

**DCAP PORTFOLIO APPLICATION**

DCAP Portfolio Application Category:

## Furniture Distributors

**Issue Due: December 7, 2022**

**Due Date: February 1, 2023**

**­­**

### NOTICE

This Application is restricted to local DC Minority Business Enterprises (MBEs) who have received it directly from the Coalition for Nonprofit Housing and Economic Development (CNHED) DC Community Anchor Partnership (DCAP). DCAP Anchor Members have no legal obligation to utilize DCAP Portfolio Companies for contracting opportunities. Information provided may be shared solely with DCAP Anchor Members for potential business opportunities.

Text

Description automatically generated

Dear Company,

Thank you for your interest in doing business with the Coalition for Nonprofit Housing and Economic Development’s (CNHED) DC Community Anchor Partnership (DCAP). DCAP is a public-private partnership that is led by the CNHED and co-convened with the District’s Office of the Deputy Mayor for Planning and Economic Development (DMPED). DCAP works with its Anchor Members to re-engineer institutional procurement systems and create equitable access to contract opportunities.

**Objective**

The primary objective of this Application is to promote companies with scale and capacity to deliver on contract opportunities with DCAP’s large Anchor Members.

The DCAP Portfolio Application provides the following business growth opportunities:

* Concierge-level prioritization for DCAP Anchor Member opportunities
* Branding and promotion via CNHED’s communications channels
* Optional review/feedback of proposals and Response for Proposal (RFP) responses
* Access to a network of business resources
* Direct linkage to DCAP Anchor Member opportunities

Should you have any questions, please feel free to contact:

**Contact Name:** Delores Johnson-Cooper

**Contact Title:** Founder & CEO, Johnson Cooper Consulting Inc. (DCAP Procurement Consultants)

**Contact Email Address:** [info@johnsoncooperconsultinginc.com](mailto:info@johnsoncooperconsultinginc.com)

Companies should submit their proposal in PDF format to [**info@johnsoncooperconsultinginc.com**](mailto:info@johnsoncooperconsultinginc.com)**­­** by February 1, 2023.

We look forward to building a strong relationship with you and providing direct business opportunities.

Sincerely,

|  |  |
| --- | --- |
| Steve Glaude  President & CEO,  Coalition for Nonprofit Housing and Economic Development | Phillip Berkaw  Senior Director, DC Community Anchor Partnership,  Coalition for Nonprofit Housing and Economic Development |



**DCAP PORTFOLIO APPLICATION**

# TABLE OF CONTENTS

**SECTION 1:** COMPANY INFORMATION & QUALIFICATIONS………………………………. 5

**SECTION 2:** SCOPE OF WORK………………………………………………………………….... 7

**SECTION 3:** PROFESSIONAL REFERENCES…………………………………………………...10

**APPENDIX A:** CHECKLIST OF ATTACHMENTS……….……………………………………....11

# DCAP PORTFOLIO APPLICATION PROCESS ROADMAP

The DCAP Portfolio Application has three sections, shown below with their descriptions.

Company Information & Qualifications

Professional References

Scope of Work

**Application Instructions:** Completion of all three sections of the DCAP Portfolio Application is required. Follow the detailed instructions identified in each section of the Application.

|  |
| --- |
| **Section 1: Company Information & Qualifications** – Provide Company Information, Company Contacts, Annual Financial Statements; and respond to Licensing and Certifications and Company Stability. |
| **Section 2: Scope Response** – Respond to company capabilities and scope. Company may be required to provide oral presentations to discuss their proposal response and answer questions. |
| **Section 3: Professional References** – Provide the contact information for three (3) business referrals. |

**COMPANY INFORMATION**

**Section 1**

(Instructions: Company must review and respond to each question within this section.)

