

DATE: April 30, 2021  
TO: Potential Mechanical Contractors  
FROM: Justin Walls, Housing Services Director  
RE: Request for Proposals (RFP)

Mid Michigan Community Action would like to thank you for your interest in the Request for Proposals process, as it pertains to the Weatherization Assistance Program. You will find attached, the Request for Proposals package with all of the pertinent information. The following is the timeline for implementation:

**April 30, 2021**

Notification advertised on MLive and posted at Mlive.com.

**May 16, 2021**

Pre- Meeting – There will not be a pre-meeting due to Covid-19.

All questions should be submitted by May 16, 2021 to:

Justin Walls, Housing Director: 989-386-3805 or

Amie Hawley, Weatherization Coordinator: 989-429-1323

Mid Michigan Community Action

1574 East Washington Road

Farwell, MI 48622

989-386-3805

**May 17, 2021**

Completed bid packets are due to Mid Michigan Community Action no later than 4:30 pm. (MMCAA is only open from 8:00 am to 4:30 pm on May 17, 2021)



Administrative Office  
1574 E Washington Road  
P.O. Box 768  
Farwell, MI 48622  
Phone: 989.386.3805  
Fax: 989.386.3277  
www.mmcaa.org

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Packets should be sealed and addressed to:

Mid Michigan Community Action Agency – Attn : Weatherization  
1574 East Washington Road  
P.O. Box 768  
Farwell, MI 48622

Any packets received after 4:30 p.m. EST on May 17, 2021 will not be accepted.

**May 18, 2021**

The Selection Committee will convene to analyze packets and choose the selected Contractors.

**May 19, 2021**

Selected Contractors will be sent official notification.

**May 20, 2021**

Contractors acceptance meeting and Signing of contracts – 10:00 a.m. EST



Mid Michigan Community Action is an  
equal opportunity provider & employer.  
Michigan Relay Center  
1-800-649-3777 (TDD) 



Mid Michigan Community Action (MMCAA) hereby opens bidding for its Weatherization Assistance Program (WAP) for Low-Income Persons Private Contracting Project. This program, funded by Federal and State resources, is designed to increase the energy efficiency of homes occupied by low-income persons and reduce heating and fuel costs for the client while investing in energy efficiency to create jobs, save money, and reduce our reliance on fossil fuels. This will be for a two (2) year contract.

## OVERVIEW OF WEATHERIZATION PROGRAM ACTIVITIES

The following illustrates the general sequence of activities involved in the Weatherization Assistance Program:

- A. MMCAA receives a request for weatherization from a County resident.
- B. MMCAA verifies that the resident is eligible to participate in the Weatherization Program.
- C. MMCAA completes a pre-inspection (Energy Audit) of the dwelling and prepares a work order for the contractor - weatherization jobs could run anywhere from one major bypass needing completed at \$35 up to \$7,541(allowable average).
- D. The contractor is responsible for mechanical bidding and work. A manual J must accompany all furnace replacements to verify correct sizing was completed. Completion of the testing and calculations will be performed on each unit weatherized.
- E. Other contractors purchase materials and perform required measures in accordance with Michigan Department of Health and Human Services, Department of Energy, Department of Labor, and MMCAA standards.
- F. When the job is complete the contractor must turn in all completed paperwork. Paperwork required by the agency includes but is not limited to; Invoice that shows the date, the client, the job #, a description of the work completed, model and/or serial numbers and the client's signature.

- G. Contractor submits invoice to MMCAA, requesting payment based on the agreed bid estimates.
- H. Within 10 working days of the invoice receipt a post inspection will be completed by MMCAA. If a problem exists at this point, due to improper or incomplete work on the part of the contractor, the contractor will be notified to correct the problem before payment will be issued for the job.
- I. MMCAA issues payment within 30 days of inspection approval.
- J. All work must be warrantied for a minimum of 18 months by the contractor.

## REQUIRED WEATHERIZATION ACTIVITIES

MMCAA requires that all of the following measures be completed on each house as appropriate and needed, following U.S. Department of Energy/State of Michigan Department of Human Services energy audit and within program cost limitations. All work measures shall be completed so as to successfully perform the intended function on a continuing basis (a quality of product and installation to provide a minimum 10-year life under normal conditions).

Work shall be completed in a manner so as not to detract from the general appearance and structural integrity of the home and shall be in compliance with governing codes, the requirements of this document, and manufacturer's recommendations.

- 1. For mechanical contractors - Heating System tune-up/replacement and a Setback (clock) Thermostat will be installed.
- 2. Domestic Hot Water Tank Insulation (including insulating supply line) when determined effective.

