on which the request for such disclosure was made by you or from the date such report was first requested, whichever was later. You are also entitled to request a written summary of rights prepared pursuant to Fair Credit Reporting Act ("FCRA"), 15 U.S.C. § 1681g.

*By signing below, you are authorizing LMHA to procure an investigative consumer report for employment purposes.

***The consumer reports and/or investigative consumer reports described above will be obtained by LMHA from a third-party consumer reporting agency/background check vendor.

***If you are denied employment as a result of information obtained from your background check, LMHA will furnish you with a copy of the report together with a summary of your rights under the Fair Credit Reporting Act in a form issued by the Federal Trade Commission. If you are a resident of, or if you are applying for a job located in, California, Maine, or New York, please see the additional state law disclosure information provided below.
CALIFORNIA: You may view the file maintained on you by the background check vendor during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the background check vendor’s offices in person, during normal business hours and on reasonable notice, or by mail; you may also receive a summary of the file by telephone. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

MAINE: You have the right upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from LMHA, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report.
AUTHORIZATION AND RELEASE

I have carefully read and understand this Disclosure, Authorization and Release form. By my signature below, I consent to the release of consumer reports and/or investigative consumer reports to LMHA in conjunction with my job application. I also authorize disclosure to LMHA and/or to the background check vendor of information concerning my employment history, earning history, education, motor vehicle history and standing, criminal history, and all other information LMHA deems pertinent by any individual, corporation or other private or public entity, including without limitation the following: employers; learning institutions, including colleges and universities; law enforcement agencies; federal, state and local courts; the military; motor vehicle records agencies; and other applicable sources. I understand that if LMHA hires me, my consent will apply throughout my employment to the extent permitted by law, unless I revoke or cancel my consent by sending a signed letter or statement to LMHA’s Human Resources Department. I also understand that, to the extent allowed by law, information contained in my job application or otherwise disclosed by me before, during, or after my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports. This Background Check Disclosure, Authorization, and Release form, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by LMHA.

First Name: ___________________________ M.I.: ___ Last Name: ___________________________

Social Security No.: ___________________________ Date of Birth: ___________________________

Present Address: ___________________________

Length at Residence: _______ Years _______ Months

Driver License No.: ___________________________ Issuing State: ___________________________

Daytime Telephone No.: ___________________________ Evening Telephone No.: ___________________________

Applicant Signature: ___________________________ Date: ___________________________