

# CAAC Request for Proposal (RFP) Welcome Letter

Greetings Potential Weatherization Contract Bidders,

We would like to take a moment to thank you for taking the time and putting forth the effort to review this RFP and the opportunity for Community Action of Allegan County to work with you in serving members within our community that need it the most. We look forward to a strong, productive, and long-lasting working relationship with you.

There are many components of this RFP. To make certain that this RFP is filled out to the best of abilities for everyone involved we have included a step by step guide as well as a signature checklist to aid you in filling the RFP out completely.

If you have any questions regarding the process or on a specific bid requirement, please email them to: [wx@communityactionallegan.org](mailto:wx@communityactionallegan.org) or call Austen or Darrell. We will then add them to an FAQ document and address them at an "RFP Presentation Session" if needed

Please carefully read and understand all components of this RFP as laid out in the step by step guide.

Thank you for your time and effort

The Housing and Community Services Staff



## ***Housing and Community Services***

### ***Community Action of Allegan County***

***Phone:*** [269.673.5472](tel:269.673.5472) Trevor ext 238 Darrell ext 277

***Fax:*** [269.673.3795](tel:269.673.3795)

***Email:*** [wx@communityactionallegan.org](mailto:wx@communityactionallegan.org)

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# **PROPOSAL SUBMISSION**

## Procurement Schedule Key Dates

The following are the estimated key dates in the schedule for this procurement:

Request for Proposals Issued	12/13/2022
RFP Presentation Session (rsvp required)	12/21/2022
Proposals/Bid sheet due 2 p.m.	01/17/2023
Evaluations of Proposals	No Later than 01/17/2023
Contract Agreement(s) Awarded	No Later than 01/23/2023

Community Action of Allegan County reserves the right to proceed under a modified version of this schedule.

All information provided in response to this RFP is subject to verification. Misleading and/or inaccurate information can be grounds for disqualification at any stage in the procurement process.

### **The following must be completed and signed by the offeror or bidder:**

Proposal/Bid Sheet

Community Action of Allegan County Contractor Profile (Attachment A)

Central Registry Clearance Request form (Attachment B including copy of photo ID)

Employee-Contractor Background Check form (Attachment C)

Certification Regarding Debarment, Suspension, and other Responsibility Matters (Attachment D)

Non-Collusion Affidavit (Attachment E)

Certification of Compliance – Iran Economic Sanctions Act (Attachment F)

Selection Points Criteria (Attachment G)

Appropriate copies of licenses and insurances must also be included.

COMMUNITY ACTION OF ALLEGAN COUNTY Energy Programs Unit Price List Sheet (Included in email (CAAC Wx Contractor Price sheet) or due to recent SWS changes you may submit another community action agency unit price list for submission)

The proposal package shall contain all required information, shall be SEALED, and clearly labeled with the following information on the outside of the proposal package. For hard copies offerors will deliver one (1) original and two (2) copies to the following address in a sealed envelope:

Can be delivered/mailed to:

Community Action of Allegan County

323 Water Street

Allegan, MI 49010

Attn: WEATHERIZATION CONTRACTOR PROPOSAL

Submissions may also be emailed with the subject line "WEATHERIZATION CONTRACTOR PROPOSAL [COMPANY NAME]" to [Wx@communityactionallegan.org](mailto:Wx@communityactionallegan.org)

**Proposal Due Date/Time: Tuesday, January 17, 2023, at 2:00pm**

Submission of a signed proposal(s) is acknowledgment and acceptance of all terms and conditions of this solicitation. Community Action of Allegan County reserves the right to reject any proposals.

# CAAC

## Request for Proposal

### Quick Step Guide

1. Read the Bid announcement completely.
2. Read the Sample contract completely,  
Upon acceptance of your RFP a contract will be provided to awardees to sign.
3. Print, fill out, and sign this Submission document completely
4. Complete the Weatherization Contractor Unit Price Sheet for your category or due to SWS changes submit a preferred copy from another CAA with current pricing.

## BIDDER CHECKLIST

All information required by the terms of the RFP documents must be furnished.

Important items for you to check are included in, but not limited to, those listed below. This checklist is furnished only to assist you in submitting a proper bid. Check as you read.

	Is your RFP properly signed? (Refer to RFP documents)
	Completed Contractor Profile Form (Attachment A)
	<ul style="list-style-type: none"> <li>• Central Registry Clearance Request</li> <li>• Employee-Contractor Background Check form</li> <li>• Certification regarding Debarment, Suspension and other Responsibility Matters</li> <li>• Non-Collusion Affidavit</li> <li>• Certification of Compliance with Iran Economic Sanctions Act</li> </ul>
	Signed copy of Central Registry Clearance Request for owner and all employees (Attachment B)
	Signed copy of Employee-Contractor Background check form (Attachment C)
	Signed copy of Certification Regarding Debarment, Suspension, and other Responsibility Matters (Attachment D)
	Signed copy of Non-Collusion Affidavit (Attachment E)
	Signed copy of Certification of Compliance – Iran Economic Sanctions Act (Attachment F)
	Completed Contractor Selection Points Criteria (Attachment G)
	Copies of required licenses, Personal Identification (for Central Registry Clearance), and Training Certifications
	Copies of Documentation of Insurances
	Is your submission containing the RFP properly identified?