## BIDDING

MMCAA plans to hire fourteen (14) primary mechanical contractors. Contractors will be selected using a points system based on qualifications and experience; the point system selection criterion is included in this packet.

The RFP enables selected contractors to be placed on a Roster as eligible to work on WAP jobs. MMCAA will utilize the price sheets proposed during this bid to place contractors on the Roster. All contractors will be required to complete all weatherization measures for the prices listed on the Unit Price List. The jobs will be given out based on the order of the Roster to maintain fair job distribution. Enclosed is a blank price sheet that will need to be completed. We ask that the contractor break down the labor and material for each measure in the price sheet and submit it with the full bid packet. All weatherization measures not specified on the price list will be negotiated with the CONTRACTOR on a job by job basis (e.g., time & materials) or prices will be requested

through a supplemental bid. MMCAA reserves the right to delete any such measure if the price is deemed to be inappropriate. All work will be pre-determined and priced out prior to any contractor receiving the job. Other materials may be substituted on a case by case basis with MMCAA's prior approval.

Contractors that meet all minimum contractor requirements and score high in points will be offered to sign a contract to be placed on a Roster as eligible to work on weatherization homes in Bay, Clare, Gladwin, Mecosta, Midland, Osceola, and/or Saginaw Counties per the contractor's preference.

The Contractors will have the responsibility to complete these units in a timely manner and in compliance with all applicable building codes, in compliance with the U.S. Department of Energy (DOE), the State of Michigan (SOM), and all related program regulations, policies and program notices that relate to Weatherization including the Standard Work Specifications for Home Energy Upgrades (SWS) and the Michigan Weatherization Field Guide (MWFG).

Procurement for the Agency shall be handled in a manner providing fair opportunity to all businesses. This shall be accomplished without abrogation or sacrifice of quality and as determined to be in the best interest of the Agency.

## MINIMUM CONTRACTOR REQUIREMENTS

### Licenses

Participating contractors are further required to maintain the following license from the State of Michigan:

1. A Mechanical License

A copy of the current license must be submitted in this bid package.

Participating contractors will be required to indemnify and hold all of its officers, agency and employees harmless from any claim, loss, damage, cost, charge, expense, lien, settlement, or judgment arising directly or indirectly out of or in connection with work performed.

### Insurance

Any contractor wishing to participate in the Weatherization Assistance Program must be able to provide MMCAA with certificates of insurance as part of the bid package requirement. The following coverages are the minimum allowed:

1. Commercial General Liability Insurance
  - 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
  - Deductible Maximum: \$50,000 Each Occurrence
  - The CONTRACTOR must have their policy endorsed to add MMCAA as additional insured.

2. Automobile Liability Insurance
  - Minimal Limits: \$1,000,000 Per Occurrence
  - Policy must include Hired and Non-Owned Automobile coverage
  - The CONTRACTOR must have their policy endorsed to add MMCAA as additional insured.
3. Workers' Compensation Insurance
  - Must meet, at minimum, the statutory requirements for the State of Michigan
  - Waiver of subrogation, except where required by law.
4. Employers Liability Insurance
  - Minimal Limits: \$500,000 Each Accident; \$500,000 Each Employee by Disease; \$500,000 Aggregate Disease

Selected contractors must name MMCAA as the CO-insured (additional) on General Liability and Automobile policies. In addition, all work performed must be guaranteed for a period of 18 months from the date of work completion.

### **Performance Evaluation**

If a job does not pass the Quality Control Inspection, the contractor will be required to fix, repair, clean, or otherwise finish assigned work before payment to contractor for the job shall occur or new work is issued. All Contractors are required to meet minimum standards in regard to quality of materials purchase in order to weatherize a unit for Mid Michigan Action Agency as approved by Mid Michigan Community Action Agency and Department of Health & Human Services specifications. Mid Michigan Community Action Agency will utilize a Contractor evaluation process to strictly monitor the performance of all Weatherization Contractors. The contractor evaluation is explained in the attachment.

### **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 RFP void of any consideration. Jobs will be awarded on a rotational basis based on the selected contractor roster. Selected contractors may update their price schedules on an annual basis.

Materials shall be installed in accordance with the specifications and policies outlined in the SWS. The Electronic version of the SWS can be found at <http://sws.nrel.gov/>. Bidding contractors must be able to provide all measures specified in the Price Sheets in accordance with all applicable federal, state, county and local standards and specifications. All prices are for weatherization measures installed according to industry and program standards and include labor, material, permits, job site cleanup, overhead, 18-month warranty and all other associated costs. All materials used in the weatherization program must meet the specifications of the various funding authorities and 10 CFR 440 Appendix A. All prices for blown insulation materials shall be for materials that meet federal recycled materials specifications.

