DATE: February 24th, 2020

TO: Potential 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 Housing Preservation Grant. You will find attached, the Request for Proposals package with all of the pertinent information. The following is the timeline for implementation:

**February 24th, 2020**

Notification advertised on MLIVE.com and posted on [www.mmcaa.org](http://www.mmcaa.org).

**March 9th, 2020**

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 March 9th, 2020)

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 March 9th, 2020 will not be accepted.
March 11, 2020

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

March 12, 2020

Selected Contractors will be sent official notification.

March 13, 2020

Contractors acceptance meeting and Signing of contracts – 10:00 a.m. EST
Mid Michigan Community Action (MMCAA) hereby opens bidding for its Housing Preservation Grant (HPG). This program, funded by Federal and State resources, is designed to do repairs of homes occupied by low-income persons. This will be for a two (1) year contract.

**OVERVIEW OF PROGRAM ACTIVITIES**

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

A. MMCAA receives a request for repairs from a County resident.

B. MMCAA verifies that the resident is eligible to participate in the Housing Preservation Program.

C. MMCAA completes a pre-inspection of the dwelling and prepares a work order for the contractor.

D. Contractor purchases materials and performs all required work in accordance with local jurisdiction having authority.

E. When the job is complete the contractor will turn in all completed paperwork required by the agency.

F. Contractor submits invoice to MMCAA, requesting payment based on the agreed bid estimates.

G. Within ten (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.

H. MMCAA issues payment within 30 days of inspection approval.

I. All work is warrantied for a minimum of 18 months by the contractor.
BIDDING

MMCAA plans to hire three (3) primary 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 HPG jobs. MMCAA will utilize the price sheets proposed during this bid to create a Set Unit Price List for all contractors placed on the Roster. 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 work will be pre-determined and priced out prior to any contractor receiving the job.

 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 homes in Bay, Clare, Gladwin, Midland, Mecosta, Osceola 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.

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 licenses from the State of Michigan:
1. A Builder’s License, OR
2. A Maintenance and Alteration License,

A copy of the current licenses 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 HPG 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. Mid Michigan Community Action Agency will utilize a Contractor evaluation process to strictly monitor the performance of all Contractors.

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. Pricing will play a vital role in the selection of contractors and issuance of work. Failure to complete the Price Sheets will render the RFP void of any consideration.

Materials shall be installed in accordance with the specifications and policies outlined in the Michigan Residential Building Code.

JOB AWARDS

As all Contractors will be utilizing a Set Unit Price List, jobs will generally be awarded in 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 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.

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 timeline, this contract is subject to cancellation.

**CONTRACT UNDERSTANDING**

Contractors are required to furnish their own tools and must have an alternate power source (portable) for all HPG jobs; storage for materials being used; acquire permits, furnish their own transportation; documentation of current liability, worker's compensation, and auto insurance; be licensed and bonded in the State of Michigan. In order to be considered as a 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 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.

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

**SUBMISSION**

All submissions are to be in sealed envelopes plainly marked on the outside HPG 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 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:** March 9, 2020 before 4:30pm.

Bids will be publicly opened, read, and scored on March 11, 2020 before 4:30PM.

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 March 9, 2020 before 3:00pm.

Submit by Email to: JAKeyandwy@mmcaa.org or Jwalls@mmcaa.org

Submit by Phone: (989) 386-3805 ext. 1021 or 1047
**GENERAL INFORMATION**

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

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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: ________________________________

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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:

---
NON-COLLUSION AFFIDAVIT

STATE OF )

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
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 another 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 required 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.
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       __________
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.

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.

