MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY

REQUEST FOR PROPOSALS

DATE OF ISSUE: **May 1, 2015**

TO: Potential Providers of Services

RE: Request for Proposals for Administration and TA Support for the Individual Development Account Program (IDA)

I. Services Sought by Authority:

The Michigan State Housing Development Authority **Homeownership Division** ("Authority" or "MSHDA") is seeking an organization authorized to do business in Michigan to manage and oversee the administration, technical assistance and daily operation of the IDA Program. 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.

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.

1. Minimum of three years' experience administering a statewide IDA Program

2. Experience in applying for Assets for Independence AFI (Federal) Matching Funds.
3. Knowledge of IDA program policies and guidelines.
4. Knowledge of Management Information System MIS IDA Data collection software.
5. Experience in coordinating IDA fundraising.
6. Knowledge of IDA legislation.
7. Knowledge and experience in administering the IDA Tax Credit.

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; ***[THIS WILL NOT BE NECESSARY FOR TRAINERS***

OR PROVIDERS OF PROFESSIONAL SERVICES--SEE STATE INSURANCE FAQS].

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) original and three (3) copies** of a 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 **Friday, May 15, 2015** 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 Sharon Evans.

Submit questions using the subject line **IDA Request for Proposal** to the attention of:

Sharon Evans
Michigan State Housing Development Authority
735 E. Michigan Avenue
Lansing, Michigan 48912

E-mail: evanss@michigan.gov
Fax: (517) 241-1177

Address all questions regarding the RFP to Sharon Evans. Questions must be received in writing by May 6, 2015. The Authority will answer all questions received by **May 11, 2015**. 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 Sharon Evans 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, **Homeownership Division** ("Authority") is seeking an organization to manage and oversee the IDA Program.

The Authority seeks the services to help/assist/address the Homeownership Division in the administration of the IDA Program. The service will help/enable working moderate and low-income families save toward the purchase of a home, attain post-secondary education or start a small business by developing client financial management and budgeting plans.

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. Provide oversight of management and tracking systems of MIS IDA, including direct service payments and match fund use.

2. Coordinate the reporting and program requirements with the RCO and PS.

3. Secure additional funding to expand IDAs to underserved markets and populations.

4. Manage program data for tracking past IDA tax credit donors in order to fully utilize the IDA tax credit.

5. Provide the Authority with resource materials including but not limited to Policies and Procedures manuals, flow of Michigan Individual Development Account Program MIDAP services, etc.

6. Provide qualified RCO and PS with technical assistance and support.

7. Provide the Authority with requested funding and reporting activity reports.

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. Review and assess the process for improving MIS IDA Data Collection. Coordinate an effort to improve knowledge and capacity of IDA Program Sites and RCOs in providing clean and accurate MIS IDA data to the Authority on a quarterly basis and as requested.

2. Work with RCOs to increase their capacity to problem solve and formulate strategies that will systematically improve the quality and accuracy of the data IDA Programs provide to the Authority on a quarterly and as requested basis.

3. Provide Program Sites, RCOs, and new staff assigned to work with MIS IDA, basic introductory MIS IDA software training. Provide advanced training through Regional Network.

4. Assemble and provide to the Authority a standardized report on a quarterly basis or as requested by the Authority, private and public sector funding partners, Department of Human Services, and financial institutions as listed in the document that is found at *http://michiganida.files.wordpress.com/2010/05/list-of-fin-supporters-dec-20071.pdf*.

5. Report the progress of MIS IDA Program transfers to the improved MIS IDA database system, and provide updates on new IDA software offered through the U.S. Health & Human Services – Office of Community Services, or other IDA tracking database.

6. Field inquiries from public, policy makers, potential participants, program sites, funders, and partners.

7. Share asset building information obtained from national best practices with IDA RCO's and Program Sites.

8. Facilitate the maintenance of the MIDAP web pages and listserv.

9. Participate in work groups focused on creating permanent IDA Programs and initiate securing additional program funding to expand the number of IDA accounts in Michigan.

10. As requested by the Authority, meet with Authority staff regarding the administration of the MIDAP.

11. Provide technical assistance and support to RCOs, Program Sites and Authority staff as needed to effectively administer programs.

12. Provide Authority with a consolidated MIDAP financial statement prepared by a Certified Public Accountant or in a format acceptable to the Authority.

13. Maintain reports as required by Senate Bill No. 1636 dated January 9, 2009 IDA Tax Credit.

C. Products or Milestones to be Met.

1. Maintain the allocated number of AFI accounts and continue to seek secured funding expanding the IDA Program accounts.