|  |  |
| --- | --- |
| **Company Information** | |
| Company Legal Name |  |
| Company Physical Address |  |
| Company Mailing Address (if different) |  |
| Company Office Phone Number |  |
| DBAs & Prior Company Names |  |
| Company Website |  |
| Company Business Type |  |
| Company State of Incorporation |  |
| Company DC Business Status |  |

|  |  |
| --- | --- |
| **Company Contact #1** | |
| Company Contact #1: Full Name |  |
| Company Contact #1: Title |  |
| Company Contact #1: Email Address |  |
| Company Contact #1: Office Phone Number |  |
| Company Contact #1: Mobile Number |  |

|  |  |
| --- | --- |
| **Company Contact #2** | |
| Company Contact #2: Full Name |  |
| Company Contact #2: Title |  |
| Company Contact #2: Email Address |  |
| Company Contact #2: Office Phone Number |  |
| Company Contact #2: Mobile Number |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Snapshot** | | | |
| Is Company’s revenue more than 30% dependent upon a single customer? If yes, enter customer’s name. | |  | Enter Customer's Name |
| **Company Sales Data** | **FYE 2019** | **FYE 2020** | **FYE 2021** |
| Company’s Annual Sales |  |  |  |
| Company’s # of Employees |  |  |  |

| **Licensing & Certification** | |
| --- | --- |
| Does Company have a DC Business License? |  |
| If Company is certified as a CBE by DSLBD, enter CBE certification number. |  |
| Indicate Company’s minority-owned status. |  |
| If Company has a GSA Supply Schedule or DC Supply Schedule enter schedule number(s) here. | GSA Supply Schedule number:  DC Supply Schedule number: |

| **Company Stability** | |
| --- | --- |
| If Company has been a party to litigation currently pending or filed within the last five (5) years, please provide details on the litigation (e.g., including description of the dispute, litigating parties, forum and docket number). |  |
| Has Company completed or in the process of completing any mergers, acquisitions and/or divestitures? If yes, please describe. | Enter Yes Or No. If Yes, Explain Further. |
| Does Company have any liens, judgements or pending liabilities that may adversely affect your company financials? If yes, please explain. | Enter Yes Or No. If Yes, Explain Further. |

**SCOPE OF WORK**

**Section 2**

* 1. **Background and Purpose**

The Coalition for Nonprofit Housing and Economic Development’s (CNHED) DC Community Anchor Partnership (DCAP) requests your completion of this application to establish a DCAP Portfolio of Approved Companies.

For the last four years DCAP has been a central part of the DC local diverse supplier community.  Since 2017 DCAP has grown supplier revenues for the anchors they have partnered with from $5M to $247M. The DCAP Portfolio will include companies that have the scale and capacity to deliver on contract opportunities with DCAP’s large anchor members.

DCAP’s strategy is to match companies with relevant Anchor opportunities. By participating in this application process, you have taken the first step in becoming a trusted DCAP Portfolio Company.  These elite companies will be recommended to the eleven Anchor Members when active competitive solicitations are available. If chosen to be a member of the DCAP Portfolio of Approved Companies, your business will be a part of this tremendous local spend growth!

* 1. **Furniture Distributors**

**SCOPE**

This category scope covers Furniture Distributors across a broad spectrum of goods to meet the needs of the DCAP Anchor Members.

Furniture distributors distribute furniture items typically order items from manufacturers based on their market requirements for Office Furniture Products, both packaged furniture products and individual furniture products. Services may include onsite or virtual furniture design.

Office Furniture Products

The DCAP Anchor Member may require various manufacturers and brands of office furniture products. Suppliers are encouraged to offer products from manufacturers, wholesalers and distributors that provide a variety of product specifications, quality levels, design features, colors and finishes. Furniture may be purchased in support of a full remodel requiring a system of furniture or replacement of individual furniture types.

**SCOPE RESPONSE**

Instructions: Company must review and respond in the format provided in this section.