UNIT PRICE LIST UPDATES MAY BE DONE QUARTERLY.

## SPECIFICATIONS SUMMARY

All Weatherization work shall comply with the Department of Energy (DOE) Weatherization Program Notice 14-4 Section 1, Work Quality Guidelines and Specifications. All tasks performed on client homes must meet these specifications, objectives and desired outcomes outlined in the Standard Work Specifications for Home Energy Upgrades (SWS) and the Michigan Weatherization Field Guide (MWFG) where applicable.

All Weatherization work orders will include references to applicable SWS standards for each measure. All work shall comply with these standards and the final Quality Control Inspection (QCI) will verify compliance.

All Weatherization materials used must conform to the standards set forth in 10 CFR 440 Appendix A. they can be viewed online at <http://www.waptac.org>.

The link to the DOE Weatherization Program Standard Work Specifications for Home Energy can be found electronically at <https://sws.nrel.gov>.

The link to the Michigan Weatherization Field Guide can be found electronically at [http://wxfieldguide.com/mi/MIWxFG\\_2018\\_SWS\\_edition.pdf](http://wxfieldguide.com/mi/MIWxFG_2018_SWS_edition.pdf).

The Contractor will continue to keep all insurances, licenses and permits current, and supply all current copies to the agency. The Contractor will have NO MORE than 45 days from receiving a project assignment to complete the project, including passing the final post-inspection. If a contractor fails to meet the 45-day time line, this contract is subject to cancellation.

## JOB AWARDS

Jobs will generally be awarded on price and order of the Roster. However, MMCAA may apply other, non-price eligibility criteria specified herein to determine whether the next Contractor on the Roster is eligible to receive that job/bundle at that time, such as five (5) jobs per contractor at time due to work capacity. If not, the eligibility criteria are applied to the next Contractor on the Roster, and so on until all eligibility criteria are met. The next eligible Contractor in order of the Roster is awarded the job/bundle.

## CONTRACT UNDERSTANDING

Contractors are required to furnish their own tools and must have an alternate power source (portable) for all weatherization jobs; storage for materials being used; acquire permits, furnish their own transportation; documentation of current liability, worker's compensation, and auto insurance; be licensed in the State of Michigan. In order to be considered as a weatherization contractor, the following forms must be completed and submitted by the due date: A General Information form, Background Information, Customer Reference Authorization, Price Sheets, Non-Collusion Affidavit, MMCAA Confidentiality Policy, Certification Regarding Debarment Form, and Criminal History Consent Form for MMCAA. The Criminal History/Criminal Background check consists

of an Internet Criminal History Access Tool (ICHAT) check and a national and state sex offender registry check for each new employee, subcontractor, subcontractor employee, or volunteer who works directly with clients or has access to client information. Contractor, and all staff performing weatherization work, must also complete a Central Registry Clearance Request which is to be sent to the State of Michigan Department of Health and Human Services (MDHHS) and provide us with the original documented results of the clearance.

All costs incurred in the preparation and presentation of the Request for Proposal shall be wholly absorbed by the Contractors. Proof of Licenses, Certifications and Insurance must be submitted with your bid package. All documents submitted will become the property of MMCAA.

An authorized officer and/or employee of the company appearing on the Request for Proposal must sign the RFP. The signature represents commitment on the part of the company to provide such goods and services offered to MMCAA should it be determined that the vendor meets the qualifications.

By submitting a completed RFP for consideration, applicants are agreeing to perform all work for the prices identified on the 2020-21 Unit Price List.

All applicants bid packages will be reviewed by a contractor selection committee. Each contractor applying to work with the weatherization program will receive either an acceptance or a denial letter.

## SUBMISSION

All submissions are to be in sealed envelopes plainly marked on the outside WEATHERIZATION CONTRACTORS PROPOSAL RESPONSE. Submission of documents is a conclusive presumption that the contractor is familiar with the Request for Proposals and understands and agrees to abide by all of the stipulations and requirements. Contractors must return the RFP intact and complete. Each submission shall be prepared simply and economically, providing a straightforward, concise description of the contractor's approach and ability to meet MMCAA's needs, as stated in the RFP and all attached documents.

**Date Due:** ~~May 17~~~~April 1~~, 2021

Bids will be publicly opened, read, and scored on ~~May 18~~~~April 5~~, 2021.

