



## REQUEST FOR PROPOSALS

DATE OF ISSUE: April 15, 2019

TO: Potential Providers of Services

RE: **Request for Proposals (“RFP”) for Housing Education Counselors to Address Pre- and Post-Purchase Needs of Michigan Residents**

### Quick Reference

	Date	Time
Deadline to submit questions about this RFP:	April 23, 2019	4 PM Eastern (Detroit, MI)
Anticipated date Authority will post answers to questions:	April 29, 2019	
Proposal deadline:	May 14, 2019	4 PM Eastern (Detroit, MI)
Anticipated contract begin date:	July 1, 2019	

### I. Services Sought by Authority

The Authority’s Homeownership Division (“Authority”) is seeking an organization to respond to the housing education needs of Michigan residents, and to offer a variety of services that will assist them towards achieving their housing goals.

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

### II. Contents of this RFP

RFP Section	Description	Bidder Instructions
Overview	HEP Services Sought	Informational
Exhibit A	Notices to Bidders	Informational
Exhibit B	Submission & Selection	Informational
Exhibit C	Proposal Format	Complete and Submit
Exhibit D	Project Personnel Form	Complete and Submit
Exhibit E	HEP Application	Complete and Submit
Exhibit F	HEP Proposed Budget	Complete and Submit

### III. Overview

Funds received through this opportunity will allow an agency to facilitate education for clients seeking to purchase or retain a home.

### IV. Tasks & Activities, Services, and Deadlines

**A. Tasks & Activities.** The selected contractor must satisfy the following:

1. Provide housing education to meet the pre- and post-purchase needs of Michigan residents seeking to become a homeowner, or who are current homeowners.
2. Have a procedure in place to administer surveys for pre- and post-purchase clients.

**B. Services.** Eligible activities will be reimbursed *only* for the applicable activities outlined in this section:

#### **One- on-One Counseling Types**

1. Rental Topic
2. Pre-Purchase/Homebuying
3. Home Maintenance and Financial Management for Homeowners (Non-Delinquency post-Purchase)
4. Resolving or Preventing Mortgage Delinquency or Default

#### **Group Education**

Agencies providing group education must also provide one-on-one counseling of the same service type.

1. Financial literacy workshop, including home affordability, budgeting and understanding use of credit
2. Predatory lending, loan scam or other fraud prevention workshop
3. Fair housing workshop
4. Rental workshop
5. Homeless prevention workshop
6. Pre-purchase homebuyer education workshop
7. Non-delinquency post-purchase workshop, including home maintenance and/or financial management for homeowners
8. Resolving or preventing mortgage delinquency workshop

**C. Deadline for Completing Objectives.** The selected contractor shall complete/satisfy the objectives no later than **June 30, 2020**.

### V. Bidder Eligibility

Review the following list to determine if your agency is eligible to apply. To receive an award under the funding methodology of this RFP, the agency must:

**A.** Have a current, approved Partnership Profile in MATT 2.0, the online grant/contract management system for the Authority's Housing Education Program.

- B.** Provide housing counseling services to a minimum of thirty (30) clients per year.
- C.** Be an established, community based, 501 (c) 3 Nonprofit or governmental entity that has provided housing education services for at least one (1) year in the geographic area it proposes to serve.
- D.** Demonstrate the financial capacity, from multiple funding sources, to cover staff salaries and administrative costs of the Housing Education Program.
- E.** Have the financial ability to provide housing education services beyond those offered through the Authority's Housing Education Program.
- F.** New counseling staff should receive appropriate employee orientation and introductory training during their first six (6) months of employment.
- G.** Provide housing education services to all individuals within the geographic area that it proposes to serve.

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

**EXHIBIT A**

**NOTICE TO BIDDERS**

**I. Notifications to Bidders**

- A. Revisions to RFP.** 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 Bidders 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.
- B. Organization Authorized to Transact Business in Michigan.** The Bidder must be either a Michigan entity (limited partnership, Limited Liability Company, for-profit corporation or non-profit corporation, etc.) or, if foreign, authorized to do business in the State of Michigan.