__________________________
(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
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: _____________________________________________________________________________________________________
**SECTION 1 INFORMATION ON PERSON BEING CLEARED**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Name, (First, Middle, Last)</td>
<td>Signature Required for Individual Being Cleared</td>
</tr>
<tr>
<td>Also Known as Name (AKA)</td>
<td>Social Security Number</td>
</tr>
<tr>
<td>Address</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Phone Number</td>
<td>Email</td>
</tr>
<tr>
<td>I am completing this for myself.</td>
<td>I would like to pick up my results in County (For Michigan Residents Only).</td>
</tr>
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</table>

**SECTION 2 REQUESTER INFORMATION**

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Check Appropriate Box</td>
<td>Employer</td>
</tr>
<tr>
<td>Name of Agency or Organization</td>
<td>Name of Requester</td>
</tr>
<tr>
<td>Address</td>
<td>City, State, Zip Code</td>
</tr>
<tr>
<td>Email</td>
<td>Fax, Phone Number</td>
</tr>
</tbody>
</table>

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 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
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 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.
<table>
<thead>
<tr>
<th>County</th>
<th>Address</th>
<th>Phone</th>
<th>Fax</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alcona</td>
<td>2145 E. Huron Rd., East Tawas, MI 48730</td>
<td>989-362-0300</td>
<td>989-362-6629</td>
</tr>
<tr>
<td>Alger</td>
<td>413 Maple St., Munising, MI 49862</td>
<td>906-387-4440</td>
<td>906-387-4710</td>
</tr>
<tr>
<td>Allegan</td>
<td>3255 122nd, Ste. 300 Allegan, MI 49010</td>
<td>269-673-7700</td>
<td>269-673-7795</td>
</tr>
<tr>
<td>Alpena</td>
<td>711 W. Chisholm St., Alpena, MI 49707</td>
<td>989-354-7200</td>
<td>989-354-7242</td>
</tr>
<tr>
<td>Antrim</td>
<td>203 E. Cayuga St., PO Box 316, Bellaire, MI 49615</td>
<td>231-533-8644</td>
<td>231-533-8740</td>
</tr>
<tr>
<td>Baraga</td>
<td>108 Main St., PO Box 10, Baraga, MI 49908</td>
<td>906-353-4700</td>
<td>906-353-8415</td>
</tr>
<tr>
<td>Barry</td>
<td>430 Barfield Dr., Hastings, MI 49058</td>
<td>269-948-3200</td>
<td>269-948-4101</td>
</tr>
<tr>
<td>Bay</td>
<td>1399 W. Center Rd., Essexville, MI 48732</td>
<td>989-895-2100</td>
<td>989-895-2494</td>
</tr>
<tr>
<td>Benzie</td>
<td>448 Court Plaza Govt. Ctr., PO Box 114, Beulah, MI 49617</td>
<td>231-882-1330</td>
<td>231-882-9078</td>
</tr>
<tr>
<td>Berrien</td>
<td>401 Eighth St., PO Box 1407, Benton Harbor, MI 49023</td>
<td>269-934-2000</td>
<td>269-934-2115</td>
</tr>
<tr>
<td>Branch</td>
<td>388 Keith Wilhelm Dr., Coldwater, MI 49036</td>
<td>517-279-4200</td>
<td>517-278-5346</td>
</tr>
<tr>
<td>Calhoun</td>
<td>190 E. Michigan Ave., PO Box 490, Battle Creek, MI 49016</td>
<td>269-966-1284</td>
<td>269-966-2837</td>
</tr>
<tr>
<td>Charlevoix</td>
<td>2229 Summit Park Dr., Petoskey, MI 49770</td>
<td>231-348-1600</td>
<td>231-347-6211</td>
</tr>
<tr>
<td>Cheboygan</td>
<td>827 S. Huron St., Cheboygan, MI 49721</td>
<td>231-627-8500</td>
<td>231-627-8546</td>
</tr>
<tr>
<td>Clare</td>
<td>725 Richard Dr., Harrison, MI 48625</td>
<td>989-539-4260</td>
<td>989-539-4200</td>
</tr>
<tr>
<td>Clinton</td>
<td>105 W. Tolles Rd., St. Johns, MI 48879</td>