HAND DELIVER DIRECTLY TO HOUSING DEPARTMENT BY DUE DATE & TIME.  
MAIL TO: MMCAA 1574 East Washington Road, P.O Box 768, Farwell, MI 48622  
Must be received by Agency by the due date.

**NO LATE BIDS ACCEPTED.**

**QUESTIONS:**



Questions regarding bid specifications may be made by email, or by phone. All questions or clarifications must be directed to the Housing Department at MMCAA. Prospective CONTRACTORS may submit their questions via email or phone until TBD.

Submit by Email to: [ahawley@mmcaa.org](mailto:ahawley@mmcaa.org) or [Jwalls@mmcaa.org](mailto:Jwalls@mmcaa.org)

Submit by Phone:

Amie Hawley: (989) 429-1323

Justin Walls: (989) 386-3805 ext. 1047



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**GENERAL INFORMATION**

In further description of this Bid, we desire to submit sheets marked as follows:

\_\_\_\_\_

Bidding under the name of: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

which is (check one of the following):

Corporation, incorporated under the laws of the State of:

\_\_\_\_\_

Partnership, consisting of (list partners):

\_\_\_\_\_

\_\_\_\_\_

Assumed Name (Register No.) \_\_\_\_\_

Individual

AUTHORIZED SIGNATURE: \_\_\_\_\_

Printed or typed signature: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State: \_\_\_\_\_

Date: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

.....

When payment on such order or contract is to be directed to the same company at an address different from above, please list the address to be used below:



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1-800-649-3777 (TDD) 





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**NON-COLLUSION AFFIDAVIT**

STATE OF )  
 ) ss  
COUNTY OF )

\_\_\_\_\_, being first duly sworn, deposes and says that he/she is authorized on behalf of \_\_\_\_\_ (Bidder Name) who is making the foregoing proposal(s) that:

- 1) Such proposals are genuine and not collusive or a sham.
- 2) This Bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder or person to submit a proposal which is a sham.
- 3) This Bidder has not in any manner agreed with any other persons or businesses to fix the proposed price, overhead, profit, or any cost element of the submitted proposal.
- 4) This Bidder has not attempted to secure any advantage against any other Bidders through collusion with any other Bidder or employees or representative of the County.
- 5) That the proposals submitted are true and accurate to the best of my knowledge and belief and are made in good faith.
- 6) This Bidder has not directly or indirectly submitted or disclosed its proposal or its contents or divulged information or data relative thereto to any association or to any member or agent of any other Bidder to this proposal.

Further, Affiant sayeth not.

\_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public



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Mid Michigan Community Action Agency  
1574 Washington Road  
Farwell, MI 48622

CONTRACTOR'S NAME \_\_\_\_\_

**Certification Regarding**

**Debarment, Suspension and Other Responsibility Matters**

**Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Register (pages 19160 – 19211).

**(Before Signing Certification, Read Instructions)**

1. The prospective contractor 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 judgement rendered against them or 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 these offences enumerated in paragraph (1)(b) of this certification; and
  - d. Have not within a three-year period preceding this application/proposal has 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 \_\_\_\_\_

## INSTRUCTIONS FOR CERTIFICATION

1. By signing and submitting this proposal, the prospective contractor is providing the certification set out.
2. The inability of a person to provide the certification required will not necessarily result in denial of participation in this covered transaction. The prospective participant shall submit an explanation of why it cannot provide the certification set out. The certification or explanation will be considered in connection with the Department of Labor's (DOL) determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or explanation shall disqualify such person from participation in this transaction.
3. The certification in this clause is a material representation of fact upon which reliance was placed when the DOL determined to enter into this transaction. If it is later determined that the prospective primary participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the DOL may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the DOL if at any time the prospective primary participant learns its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
5. The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "person", "primary covered transaction", "principal", "proposal" and "voluntarily excluded", as used in this clause, have the meanings set out in the Definitions and Coverage sections of the rules implementing Executive Order 12549. You may contact the DOL for assistance in obtaining a copy of those regulations.
6. The prospective primary participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
7. The prospective primary participant further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions", provided by the DOL, without modification, in all lower covered transactions and all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible or voluntarily excluded from the covered transactions; unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determined the eligibility of its principals. Each participant may, but is not required, to check the List of Parties Excluded from Procurement or Non-Procurement Programs.
9. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render, in good faith, the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
10. Except for transactions authorized under paragraph 6 of these instructions, if a participant in a covered transaction with a person who is suspended, debarred, ineligible or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the agency may terminate this transaction for cause or default.