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

Questions regarding specific requirements to transact business in the State of Michigan should be referred to or otherwise contact the Michigan Department of Licensing and Regulatory Affairs, Corporations, Securities & Commercial Licensing Bureau at:

[http://www.michigan.gov/lara/0,4601,7-154-61343\\_35413---,00.html](http://www.michigan.gov/lara/0,4601,7-154-61343_35413---,00.html)

- C. Minimum Internet/Technological Capabilities.** The Bidder must have phone, internet, and e-mail access. Internet and e-mail access must be adequate to allow the Bidder to receive, download and upload data, files and attachments from Authority staff. (Current state standards are limited to a functional size of 20 MB).
- D. Limits on Liability & Indemnification.** The Bidder must review and acknowledge that the Authority will require the Bidder to satisfy the following requirements prior to the execution of a contract with the Authority. If the Bidder has objections, please provide an explanation with your proposal outlining the objection.

If awarded a contract, the Bidder agrees to:

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.

**E. 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 FOIA Coordinator c/o  
Legal Affairs  
Email: [MSHDA-FOIA@michigan.gov](mailto:MSHDA-FOIA@michigan.gov)**

**F. Preferences.** Michigan law accommodates some bidder preferences:

1. Michigan Based Business

All other things being equal, the state of Michigan must give preference to products manufactured or services offered by Michigan-based firms. See MCL Section

18.1261 (<http://legislature.mi.gov/doc.aspx?mcl-18-1261>) and Section 18.1268 (<http://legislature.mi.gov/doc.aspx?mcl-18-1268>).

**2. Geographically-Disadvantaged Business**

All other things being equal, the state of Michigan must give preference to products manufactured or services offered by a Geographically-Disadvantaged Business Enterprise. It is the goal of the State that 3% or more of contract payments each state fiscal year will be made to certified Geographically-Disadvantaged Business Enterprises by the 2022-23 fiscal year. See Executive Directive 2019-08 ([https://www.michigan.gov/whitmer/0,9309,7387-90499\\_90704-486613--,00.html](https://www.michigan.gov/whitmer/0,9309,7387-90499_90704-486613--,00.html)).

**3. Qualified Service-Disabled Veteran-Owned Businesses**

It is the goal of the State to award 5% of total state expenditures for construction, goods, and services to qualified service-disabled veteran-owned businesses. The State provides a 10% pricing preference for businesses owned by qualified-disabled veterans. See MCL Section 18.1241 (<http://legislature.mi.gov/doc.aspx?mcl-18-1241>) and Section 18.1261 (<http://legislature.mi.gov/doc.aspx?mcl-18-1261>).

**G. Submissions Subsequent to Award.** As part of an awarded contract, the selected contractor will be required to review and provide and/or acknowledge additional documents including but not limited to:

- W-9 Request for Taxpayer Identification Number and Certification.
- Proof of proper insurance coverage.
- Retiree Rehire Certificate, if necessary.

**H. Insurance Coverage.** The Bidder must provide satisfactory proof of insurance upon request of the Authority. Minimal insurance coverages are defined as follows:

1. General Liability Insurance for \$1,000,000 with the Authority shown as additional insured;
2. Errors and Omissions Insurance for \$1,000,000 for each occurrence and \$1,000,000 annual aggregate;
3. 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.
4. If required by the Authority, Cyber Security Insurance for \$1,000,000.

**I. 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 a Retiree Rehire Certificate. A copy of the Retiree Rehire Certificate will be required to be submitted prior to executing an awarded contract.

- J. Contract Award Approvals.** Prior to executing an awarded contract, the Authority must seek and obtain Michigan Civil Service approval. The required forms will be submitted to Civil Service prior to the Authority's Board approval.

Contracts that equal or exceed \$45,000 must be approved by the Authority's Board. Thereafter, an awarded contract will be forwarded to the selected Bidder with instructions to review and sign it. Upon receiving the signed contract, the Authority's Procurement Office will submit the contract to a duly authorized signatory for final execution on behalf of the Authority. One fully executed contract will then be returned to the selected contractor.

- K. 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.
- L. Project Control.** The selected contractor will carry out this project under the direction and control of the Authority and its designated Contract Administrator.
- M. Applicable Laws.** The selected contractor will be required to comply with all Michigan and federal laws, as well as acquire any permits or permission-related documents to provide services being sought.