Community Action of Allegan County  
Weatherization Assistance Program

CONTRACTOR/AUDITOR/INSPECTOR PROFILE FORM

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

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

Owner/Representative: \_\_\_\_\_

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

Street

City

Zip Code

Mailing Address: (if different) \_\_\_\_\_

Street

City

Zip Code

Office Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Federal I.D. #: \_\_\_\_\_

or Social Security #: \_\_\_\_\_

What are your office hours? \_\_\_\_\_

What year was your firm/company established? \_\_\_\_\_

How many persons do you employ? \_\_\_\_\_

How many of your employees are Weatherization trained? \_\_\_\_\_

What type of Contactor/Auditor/Inspector are you?

Maintenance and Alteration    HVAC    Electrical    Residential Builder

Energy Auditor    Quality Control Inspector   Other: (explain) \_\_\_\_\_

Please check the type(s) of construction you have performed in the last year:

Home Remodeling    New Home Construction    Weatherization

Energy Auditing    Quality Control Inspection    Housing Building Inspection

Other: (explain) \_\_\_\_\_

**The following section pertains to contractors that have previous experience with the WX program in the State of Michigan only. Please skip if you have not provided Weatherization services in the past.**

How many years have you worked in the Weatherization Assistance Program? \_\_\_\_\_

For what agency do/did you provide Weatherization Assistance contracting services? List all:

\_\_\_\_\_

Have you attended the DHHS Lead Safe Work Practices training? \_\_\_\_\_ When? \_\_\_\_\_

Have you attended the DHHS Indoor Air Quality Training? \_\_\_\_\_ When? \_\_\_\_\_

Do you own blown-in insulation equipment? \_\_\_\_\_ If yes, Make/Model \_\_\_\_\_

Do you own a blower door? \_\_\_\_\_ If yes, Make/Model \_\_\_\_\_

Do you own a HEPA vacuum? \_\_\_\_\_ If yes, Make/Model \_\_\_\_\_

Please answer the following questions. Any question answered <b>Yes</b> requires that you attach documentation to this application.	Yes	No
Do you possess a Residential Builder's License?		
Do you possess a HVAC License?		
Do you possess an Electrical License?		
NREL Accredited Crew Leader Certification?		
NREL Accredited Retrofit Installer Certification?		
Are you a minority-owned business?		
Are you a Woman Business Enterprise?		
Are you capable of accepting at least five (5) jobs per year?		
Are you a Lead Abatement Contractor?		
Are your employees/subs certified in Lead Safe Work practices?		
Are you or your staff certified to do Lead Renovation (RRP)?		
Is your company a Certified RRP firm?		
Will you warranty your work for eighteen (18) months(measures)?		
Have you attended a BPI or similar training?		
NREL Accredited Energy Auditor Certification?		
NREL Accredited Quality Control Inspector?		
Similar Audit/Inspection Certifications?		
Have you attended a MIOSHA 10 hour or similar training?		

Please check the type of work you are qualified/licensed/certified to perform and indicate the years of experience you have in that area. Check if the work is performed by your company (CO) or sub-contractor (Sub).

Type of Work	# Years of Exp.	Type of Work	# Years Exp.
General Carpentry		Glass Replacement	
Roofing		Drywall	
Attic Insulation		Manufactured Home Repair	
Sidewall Insulation Dense Pack/Blown In		Heating & Ventilation – Repair & Replacement	
Crawlspace Insulation		HVAC	
Bypass/Air Sealing		Electrical	
Door Replacement		Asbestos Abatement	
Window Replacement		Lead Abatement	
IAQ Certification		Blower Door Experience	

Please provide a bank reference:		Please provide your insurance company info:	
Name		Name	
Address		Address	
City/State		City/State	
Phone		Phone	
Account #:		Policy #:	

Please provide three trade references (either trade or customer)

Reference Name	Contact Phone	Type of Work/Assistance

I authorize the COMMUNITY ACTION OF ALLEGAN COUNTY/CAA Weatherization Assistance Program administration to verify the above information. I certify that the above information is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST**  
Michigan Department of Health and Human Services  
(Revised 4-22)

<p><b>COPY PHOTO ID HERE</b></p> <p><b>OR</b></p> <p><b>ATTACH A SEPARATE PAGE</b></p>
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**SECTION 1 – INFORMATION ON PERSON BEING CLEARED**

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Name, (First, Middle, Last)	Signature Required for Individual Being Cleared	Date
Maiden Name, Aliases, also known as (A.K.A)	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).		

