

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.

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 warranted 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



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

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:



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





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

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



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



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.



mid michigan
COMMUNITY
Action

Mid Michigan Community Action
1574 East Washington Road
P.O. Box 768
Farwell, MI 48622

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

"Helping People, Changing Lives."

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.

_____ My signature below acknowledges that I have read this
(Initial) 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



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

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: _____



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



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 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.

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 www.michigan.gov/mdhhs 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

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

Date

Roofing Measures and Description

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

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



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 4:00 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 is an equal opportunity provider & employer.
Michigan Relay Center
1-800-649-3777 (TDD) 



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 and 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. Contractor’s 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.