<td>989-224-5500</td>
<td>989-224-3896</td>
</tr>
<tr>
<td>Crawford</td>
<td>230 Huron Grayling, MI 49738</td>
<td>989-348-7691</td>
<td>989-348-2838</td>
</tr>
<tr>
<td>Delta</td>
<td>305 Ludington St., Escanaba, MI 49829</td>
<td>906-786-5394</td>
<td>906-786-5350</td>
</tr>
<tr>
<td>Eaton</td>
<td>1050 Independence Blvd., Charlotte, MI 48813</td>
<td>517-543-0860</td>
<td>517-543-2125</td>
</tr>
<tr>
<td>Emmet</td>
<td>2229 Summit Park Dr., Petoskey, MI 49770</td>
<td>231-348-1600</td>
<td>231-347-6211</td>
</tr>
<tr>
<td>Genesee</td>
<td>125 E. Union St., P.O. Box 1628, Flint, MI 48501</td>
<td>810-760-2550</td>
<td>810-760-2745</td>
</tr>
<tr>
<td>Gladwin</td>
<td>675 E. Cedar Ave., Gladwin, MI 48624</td>
<td>989-426-3300</td>
<td>989-426-3353</td>
</tr>
<tr>
<td>Gogebic</td>
<td>301 E. Lead St., Bessemer, MI 49911</td>
<td>906-663-6200</td>
<td>906-663-6230</td>
</tr>
<tr>
<td>Gd Traverse</td>
<td>701 S. Elmwood Ste.19, Traverse City, MI 49684</td>
<td>231-941-3900</td>
<td>231-941-0037</td>
</tr>
<tr>
<td>Gratiot</td>
<td>201 Commerce Dr., Ithaca, MI 48847</td>
<td>989-875-5181</td>
<td>989-875-2811</td>
</tr>
<tr>
<td>Hillsdale</td>
<td>40 Care Dr., Hillsdale, MI 49242</td>
<td>517-439-2200</td>
<td>517-439-2272</td>
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<tr>
<td>Huron</td>
<td>1911 Sand Beach Rd., Bad Axe, MI 48413</td>
<td>989-269-9201</td>
<td>989-269-9875</td>
</tr>
<tr>
<td>Ingham</td>
<td>5303 S. Cedar St., Lansing, MI 48911</td>
<td>517-887-9400</td>
<td>517-887-9500</td>
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<tr>
<td>Ionica</td>
<td>920 E. Lincoln, Ionia, MI 48846</td>
<td>616-527-5200</td>
<td>616-527-1849</td>
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<tr>
<td>Iosco</td>
<td>2145 E. Huron Rd., East Tawas, MI 48730</td>
<td>989-362-0300</td>
<td>989-362-6629</td>
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<tr>
<td>Iron</td>
<td>337 Brady Ave., PO Box 250, Caspian, MI 49915</td>
<td>906-265-9958</td>
<td>906-265-6390</td>
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<tr>
<td>Isabella</td>
<td>1919 Parkland Dr., Mt. Pleasant, MI 48858</td>
<td>989-772-8400</td>
<td>989-772-8460</td>
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<tr>
<td>Jackson</td>
<td>301 E. Louis Glick Hwy., Jackson, MI 49201</td>
<td>517-780-7400</td>
<td>517-780-7160</td>
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<tr>
<td>Kalamazoo</td>
<td>322 E. Stockbridge Ave., Kalamazoo, MI 49001</td>
<td>269-337-4900</td>
<td>269-337-5179</td>
</tr>
<tr>
<td>Kalkaska</td>
<td>503 North Birch St., Kalkaska, MI 49646</td>
<td>231-258-1200</td>
<td>231-258-4482</td>
</tr>
<tr>
<td>Kent</td>
<td>121 Franklin St. SE Ste. 200, Grand Rapids, MI 49507</td>
<td>616-248-1000</td>
<td>616-248-1059</td>
</tr>
<tr>
<td>Keweenaw</td>
<td>3616 Highway US-41, PO Box 351, Mohawk, MI 49950</td>
<td>906-337-3302</td>
<td>906-337-1131</td>
</tr>
<tr>
<td>County</td>
<td>Address</td>
<td>Phone</td>
<td>Fax</td>
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<tr>
<td>Lake</td>
<td>5653 S. M-37, Baldwin, MI 49304</td>
<td>231-745-8159</td>
<td>231-745-2930</td>
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<tr>
<td>Lapeer</td>
<td>1505 Suncrest Dr., Lapeer, MI 48446</td>
<td>810-667-0800</td>
<td>810-667-0795</td>
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<tr>
<td>Leelanau</td>
<td>701 S. Elmwood Ste. 19, Traverse City, MI 49684</td>