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

**EXHIBIT B**

**SUBMISSION & SELECTION**

**I. Submission of Questions**

- Submit all questions regarding the RFP in writing via email by **April 23, 2019** at **4 p.m.** Eastern Time (Detroit). Submissions received at 4:01 p.m. are considered late and will not be considered further.
- Address questions using the subject line ***HEP Housing Education Program*** to the attention of:

**Michigan State Housing Development Authority c/o  
Procurement Office**

**E-mail: [MSHDA-Procurement@michigan.gov](mailto:MSHDA-Procurement@michigan.gov)**

- Responses to properly submitted questions will be posted to the Authority website on or around **April 29, 2019**. The Authority will hold no other question sessions or bidder's conferences.
- To ensure a fair and impartial process, the Authority's Procurement Office will *only* address on time and properly submitted questions.
- Phone calls involving the RFP or related questions will not be accepted. Firms submitting bids shall not contact any Board member or Authority staff.
- All questions and answers related to this RFP will be supplied to Bidders that submitted questions, and/or to organizations providing the Procurement Office with notification of intent to submit a proposal.

**II. Submission of Proposal**

- Submitted proposals must respond to and address the tasks, activities, listed requirements and questions outlined in this RFP and its attached and incorporated exhibits.
- The Authority shall not be liable for any costs that a Bidder may incur while preparing a proposal.
- The Authority shall not be liable for any costs that a Bidder 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.



- A. Due Date.** Proposals responding to this RFP are due **May 14, 2019 at 4 p.m.** Eastern Time (Detroit). Submissions received at 4:01 p.m. are considered late and will not be considered further.
- B. File Format.** Submit one (1) **.pdf** version of proposal via email outlining how the Bidder will provide the activities / services described in this RFP.
- C. Delivery of Proposal.** Direct all deliveries to:

**MSHDA-Procurement@michigan.gov**

*Confirmation of Delivery.* The Procurement Office will verify receipt of email and proposal to the Bidder within 24 hours. If Bidder has not received verification, the Bidder should verify the email address provided above (i.e., no spaces; hyphen between “MSHDA” and “Procurement”) and resubmit an email asking for verification.

### **III. Selection of Proposal**

MSHDA will utilize a rubric based on the application to determine funding percentages for each agency. This rubric will be based on an agency’s past performance including success of HEP and/or HUD expenditures, performance reviews, submission of on-time reports and the agency’s capacity to deliver counseling services. Agencies will be required to submit a proposed budget as part of their HEP application.

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.

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**MICHIGAN STATE HOUSING DEVELOPMENT AUTHORITY  
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**EXHIBIT C**

**PROPOSAL FORMAT**

**I. Overview**

- Proposals must be submitted in the format outlined below.
- Each section must be clearly identified with appropriate headings and/or table of contents.
- The proposal should be clear, accurate, and complete, with sufficient detail to enable the Authority to evaluate the services and methods proposed.

**II. Headers and Contents**

Proposals not including requested information may be viewed by the Authority as non-responsive and not considered further. Bidders are strongly encouraged to review their proposals prior to submission to ensure that all requested information is included.

**A. Company Background Information.**

**1. Legal business name and address.**

[Name]  
[Street Address]  
[City, State, Zip]  
[Phone Number]  
[Website address]

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

*Note:* Prior to contract execution, the selected contractor will be required to provide proof of authorization to conduct business in the State of Michigan.

**3. Any applicable “Doing Business As” names.**

**4. Any branch office, or name and address of registered agent, if applicable.**

**5. Legal business name of any applicable parent company, and its address.**

**6. State your business is incorporated in.**

**7. Number of years in business and number of employees.**

**8. Has there been a recent change in the organizational structure (e.g., management team, staff, etc.) or a change of control (merger or acquisition)?**

(Yes / No)

If Yes, why and how has it affected your company?

9. Does your company have experience working with the State of Michigan?  
(Yes / No)  
If Yes, please provide a list of both grants and contracts you hold, or have held, with the State in the last three (3) years.  
*Note: This list applies to all State of Michigan agencies. It also includes grants and contracts for all MSHDA programs (ex. HEP, FSS, HCV...)*
10. Has your company ever been debarred, suspended, or otherwise disqualified from bidding, proposing, or contracting with any governmental entity, including the State?  
(Yes / No)  
If Yes, provide the date, governmental entity, and details surrounding the action.
11. Has your company ever been sued by the State of Michigan?  
(Yes / No)  
If Yes, provide the date, case caption, case number, and identify the court that the case was filed in.
12. Has your company ever sued the State of Michigan?  
(Yes /No)  
If Yes, provide the date, case caption, case number, and identify court that case was filed in.
13. Within the past three (3) years, has your company defaulted on a government contract, or been terminated for cause by any governmental entity, including the State?  
(Yes / No)  
If Yes, provide the date of action, contracting entity, type of contract, and details surrounding the termination or default.
14. Within the past three (3) years, has your company defaulted on a contract or been terminated for cause by any private entity in which similar service or products were being provided by your company?  
(Yes / No)  
If Yes, provide the date of action, contracting entity, type of contract, and details surrounding the termination or default.
15. Within the past three (3) years, has your company had Authority funds of any kind recaptured as the result of a compliance review?  
(Yes / No)  
If Yes, provide the following information related to the recapture: Authority program area, date, amount, findings, and action steps took to remediate the findings.

