# MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

## REQUEST FOR PROPOSALS

DATE OF ISSUE: **February 12, 2016**

TO: Potential Providers of Services

RE: Request for Proposals for Licensed Professional Mechanical, Electrical, and Plumbing Engineers/Engineering Firms to Review and Accept Construction Documents

## I. Services Sought by Authority:

The Michigan State Housing Development Authority, Office of Design and Construction ("Authority") is seeking licensed professional mechanical, electrical and plumbing engineers/engineering firms to review and accept construction documents for new and rehab multifamily developments. A detailed description of the work is described in the Scope of Work attached and incorporated into this Request for Proposals ("RFP") as Exhibit A.

It is anticipated that a one (1) year contract with the option of two (2) one-year extensions may be awarded.

Women and minority-owned businesses licensed to conduct business in the State of Michigan are encouraged to submit proposals.

## II. Bidder's Authorized Signatory:

An official authorized to commit the Bidder to the terms and conditions of the proposal must sign the proposal being submitted. The Bidder must clearly identify the full title and authorization of the designated official and provide a statement of bid commitment with the accompanying signature of the official. Attach any resolutions authorizing the approved signatory with the proposal. Include the name and telephone number of person(s) in your organization authorized to expedite any proposed contract with the Authority.

**Proposals from Sole Proprietors Will Not be Accepted**

## III. Required Qualifications:

The Authority has identified the following qualifications that it believes are necessary for the successful performance and completion of the services described in Exhibit A - Scope of Work. The Bidder must:

**A.** Have experience providing the services described in the Scope of Work or similar services:

Be licensed and in good standing to practice engineering, have thorough knowledge of the Uniform Federal Accessibility Standards (UFAS) and have experience designing and/or reviewing multifamily housing. Provide a true or certified copy of your current engineering license and list of recently designed and/or reviewed multifamily developments

**B.** Assign experienced personnel to perform the services or have personnel supervised by experienced staff.

**C.** Be a Michigan entity (limited partnership, limited liability company, for-profit corporation or non-profit corporation), or authorized to do business in the State of Michigan. Provide organizational documents, including all certificates and amendments. For non-profits, provide evidence of 501(c)(3) status from the IRS. The Bidder will be required to submit the following forms based on the type of entity:

**1.** A foreign (non-Michigan) or domestic corporation or limited liability company must be licensed to do business in Michigan. The firm must submit with the proposal a *Certificate of Good Standing* issued by the Department of Licensing and Regulatory Affairs that is dated no earlier than 30 days prior to the submittal date of the proposal. Provide address of registered agent or office. (Reference Exhibit D, attached and incorporated into this RFP).

**2**. A foreign (non-Michigan) or domestic limited partnership must be licensed to do business in Michigan. The firm must submit with the proposal a *Certificate of Fact – Not Cancelled* issued by the Department of Licensing and Regulatory Affairs that is dated no earlier than 30 days prior to the submittal date of the proposal. Provide address of registered agent or office. (Reference Exhibit D, attached and incorporated into this RFP).

**D.** Have an office or a registered agent in the State of Michigan.

**E.** Have phone, internet, and e-mail access. Internet and e-mail access must be adequate enough to allow the Bidder to receive, download and upload data, files and attachments from Authority staff.

**F.** Agree to satisfy the following requirements prior to the execution a contract with the Authority:

**1.** Indemnify, defend and hold harmless the Authority, its Board, officers, employees and agents, from and against all losses, liabilities, penalties, fines, damages and claims (including taxes), and all related costs and expenses (including reasonable attorneys' fees and disbursements and costs of investigation, litigation, settlement, judgments, interest and penalties), arising from or in connection with any of the following:

**a.** any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or resulting from (1) the services provided ("Services") or (2) performance of the Services, duties, responsibilities, actions or omissions of the Bidder or any of its subcontractors under an awarded contract.

**b.** any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or resulting from a breach by the Bidder of any representation or warranty made by the Bidder in an awarded contract.

**c.** any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or related to occurrences that the Bidder is required to insure against as provided for in an awarded contract.

**d.** any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents arising out of or resulting from the death or bodily injury of any person, or the damage, loss or destruction of any real or tangible personal property, in connection with the performance of services by the Bidder, by any of its subcontractors, by anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable; provided, however, that this indemnification obligation shall not apply to the extent, if any, that such death, bodily injury or property damage is caused solely by the negligence or reckless or intentional wrongful conduct of the Authority.

**e.** any claim, demand, action, citation or legal proceeding against the Authority, its employees and agents which results from an act or omission of the Bidder or any of its subcontractors in its or their capacity as an employer of a person.

**f.** any action or proceeding threatened or brought against the Authority to the extent that such action or proceeding is based on a claim that any piece of equipment, software, commodity or service supplied by the Bidder or its subcontractors, or the operation of such equipment, software, commodity or service, or the use or reproduction of any documentation provided with such equipment, software, commodity or service infringes any United States or foreign patent, copyright, trade secret or other proprietary right of any person or entity, which right is enforceable under the laws of the United States.

**2.** Maintain and provide evidence, satisfactory to the Authority, of the following insurance coverage:

**a.** General Liability Insurance for $1,000,000 with the Authority shown as additional insured;
**b**. Errors and Omissions Insurance for $1,000,000 for each occurrence and $1,000,000 annual aggregate; and
**c.** Worker's Compensation Insurance (if required under state law). Any citing of a policy of insurance must include a listing of the States where that policy's coverage is applicable.

## IV. Submitting Proposal:

Bidders wishing to submit proposals must submit one (1) **.pdf** of a signed proposal to provide the services described in Exhibit A - Scope of Work attached and incorporated into this RFP. Submitted proposals must respond to and address the questions listed in Exhibit B - Proposal Instructions and Selection Criteria attached and incorporated into this RFP.

Firms wishing to submit proposals must also submit the Certificate Verifying Key Persons attached and incorporated into this RFP as Exhibit C, as well as the documentary information outlined in the Organization Background Checklist attached and incorporated into this RFP as Exhibit D. The due date for the Authority's receipt of the proposals responding to this RFP is **March 4, 2016** at 4 p.m.

**The Authority shall not be liable for any costs that a firm or individual may incur while preparing a proposal. The Authority shall not be liable for any costs that a firm or individual may incur prior to the complete execution of a contract. If the Authority enters into a contract, the Authority's consideration (payment) shall be limited to the term of the contract.**

## V. Questions Regarding RFP

**Questions** raised by Bidders concerning the RFP **must be submitted in writing** via mail, email or fax. **To ensure a fair and impartial process, Authority staff will not address questions concerning the RFP not submitted in writing.**

**Phone calls involving the RFP or related questions will not be accepted.**

**Firms submitting bids shall not contact any Board members or Authority staff except Libby Carpenter.**

Submit questions using the subject line *Request for Proposals for Licensed Professional Mechanical, Electrical, and Plumbing Engineers/Engineering Firms to Review and Accept Construction Documents* to the attention of:

**Libby Carpenter**
E-mail: carpenterL3@michigan.gov
Fax: (517) 335-5295

**Address all questions regarding the RFP to Libby Carpenter. Questions must be received in writing by February 19, 2016.** The Authority will answer all questions received by February 26, 2016. The Authority will hold no other question sessions or bidder's conferences. All questions and answers related to this RFP will be supplied to firms providing **Libby Carpenter** with notification of intent to submit a proposal.

If, prior to the proposal deadline, the Authority deems it necessary to provide additional clarifying information, or to revise any part of the RFP, supplements or revisions will be provided to all firms who have indicated they will submit a proposal. Proposals will then be evaluated based on the terms and conditions of the RFP, any supplements or revisions to the RFP, and the answers to any written questions.

## VI. Selection of Proposal:

The Authority will select the proposal based on the Proposal Instructions and Selection Criteria set forth in Exhibit B attached and incorporated into this RFP.

