



JENNIFER M. GRANHOLM
GOVERNOR

STATE OF MICHIGAN
OFFICE OF FINANCIAL AND INSURANCE REGULATION
DEPARTMENT OF LABOR & ECONOMIC GROWTH
KEITH W. COOLEY, DIRECTOR

KEN ROSS
COMMISSIONER

REQUEST FOR PROPOSAL

BID NUMBER: OFIR-05-08
Issue Date: September 12, 2008

Living Care Disclosure Act Registration

The objective of this RFP is to retain the services of a qualified, independent contractor, to provide temporary assistance to the Office of Financial and Insurance Regulation (OFIR) in its living care disclosure act registration duties. Services under this contract are expected to begin approximately October 6, 2008.

BACKGROUND AND PURPOSE:

The Living Care Disclosure Act requires senior citizen facilities offering life care to register with OFIR. Life care facilities are reviewed for the adequacy of their disclosure, fairness of advertising, and financial viability.

The OFIR is seriously concerned about its ability to meet statutory timelines for review and approval of life care facilities due to current vacancies and timelines in the recruitment and appointment process.

DESCRIPTION OF THE REQUESTED WORK:

Provide professional consulting services to assist the Office of Financial and Insurance Regulation (OFIR) in activities related to the registration of living care entities under the Living Care Disclosure Act, PA 440 of 1976.

Contractor shall provide the following services:

- Audit and evaluate the overall condition of a living care facility's financial operations.
- Issue written comments.
- Negotiate with attorneys, chief operating and financial officers.
- Prepare registration orders authorizing living care facilities to operate in the State of Michigan.
- Review registration renewal applications and amendments to original registrations, including
 - Articles of incorporation, partnership agreement, etc.
 - Annual Reports
 - Disclosure Statement

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- Life Interest or long-term lease agreements
- Facility rules, policies and procedures required for implementation of the act
- Evaluation of compensation paid by the facility to officers, directors, management companies, consultants or persons affiliated with them for services
- Feasibility studies of new facility or new construction of an existing facility
- Annual Report of sales and proceeds
- Occupancy Reports
- Audited financial statements: (1) Balance Sheet (2) Income Statement (3) Statement of Cash Flows (4) Statement of Changes in Retained Earnings (5) Notes to the Financial Statements
- Financial statements of any guarantor
- Pro forma financial plans
- Escrow Agreements
- Advertising used in connection with the offer and/or sale of life interests or long-term leases
- Prepare final orders of registration or denial.
- Provide written comments and reports, including work papers.
- Written reports and comments produced by contractor must be prepared in accordance with OFIR standards.

Contractor shall not make final decisions for OFIR about living care registrations, but shall provide full technical support.

LOCATION OF WORK:

Contractor will work independently on assignments, working a minimum of two days per week on-site at OFIR's Lansing, Michigan office. In addition, when necessary, the contractor will need to visit the OFIR to pick up files, attend staff meetings and arrange meetings with registrants and applicants. OFIR will provide office and meeting space when performing services on-site. Other work can be performed at the contractor's location.

Contractor shall be subject to OFIR securities requirements related to any equipment assigned.

The contract budget ceiling is \$24,999.

PROPOSAL FORMAT:

Those wishing to be considered should submit a proposal that includes:

1. A description of past performance and related work, including at least three (3) references;
2. Qualifications and resume;
3. Firm fixed price: A firm fixed price is requested. The firm fixed price of the proposal should include all travel costs or other direct charges related to performance of the services.

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PROPOSAL PRICING:

The contract awarded from this RFP will be fixed price with all travel expenses. Contractor's out-of-pocket expenses are not separately reimbursable by the state.

SELECTION CRITERIA:

Each proposal received will be evaluated on the following criteria:

Criteria	Points
Professional Qualifications/Experience	55
Past Performance	30
Price	15
Total	100

Proposal Submission

All questions shall be submitted no later than 3:00 p.m., Friday, September 19, 2008. All questions shall be submitted in writing either via fax or email to the RFP contact. The answers to all questions will be posted to the Office of Financial and Insurance Regulation, "Doing Business With OFIR" web site (<http://www.michigan.gov/dleg/0,1607,7-154-10555-176304--.00.html>), where the RFP was posted.

RFP Contact: Karen Sage
RFP email address: OFIS-BIDS@michigan.gov
RFP fax: (517) 335-1439

PROPOSAL INSTRUCTIONS:

Due Date: The due date for the receipt of proposals is September 26, 2008 at 5:00 p.m.

Originals and Copies: Submit one (1) original and two (2) copies of a proposal.

Delivery of Proposal: Addresses for the delivery of proposals are as follows:

DELIVERY VIA HAND DELIVERY OR COMMERCIAL OVERNIGHT SERVICE:

Karen Sage
Office of Financial and Insurance Regulation
611 West Ottawa Street, 3rd Floor-Ottawa Building
Lansing, MI 48933

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DELIVERY VIA U.S. POSTAL SERVICE:

Karen Sage
Office of Financial and Insurance Regulation
P.O. Box 30220
Lansing, MI 48909-7720

DELIVERY VIA E-MAIL: OFIS-BIDS@michigan.gov

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ATTACHMENT B – DISCLOSURE OF INTEREST

Indicate which of the following statements are true by checking the boxes before the true statements. If a statement is not true, explain why and provide the additional information requested below. Attach additional pages if necessary.

- I and members of my immediate family own no stock or other financial or ownership interest in a LIVING CARE DISCLOSURE FACILITY or affiliate of a LIVING CARE DISCLOSURE FACILITY. [Explanation of interests should include name of facility, nature and extent of interest, value, date acquired, manner in which acquired, and name of owner of the interest.]

- Neither I nor any member of my immediate family is an officer, director, or employee of or a consultant to a LIVING CARE DISCLOSURE FACILITY or any affiliate or subsidiary of a LIVING CARE DISCLOSURE FACILITY. [Explanation should identify individual who holds the position, name of the facility, position held or nature of consultancy, and date position assumed.]

SIGNATURE

DATE