



mid michigan
COMMUNITY
Action

“Helping People, Changing Lives.”

Request for Proposal Plumbing Contractor(s)

Date: 4/10/2024

Reply to:

Cherri Swanstra
Community Empowerment Director
Mid Michigan Community Action Agency
1574 E Washington Rd
PO Box 768
Farwell, MI 48622

www.mmcaa.org

Email: cswanstra@mmcaa.org

Please return responses no later than: 9/30/2024

Mid Michigan Community Action is requesting proposals to hire several plumbing contractors for the Local Water Utility Affordability (LWUA) project to ensure that homes on metered water have access to hot and cold water and at least one functioning toilet, shower/bath, kitchen faucet, and laundry tub.

Contractors will be selected using a points system based on qualifications and experience; the point system selection criterion is included in this packet. An accepted proposal enables selected contractors to be placed on a roster as eligible to work on LWUA jobs.

Mid Michigan Community Action will utilize the price sheet included with the proposal to determine repair costs. Jobs will be given out based on the order of the roster to maintain fair job distribution. All work not specified on the price list will be negotiated on a job-by-job basis (e.g., time & materials) or prices will be requested through a supplemental bid. All work will be pre-determined and priced out before any contractor is authorized to begin work.

Contractors that meet all minimum requirements will be offered a contract to be placed on a roster as eligible to work on plumbing in residential homes in Bay, Clare, Gladwin, Mecosta, Midland, Muskegon, Osceola, and Oceana Counties per the contractor's preference.

The contractors will have the responsibility to complete work in a timely manner and in compliance with all applicable building codes.

Minimum Contractors Requirements

License

Participating contractors are required to maintain a Plumbing license in the State of Michigan. A copy of the current license must be submitted with this proposal.

Insurance

Any contractor must provide MMCAA with certificates of insurance as part of the proposal. Participating contractors are required to maintain the following insurance coverages:

1. Commercial General Liability Insurance
 - a. Minimal Limits: \$1,000,000 Each Occurrence Limit; \$1,000,000 Personal & Advertising Injury Limit; \$2,000,000 General Aggregate Limit; \$2,000,000 Products/Completed Operations
 - b. Deductible Maximum: \$50,000 Each Occurrence
2. Automobile Liability Insurance
 - a. Minimal Limits: \$1,000,000 Per Occurrence
 - b. Policy must include Hired and Non-Owned Automobile coverage
3. Workers' Compensation Insurance
4. Employers Liability Insurance
 - a. Minimal Limits: \$500,000 Each Accident; \$500,000 Each Employee by Disease; \$500,000 Aggregate Disease

Price Sheets

The included Price Sheets need to be filled out completely. Please be sure to separate the Labor and Material costs into the proper columns. Failure to complete the Price Sheets will render the

proposal void of any consideration. Selected contractors may update their price schedules every quarter.

All prices are for installation according to industry standards and include labor, materials, permits, job site cleanup, overhead, and all other associated costs.

Submission Requirements

1. General Information
 - a. Vendor Information
 - b. W-9
 - c. Debarred or Suspended Organization Statement
 - d. Background Information & Confidentiality Policy
2. Plumbing License
3. Certificates of Insurance
 - a. Commercial General Liability Insurance
 - b. Automobile Liability Insurance
 - c. Workers' Compensation Insurance
 - d. Employers Liability Insurance
4. Price List

Proposal Evaluation

Mid Michigan Community Action will evaluate all complete proposals received before 9/30/2024. Incomplete, late, or proposals sent to any other address may not be considered.

Scoring

20 Points - All documents completed and submitted without correction or clarification

15 Points - Prior experience working with Mid Michigan Community Action

15 Points - Woman or Minority Owned

50 Total Points Available

Questions

All questions about this RFP must be submitted in writing via email to Mid Michigan Community Action's sole point of contact, Cherri Swanstra, at cswantra@mmcaa.org.

Submission

Your proposal must be submitted in writing to Cherri Swanstra, Community Empowerment Director at cswantra@mmcaa.org in PDF format.

Selection

Vendors will be added to the roster as soon as the proposal is reviewed, scored, and accepted.