## VII. Processing Required Forms & Contract Execution:

The required forms will be submitted to Civil Service for approval, **prior** to the Authority's Board approval. Contracts that equal or exceed $45,000 must be approved by the Authority's Board. Thereafter, a contract will be forwarded to the selected Bidder that submitted the accepted proposal with instructions to execute and return two copies. Upon receiving the executed copies, the Legal Affairs Division will submit the executed copies to a duly authorized Authority signatory for execution on behalf of the Authority.

## VIII. Michigan Freedom of Information Act

All documents submitted to the Authority are subject to the Michigan Freedom of Information Act ("FOIA"). In the event a request for submitted documents is made to the Authority, the Authority's FOIA Coordinator will redact or withhold information and/or documents that are exempt from disclosure under FOIA. *See MCL 15.243 et seq.* Please note that any requests by non-MSHDA personnel to review proposals will be denied until the deadline for submission of the bids has expired. *See MCL 15.243(1)(i).*

Please submit FOIA requests to the Authority as follows:

MSHDA
c/o Jon Stuckey
FOIA Coordinator
735 E. Michigan Avenue
Lansing, MI 48912

## IX. Payments to Pensioned Retirees

2007 PA 95, MCL 38.68c requires retirees of the State Employees Retirement System ("Pensioned Retirees") who become employed by the State either directly or indirectly through a contractual arrangement with another party on or after October 1, 2007 to forfeit their respective state pensions for the duration of their reemployment. Accordingly, any pensioned retiree who

provides or renders services pursuant to the contract for which bids will be made under this RFP shall be required to forfeit his or her pension during the term of the contract.

Proposals must acknowledge and confirm whether pensioned retirees will render services under the contract being sought through this RFP. If the Bidder intends to use a pensioned retiree, the Bidder must submit written confirmation from the pensioned retiree that he or she agrees to forfeit his or her pension during the term of the contract, if awarded. If awarded a contract, the Bidder must submit a copy of the pensioned retiree's directions to the State of Michigan's Office of Retirement Services ("ORS") to withhold the retiree's pension payments until the end of the contract term by having the pensioned retiree complete the form attached and incorporated into this RFP as Exhibit G.

## X. Key Personnel

Bids must acknowledge and identify certain key personnel who will be performing services pursuant to an awarded contract and (a) sign the contract on behalf of the contractor and/or (b) are listed in the form attached and incorporated into this RFP as Exhibit C.

# MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
# REQUEST FOR PROPOSAL

## EXHIBIT A

## SCOPE OF WORK

## I. Overview

**A.** The Michigan State Housing Development Authority, Office of Design and Construction ("Authority") is seeking mechanical, electrical and plumbing licensed professional engineers/engineering firms to review and accept construction documents for new and rehab multifamily developments.

**B.** When a developer applies for a multifamily loan the proposed project must meet MSHDA's Standards of Design for new construction or rehabilitation. (For a copy of MSHDA's Standards of Design, see the link below in Section IIA(2)).

**C.** In order to provide timely customer service the Authority seeks assistance with engineering review. The service will enable the Authority to supplement our internal capacity to review construction documents for multifamily developments.

**D.** Professionals hired as design review consultants must disclose current and/or planned MSHDA-related projects and may not work for developers either seeking or have secured MSHDA financial instruments including loans, tax credits or housing vouchers.

## II. Objectives, Tasks & Activities, and Deadlines

**A. Objectives.** To successfully perform the services described in Section I above, the selected contractor must satisfy the following objectives:

**1.** Be licensed and in good standing to practice engineering, have thorough knowledge of the Uniform Federal Accessibility Standards (UFAS) and have experience designing and/or reviewing multifamily housing. Provide a true or certified copy of your current engineering license and list of recently designed and/or reviewed multifamily developments.

**2.** Review construction documents to ensure they comply with MSHDA's Standards of Design for both new construction and rehab developments. The Standards of Design defines the design process and the specific requirements for multifamily housing financed through the Authority. There is an edition for new construction and another for rehab construction Design Standards located online at: http://michigan.gov/mshda/0,4641,7-141-5587_26092---,00.html

**B. Activities/Responsibilities Necessary to Complete Scope of Work.**

To achieve the objectives, the selected contractor shall perform the following activities required to achieve the objectives:

**1.** Participate in Design Review meetings as may be required by the chief architect. At the request of the developer there may be one or two meetings per project.

**2.** Review construction documents at the feasibility, design development and construction document phases for Standards of Design compliance. When meetings are called, they occur at MSDHA's Lansing offices and include members of the development team and MSDHA staff. The development team includes the developer, design architect and contractor.

**3.** When construction documents meet the applicable Standards of Design send a memo to the chief architect stating your acceptance of the construction documents.

**C. Products or Milestones to be Met.**

1. Reports will be written in Word and transmitted via email to the chief architect and development team. An example of a report is included as Exhibit H, attached and incorporated into this document.

2. When the chief architect assigned reviews the report, a memo goes out to the design architect and the rest of the development team. An example of the memo is included as Exhibit H, attached and incorporated into this document.

**D. Deadlines for Completing Objectives.**

The consultant shall provide a written review of the documents within 10 working days of receipt from Design Architect.

# MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
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## EXHIBIT B

## PROPOSAL INSTRUCTIONS AND SELECTION CRITERIA

### I. Proposal Delivery/Submission

**A. Due Date.** Proposals responding to this Request for Proposal ("RFP") are due **March 4, 2016** at 4 p.m.

**B. Originals and Copies.** Submit one (1) **.pdf** of a signed proposal to provide the services described in the Exhibit A - Scope of Work.

**C. Delivery of Proposal.** Only electronic deliveries will be accepted. E-mail all deliveries to:

**Libby Carpenter**
**carpenterL3@michigan.gov**

**D. Selection of Proposal.** The Authority's review may take up to four weeks after the closing date for submitting proposals. The Authority anticipates notifying the selected contractor on or before **March 16, 2016** via e-mail and posting on the Authority's website; however, the selection will be contingent on approval by the Michigan Civil Service Commission and the Authority's Board. The name of the selected contractor will also be posted on the Authority's website.

**E. Commencement of Work.** Project work shall not commence until execution of a project contract. The selected contractor shall not proceed with performance of the project work or incurring of project costs until both parties have signed the project contract to show acceptance of its terms and conditions.

**F. Project Control.** The selected contractor will carry out this project under the direction and control of the Authority and its designated Contract Administrator.

**G. Quarterly Progress Reports.** The selected contractor may be required to submit brief written quarterly summaries of progress outlining the work accomplished during the reporting period. Problems, real and anticipated, or any significant deviation from the agreed-upon work plan should be brought to the attention of the Contract Administrator. A financial report of expenditures to date including any changes to approved budget or approved work schedule must be submitted as part of the report. If required, these reports will be due to the Authority each January 15, April 15, July 15 and September 15 during the project period.

**H. Final Project Summary Report.** The selected contractor may be required to submit a narrative summary of the project and its outcome. This should include an outline of the methodology used, evaluation of the project results, and a summary of what worked and what the selected contractor would do differently the next time the contractor undertakes a project of this nature. If required, one printed copy of the final summary report and an electronic version of the report in shall be submitted to the Authority.

**I. Applicable Laws.** The selected contractor will be required to comply with all Michigan and federal laws.

## II. Proposal Format

**A. Overview.** Proposals must be submitted in the format described in this Exhibit B as outlined below. There should be no attachments, enclosures or exhibits other than those considered by the Bidder to be essential to a complete understanding of the proposal. Each section must be clearly identified with appropriate headings.

The proposal should be clear, accurate, and complete, with sufficient detail to enable the Authority to evaluate the services and methods proposed. Brevity is appreciated.