## Company Capability Response

| **COMPANY CAPABILITY** |
| --- |
| Provide your product list, including descriptions and manufacturers if appropriate. Include link to your online product catalogue, if available. |
| Select the appropriate response below and provide additional details as necessary. The following requirements should be addressed within Company’s overall scope response. Add attachments as necessary. |

|  |  |  |
| --- | --- | --- |
| **Online Ordering (Catalogue) Requirements** | **Select** | **Notes/Comments** |
| 24 hour/7 day a week access to an online order system/catalogue |  |  |
| Customer service tracking capability |  |  |
| Order processing across multiple departments, payment methods and shipping addresses |  |  |
| Client favorites and history lists |  |  |
| Order tracking and reporting capabilities |  |  |
| User-friendly return process via catalogue |  |  |
| Ability to block purchasing at the item level |  |  |
| Customer service number for ordering and inquiries |  |  |
| Estimated delivery dates for back-ordered items |  |  |
| System recommended substitutes for discontinued items and back ordered items |  |  |
| **Distribution, Cancellations and Returns** | | |
| Distribution network including processing, packaging and delivery |  |  |
| Unconditional pick-up of damaged returns within twenty-four (24) hours of notification |  |  |
| Ability to provide local delivery |  |  |
| **Quality Control & Review Process** | | |
| Quality control measures within the online ordering system. Please describe. |  |  |
| Remediation of incorrect pricing and or quality control issues. Please describe. |  |  |
| **Partner Relationships** | | |
| Partnerships or other arrangements with manufacturers, wholesalers or distributors. Please describe. |  |  |
| **Special Projects** | | |
| Projects that illustrate your management of complex product requirements, challenging timelines and/or creativity. Please describe. |  |  |
| **Billing & Invoicing** | | |
| Ability to use standard billing and invoicing technology such as EDI |  |  |
| **Certifications, Awards, Sustainable Policies and Practices** | | |
| * List certifications * List awards received in the past 5 years * Background check capabilities, if applicable * Sustainable policies and practices * COVID protocols, etc. | | |

|  |
| --- |
| **PAST PERFORMANCE** |
| Company must provide three (3) examples of previously awarded contracts that demonstrate capabilities and experiences specified in this Application. Highlight hospital/healthcare, university and utility experience. Details on deliverables, accomplishments and solutions to challenges are requested. This is a critical element of the Application. |

|  |
| --- |
| **Annual Financial Statements** |
| Please attach Company’s Annual Financial Statements for **FYE 2019, FYE 2020 and FYE 2021**, audited or prepared in accordance with Generally Accepted Accounting Principles (GAAP). Information provided may be shared solely with DCAP Anchor members for potential business opportunities. |

**PROFESSIONAL REFERENCES**

**Section 3**

|  |
| --- |
| **Professional References** |
| Instructions: Company must provide three (3) professional references. If possible, include references similar to hospitals, universities and utility companies. |

|  |  |
| --- | --- |
| **Professional Reference #1** | |
| Reference #1 Name |  |
| Reference #1 Address |  |
| Reference #1 Contact Name |  |
| Reference #1 Contact Email Address |  |
| Description of Products/Services Provided to Reference |  |
| Reference’s Contract Initial Term Effective Date and Expiration Date |  |
| Reference’s Contract Renewal Term Effective Date and Expiration Date |  |
| **Professional Reference #2** | |
| Reference #2 Name |  |
| Reference #2 Address |  |
| Reference #2 Contact Name |  |
| Reference #2 Contact Email Address |  |
| Description of Products/Services Provided to Reference |  |
| Reference’s Contract Initial Term Effective Date and Expiration Date |  |
| Reference’s Contract Renewal Term Effective Date and Expiration Date |  |
| **Professional Reference #3** | |
| Reference #3 Name |  |
| Reference #3 Address |  |
| Reference #3 Contact Name |  |
| Reference #3 Contact Email Address |  |
| Description of Products/Services Provided to Reference |  |
| Reference’s Contract Initial Term Effective Date and Expiration Date |  |
| Reference’s Contract Renewal Term Effective Date and Expiration Date |  |

**APPENDIX A – Checklist of Attachments**

Please ensure the documents below are included in your Application response.

1. Annual financial statements, audited or prepared in accordance with Generally Accepted Accounting Principles (GAAP).
2. Awards, received in the past 5 years
3. Capability Statement, if available
4. Certifications
5. Sustainable Policies and Practices
6. COVID protocols, etc.