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Email: [contactus@mmcaa.org](mailto:contactus@mmcaa.org)  
Web: [www.mmcaa.org](http://www.mmcaa.org)

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## CONSENT FORM

### Conviction / Criminal History Clearance

As a prospective contractor of Mid Michigan Community Action Agency, Inc., I understand that it is the agency's policy to secure CONVICTION / CRIMINAL HISTORY and state/national sex offender registry clearance information as a part of their pre-employment screening process, using the information provided below. I also understand that it is my responsibility to return the completed information to my employer when received from the authorizing agency.

Name: \_\_\_\_\_  
Last
First
Middle

Address: \_\_\_\_\_  
Street
City
State
Zip

Maiden Name/Name Previously Used: \_\_\_\_\_

Birth date: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
Month/Day/Year

Driver's License Number: \_\_\_\_\_ or

State Identification Number: \_\_\_\_\_

List all states you have resided in for the past 10 years, excluding Michigan.

\_\_\_\_\_

Social Security Number : \_\_\_\_\_

I understand that the above information is required by the Central Records Division of MDHHS, Lansing, Michigan.

I authorize Mid Michigan Community Action Agency, Inc. to utilize the above information for the sole purpose of obtaining a CONVICTION/CRIMINAL HISTORY file search now and on an annual basis if I become an MMCAA contractor.

\_\_\_\_\_  
Signature of Contractor

\_\_\_\_\_  
Date

## Mid Michigan Community Action Agency, Inc.

### Confidentiality Policy

It is the policy of Mid Michigan Community Action Agency (MMCAA) to maintain the confidentiality of our clients and fellow employees.

All Contractors will, in the performance of their duties, gain access to information pertaining to 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 MMCAA. Information may only be shared with other MMCAA staff members if it is necessary to insure 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 check with management first. 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 MMCAA.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date



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**Background Information**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner Name(s): \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contracting Listing with the State is by: \_\_\_\_\_ Date Company Formed: \_\_\_\_\_

\_\_\_\_\_ Individual \_\_\_\_\_ Principle Officer

Social Security Number of Owner(s): \_\_\_\_\_

Will you allow us to run your credit report? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer Tax ID Number: \_\_\_\_\_

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

Is the Company 51% or more Female Owned? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you worked as Weatherization Contractor in Michigan? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you dealt with MMCAA in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

How many employees does your company have? \_\_\_\_\_

List your Major Suppliers: \_\_\_\_\_

List your Insurance Carriers: \_\_\_\_\_

List Your References:

**Business Name:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**Business Name:** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_



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# CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services

Copy Photo ID Here

or

Attach a Separate Page

## SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)	Signature Required for Individual Being Cleared		Date
Also Known as Name (AKA)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
<input type="checkbox"/> I am completing this for myself. <input type="checkbox"/> I would like to pick up my results in		County (For Michigan Residents Only).	

## SECTION 2 REQUESTER INFORMATION

Check Appropriate Box <input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Adoption/Foster Care Home Screening <input type="checkbox"/> Court/Law-Enforcement/Department of Corrections/Prosecuting Attorney <input type="checkbox"/> Other			
Name of Agency or Organization	Name of Requester		
Address	City	State	Zip Code
Email	Fax	Phone Number	

**Employers/Volunteer Agencies** will ONLY receive responses of NO central registry if the person being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry hits per CPL 722.627. For questions about completing this form, please contact the local Michigan Department of Health and Human Services, see attached contact list.

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability.

# INSTRUCTIONS FOR FILLING OUT THE DHS-1929

Michigan Department of Health and Human Services

**Michigan residents requesting clearance on themselves** (You must possess a Michigan identification) Complete section one and sign the form in the box provided. Include a copy of your Michigan picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your DHS-1929 form with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

**Michigan agencies, schools, preschool, daycare providers, employers and volunteer agencies** The person being cleared completes section one, signs the form and adds a copy of their picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit the DHS-1929 with identification to MDHHS for processing. See the attached list for MDHHS county office locations and contact numbers.

## **Individuals outside of Michigan**

For out of state Individuals requesting clearance on themselves, complete section one and sign the form. Include a copy of your state picture identification (driver's license or passport are most acceptable). Please NOTE, the results will only be sent to the address on your picture identification. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

## **Agencies, schools, preschool, daycare providers, employers and volunteer agencies outside of Michigan**

For out of state agencies, the person being cleared completes section one, signs the form and adds a copy of their state picture identification (driver's license or passport are most acceptable). The requester completes section two with name of agency, name of requester, address, phone, email and fax number. Submit your request to Michigan Department of Health and Human Services fax 517-763-0280.