**B. Format of Proposal.**

**1. Business Organization.** Include the following information and supporting documentation as outlined in Exhibit D - Organization Background Checklist found attached and incorporated into this RFP:

**a.** The full name and address of Bidder.

**b.** The branch office or name and address of registered agent, if applicable.

**c.** The type of entity (e.g., Michigan corporation, Michigan nonprofit corporation, Michigan limited liability company):

**i.** A foreign (non-Michigan) or domestic corporation or limited liability company must be licensed to do business in Michigan. The firm must submit with the proposal a *Certificate of Good Standing* issued by the Department of Licensing and Regulatory Affairs that is dated no earlier than 30 days prior to the submittal date of the proposal. Provide address of registered agent or office.

**ii.** A foreign (non-Michigan) or domestic limited partnership must be licensed to do business in Michigan. The firm must submit with the proposal a *Certificate of Fact – Not Cancelled*, issued by the Department of Licensing and Regulatory Affairs that is dated no earlier than 30 days prior to the submittal date of the proposal. Provide address of registered agent or office.

**d.** Submit a *Certificate Verifying Key Persons*. This form is found in Exhibit C, attached and incorporated into this RFP.

**e.** Submit a *Certifications Regarding Debarment, Suspension and Other Responsibility Matters* form. The form is found in Exhibit E attached and incorporated into this RFP.

**f.** Submit a *W-9 Request for Taxpayer Identification Number and Certification*. The form is found in Exhibit F attached and incorporated into this RFP.

**g.** Submit a *Retiree Rehire Certificate*, if required. The form is found in Exhibit G, attached and incorporated into this RFP.

**h.** For your convenience, a checklist of required organizational documentation is provided as Exhibit D attached and incorporated into this RFP. **NOTE**: Depending on the nature of the bid request and proposal, this checklist may not be all inclusive as additional and/or different documentation may be required.

**2. Management and Personnel.** Answer/Address the following:

**a. Officer and Management Summary.** Identify managers and/or officers who will manage the contract if it is awarded and provide their resumes or CVs. Identify officers and managers by name and position. List their responsibilities and the specific tasks each officer and manager assigned to the project will carry out and the anticipated time frames for each task. Provide current contact information including the manager(s) and/or officer(s) name, title, mailing address, email address, and phone and fax numbers.

**b. Personnel Summary.** Identify proposed key project personnel responsible for performing the service described in Exhibit A and their titles.

**3. Experience.**

**a. Prior Experience of Bidder**. Indicate prior experience of your organization that you consider relevant to the successful accomplishment of the project described in this RFP. Include sufficient detail to demonstrate the relevance of such experience. Include descriptions of qualifying experience, including project descriptions, costs, and starting and ending dates of projects successfully completed. Also include the name, address, and telephone number of the responsible official of the client organization who may be contacted.

**b. Experience of Proposed Personnel Assigned to Provide Services.** The proposal should describe the education and experience of the personnel who will be assigned to provide the proposed services, including managers who may oversee work of personnel.

c. **Additional Information and Comments.** Include any other information that is believed to be pertinent but not specifically asked for elsewhere.

d. **Confirm Whether Any Assigned Personnel Receive Pension Payments from the State of Michigan.** If any assigned personnel receive pensions from the State of Michigan, you must provide confirmation, signed by each assigned person with a State of Michigan pension, that he or she acknowledges and agrees that he or she must forfeit any pension payments made during the term of the contract. If a contract is awarded, each assigned person with a State of Michigan pension must submit a copy of the pensioned retiree's directions to the State of Michigan's Office of Retirement Services to withhold the retiree's pension payments during the contract term.

**4. Proposed Services.**

a. **How Services Will be Rendered.** Address and describe the process used to render the services and how the services will be rendered. This should be an overview of the methodology to be used, based on staff and time frames, to meet the project scope of work and complete the required services within the time frame of the project.

b. **Use of Subcontractors.** If any work will be subcontracted, describe the following:

i. Work that will be subcontracted.

ii. The process used to select the subcontractors.

iii. The subcontractor's experience and expertise.

iv. The names of the firms/individual(s) who will perform the subcontracted work.

v. How quality of service will be monitored and ensured.

c. **Standards.** Describe or address the following:

i. The standards that the services will satisfy. (If standards of a professional association will be followed, identify the standards and the association.)

ii. How quality of service will be monitored and ensured.

iii. Whether "best practices" will be followed. (If applicable, identify the organization and/or document establishing such standards.)

d. **Security of Data.** If the services to be rendered require the collection and/or use of confidential and/or personal data, confirm the following:

i. Has your organization established and used a policy to address the security of paper and electronic data? ***(Please do not submit a copy of your security policy.)***

ii. Does your policy address the removal of confidential and/or personal data from storage media? (For example, does your firm's policy include the removal or "wiping" of data from hard drives when a computer is no longer used?)

e. **Copyrighted Materials.** Acknowledge and/or confirm the following:

i. You agree that any and all products produced as a result of this contract shall be the property of the Authority.

ii. You agree that the Authority shall (a) hold a copyright on all materials or products produced under the contract and (b) be allowed to file for a copyright with the United States Copyright Office.

iii. You acknowledge that submitted documents will not contain in part or whole copyrighted materials.

5. **Price Proposal & Budget**

a. **Price Proposal. <u>All rates quoted in proposals submitted in response to this RFP will be a firm fixed price for the duration of the contract. No price changes will be permitted. The total amount paid under the duration of the contract may not exceed Sixty Thousand Dollars ($60,000).</u>**

b. **Budget.** Include in the proposal a line item budget identifying all expenses related to the work to be performed. By submitting the bid, the Bidder acknowledges that it bears the risk that its expenses may exceed the proposed amount. The budget should include applicable items, which may include the following:

i. Staff costs (# of hours/per hour rate, etc.).

ii. Costs of supplies and materials.

iii. Other direct costs.

iv. Transportation costs.

v. Total budget.

6. **Schedule/Timeline.** Bids must include a schedule for delivery of services set forth in Exhibit A - Scope of Work and cite the proposed deadlines for completing the tasks within the Scope. All work must be completed within 10 working days from receipt of request from the Design Architect.

7. **Disclosure of Participation and Interests in Authority Programs.**

   a. **Disclosure of Interests in Authority Programs.** Authority programs include, but are not limited to, the Housing Voucher Program, any loans where the Authority is the lender, and any grants made by or administered by the Authority. Submit a list of all interests that the Bidder, its officers, board members, and employees respectively have in Authority programs. If the Bidder intends to use independent contractors or subcontractors to render services, include the interests that independent contractors or subcontractors and their officers, board members, and employees respectively have in Authority programs.

   b. **Potential Conflicts of Interests.** Indicate in the proposal whether the Bidder is currently under contract and/or has been awarded a grant from the Authority. Please confirm whether any potential conflict of interest will exist if the Authority enters into a contract with the Bidder.

      Potential conflicts of interest may arise from the Bidder's officers, employees, members, board members, independent contractors or subcontractors the Bidder will use to render services if the firm enters into a contract with the Authority.

      If the Bidder is currently under contract or is receiving a grant from the Authority, indicate if the Bidder or a key person (see Section X OR APPROPRIATE SECTION in RFP) holds a position with another entity that may be under contract or receiving a grant from the Authority. Include an organizational chart from each entity under contract or awarded a grant from the Authority in which the Bidder or key person holds a position. Include each employee's position and title within the entity. In addition, indicate whether the Bidder or the Key Person is responsible for making financial decisions in his/her capacity and what measures have been implemented to ensure that funds are not comingled.

   c. **Family Members Who Work for Authority.** Please list the names of the Bidder's officers, board members, and employees who have family members who work for the Authority and the names of the family members who work for the Authority.