2. Provide a summary progress report on a quarterly basis documenting the total funding converted into individual accounts, showing asset investments for first-time home buyers, small business expansion or post-secondary education.

3. 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. These reports will be due to the Authority each January 15, April 15, July 15 and September 15 during the project period

D. Deadlines for Completing Objectives.

Services shall cover work performed beginning **July 1, 2015 and ending June 30, 2016.**

III. Standards for Performance

If awarded a contract, the selected contractor shall perform the tasks/activities and complete the objectives in accordance with the following standards:

A. The selected contractor will be expected to meet program goals for services provided as described above.

B. The selected contractor will provide the Authority with reporting information detailing the services provided and client success on a quarterly basis as outlined in Exhibit B.

C. The selected contractor will be evaluated by their ability to secure additional AFI funding which requires MIDAP to obtain non-federal match support funds from private and public sectors.

D. The selected contractor shall deliver the services in the manner directed by Authority staff.

E. The selected contractor receiving funding may be required by MSHDA to undergo a comprehensive analysis of the MIDAP and incorporate recommendations and best practices, and attend any recommended trainings based on this review.

MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY
REQUEST FOR PROPOSAL

EXHIBIT B

PROPOSAL INSTRUCTIONS AND SELECTION CRITERIA

I. Proposal Delivery/Submission

A. Due Date. Proposals responding to this Request for Proposal ("RFP") are due **Friday, May 15, 2015** at 4 p.m.

B. Originals and Copies. Submit **one (1) original and three (3) copies** of a proposal to provide the services described in the **Exhibit A** - Scope of Work.

C. Delivery of Proposal. Deliveries may be by hand, commercial overnight service, or U.S. Postal Service. No electronic deliveries will be accepted. Direct all deliveries to:

Renee Ferguson
Michigan State Housing Development Authority
735 E. Michigan Avenue
Lansing, Michigan 48912

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 **June 22, 2015** 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. Examples of Work. The following examples of recent work should be submitted with the application:

i. Secure additional funding to expand the IDAs.
ii. Maintain a yearly calendar of monthly RCO meetings.
iii. Schedule an annual meeting of RCOs to set statewide program goals.

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

e. **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.</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 twelve (12) months from contract signing.

Include a timetable indicating how the project will be scheduled. The timetable should include: (1) any proposed meetings; (2) dates for draft submittals; (3) review times (allow 4 weeks for Authority review) and completion dates for deliverables; (4) quarterly reports (these will be due July 15, Sept. 15, Jan. 15, and April 15 each year during the project reporting period); and (5) final Project Completion Report. A proposed schedule/timeline is listed below:

Completed Service/Project Components	***Estimated Completion Dates***
Coordinate Quarterly Reports with RCO and PS	January 15, April 15, July 15 and September 15
Coordinate Monthly RCO Meetings	Monthly
Facilitate the maintenance of the MIDAP web pages and listserv	As needed
Prepare and maintain MIDAP financial statement	On-going
Prepare Legislator reports for the IDA Tax Credit as requested.	December 31, 2015
Manage and track direct service payments and match fund for reporting requirements	As required by AFI and upon request by MSHDA
Coordinate Quarterly Reports with RCO and PS	January 15, April 15, July 15 and September 15
Coordinate Monthly RCO Meetings	Monthly

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. Please confirm whether any potential conflict of interest will exist if the Authority enters into a contract with the Bidder. Indicate in the proposal whether the Bidder is currently under contract or is receiving a grant from the Authority. Other 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.

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 Administration and TA Support for the Individual Development Account Program (IDA).

   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 managing a statewide IDA program	30 Points
2.	Demonstrated success in fund-raising	20 Points
3.	Communication skills, including clarity of proposal	10 Points
4.	Adequacy of staff necessary to perform services	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 or before **June 22, 2015** 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 X of the Request for Proposal:

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

Title with Contractor/Subgrantee _____

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/Contractor _____

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/Subgrantee: _____
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 I)**
- ☐ **CHDO Tax ID Number (if applicable)**
- ☐ **Signatory authority (if not addressed elsewhere)**
- ☐ **Required Certificates:**
  - ☐ **Foreign (non-Michigan) or Domestic <u>corporations or limited liability companies</u> 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 <u>limited partnerships</u> 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
REQUEST FOR PROPOSAL

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

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Authority: 1943 P.A. 240, as amended