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 or call Austen or Darrell. We will then add them to a 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.

Again, 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 Austen ext 257 Darrell ext 277
Fax: 269.673.3795
Email: wx@communityactionallegan.org

CONFIDENTIALITY:*The information contained in this message and any attachments is the property of the Community Action Allegan County, and is intended for the use of the individual or entity to whom it is addressed and may contain legally privileged, confidential information and/or work product. If the reader of this message is not the intended recipient, you are hereby notified that any use, dissemination, distribution, or forwarding of this message and attachments is strictly prohibited.*

PROPOSAL SUBMISSION

Procurement Schedule Key Dates

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

Request for Proposals Issued	10/03/2024
RFP Presentation Session (rsvp required)	10/18/2024
Proposals/Bid Sheet due 3 p.m.	10/30/2024
Evaluations of Proposals	10/31/2024
Contract Agreement(s) Awarded	11/01/2024

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
Proposal Due Date/Time: Wednesday, 3:00 p.m., 10/30/2024

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)
☐	• Central Registry Clearance Request • Employee-Contractor Background Check form • Certification regarding Debarment, Suspension and other Responsibility Matters • Non-Collusion Affidavit • Certification of Compliance with Iran Economic Sanctions Act
☐	Signed copy of Central Registry Clearance Request for owner or lead employee (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?

Attachment A

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 **Yes** 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 of 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 _____

Attachment B

DHS-1929, CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Health and Human Services
(Revised 5-23)

COPY PHOTO ID HERE

OR

ATTACH A SEPARATE PAGE

SECTION 1 – INFORMATION ON PERSON BEING CLEARED

Name, (First, Middle, Last)			
Maiden Name, Aliases, also known as (A.K.A)	Social Security Number		Date of Birth
Address	City	State	Zip Code
Phone Number	Email		
☐ I would like to pick up my results in	County (For Michigan Residents Only).		
Signature Required for Individual Being Cleared			Date

SECTION 2 – REQUESTER INFORMATION

Check Appropriate Box

☐ Employer
☐ Volunteer Agency
☐ Out-of-State Child Caring Institution
☐ Out-of-State Adoption/Foster Care Home Screening
☐ Michigan Court/Law Enforcement/Department of Corrections/Prosecuting Attorney
☐ Individual Self-Request

Name of Agency or Organization	Name of Requester		
Community Action of Allegan County	Erin Teravest		
Address	City	State	Zip Code
323 Water Street	Allegan	MI	49010
Email	Fax		Phone Number
eteravest@communityactionallegan.org	269-673-3795		269-673-5472

DHS-1929 (Rev. 5-23) Previous edition obsolete. 1

Effective November 1, 2022, only confirmed cases of methamphetamine production, confirmed serious abuse or neglect, confirmed sexual abuse, or confirmed sexual exploitation will be classified as a central registry case in Michigan. Individuals may have child welfare history that previously resulted in central registry placement, but that would no longer meet the criteria. In addition, select criminal convictions involving children will result in placement on central registry.

This clearance does not identify individuals with child abuse/neglect history who did not meet the new central registry requirements as noted above or history in other states, territories, or tribal trust land.

With your signature, you are authorizing agencies to receive notice of all placements on central registry as allowable by Child Protection Law (MCL 722.627-722.627j).

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 on the basis of race, national origin, color, sex, disability, religion, age, height, weight, familial status, partisan considerations, or genetic information. Sex-based discrimination includes, but is not limited to, discrimination based on sexual orientation, gender identity, gender expression, sex characteristics, and pregnancy.

Attachment C

Helping People. Changing Lives.
community Action
ALLEGAN COUNTY
AMERICA'S POVERTY FIGHTING NETWORK

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 check 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. 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

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,

_____, hereby certify, represents and warrants that the
Owner/Officer

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