8. **Signature Clause to be Signed by Bidder's Authorized Signatory.** Insert into the proposal and have the authorized signatory sign the following signature clause at the end of the proposal (see Section II of RFP):

   **I confirm that I have submitted this proposal on behalf of _____in response to the Michigan State Housing Development Authority's Request for Proposals for Request for Proposals for Licensed Professional Mechanical, Electrical, and Plumbing Engineers/Engineering Firms to Review and Accept Construction Documents.**

**By:**_____

**Its:**_____

**Date:**_____

## III. Selection of Proposal

The selection of a proposal shall be subject to a review by the Authority's Legal Affairs Division concerning conflicts of interest and/or participation in Authority programs by the Bidder, its officers, employees, subcontractors or independent contractors.

**A. Selection Criteria.** The Authority will select the proposal based on Selection Criteria listed below:

| | | |
|---|---|---|
| **1.** | Experience, education or certification | 35 Points |
| **2.** | Communication skills, including clarity of proposal and writing sample | 10 Points |
| 3. | Knowledge of Standards of Design for new construction and rehab | 15 Points |
| 4. | Experience with Uniform Federal Accessibility Standards | 10 Points |
| **5**. | Amount of time available to perform services | 10 Points |
| **6.** | Reasonableness and feasibility of fee | 20 Points |
| | **Total Possible Points:** | **100 Points** |

**B. Expected Deadline for Selecting Proposal.** The Authority anticipates notifying the selected bidder on **March 16, 2016** via e-mail; however, the selection will be contingent on approval by the Michigan Civil Service Commission and the Authority's Board.

**C. Cancellation of Selected Proposal.** The selection of a proposal by the Authority may be cancelled at any time prior to the complete execution of a contract. If the Authority cancels its selection of a proposal, the Authority may repost this or a similar RFP and re-seek proposals. Reasons for canceling the selected proposal may include, but are not limited to, the following:

**1.** Refusal of Department of Civil Service to process required forms.

**2.** Refusal of duly authorized Authority signatory to execute the contract.

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**
**REQUEST FOR PROPOSAL**

# EXHIBIT C

# CERTIFICATE VERIFYING KEY PERSONS

**See appended document titled**

**CERTIFICATE VERIFYING KEY PERSONS OF THE CONTRACTOR/SUBGRANTEE**

## CERTIFICATE VERIFYING KEY PERSONS OF THE CONTRACTOR/SUBCONTRACTOR

The Contractor/Subcontractor acknowledges that the following personnel are Key Persons of the Contractor/Subcontractor in accordance with Section XI of the Request for Proposal:

(1) Name_____
*(Print or type Name above line)*

Title with Contractor/Subcontractor: _____

**Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes_____/No_____**

(2) Name_____
*(Print or type Name above line)*

Title with Contractor/Subcontractor: _____

**Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes_____/No_____**

(3) Name_____
*(Print or type Name above line)*

Title with Contractor/Subcontractor: _____

**Is the Key Person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes_____/No_____**

Print or Type Contractor/Subcontractor Name Above Line

By:_____ _____
Signature Date

Name of Signatory for Contractor/Subcontractor: _____
*Print/Type Name of Signatory Above Line*

Its:_____

Federal Identification Number:_____

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**
**REQUEST FOR PROPOSAL**

## EXHIBIT D

## ORGANIZATION BACKGROUND CHECKLIST

In order to submit a proposal, organizations must submit the following documentation as outlined below. **NOTE**: Depending on the nature of the bid request and proposal, this checklist may not be all inclusive as additional documentation may be required.

- ☐ **Articles of Incorporation**
- ☐ **Organizational Bylaws**
- ☐ **List of Board of Directors and Officers, including titles**
- ☐ **W-9 Request for Taxpayer Identification Number & Certification (see Exhibit F)**
- ☐ **CHDO Tax ID Number (if applicable)**
- ☐ **Signatory authority (if not addressed elsewhere)**
- ☐ **Required Certificates:**
  - ☐ **Foreign (non-Michigan) or Domestic corporations or limited liability companies will submit a Certificate of Good Standing (dated no earlier than 30 days of proposal submission) issued by the Corporations, Securities, and Commercial Licensing Bureau of the Michigan Department of Licensing and Regulatory Affairs . (http://www.dleg.state.mi.us/bcsc/forms/corp/fax/274.pdf)**
  - ☐ **Foreign (non-Michigan) or Domestic limited partnerships will submit a Certificate of Fact – not Cancelled (dated no earlier than 30 days of proposal submission) issued by the Corporations, Securities, and Commercial Licensing Bureau of the Michigan Department of Licensing and Regulatory Affairs. (http://www.dleg.state.mi.us/bcsc/forms/corp/fax/274.pdf**
- ☐ **Evidence of 501(c)(3) status (if applicable)**

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**
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# EXHIBIT E

# CERTIFICATE REGARDING DEBARMENTS

**See appended document titled**

**CERTIFICATE REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS FORM**

## Certifications and Representations

The Vendor must complete this section and submit with their bid or proposal. Failure or refusal to submit any of the information requested in this section may result in the Vendor being considered non-responsive and therefore ineligible for award consideration.

( ) Enclosed are annual certifications and representations

### Introduction

#### Bidder Identification

Vendor Name:_____

( ) Federal ID Number: _____ (TIN or social security number)

( ) DUNS Number: _____
Vendor is not required to have a DUNS number, but if Vendor does have one it must be listed.

#### Changes to Information

If any of the certifications, representations, or disclosures indicated in this document change during consideration of the Vendor's responses or after awarding of a contract, the Vendor is required to report those changes immediately to the Michigan State Housing Development Authority (the "Authority"), **(INSERT CONTACT INFORMATION)**

_____ (Initial)

#### False Information

If it is determined that a Vendor purposely or willfully submitted false information, the Vendor will not be considered for award, the Authority may pursue debarment of the Vendor, and any resulting Contract that may have been established will be terminated. If the Authority believes that grounds to debar exist, it shall, pursuant to the Michigan Administrative Code Rules 125.211-125.216, send notice to the Vendor of proposed debarment indicating the grounds for proposed debarment and the procedures for requesting a hearing

_____ (Initial)

### Representations

**A. Subcontractors**

**1.** The Vendor shall require each Subcontractor whose subcontract will exceed $25,000 to disclose to the Vendor, in writing, whether, as of the time of the submission of Vendor's response to this RFP, the Subcontractor or its principals is debarred, suspended, or proposed for debarment by the State. The Vendor shall then inform the Authority of the Subcontractor's status in its response and

provide reasons for the Vendor's decision to use Subcontractor, if the Vendor so decides.

**2.** Indicate below **ALL** work to be subcontracted under any resulting Contract (use additional attachment if necessary; estimates are acceptable):

| **Description of Work to be sub-contracted** | **Percent (%) of total contract value to be sub-contracted** | **Sub-contractor's name and principal place of business (City and State)** |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## Disclosures

### Vendor Compliance with State and Federal Law and Debarment

**1.** The Vendor certifies, to the best of its knowledge that within the past (3) years, the Vendor, an officer of the Vendor, or an owner of a 25% or greater interest in the Vendor:

Has _____ Has Not _____ been convicted of a criminal offense incident to the application for or performance of an Authority or State contract or subcontract;

Has _____ Has Not _____ been convicted of any offense which negatively reflects on the Vendor's business integrity, including but not limited to embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, state or federal antitrust statutes;

Has _____ Has Not _____ been convicted of any other offense, violated any other state or federal law, as determined by a court of competent jurisdiction or an administrative proceeding, which, in the opinion of the Authority, indicates that the Vendor is unable to perform responsibly or which reflects a lack of integrity that could negatively impact or reflect upon the Authority or State.