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<td>Lenawee</td>
<td>1040 S. Winter St. Ste. 3013, Adrian, MI 49221</td>
<td>517-264-6300</td>
<td>517-264-6357</td>
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<tr>
<td>Livingston</td>
<td>2300 E. Grand River Ste. 1, Howell, MI 48843</td>
<td>517-548-0200</td>
<td>517-548-0298</td>
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<tr>
<td>Luce</td>
<td>500 W. McMillan, Newberry, MI 49868</td>
<td>906-293-5144</td>
<td>906-293-3857</td>
</tr>
<tr>
<td>Macomb</td>
<td>199 Ferry Lane, Saint Ignace, MI 49781</td>
<td>906-643-9550</td>
<td>906-643-7467</td>
</tr>
<tr>
<td>Macomb</td>
<td>21885 Dunham Rd. Ste. 7, Clinton Township, MI 48036</td>
<td>586-469-7700</td>
<td>586-783-8136</td>
</tr>
<tr>
<td>Macomb</td>
<td>27690 Van Dyke Ave., Warren, MI 48093</td>
<td>586-427-0600</td>
<td>586-427-0668</td>
</tr>
<tr>
<td>Macomb</td>
<td>19700 Hall Rd. Ste. A, Clinton Township, MI 48038</td>
<td>586-412-6100</td>
<td>586-412-6141</td>
</tr>
<tr>
<td>Manistee</td>
<td>1672 US 31 South, Manistee, MI 49660</td>
<td>231-723-8375</td>
<td>231-398-2106</td>
</tr>
<tr>
<td>Marquette</td>
<td>Courthouse Annex, 234 W. Baraga Ave., Marquette, MI 49855</td>
<td>906-228-9691</td>
<td>906-228-3393</td>
</tr>
<tr>
<td>Mason</td>
<td>915 Diana St., Ludington, MI 49431</td>
<td>231-845-7391</td>
<td>231-843-1430</td>
</tr>
<tr>
<td>Mecosta</td>
<td>800 Water Tower Rd., Big Rapids, MI 49307</td>
<td>231-796-4300</td>
<td>231-796-0799</td>
</tr>
<tr>
<td>Menominee</td>
<td>2612 10th St., Menominee, MI 49858</td>
<td>906-863-9965</td>
<td>906-863-7426</td>
</tr>
<tr>
<td>Midland</td>
<td>1509 Washington Ste. A, Midland, MI 48641</td>
<td>989-835-7040</td>
<td>989-835-7597</td>
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<tr>
<td>Missaukee</td>
<td>10641 W. Watergate Rd., Cadillac, MI 49601</td>
<td>231-779-4500</td>
<td>231-779-4507</td>
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<tr>
<td>Montcalm</td>
<td>609 N. State, PO Box 278, Stanton, MI 48888</td>
<td>989-831-8400</td>
<td>989-831-8496</td>
</tr>
<tr>
<td>Montmorency</td>
<td>13210 M-33, Atlanta, MI 49709</td>
<td>989-785-4218</td>
<td>989-785-2302</td>
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<tr>
<td>Muskegon</td>
<td>2700 Baker St., PO Box 4290, Muskegon Heights, MI 49444</td>
<td>231-733-3700</td>
<td>231-733-3872</td>
</tr>
<tr>
<td>Newaygo</td>
<td>1018 Newell, PO Box 640, White Cloud, MI 49349</td>
<td>231-689-5500</td>
<td>231-689-5586</td>
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<tr>
<td>Oakland</td>
<td>51111 Woodward Ave., Pontiac, MI 48342</td>
<td>248-975-5400</td>
<td>248-975-5550</td>
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<tr>
<td>Oceana</td>
<td>4081 W. Polk Rd., Hart, MI 49420</td>
<td>231-873-7251</td>
<td>231-873-3803</td>
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<tr>
<td>Ogemaw</td>
<td>444 E. Houghton Ave., West Branch, MI 48661</td>
<td>989-345-5135</td>
<td>989-345-4688</td>
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<tr>
<td>Ontonagon</td>
<td>408 Cooper St. Ste. B, Ontonagon, MI 49953</td>
<td>906-884-4951</td>
<td>906-884-6323</td>
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<td>Osceola</td>
<td>800 Water Tower Rd., Big Rapids, MI 49307</td>
<td>231-796-4300</td>
<td>231-796-0799</td>
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<tr>
<td>Oscoda</td>