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**SECTION 2 – REQUESTER INFORMATION**

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Check Appropriate Box

Employer                     
  Volunteer Agency                     
  Adoption/Foster Care Home Screening  
 Court/Law Enforcement/Department of Corrections/Prosecuting Attorney  
 Other

Name of Agency or Organization <b>Community Action of Allegan County</b>	Name of Requester <b>Erin TerAvest</b>
Address <b>323 Water Street</b>	City                      State    Zip Code <b>Allegan                      MI                      49010</b>
Email <b>eteravest@communityactionallegan.org</b>	Fax                      Phone Number <b>2676735472                      2696735462</b>

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.



**COMMUNITY ACTION OF ALLEGAN COUNTY (CAAC)  
BACKGROUND CHECK**

I understand that it is the policy of CAAC to secure Residency and Criminal History information as a requirement for employment with CAAC, using the information provided below: (please print)

First Name, Middle Initial: \_\_\_\_\_

Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_

Any Alias, Nicknames or Maiden Names: \_\_\_\_\_

I have resided in Michigan for each of the past ten (10) years (please circle response): Yes No

If No, what state(s) have you resided in: \_\_\_\_\_

If I have been convicted of a felony or identified as a perpetrator, I will describe the nature and regency of the felony below:

Nature of Felony: \_\_\_\_\_

Regency of Felony: \_\_\_\_\_

I understand that the above information is required by the Michigan State Police, Central Records Division, General Office Building, 7150 Harris Drive, Lansing, Michigan 48913 and the U.S. Department of Justice, 950 Pennsylvania Avenue, Washington DC 20530-0001, or [www.nsopw.com](http://www.nsopw.com). I authorize CAAC to utilize the above information for the purpose of obtaining Criminal Conviction History and National Sex Offender Public Registry Reports.

Signature

Date

323 Water Street, Allegan, MI 49010

Phone: (269) 673-5472

Fax: (269) 673-3795

[www.communityactionallegan.org](http://www.communityactionallegan.org)



Suspension, and Other Responsibility Matters Primary Covered Transactions

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. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING 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 disbarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency.

b. Have not within a three-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a 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 governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification; and

d. Have not within a three-year period preceding this application had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective primary 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 primary participant is providing the certification set out below.
2. The inability of a person to provide the certification required below 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 below. The certification or explanation will be considered in connection with the department or agency's determination whether to enter into this transaction. However, failure of the prospective primary participant to furnish a certification or an 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 department or agency 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 department or agency may terminate this transaction for cause or default.
4. The prospective primary participant shall provide immediate written notice to the department or agency to which this proposal is submitted if at any time the prospective primary participant learns that 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 department or agency to which this proposal is submitted 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 department or agency entering into this transaction.
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 department or agency entering into this covered transaction, without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
8. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the ineligibility 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 knowingly enters into a lower tier 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 department or agency may terminate this transaction for cause or default.

NON-COLLUSION AFFIDAVIT

STATE OF: (Michigan)

COUNTY OF: (Allegan)

\_\_\_\_\_, 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 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 Community Action of Allegan 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. \_\_\_\_\_  
Signature

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

Notary Public \_\_\_\_\_  
\_\_\_\_\_ County, Michigan

My Commission Expires: \_\_\_\_\_

BIDDER: THIS AFFIDAVIT MUST BE COMPLETED, SIGNED, NOTARIZED, AND INCLUDED IN YOUR PROPOSAL SUBMISSION.

## Iran Economic Sanctions Act

### CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT

Michigan Public Act No. 517 of 2012; MCL 129.311 et seq.

I, the undersigned, owner or authorized officer of the below-named Bidder,

\_\_\_\_\_,  
Owner/Officer  
hereby certify, represents and warrants that the Bidder (including its officers, directors and employees) is not an “Iran linked business” within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the “Act”), and that in the event the Bidder is awarded a contract, the Bidder will not become an “Iran linked business” at any time during the course of performing any services under the contract.

Named Bidder: \_\_\_\_\_ By: \_\_\_\_\_  
Company Name Signature

who is the: \_\_\_\_\_ on \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
Title

CONTRACTOR SELECTION POINTS CRITERIA

Bidder: \_\_\_\_\_  
 Firm

The selection of awardees will be based on a point system, encompassing the areas listed as follows:

	10 Points for prior experience with performing work for a CAA Weatherization Program
	10 Points for submitted contractor price sheet
	10 points for BPI HEP certifications
	10 Points for experience as an insulation contractor
	10 Points for Lead Safety Trainings (Certificates required)
	10 Points for receiving Indoor Air Quality (IAQ) Training
	5 Points for all previous paperwork requirements having been satisfied during a previous contract period
	0-20 Points – Ownership of specialized Wx Equipment (5 points for ownership of an infrared camera; 5 points for ownership of a blower door; 5 points for ownership of insulation equipment capable of dense packing at 3.5 pounds per cubic foot; 5 points for HEPA vac. ownership)
	5 Points – Minority-owned Firms
	5 Points – Women Businesses Enterprises
	5 Points – Labor Surplus Area Firms

\_\_\_\_\_ Total Point