**a.** An offense or violation under this paragraph may include, but is not limited to, an offense under or violation of:

Has _____ Has Not _____ failed to substantially perform an Authority or State contract or subcontract according to its terms, conditions, and specifications within specified time limits;

Has _____ Has Not _____ violated Authority or State bid solicitation procedures or violated the terms of a solicitation after bid submission;

Has _____ Has Not _____ refused to provide information or documents required by a contract including, but not limited to information or document necessary for monitoring contract performance;

Has _____ Has Not _____ failed to respond to requests for information regarding Vendor's performance, or accumulated repeated substantiated complaints regarding performance of a contract/purchase order; and

Has _____ Has Not _____ failed to perform an Authority or State contract or subcontract in a manner consistent with any applicable state or federal law, rule, regulation, order, or decree.

**2.** For purposes of this Section, "Principals" means officers, directors, owners, partners, and any other persons having primary management or supervisory responsibilities within a business entity. The Vendor certifies and represents, to the best of his knowledge that the supplier and/or any of its Principles:

Are _____ Are Not _____ presently debarred, suspended, proposed for debarment, or declared ineligible for the award of a purchase by any state or federal agency;

Has _____ Has Not _____ not with in a 3-year period preceding this RFP, been convicted 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) purchase.

Are _____ Are Not _____ presently indicted for, or otherwise criminally or civilly charged by a governmental entity with, the commission of the any of the offenses enumerated in section 3.1(c) of this Contract.

Has _____ Has Not _____ within a 3-year period preceding this solicitation had one or more purchases terminated for default by any state or federal agency.

**3.** The Vendor shall provide immediate written notice to the Authority if, at any time before the purchase award, the Vendor learns that its certification was erroneous when submitted or has since become erroneous because of changed circumstances.

**4.** A certification that the Vendor or its Subcontractors is presently debarred, suspended, proposed for debarment or declared ineligible for award of a purchase by any state or federal agency will not necessarily result in withholding an award under this solicitation. However, the certification will be considered in connection with a determination of the Vendor's responsibility. Failure to furnish the certification or provide such information as requested by the Authority may render the Vendor response non-responsive.

**5.** Nothing contained in this Section shall be construed to require establishment of a system of records in order to render, in good faith, the certification required this Section. The knowledge and information of a Vendor is not required to exceed that which is normally possessed by a prudent person in the ordinary course of commercially reasonable dealings.

**6.** If it is later determined that the Vendor knowingly rendered an erroneous certification under this Section, in addition to the other remedies available to the Authority, the Authority may terminate any resulting contract for default.

_____ (Initial)

**Employee and Subcontractor Citizenship**

The Vendor certifies that all employees, contractors, Subcontractors, and any other individual involved in the performance of this Contract, **except those listed below**, are citizens of the United States, legal resident aliens, or individuals with valid visa (use additional attachment if necessary; estimates are acceptable):

| Employee Name | Title |
|---|---|
| | |
| | |
| | |
| | |

_____ (Initial)

**RFP Preparation**

The Vendor shall notify the Authority in its bid proposal, if it or any of its Subcontractors, or their officers, directors, or key personnel has assisted with the drafting of this RFP, either in whole or in part. This includes the conducting or drafting of surveys designed to establish a system inventory, and/or arrive at an estimate for the value of the solicitation.

The Vendor hereby certifies that it HAS _____, HAS NOT _____ assisted in the development of this RFP.

Except for materials provided to all Vendors as part of this RFP, the Vendor shall provide a listing of all materials provided by the Authority to the Vendor containing information relevant to this RFP, including, but not limited to: questionnaires, requirements lists, budgetary figures,

assessments, white papers, presentations, RFP draft documents. The Vendor shall provide a list of all State employees with whom any of its personnel, and/or Subcontractors' personnel has discussed the RFP after the issuance date of the RFP.

**AS THE AUTHORIZED CERTIFYING OFFICIAL, I HEREBY CERTIFY THAT THE ABOVE SPECIFIED CERTIFICATIONS ARE TRUE.**

_____

**SIGNATURE OF AUTHORIZED CERTIFYING OFFICIAL**

_____

**TYPED NAME AND TITLE**

_____

**DATE**

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**
**REQUEST FOR PROPOSAL**

# EXHIBIT F

# W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION

**See appended document titled**

**W-9 REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

**Print or type**
See **Specific Instructions** on page 2.

Name (as shown on your income tax return)

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required): ☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)

Requester's name and address (optional)

City, state, and ZIP code

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

☐☐☐ – ☐☐ – ☐☐☐☐

**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Employer identification number**

☐☐ – ☐☐☐☐☐☐☐

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here** **Signature of U.S. person ▶** **Date ▶**

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

**Other entities.** Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/ disregarded entity name" line.

## Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/ disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

**Note.** If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),

2. The United States or any of its agencies or instrumentalities,

3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,

4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or

5. An international organization or any of its agencies or instrumentalities.

Other payees that may be exempt from backup withholding include:

6. A corporation,

7. A foreign central bank of issue,

8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,

9. A futures commission merchant registered with the Commodity Futures Trading Commission,

10. A real estate investment trust,

11. An entity registered at all times during the tax year under the Investment Company Act of 1940,

12. A common trust fund operated by a bank under section 584(a),

13. A financial institution,

14. A middleman known in the investment community as a nominee or custodian, or

15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|---|---|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 5 and 7 through 13. Also, C corporations. |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over $600 required to be reported and direct sales over $5,000 [1] | Generally, exempt payees 1 through 7 [2] |

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

## Part I. Taxpayer Identification Number (TIN)

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** *A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.*

## Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

**Signature requirements.** Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

**1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.

**2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

**3. Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

***Example.*** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

### Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

### Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

### Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

**Sole proprietor.** Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

**Partnership, C Corporation, or S Corporation.** Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

**Disregarded entity.** Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

**Note.** Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

**Limited Liability Company (LLC).** If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

**4. Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

**5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

## What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account [1] |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor [2] |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee [1] |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner [1] |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner [3] |
| 6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A)) | The grantor* |
| **For this type of account:** | **Give name and EIN of:** |
| 7. Disregarded entity not owned by an individual | The owner |
| 8. A valid trust, estate, or pension trust | Legal entity [4] |
| 9. Corporation or LLC electing corporate status on Form 8832 or Form 2553 | The corporation |
| 10. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 11. Partnership or multi-member LLC | The partnership |
| 12. A broker or registered nominee | The broker or nominee |
| 13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |
| 14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B)) | The trust |

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

***Note.** Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

## Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**
**REQUEST FOR PROPOSAL**

# EXHIBIT G

# RETIREE REHIRE CERTIFICATION

**See appended document titled**

**RETIREE REHIRE CERTIFICATION**

Department of Technology, Management & Budget
Office of Retirement Services
www.michigan.gov/ors (800) 381-5111
P.O. Box 30171
Lansing MI 48909-7671

# Retiree Rehire Certification

*For State of Michigan Retirees*

Complete this form if you retired from the state of Michigan, receive a pension, and are subsequently rehired by the state. For more information, see the back of this form and go to **www.michigan.gov/orsstatedb**, and navigate to the *After You Retire, Working After You Retire* section.

**Section 1**: To be completed by the retiree.

| RETIREE NAME (LAST, FIRST, M.I.) | SSN/MEMBER ID | DAYTIME TELEPHONE ( ) |
|---|---|---|
| STREET ADDRESS | CITY, STATE, ZIP CODE | |

- I understand that Defined Benefit retirees of the State Employees Retirement System who become employed by the State of Michigan as an employee, independent contractor, or through a contractual arrangement with another party, agree to forfeit their state pension for the duration of the reemployment.
- I understand that former qualified participants of the State of Michigan Defined Contribution Plan who transferred from the Defined Benefit plan to the Defined Contribution plan, retired under the 2002 Early Out, and became reemployed as described above, forfeit their retirement allowance payment for the duration of the reemployment. However, the Defined Contribution account(s) and any associated payouts would not be affected.
- I understand that if I am employed by the state of Michigan for any period of time within the month, I forfeit the entire pension payment for that month.
- I understand that I am required to repay any previous state of Michigan pension payments received in error while working for the state of Michigan as a retiree.
- I understand that in order to reinstate my pension payments, I must inform the Office of Retirement Services (ORS) in writing when my reemployment with the state of Michigan ends.
- I understand that I can only be enrolled in one State group insurance plan, either the retiree or active employee group insurance plan.