<td>200 W. Fifth St., Mio, MI 48647</td>
<td>989-826-4000</td>
<td>989-826-3961</td>
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<tr>
<td>Otsego</td>
<td>931 S. Otsego Ave., Gaylord, MI 49735</td>
<td>989-732-1702</td>
<td>989-732-8715</td>
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<tr>
<td>Ottawa</td>
<td>12185 James St. Ste. 200, Holland, MI 49424</td>
<td>616-394-7200</td>
<td>616-395-5526</td>
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<tr>
<td>Presque Isle</td>
<td>164 N. Fourth St., Rogers City, MI 49779</td>
<td>989-734-2108</td>
<td>989-734-2767</td>
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<tr>
<td>Roscommon</td>
<td>111 Union St., Roscommon, MI 48653</td>
<td>989-275-5107</td>
<td>989-275-5545</td>
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<tr>
<td>Saginaw</td>
<td>411 E. Genesee, PO Box 5070, Saginaw, MI 48605</td>
<td>989-758-1100</td>
<td>989-758-2710</td>
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<tr>
<td>St. Clair</td>
<td>220 Fort St., Port Huron, MI 48060</td>
<td>810-966-2000</td>
<td>810-966-2025</td>
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<tr>
<td>St. Joseph</td>
<td>692 E. Main St., Centreville, MI 49032</td>
<td>269-467-1200</td>
<td>269-467-1229</td>
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<tr>
<td>Sanilac</td>
<td>515 S. Sandusky Rd., Sandusky, MI 48471</td>
<td>810-648-4420</td>
<td>810-648-4432</td>
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<tr>
<td>Schoolcraft</td>
<td>300 Walnut St. Rm. 175A, Manistique, MI 49854</td>
<td>906-341-2114</td>
<td>906-341-2110</td>
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<td>Shiawassee</td>
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<td>989-725-3200</td>
<td>989-725-3308</td>
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<tr>
<td>Tuscola</td>
<td>1365 Cleaver Rd., Caro, MI 48723</td>
<td>989-673-9100</td>
<td>989-673-9209</td>
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<tr>
<td>Van Buren</td>
<td>57150 CR 681, Hartford, MI 49057</td>
<td>269-621-2800</td>
<td>269-621-2927</td>
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<tr>
<td>Washtenaw</td>
<td>22 Center St., Ypsilanti, MI 48198</td>
<td>734-481-2000</td>
<td>734-481-8386</td>
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<tr>
<td>Wayne North</td>
<td>13233 Hamilton Ave., Highland Park, MI 48203</td>
<td>313-852-1700</td>
<td>313-852-1891</td>
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<tr>
<td>Wayne South</td>
<td>1801 E. Canfield Detroit, MI 48207</td>
<td>313-578-5500</td>
<td>313-578-5392</td>
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<tr>
<td>Wayne West</td>
<td>27540 Michigan Ave., Inkster, MI 48141</td>
<td>313-931-6400</td>
<td>313-931-6439</td>
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<tr>
<td>All Wayne</td>
<td>Visit <a href="http://www.michigan.gov/mdhhs">www.michigan.gov/mdhhs</a> for all offices</td>
<td></td>
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<tr>
<td>Wexford</td>
<td>10641 W. Watergate Rd., Cadillac, MI 49601</td>
<td>231-779-4500</td>
<td>231-779-4507</td>
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<tr>
<td>Outstate</td>
<td>PO Box 30037, Ste. 510, Lansing, MI 48909-7537</td>
<td>517-241-9794</td>
<td>517-763-0280</td>
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</table>
## MMCAA Weatherization Specification and Price Quote