## **Out-of-State Adoption and Foster Home Screening**

Please access our website at [www.michigan.gov/MDHHS](http://www.michigan.gov/MDHHS) and follow the instructions for submitting an outstate request for adoption and foster home screening. For questions contact 517-284-9740.

## **Michigan Camp Volunteers and Employees (All Types)**

Please contact the Department of Licensing and Regulatory Affairs, Bureau of Community Health Systems at 866-685-0006 or [www.michigan.gov/lara](http://www.michigan.gov/lara)

Submit completed form BCHS-camp 001 (Rev 1/16) to the address on the form.

Outstate government agencies requesting information, please access our website at [www.michigan.gov/DHHS](http://www.michigan.gov/DHHS) follow the links to child abuse and neglect or call 517-241-9794.

If a person is listed on central registry the results will only be sent to the individual at the address on their photo identification.

County	Address	Phone	Fax
Alcona	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Alger	413 Maple St., Munising, MI 49862	906-387-4440	906-387-4710
Allegan	3255 122nd., Ste. 300 Allegan, MI 49010	269-673-7700	269-673-7795
Alpena	711 W. Chisholm St., Alpena, MI 49707	989-354-7200	989-354-7242
Antrim	203 E. Cayuga St., PO Box 316, Bellaire, MI 49615	231-533-8664	231-533-8740
Arenac	3709 Deep River Rd., Standish, MI 48658	989-846-5500	989-846-4365
Baraga	108 Main St., PO Box 10, Baraga, MI 49908	906-353-4700	906-353-8415
Barry	430 Barfield Dr., Hastings, MI 49058	269-948-3200	269-948-4101
Bay	1399 W. Center Rd., Essexville, MI 48732	989-895-2100	989-895-2494
Benzie	448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617	231-882-1330	231-882-9078
Berrien	401 Eighth St., PO Box 1407, Benton Harbor, MI 49023	269-934-2000	269-934-2115
Branch	388 Keith Wilhelm Dr., Coldwater, MI 49036	517-279-4200	517-278-5346
Calhoun	190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016	269-966-1284	269-966-2837
Cass	325 M-62, Cassopolis, MI 49031	269-445-0200	269-445-0298
Charlevoix	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Cheboygan	827 S. Huron St., Cheboygan, MI 49721	231-627-8500	231-627-8546
Chippewa	463 East 3 Mile Rd., Sault Ste. Marie, MI 49783	906-635-4100	906-635-4173
Clare	725 Richard Dr., Harrison, MI 48625	989-539-4260	989-539-4200
Clinton	105 W. Tolles Rd., St. Johns, MI 48879	989-224-5500	989-224-3896
Crawford	230 Huron Grayling, MI 49738	989-348-7691	989-348-2838
Delta	305 Ludington St., Escanaba, MI 49829	906-786-5394	906-786-5350
Dickinson	1401 Carpenter Ave. Ste. A, Iron Mountain, MI 49801	906-779-4100	906-774-2775
Eaton	1050 Independence Blvd., Charlotte, MI 48813	517-543-0860	517-543-2125
Emmet	2229 Summit Park Dr., Petoskey, MI 49770	231-348-1600	231-347-6211
Genesee	125 E. Union St., P.O. Box 1628, Flint, MI 48501	810-760-2550	810-760-2745
Gladwin	675 E. Cedar Ave., Gladwin, MI 48624	989-426-3300	989-426-3353
Gogebic	301 E. Lead St., Bessemer, MI 49911	906-663-6200	906-663-6230
Gd Traverse	701 S. Elmwood Ste.19, Traverse City, MI 49684	231-941-3900	231-941-0037
Gratiot	201 Commerce Dr., Ithaca, MI 48847	989-875-5181	989-875-2811
Hillsdale	40 Care Dr., Hillsdale, MI 49242	517-439-2200	517-439-2272
Houghton	47420 State Hwy. M-26 Ste. 62, Houghton, MI 49931	906-482-0500	906-487-7726
Huron	1911 Sand Beach Rd., Bad Axe, MI 48413	989-269-9201	989-269-9875
Ingham	5303 S. Cedar St., Lansing, MI 48911	517-887-9400	517-887-9500
Ionia	920 E. Lincoln, Ionia, MI 48846	616-527-5200	616-527-1849
Iosco	2145 E. Huron Rd., East Tawas, MI 48730	989-362-0300	989-362-6629
Iron	337 Brady Ave., PO Box 250, Caspian, MI 49915	906-265-9958	906-265-6390
Isabella	1919 Parkland Dr., Mt. Pleasant, MI 48858	989-772-8400	989-772-8460
Jackson	301 E. Louis Glick Hwy., Jackson, MI 49201	517-780-7400	517-780-7160
Kalamazoo	322 E. Stockbridge Ave., Kalamazoo, MI 49001	269-337-4900	269-337-5179
Kalkaska	503 North Birch St., Kalkaska, MI 49646	231-258-1200	231-258-4482
Kent	121 Franklin St. SE Ste. 200, Grand Rapids, MI 49507	616-248-1000	616-248-1059
Keweenaw	3616 Highway US-41, PO Box 351, Mohawk, MI 49950	906-337-3302	906-337-1131