Please check one box:

☐ I am currently enrolled in the retiree group insurance plan and choose to remain in this plan. I understand that ORS will bill me directly for the retiree cost share of this insurance plan.

☐ I am currently enrolled in the retiree group insurance plan and choose to cancel my enrollment in this plan.

☐ I am not currently enrolled in the retiree group insurance plan.

*In accordance with Public Act 240 of 1943, as amended, I certify that I am retired from the state of Michigan and I understand the conditions specified above.*

RETIREE'S SIGNATURE _____ DATE SIGNED _____

**Section 2:** To be completed and signed by the employing agency.

I certify that the above individual will be employed with the state of Michigan starting ____/____/20_____ .

| EMPLOYING AGENCY NAME | EMPLOYING AGENCY CONTACT NAME (PRINT) | TELEPHONE NUMBER |
|---|---|---|
| EMPLOYING AGENCY ADDRESS | EMPLOYING AGENCY CONTACT SIGNATURE | DATE SIGNED |

If the employing agency listed above is a temporary employment or contracting agency, provide the state of Michigan department/agency contact information below and send a copy of the completed form to the department listed.

| SOM DEPARTMENT NAME | SOM DEPARTMENT CONTACT NAME | TELEPHONE NUMBER |
|---|---|---|

Employing agency return the completed form to:

**Office of Retirement Services, P.O. Box 30171, Lansing, MI 48909-7671**

R0792G (Rev. 10/2010)
Authority: 1943 P.A. 240, as amended

**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY**
**REQUEST FOR PROPOSAL**

# EXHIBIT H

# SAMPLE MEMO AND REPORT

**See appended document titled**

**SAMPLE MEMO AND REPORT TO DESIGN ARCHITECT**

RICK SNYDER
GOVERNOR

STATE OF MICHIGAN
MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

KEVIN ELSENHEIMER
EXECUTIVE DIRECTOR

# SAMPLE

## M E M O R A N D U M

DATE: ********

TO: ********

FROM: Maryanne Vukonich, Chief Architect

SUBJECT: MSHDA # *****
Contacts List & MSHDA Design Review Protocol

Here is a list of MSHDA staff and consultants who will be reviewing the construction documents for this development.

The second page contains MSHDA's Design Review and Response Protocol.

Send each review or response via e-mail to all parties noted below.

| **MSHDA STAFF** | **MSHDA CONSULTANTS** | **Development Team** |
|---|---|---|
| Chief Architect: | Architectural Reviewer: | Architect: |
| | | |
| | | |
| | Site Design Reviewer: | Sponsor: |
| | | |
| | | |
| | Engineering Reviewer: | Contractor: |

# SAMPLE

Design Review and Response Protocol

Reviews and Responses

1) Reviews and responses must have a heading at the top of the page indicating the sender, date of the review or response, and MSHDA development name and number. For the date of the review or response, use the date the document is sent via e-mail.
2) Send reviews and responses via e-mail as an attached document (preferably as a Word document). Include copies to all parties included in the Contacts List dated _____

Reviews

1) Identify the documents reviewed by sheet number and latest revision date. If dates vary, indicate the date of each document so that all parties can identify the documents reviewed. Indicate the date you received all information necessary to do the review. Normally this would be the date the Reviewer has both the written response and the revised drawings and specifications.
2) All recommendations must be specific. Indicate where to find the reviewed item and the specific outcome required, i.e. changes to be made, additional information to be provided, or clarifications required. If meeting a MSHDA Design Standard is the issue, reference the MSHDA Standard. Review comments are not limited to specific MSHDA Design Standards and Code issues. Reviewers may include any items that, in their professional opinion, would improve the design of the development or the effectiveness of the contract documents.
3) Send all reviews to the Architect of Record for the development as the person responsible for the response.
4) Continue the review process until the Architect has satisfactorily addressed all comments in the latest review response or until MSHDA accepts remaining responses in writing. If all review comments have been satisfactorily addressed in the construction documents, issue a final review with responses noted as satisfactory. The Reviewer may defer to MSHDA concerning any response the Reviewer feels appropriate to leave to a decision from the MSHDA Design Review staff.

Review Response

1) The Architect of Record is to respond to all portions of all reviews. If there are design professionals other than the Architect for Civil, Landscaping, PME, or other categories of work, their responses must be reviewed by the Architect and incorporated into the Architect's response. The Architect is responsible for confirming that consultants employed by the Architect or Sponsor receive reviews and other pertinent development correspondence, and for coordinating changes throughout the construction documents.
2) Indicate the Reviewer and the review date in the response. Retain in the response all comments made in the review, including comments noted as satisfactorily addressed in previous reviews.
3) The response must be specific as to what was done, why, and where the change is found in the contract documents. If no change is made, explain why. "See revised drawings", and "See revised specification", are not acceptable responses. Use a contrasting font for the response so the reader can differentiate the response from the text of the review. (Color can be used but should not be the sole means of telling the difference.)
4) If revisions have been made in response to the review, revised documents must be sent to the Reviewer as a condition for completing the review.
5) Provide a single set of drawings and specifications to each MSHDA assigned Consultant and only one set to the MSHDA Design Review Office in Lansing.

All Correspondence

1) Please include the MSHDA development name and number in all correspondence, including the subject line of all e-mail correspondence.

# SAMPLE

**Michigan State Housing Development Authority (MSHDA)**

[Review Date]

Project: MSHDA number
Development name
Location

Reviewing Engineer:

Review Documents: Review of Drawing Set dated July 31, 2013. MSHDA Standards indicated in black, reviewers' comments in blue.

**15000 Mechanical**

**15010 Design**
Energy load data for heating, cooling and electrical energy loads comprised of summary loads of each type of dwelling shall be included as part of the Commitment Submission. (Refer also to **00114**)
Not on drawings or in specifications please provide.

**15010.2 Heating and Cooling**
All dwelling units shall have individual HVAC units. Wall or window mounted air conditioning is not acceptable in new construction.
Acceptable

Where unit entries are located at grade for units that have living areas above grade i.e. individual entry stacked units, a supply air duct run shall be provided at the grade level entry foyer. At a minimum, this duct shall be provided in the ceiling of this foyer.
Acceptable.

Electrical heating shall not be used except as specifically approved by MSHDA. Allowable in the foyer of multi-unit building. (Refer also to **16850**.)
Electric base boards specified.

All common corridors in developments shall be air-conditioned and provide positive air pressure. Corridor make-up air shall maintain corridor temperature at 76 degrees F in the summer and 70 degrees F in the winter. (Refer also to **15600.1**)
Acceptable.

Common laundries, craft rooms and trash and trash compactor rooms shall all be designed to have negative pressure.
Common laundries are positive with no exhaust.

**15010.3 Appliances**
Garbage disposal units shall be provided in all dwelling unit kitchens and common space kitchens. (Refer also to **11452**.**5)**
Acceptable specified.

Exhaust hoods over ranges/ovens shall include a task light. (Refer also to **11452.4** and **16510**.)
Not shown or specified.

**15050 Basic Materials and Methods**

**15050.2 Valves**
Hot and cold water shut off valves for each living unit shall be provided. Valves shall be installed at all service connections and in all branch lines and risers.
Acceptable.

**15050.7 Wall, Floor and Ceiling Plates**
In finished spaces and within sink and vanity bases, furnish a chromium plated sectional escutcheon on each pipe or hanger rod penetrating the wall, floor or ceiling. Plates shall fit snugly.
Chromium plated escutcheons are not specified.