All quotations in response to this request for qualifications (RFP) must comply with the following instructions. Failure to do so may result in disqualification.

All work shall comply with any applicable state and local codes.

### Contractor Signature

---

### Roofing Measures and Description

<table>
<thead>
<tr>
<th>Major Bypass</th>
<th>Material Cost</th>
<th>Labor Cost</th>
<th>Total</th>
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<tr>
<td>30 year Dimensional Shingles Per Square</td>
<td>0.00</td>
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<td>To include synthetic underlayment, ice and water shield, fasteners, single Layer Tear off, and drip edge.</td>
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<td>Flashing</td>
<td>Ln. Ft. 0.00</td>
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<tr>
<td>Metal Fascia</td>
<td>Ln. Ft. 0.00</td>
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<tr>
<td>Fascia Board</td>
<td>Ln. Ft. 0.00</td>
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<td>Metal Vented Soffit</td>
<td>Ln. Ft. 0.00</td>
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<tr>
<td>Tear off Multiple Layer</td>
<td>Per Sq. 0.00</td>
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<tr>
<td>Tear Off and Replace Sheeting</td>
<td>sq. ft. 0.00</td>
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<tr>
<td>Install Roof Boot</td>
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<tr>
<td>Ridge Cap</td>
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<tr>
<td>Can Vents</td>
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<tr>
<td>Roof deck repair</td>
<td>Sq. ft. 0.00</td>
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---
Selection Criteria

Point System for Housing Preservation Contractor Applicants

_____ of 10 Points—Prior Experience Working with Mid Michigan Community Actions Agency

_____ of 10 Points —Female or Minority Owned

_____ of 10 Points —Firm Status in Place

_____ of 10 Points —Satisfactory Record of Past Performance

_____ of 10 Points —All Documents Requested in RFP are fully completed and submitted

Office Summary: Total Points ________ of 50

Contractor selected as _____ Primary Contractor _____ Alternate Contractor
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 4:00 pm on March 9, 2020 with bids being opened on March 11, 2020. The contractor
with completed packages and the highest points will be contacted by MMCAA to sign agreements.

____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

Proof of:

____Workers Compensation
____Employers Liability
____Comprehensive General Liability
____Auto Insurance
Mid Michigan Community Action Agency, Inc.

Appeal of Bid Selection Decision

I, __________________________________ , have been denied ____________________________________

______________________________________________________________________________ by the Mid Michigan Community
Action Agency, and I wish to appeal the decision because:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

The following information, I believe, qualifies me for the service:

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

I understand that a meeting will be scheduled with the Housing Services Director and Executive
Director. If no resolution results, I will have the right to further appeal to the Board of Directors
and funding source.

I also understand that I have the right to have a representative accompany me. At the present
time, I _______ am or _______ am not planning to have a representative with me.

Signature: ________________________________________________

Address: ________________________________________________

Date: _________________________________________________

MMCAA does not discriminate against any individual or group because of race, sex, religion, age, national origin,
color, marital status, height, weight, handicap, or political beliefs.

In accordance with the Americans with Disabilities Act, all materials are available in alternate formats (large type,
audio tape, etc.). Please request seven days advance by calling 989-386-3805.
Applicant Appeals Procedure

If you have not been selected as a contractor of the low income weatherization program through Mid Michigan Community Action (MMCAA) and believe you can document that you are eligible, you have the right to appeal using the following procedure.

1. 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 letter or a denial letter.

2. If you do not agree with the Final Decision, you have the right to appeal by completing “Appeal of Service Decision” form and submitting it to MMCAA within 10 working days from the receipt of the Final Decision.

3. A meeting will be scheduled with the MMCAA Housing Services Director and Executive Director in an attempt to resolve the matter.

4. If you are still dissatisfied with the decision, you have the right to appeal the decision to the MMCAA Board of Directors. Please inform the Executive Director of your wish to meet with the Board of Directors within five days following the initial meeting (Step 3), and a meeting will be scheduled with the MMCAA Board of directors within 20 working days.