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

1. **Authorized Signatory.** The Bidder must clearly identify the name and title of an official authorized to commit the Bidder to the terms and conditions of the proposal.

- a. Provide any resolution(s) authorizing the designated official as an approved signatory.
  - b. Proposal must include the statement of bid commitment, see Section H below, signed by the approved signatory.
2. **Officer and Management Summary.** Identify manager(s) and/or officer(s) who will manage the contract if it is awarded:
  - a. Provide current contact information including the manager/officer name, title, mailing address, email address, and phone and fax numbers.
  - b. List their responsibilities and the specific tasks each assigned officer/manager will carry out and the anticipated time frames for each task.
3. **Personnel Summary.** Identify proposed project personnel, including job titles, responsible for performing the activities / services described in this RFP.
4. **Submit a Certificate Verifying Project Personnel.** The form is found in Exhibit D, attached and incorporated into this RFP.
  - a. Confirm Whether Any Assigned Personnel Receive Pension Payments from the State of Michigan. Review Exhibit A, Section I.H above for important information regarding Pensioned Retirees.

#### **C. Experience.**

1. **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.
  - a. Include sufficient detail to demonstrate the relevance of such experience.
  - b. The Authority has identified the following qualifications that it believes are necessary for the successful performance and completion of the services described in this RFP:
    - i. Experience providing the services, or similar services, as described in this RFP.
    - ii. Be compliant with all HUD and Authority requirements.
    - iii. Demonstrated capacity to provide the applicable services; have experienced staff to perform the services, or have personnel supervised by experienced staff.

#### **D. Proposed Services.**

1. **How Services Will be Rendered.** This information will be provided as part of the HEP Application 2019, incorporated into this RFP as Exhibit E.
2. **Use of Subcontractors.** Subcontractors will not be authorized.
3. **Professional Standards.** Refers to processes and/or performance expectations administered by a third-party organization (ex. trade association, government agency, etc.). Address the following:

- a. Will professional standards be followed to satisfy services?  
(Yes / No)  
If Yes, please identify the standard(s) and the association(s).
- b. Will "best practices" will be followed to satisfy services?  
(Yes / No)  
If Yes, please identify the organization(s) and/or document(s) establishing the "best practices".
- c. How will the quality of services be monitored and ensured?

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

- a. Has your organization established and used a policy to address the security of paper and electronic data?  
(Yes / No)  
If No, explain how your organization addresses the security of paper and electronic data.  
*(Note: Please do not submit a copy of your security policy.)*
- b. 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?)  
(Yes / No)  
If No, explain how your organization handles confidential and/or personal data.

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

- a. You agree that any and all products produced as a result of this contract shall be the property of the Authority.
- b. 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.
- c. You acknowledge that submitted documents will not contain in part or whole copyrighted materials.

**E. Price Proposal & Budget**

- 1. Price Proposal.** Request up to a contract award amount of \$40,000. Funding is based on proposal scoring, funding availability, and Authority Board approval.

Out-of-pocket travel expenses (such as lodging, meals, **standard rate mileage**) are to be reimbursed according to the State of Michigan travel rate schedule, and Authority policy, in effect when the expenses are incurred. State travel rates are subject to change during the term of an awarded contract. Rates for 2019 can be found here:

[http://www.michigan.gov/documents/dtmb/Travel\\_Rates\\_FY19\\_Jan\\_2019\\_641067\\_7.pdf](http://www.michigan.gov/documents/dtmb/Travel_Rates_FY19_Jan_2019_641067_7.pdf)

- 2. Budget.** Refer to the HEP Proposed Budget, incorporated into this RFP as Exhibit F, for a table of approved activities and an estimated budget to complete. By submitting this proposal, the Bidder acknowledges that it bears the risk that its expenses may exceed the proposed amount.

*Note:* Funds received as part of the Authority's Housing Education Program must be deposited into an account at the Bidder's financial institution, and these funds must be appropriately utilized. If the account is interest bearing, the Bidder may use the earned interest for administrative expenses.