County	Address	Phone	Fax
Lake	5653 S. M-37, Baldwin, MI 49304	231-745-8159	231-745-2930
Lapeer	1505 Suncrest Dr., Lapeer, MI 48446	810-667-0800	810-667-0795
Leelanau	701 S. Elmwood Ste. 19, Traverse City, MI 49684	231-941-3900	231-941-0037
Lenawee	1040 S. Winter St. Ste. 3013, Adrian, MI 49221	517-264-6300	517-264-6357
Livingston	2300 E. Grand River Ste. 1, Howell, MI 48843	517-548-0200	517-548-0298
Luce	500 W. McMillan, Newberry, MI 49868	906-293-5144	906-293-3857
Mackinac	199 Ferry Lane, Saint Ignace, MI 49781	906-643-9550	906-643-7467
Macomb	21885 Dunham Rd. Ste. 7, Clinton Township, MI 48036	586-469-7700	586-783-8136
Macomb	27690 Van Dyke Ave., Warren, MI 48093	586-427-0600	586-427-0668
Macomb	41227 Mound Rd. Ste. A, Sterling Heights, MI 48314	586-254-1500	586-254-8029
Macomb	19700 Hall Rd. Ste. A, Clinton Township, MI 48038	586-412-6100	586-412-6141
Manistee	1672 US 31 South, Manistee, MI 49660	231-723-8375	231-398-2106
Marquette	Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855	906-228-9691	906-228-3393
Mason	915 Diana St., Ludington, MI 49431	231-845-7391	231-843-1430
Mecosta	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Menominee	2612 10th St., Menominee, MI 49858	906-863-9965	906-863-7426
Midland	1509 Washington Ste. A, Midland, MI 48641	989-835-7040	989-835-7597
Missaukee	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Monroe	903 S. Telegraph Ste. A, Monroe, MI 48161	734-243-7200	734-243-1660
Montcalm	609 N. State, PO Box 278, Stanton, MI 48888	989-831-8400	989-831-8496
Montmorency	13210 M-33, Atlanta, MI 49709	989-785-4218	989-785-2302
Muskegon	2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444	231-733-3700	231-733-3872
Newaygo	1018 Newell, PO Box 640, White Cloud, MI 49349	231-689-5500	231-689-5586
Oakland	51111 Woodward Ave., Pontiac, MI 48342	248-975-5400	248-975-5550
Oceana	4081 W. Polk Rd., Hart, MI 49420	231-873-7251	231-873-3803
Ogemaw	444 E. Houghton Ave., West Branch, MI 48661	989-345-5135	989-345-4688
Ontonagon	408 Cooper St. Ste. B, Ontonagon, MI 49953	906-884-4951	906-884-6323
Osceola	800 Water Tower Rd., Big Rapids, MI 49307	231-796-4300	231-796-0799
Oscoda	200 W. Fifth St., Mio, MI 48647	989-826-4000	989-826-3961
Otsego	931 S. Otsego Ave., Gaylord, MI 49735	989-732-1702	989-732-8715
Ottawa	12185 James St. Ste. 200, Holland, MI 49424	616-394-7200	616-395-5526
Presque Isle	164 N. Fourth St., Rogers City, MI 49779	989-734-2108	989-734-2767
Roscommon	111 Union St., Roscommon, MI 48653	989-275-5107	989-275-5545
Saginaw	411 E. Genesee, PO Box 5070, Saginaw, MI 48605	989-758-1100	989-758-2710
St. Clair	220 Fort St., Port Huron, MI 48060	810-966-2000	810-966-2025
St. Joseph	692 E. Main St., Centreville, MI 49032	269-467-1200	269-467-1229
Sanilac	515 S. Sandusky Rd., Sandusky, MI 48471	810-648-4420	810-648-4432
Schoolcraft	300 Walnut St. Rm. 175A, Manistique, MI 49854	906-341-2114	906-341-2110
Shiawassee	1720 E. Main St. Ste. 1, Owosso, MI 48867	989-725-3200	989-725-3308
Tuscola	1365 Cleaver Rd., Caro, MI 48723	989-673-9100	989-673-9209
Van Buren	57150 CR 681, Hartford, MI 49057	269-621-2800	269-621-2927
Washtenaw	22 Center St., Ypsilanti, MI 48198	734-481-2000	734-481-8386