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1574 East Washington Road
P.O. Box 768
Farwell, MI 48622

Phone: 989-386-3805
Fax: 989-386-3277
Email: contactus@mmcaa.org
Web: www.mmcaa.org

Vendor Information

The following information is required for Mid Michigan Community Action to process any payment to you.

Vendor Name: _____

* All payments will be made payable to the name above.

Address: _____

City: _____ State: _____ Zip: _____

**Address must be "remit to" address

E-mail: _____

Tax ID #: _____ or Social Security number: _____

Check if you are exempt from Backup Withholding. (Must provide proof of exemption.)

Contact person: _____ Phone: _____

Title: _____ Fax: _____

Name of person completing form: _____

Signature of person completing form

Date

Submit the completed form and all required documents to the address above.

No payment will be made until the completed form and all required documents are received in the Finance Department.

Required documents:	
(all required forms must be received for payment to be processed)	
<input type="checkbox"/>	Completed Vendor Form (Required from all)
<input type="checkbox"/>	W-9 (Internal Revenue Service Form (Required from all) 28% of payment may be withheld for tax if completed forms are not received.
<input type="checkbox"/>	If Exempt is checked on W-9, you must provide proof of exemption
<input type="checkbox"/>	Debarred or Suspended Organization Statement (Required from all)
<input type="checkbox"/>	Certificate of Liability Insurance (when applicable)
<input type="checkbox"/>	Other:

MMCAA STAFF USE ONLY

Name of Staff Requesting _____

Please print clearly

Type of vendor (Rental, Contractor, Supply, Service, Volunteer, etc.): _____

Please print clearly

Current Vendor New Vendor

Finance Department Use Only

Vendor #: _____ Date: _____ Entered Intl: _____ AC Intl: _____

Notes:



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Debarred or Suspended Organization Statement

VENDOR'S NAME: _____

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension.

1. The prospective vendor 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

Background Information

Plumbing License Number: _____ Date Company Formed: _____

How many employees does your company have? _____

Have you worked with Mid Michigan Community Action in the past? Yes _____ No _____

Is the Company 51% or more Minority Owned? Yes _____ No _____

Is the Company 51% or more Woman Owned? Yes _____ No _____

Confidentiality Policy

It is the policy of Mid Michigan Community Action Agency (Mid Michigan CAA) to maintain the confidentiality of our clients and employees. All Contractors will, in the performance of their duties, gain access to information of clients. All information concerning our clients, such as telephone numbers, addresses, social security numbers, income, case history, or any other personal information, written or unwritten, must be treated with utmost confidentiality. Such information is strictly privileged and confidential. Under no circumstances should this information be given to others, nor should it be discussed with anyone outside of Mid Michigan CAA. Information may only be shared with Mid Michigan CAA staff members if it is necessary to ensure that program or grant requirements are fulfilled according to guidelines. Information data sources, such as client files, client tracking software, etc., are to be protected at all times. If there is ever a question as to whether information should be released, Contractors are to verify with Mid Michigan CAA. Without the client's prior consent, this includes answering questions as to whether a particular person is our client. Violation of this policy is subject to disciplinary actions up to and including immediate termination of your contract with Mid Michigan Community Action Agency.

My signature below acknowledges that I have read this Confidentiality Policy. I understand the serious nature of maintaining the confidentiality of our clients and that failure to comply with this policy may lead to discipline up to and including suspension and/or termination of the contractual agreement.

Signature

Date

Print Name

Plumbing Contractor Prices and Specifications

Replacements

Replacements shall include the removal of existing, proper disposal of all materials off-site, and installation of new. The installation will follow the manufacturer's instructions, trade practices, and applicable codes. Contractors must place on the appliance (in plain view) a sticker indicating the name and phone number of the contractor, the date of installation, and a certification that the system was installed following governing code requirements.

Permits

Permits per local code requirements. Pricing will also include permits and related fees that would be incurred. A copy of the permit must be submitted with the final invoice for payment.

Labor		
	Unit	Price
Master Plumber Rate	hourly	
Journeyman Rate	hourly	
Fixture		
Toilet	per	
Shower	per	
Bathtub	per	
Kitchen faucet	per	
Laundry tub	per	
Hot Water Heater	per	
Materials		
Water line	linear feet	
Sewer line	linear feet	
Backflow preventer	per	
Caulk	per	
Fittings	per	
Shop Fee	per	