5. You will have an opportunity to present your appeal to the MMCAA Board of Directors. A representative may accompany you if you desire. Minutes of the meeting will be taken and maintained on file at MMCAA for three years. Copies of any documentation submitted by you or the agency will also be reviewed and maintained.

6. Within 10 working days from the meeting with the Board of Directors, a decision will be given to you in writing.

7. Copies of the rules governing the programs and action taken will be made available for review upon request.

8. If after receiving the decision from the Board of Directors, you still do not agree, you have the right to appeal the decision to the appropriate funding source within 10 working days or receipt of the decision.
Contractor Evaluation Process

In an effort to maintain the highest quality of work possible, MMCAA will be implementing a contractor evaluation process. The contractor evaluation will target three key areas of concern: timeliness, quality of work and invoicing. Within these three key areas will be five benchmarks that each contractor will be required to meet.

Timeliness

In order to fulfill the first benchmark set by MMCAA contractors will be required to complete and invoice weatherization projects within 20 business days of issuance. If at any time the contractor has an open job that exceeds the 20 business days, no additional work will be issued to that contractor until said job is complete and invoiced.

Quality of Work

The quality of work completed by the contractor will be evaluated utilizing three benchmarks. The first of which will be the condition in which the site is left. MMCAA expects that each weatherization site be left clean and free from excessive construction debris. The second benchmark will be evaluated on completeness of each work order. All work is expected to be complete and within the standards of applicable building codes. The third and final benchmark for defining a good quality of work will involve file documentation. Contractors will be held liable for all required file documentation including, but not limited to, Invoice, permits and any other required file documentation.

Invoicing

The fifth and final benchmark that will be evaluated by MMCAA will involve contractor invoicing. Invoices submitted by the contractors are expected to be accurate and accompanied by appropriate backup documentation.

Benchmark Evaluation

Contractors will be evaluated by either meeting benchmarks or not meeting benchmarks. One point will be given for each of the five benchmarks achieved. Three methods of benchmark evaluation will be used across five jobs. Each of the individual jobs will be evaluated on the five benchmarks. Each of the benchmarks will be evaluated over five jobs. The average benchmark total over the five jobs will be evaluated. Contractors are expected to meet all of the benchmarks but in cases where they are not met, written notification will be issued to the contractor by the Housing Services Director. Written notification will be issued for the following concerns:

1. The contractor has failed to meet three benchmarks on any job.
2. The contractor has failed to meet the same benchmark three times out the five jobs.
3. The contractor has failed to maintain the 3.5 average on benchmarks.
Written notifications will be known as “findings”. Three findings will result in a 30-day suspension. Six findings in a 6-month time frame will result in termination of contract.

**Benchmarks**

1. All work is completed an invoiced within 20 business days of issuance/notification.
2. Work site is clean and free of excessive debris.
3. All work is complete and within the standards of applicable building codes, Stand Work Specifications and the Michigan Weatherization Field Guide.
4. All required file documentation, paperwork, and pictures are complete and presented with the contractor’s invoice.
5. Contractors invoice is accurate and accompanied by appropriate backup.

**Liquidated Damages for Failed Inspections, Late Job Completion**

MMCAA incurs the cost for repeat inspections and job delays. Therefore, MMCAA reserves the right to take the following actions at MMCAA’s discretion should the CONTRACTOR routinely fail inspections or fail to complete jobs in a timely manner due to factors within the CONTRACTOR’S control:

1. Deduct $100.00 from CONTRACTOR invoices for each failed inspection, if the work fails at re-inspection.
2. Call another Contractor to correct the defects and not pay the original CONTRACTOR for the measures that did not pass inspection.
3. Charge CONTRACTOR $25.00 per business day that work is not completed by the deadline specified, unless it is for reasons beyond the CONTRACTOR’S control (e.g., client non-responsiveness or non-cooperation). The CONTRACTOR must notify MMCAA in advance of any conditions preventing timely completion of work.