**15050.8 Plastic Drain Pipe**
Cellular foam core PVC shall not be used.
Acceptable only PVC specified.

**15180 Pipe Insulation**
Insulation shall be continuous over pipes, valves and fittings, etc.
Acceptable.

**15180.1 Heating Piping**
Insulation with a minimum C value of 0.56 shall be securely applied to all steam heating and hot water heating supply and return piping exposed or concealed, except short run-outs above the floor to terminal units and in such locations where the piping is completely imbedded in an insulated wall.
C value is not given.

**15180.2 Domestic Water Supply**
Insulation and a vapor barrier shall be securely applied to all domestic water mains, all domestic horizontal cold water piping, domestic water piping installed in locations of the building subject to freezing temperatures, and vertical piping where condensation can create a problem.
Acceptable all needed piping is insulated.

Additionally, insulation with a minimum C value of 0.50 shall be applied to all recirculating domestic hot water piping. Hot water lines that are dead end loops such as running from mains to service a single unit need not be insulated.
No C value is given.

**15180.3 Storm Water Piping**
Insulate all horizontal storm water piping above finished ceilings, including elbows looking up, elbows looking down from the horizontal and underside of drains.
Acceptable sloped roof, no storm piping.

**15250 Water Softeners and Water Conditioning**
Any domestic water supply with hardness in excess of 200 milligrams/liter of Calcium Carbonate shall be treated by water softening domestic hot water. This determination will be made by MSHDA Design and Technical Resource staff and will be based upon water quality data provided by the Drinking Water and Radiological Protection Division of the Michigan Department of Environmental Quality.
Water hardness not given.

Domestic hot water only shall be treated. Where it is economically infeasible to treat only the hot water the domestic cold water may be treated. (Refer also to **11250**.)
No water softener shown for HW.

**15460 Plumbing Fixtures and Trim**
Kitchen sinks shall be double bowl and shall be stainless steel. (Refer also to **00150D**.) Sinks shall have a single lever control. A garbage disposal shall be provided. Lavatories shall not be fiberglass material. Wall hung lavatories shall not be used in any units. (Refer also to **11452** and **11455**.) In common areas where wall hung lavatories are used, use wall chairs to support the lavatories.
Acceptable.

All bathtub bottoms shall have a non-slip finish.
Non slip not specified.

In housing for elderly residents, unit bathroom should be designed, **if feasible**, with water closets located in a corner to facilitate the future addition of grab bars. (Refer also to **10800**.)
Units C, C2, and C3 are not in corners

All bathroom water controls shall be single lever controls.
Acceptable.

All exposed fittings, trimmings, faucets, traps and exposed connections shall be chromium plate brass.
Acceptable.

Faucets shall be heavy brass, compression type with renewable seats and discs or cartridge style.
Acceptable.

Provide a stop or shut-off valve in the water connection(s) to each water heater, water closet, group of fixtures and main riser.
Acceptable Specified.

**15470 Water Heaters**
Where permitted shutoff valves for inlet and outlet lines shall be provided for ease of replacement.
Acceptable, Specified.

**15470.2 Commercial Water Heaters**
Water heaters shall be gas-fired. All common water heaters shall be of the continuous recirculation design.

Acceptable.

**15500 Fire Protection Sprinkler Systems**
All fire sprinkler heads within residential space shall be white in color recessed into ceilings and walls.
Acceptable.

**15600 Heat Generation**
**15600.1 Boilers and Chillers**
Gas fired boilers shall be used where heating systems are not provided for each senior dwelling unit. Boiler systems shall have two or more boilers and shall be furnished with a control panel designed to reset the supply water temperature based on the outdoor temperature. The Control panel shall step fire the boilers in sequential order. A heat exchanger is to be provided so that each unit may have cool air. Systems shall be designed to evenly and adequately distribute conditioned air throughout the living unit. (Refer also to **15010.2**)
N/A, used for snowmelt.

All heating systems shall be designed so that each living unit has at least one thermostat to control space temperature.
Acceptable.

**15900 Mechanical Controls**
**15900.1 Thermostats**

In all heating/cooling systems, unit thermostats shall be placed on an interior wall, at 48" above the finish floor, away from the direct flow of forced air and drafts. (refer to **15600.1**)
Acceptable in specifications.

Thermostats in common areas shall have automatic setback controls.
Acceptable.

**15990 Testing and Balancing**
All testing and balancing of mechanical systems shall conform to the Associated Air Balance Council (AABC) or National Environmental Balancing Bureau (NEBB) Standards.
No TAB specification.

**Review of Mechanical Drawings**
**General Comments**

Confirm self-contained HVAC units are 10 feet from exhaust, example active director office on first floor.

**16000 Electrical**
**16010 Design**
Electrical service shall be designed so that all dwelling units can be metered separately.
Acceptable.

Large multipurpose rooms shall be wired so that one half the fixtures may be shutoff and a uniformly reduced lighting level is achieved with the balance of the lighting wired in a similar manner.
Revise lighting in Computers/Library 215 to meet these requirements.

An electrical outlet shall be conveniently placed for a counter top microwave oven, unless a built-in microwave is being provided. (Refer also to **11452.3**.)
Acceptable.

**16010.1 Doors**
Exterior doors in buildings designed for multiple dwelling units for elderly residents in areas where security from trespass is anticipated as a substantial problem shall have door ajar alarms wired to a central control panel. The door ajar signal shall have a manual reset. (Refer also to **08710**)
Show access control panel on drawings (Manager's Office).

Main entrance doors to buildings designed for access to multiple dwelling units for residents shall have electric door release. (Refer also to **16010.1**.)
Acceptable.

**16140 Wiring Devices**
**Switches**
A dwelling unit's bath exhaust fan shall be switched separately from the lights. Bathroom lights shall be the first switch adjacent to the door latch; the second switch shall be for the bathroom exhaust fan. (Refer also to **11452.6** and **15010.3**)
Barrier free cottage units do not meet this requirement.

**16200 Emergency Generator**
An emergency generator shall be provided in any MSHDA financed multi-story building exceeding forty feet to the top floor. Additionally any building that is required to have a fire pump for the fire protection system, unless a diesel fire pump is provided, shall have an emergency generator.
Acceptable.

Emergency Generators shall provide automatically transferred power for the full operation of all loads essential for the safety of human life as defined in N.E.C. and Life Safety Code 101. In addition, the system shall include but not be limited to: lighting in areas of refuge, emergency elevator (with cab size capable of handling a stretcher horizontally), and emergency call systems.
Add emergency call system to Panel EPP (emergency generator power).

Where capacity exists in a generator sized for the above equipment, recirculation pumps on boilers and make up air supply shall be powered off that generator.
Add if capacity exists.

The emergency generator shall be provided with a fuel supply that will operate such a generator for a minimum of 24 hours. No underground storage tanks shall be used.
Natural gas generator.

**16500 Lighting**
**16500.1 Lighting Levels**

Average illumination levels at the task surface shall be:
50 fc offices
15 fc corridors, lobby, stairs
30 fc kitchen counter top, sink and range surfaces
15 fc toilet rooms and bathrooms at vanity top
10 fc bathrooms at bathtub
10 fc store rooms, mechanical rooms, electrical rooms, etc.
Provide normal illumination levels (photometrics) for these rooms/areas; only emergency illumination levels (photometrics) have been provided.

In housing for elderly residents, provide lighting at vanity tops equal to 30 fc.
Fixtures shall be selected to provide a minimum of glare.
Provide normal illumination levels (photometrics) for lighting at vanity tops to verify the lighting level has been accomplished.

Egress emergency lighting shall be maintained at a 1 foot-candle level inside the building and to a point 20 feet outside the building exits.
Provide egress illumination levels (photometrics) to a point 20 feet outside the building exits.

**16500.2 Night lights**
A night light, or outlet for a night light, shall be provided near the bedroom/bathroom area in all units.
Add a night light outlet to type “B” Unit Plan w/ Firewall, Typical “B2” Unit Plan, and Typical “B3” Unit Plan.