County	Address	Phone	Fax
Wayne North	13233 Hamilton Ave., Highland Park, MI 48203	313-852-1700	313-852-1891
Wayne South	1801 E. Canfield Detroit, MI 48207	313-578-5500	313-578-5392
Wayne West	27540 Michigan Ave., Inkster, MI 48141	313-931-6400	313-931-6439
All Wayne	Visit <a href="http://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a> for all offices		
Wexford	10641 W. Watergate Rd., Cadillac, MI 49601	231-779-4500	231-779-4507
Outstate	PO Box 30037, Ste. 510, Lansing, MI 48909-7537	517-241-9794	517-763-0280

## Customer Reference Authorization

Pleased give us the names, addresses, and phone numbers of 5 customers (non-weatherization) for whom your company has provided any of the items listed below:

- Smart Thermostat Installation
- Furnace Clean and Tune/Repair/Replacement
- Ashrae Fan Installation/Repair/Replacement
- Water Heater Installation/Repair/Replacement
- Duct Work Installation/Repair/Replacement
- Exhaust Fan Installation/Repair/Replacement

The provision of these names and your signature below signifies that you authorize MMCAA to contact the listed persons. MMCAA will contact each customer you list and ask them questions about how satisfied they were with the work and with your firm's relations. This authorization is valid until the new contractors are selected by the MMCAA contractor solicitation committee.

Be sure to include complete contact information, including address and phone number, for each person or business. We will contact these individuals to verify residence, satisfaction, customer/worker relationship, work performed, and quality of work.

Company Name: \_\_\_\_\_

Owner Signature \_\_\_\_\_ Date: \_\_\_\_\_

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

## Selection Criteria

### Point System for Weatherization Contractor Applicants

\_\_\_\_\_ of 15 Points—Prior Experience Working with Michigan’s Weatherization Program

\_\_\_\_\_ of 10 Points—Prior Experience Working with Mid Michigan Community Action Agency

\_\_\_\_\_ of 15 Points —Female or Minority Owned

\_\_\_\_\_ of 20 Points —Firm Status in Place

\_\_\_\_\_ of 20 Points —Satisfactory Record of Past Performance

\_\_\_\_\_ of 20 Points —All Documents Requested in RFP are fully completed and submitted

Office Summary: Total Points \_\_\_\_\_ of 100



mid michigan  
**COMMUNITY**  
*Action*

"Helping People, Changing Lives."

Administrative Office  
1574 E Washington Road  
P.O. Box 768  
Farwell, MI 48622  
Phone: 989.386.3805  
Fax: 989.386.3277  
www.mmcaa.org

## Contractor Bid Application

Contractor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Owner: \_\_\_\_\_

### Instructions:

Complete this package and return to **Mid Michigan Action Agency (MMCAA)** for the final phase of the bidding process by 4:30 PM on May 17, 2021 with bids being opened on May 18, 2021. The contractor with completed packages and the highest points will be contacted by MMCAA to sign agreements. Ensure applicable documents are attached.

- \_\_\_ Background Information
- \_\_\_ Customer Reference Authorization
- \_\_\_ Certification Regarding Debarment
- \_\_\_ National Sex Offender Registry
- \_\_\_ Criminal History
- \_\_\_ Central Registry Clearance
- \_\_\_ Confidentiality Policy
- \_\_\_ Proposed Costs including Labor and Material
- \_\_\_ Contract for Service
- \_\_\_ Copies of License(s) and Certifications
  - \_\_\_ Builders Licenses or
  - \_\_\_ Maintenance and Alteration or
  - \_\_\_ Mechanical License
  - \_\_\_ Lead Certification
  - \_\_\_ IAQ Certification
  - \_\_\_ Renovator certificate
  - \_\_\_ Firm Status

### Proof of:

- \_\_\_ Workers Compensation
- \_\_\_ Employers Liability
- \_\_\_ Comprehensive General Liability
- \_\_\_ Auto Insurance



Mid Michigan Community Action is an equal opportunity provider & employer.  
Michigan Relay Center  
1-800-649-3777 (TDD) 