**16503 Poles, Posts, and Standards**
Building mounted lighting for purposes of lighting parking lots and walks to or from parking shall not be used. Pole mounted lights of an appropriate height shall be used for such purposes. Aluminum poles are preferred.
Acceptable.

Lighting shall be provided beneath carports at the same ½-foot candle lighting level required for parking. (Refer also to **02780**)
Lighting is not shown for some of the carports. Show lighting for all carports and indicate illumination levels (provide photometrics for site lighting including car ports).

**16510 Interior Luminaires**
**16510.1 Corridor Lighting**
Wiring systems shall be designed to allow shutdown of half the corridor lighting at night. This does not apply to garden apartment buildings with common corridors.
Acceptable.

Corridor lighting shall be fluorescent lighting. This requirement is not to discourage attractive fixtures such as wall sconces as these fixtures with a variety of lamps types are available for fluorescent applications. Corridor lighting shall be a minimum of 15 foot-candles.
Provide normal power corridor illumination levels (photometrics) to verify minimum of 15 footcandles has been achieved.

**16510.2 Common Area Lighting**

Common area lighting shall be fluorescent lighting. Exceptional situations may exist where incandescent lighting may be used, however alternative fluorescent fixtures should be evaluated for all common area conditions.
Acceptable.

**16510.3 Kitchen Lighting**
Dwelling unit kitchen lights shall be fluorescent. Each kitchen shall have a task light above the sink and a ceiling mounted general kitchen light. Additionally the range hood shall have a task light. (Refer also to **00150 D**.)
Task lights in range hoods are only shown for the barrier-free units. Show task lights for all range hoods.

**16510.4 Fixture Types**
Bare bulb porcelain fixtures shall not be used except in basements and mechanical closets.
Verify if bare bulb porcelain fixture in Mech./Jan. Clos. 134 and Stor. 301 is acceptable.

Exit lights shall be LED type fixtures.
Acceptable.

**16520 Exterior Luminaires**
Exterior lighting shall be controlled by photocells. Luminaires shall be designed to reduce light spillage into unwanted areas.
Provide site lighting illumination levels (photometrics).

Site development signs shall be illuminated (refer also to **02780** and **02980**.)
Acceptable.

**16520.1 Balcony and Patio Lighting**
Balconies and patios shall have a switched light.
Add a switched light to patio for Type “A” Unit w/o Balcony. Change from three-way switch to single pole switch on cottage unit plans.

**16522 Roadway and Parking Luminaires**
Exterior lighting levels for parking and walk areas shall be a minimum of 1/2 footcandle. Provide a maximum to minimum foot-candle ratio of 10 within the limits of the parking area and walks to buildings.
Provide site lighting illumination levels (photometrics).

**16720 Alarm and Detection Systems**
**16720.1 Smoke Detectors**
All dwelling unit smoke detectors shall be photoelectric type except in the kitchen.
Acceptable.

In buildings for elderly residents the unit smoke detectors shall be part of a “fully addressable” system and shall be wired to activate an audible alarm in the unit and at the primary annunciator panel. The system shall also activate a remote signal in the manager's unit if a secondary panel is provided. Unit smoke detectors shall not be wired

in a "buddy" or "zoned" configuration with other **dwelling** units nor shall they initiate the general building alarm.
“Fully addressable” shall mean that this unit smoke detector system shall have the capability to identify the location of the dwelling unit from which the signal originated and display such information at the annunciator panel. The system must require a manual reset at the annunciator panel. The system shall also have the capability to send the same identifying information to a remote location off-site to a monitoring agent, a pager, etc.
The operation of this system shall be discussed during the design stage with the local fire department to determine how the system shall operate. The operation of the system shall comply with the fire department regulations, however the capabilities of the system, as required herein, shall not be diminished.
The fire alarm riser diagram shows initiation devices zoned by floor and wing. This is not acceptable for smoke detectors in dwelling units. Revise. Verify that the system has the capability to send identifying information to a remote location off-site.

**16720.2 Emergency Call**
An emergency call system shall be installed in all buildings designed for elderly residents. The emergency call system shall be a “fully addressable” system which shall include:
1) pull cord stations in the bathroom and bedrooms with "furnishability"
dictating station placement (note especially conflicts with towel bars);
2) **optionally** a light, and only a light (not to include a bell or alarm) over the unit entry;
3) an annunciator panel located in the manager's office or reception area on which a light displays and a sound is emitted to indicate the dwelling unit in which the emergency call was pulled; and
4) **optionally** a remote annunciator panel located in the manager's unit.
To be “fully addressable” the display at the office annunciator panel(s) shall
differentiate between the smoke detector alarm signal and the emergency call signal and shall be able to identify from which dwelling unit the call originated. The system must require a manual reset at the annunciator panel. The system shall have the capability to send the same identifying information to a remote location off-site to a monitoring agent, a pager, etc.
The operation of this system shall be discussed during the design stage with the local emergency medical service provider to determine how the system shall operate. The operation of the system may comply with the service provider regulations, however the capabilities of the system shall not be diminished.
Acceptable.

**16722 Building Security and Detection Systems**
Intrusion alarms shall be installed within residential units, which are at grade or otherwise accessible to intrusion, in areas where criminal trespass is a substantial problem.
Acceptable.

**16740 Telecommunications Systems**
In dwelling units designed for occupancy by elderly residents, a telephone jack shall be provided in the living area and in the bedroom.
Add a telephone jack to Typical “C3” Unit Plan in living area.

**16760 Intercommunications**
All buildings that are designed to include a multiple number of dwelling units
accessible through a common entry shall have a two-way intercom between the main entry and the individual units. Intercom communications shall not result in costs to the resident.

Acceptable.

In areas where added security is necessary, as determined by MSHDA and the development's management company, door releases at common entries shall be at the door and not remotely operated.
Verify if added security is necessary.

**16780 Television Systems**
A central TV antenna system shall be provided unless three major networks and public television can be received at the site without cost to the resident or basic cable is to be provided at no cost to the residents. All units shall be wired for cable television. Television antenna and cable outlets shall be provided on at least two walls of the living room and one location in the master bedroom. All antenna and cable wiring shall be concealed within walls.
Cottage units only have one outlet in the living room.

**16850 Electric heating**
Electrical heating shall not be used except as specifically approved by MSHDA (refer also to **15010.2**.)
New electric baseboard heaters called out in specifications.

Review of Electrical Drawings

General Comments

1. Add a light fixture to Type "A" Unit Plan w/o Balcony in the furnace room.
2. Electrical One-Line Diagram indicates the generator size as 100 KW; specifications indicate the generator size as 150 KW. Please verify which is correct.
3. Mech. 109 has a smoke detector with Key Note 23; this is the wrong key note.
4. Mech. 109 shows a Key Note 32; key notes only go up to 28.
5. May want to consider emergency lighting in Kitchen 128 for safety reasons.
6. One of the emergency type "R" light fixtures in Computers/Library 215 (near elevator) is not shown shaded.
7. First floor background is shown for second floor core emergency lighting (Drawing E5B).
8. There are three symbols for smoke detectors: A backwards "S" in a circle, an "SD" in a hexagon, and an "SD" in a circle. There are two symbols for smoke dampers: An "S" in a hexagon and an "SD" in a hexagon. This is confusing.
9. Regarding the three-way light switch for the porch light at the cottage units; where is the other three-way switch? Where is the light switch for the outdoor garage light (type "D") at the cottage units?
10. Add elevator #1 and trash compactor to Switchboard MDP (normal power feed).
11. Correct errors in apartment feeder calculations for "B3", "C2" and :C3" units

Pole base details 1 and 2 on Drawing ES1 show a scale of 1" = 40'-0", which is clearly incorrect.