**F. Schedule/Timeline.** All work must be completed by June 30, 2020.

**G. Disclosures.**

**1. 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.

- a. Does the Bidder, its officers, board members, and employees respectively, have any interests in Authority programs?  
(Yes / No)  
If Yes, please provide their name, title, and the Authority program for which the interests exist.

**2. Potential Conflicts of Interests.** 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 organization enters into a contract with the Authority.

- a. Is the Bidder currently under contract and/or been awarded a grant from the Authority?  
(Yes / No)  
If Yes, please confirm whether any potential conflict of interest will exist if the Authority enters into a contract with the Bidder.
- b. Does the Bidder, its officers, board members, and employees, hold a position with another entity that may be under contract or receiving a grant from the Authority?  
(Yes / No)  
If Yes, include an organizational chart from each entity under contract or awarded a grant from the Authority in which the Bidder or project personnel holds a position. Include each employee's position and title within the entity. In addition, indicate whether the Bidder or the project personnel is responsible for making financial decisions in his/her capacity and what measures have been implemented to ensure that funds are not comingled.

**THE AUTHORITY RESERVES THE RIGHT TO DEEM A BID NONRESPONSIVE FOR FAILURE TO DISCLOSE A POTENTIAL CONFLICT OF INTEREST.**

**3. Family Members Who Work for Authority.**

- a. Does the Bidder, its officers, board members, and employees respectively, have family members who work for the Authority?  
(Yes / No)  
If Yes, please provide their name and the name of the family member currently employed at the Authority.

**H. 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:

**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  
Housing Education Program Counseling Services.**

**I also confirm that I have read and understand the Authority's indemnification, copyright, data security and insurance requirements.**

**By:** \_\_\_\_\_

**Its:** \_\_\_\_\_

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

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

**EXHIBIT D  
PROJECT PERSONNEL**





**CERTIFICATE VERIFYING PROJECT PERSONNEL OF THE CONTRACTOR/SUBCONTRACTOR**

The Contractor/Subcontractor acknowledges that the following persons are Project Personnel of the Contractor/Subcontractor:

(1) Name \_\_\_\_\_  
*(Type or legibly print name above line)*

Title with Contractor/Subcontractor \_\_\_\_\_

**Is this person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes \_\_\_\_\_/No \_\_\_\_\_**

(2) Name \_\_\_\_\_  
*(Type or legibly print name above line)*

Title with Contractor/Subcontractor \_\_\_\_\_

**Is this person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes \_\_\_\_\_/No \_\_\_\_\_**

(3) Name \_\_\_\_\_  
*(Type or legibly print name above line)*

Title with Contractor/Subcontractor \_\_\_\_\_

**Is this person a retiree who receives a pension from the Michigan State Employees Retirement System? Yes \_\_\_\_\_/No \_\_\_\_\_**

Name of Signatory for Contractor/Subcontractor:

Printed Name: \_\_\_\_\_  
*(Type or legibly print name above line)*

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Federal Identification Number: \_\_\_\_\_

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

**EXHIBIT E**

**HEP APPLICATION 2019**

<b>Agency Name</b>	
<b>Executive Director</b>	
<b>Program Manager</b>	
<b>Address</b>	
<b>Phone #</b>	
<b>Website</b>	
<b>DUNS #</b>	
<b>LHCA Status:</b>	Our agency is a HUD Approved LHCA: <input type="checkbox"/> YES <input type="checkbox"/> NO
<b>If YES above, HUD ID #:</b>	

**Chart A: Agency Characteristics**

<b>ITEM</b>	<b>ENTRY</b>	<b>GUIDANCE</b>
Number of branches (not including your main office)	____Number	<i>A branch office is defined as an organizational and subordinate unit of a housing counseling agency, not separately incorporated or organized, that participates in the agency's Housing Counseling Program. Enter the <b>number</b> of branches your agency has.</i>
Number of housing counselor full-time equivalents	____Number	<i>Enter the <b>number</b> of current FTE Counselors that provides direct housing counseling services for your agency.</i>
HUD Housing Counselor Certification	____Number	<i>Enter the <b>number</b> of counselors who have obtained their HUD-Certification</i>
Formal Housing Counseling Training		<b>Enter X</b> if 50% or more of counselors received formal housing counseling training in the past two years <b>(not including on-the-job training)</b>
Counseling services available in multiple languages directly or through translation service		<b>Enter X</b> if yes
Client exit surveys		<b>Enter X</b> if you use client exit surveys at the end of counseling or education sessions
Follow-up client surveys		<b>Enter X</b> if you distribute follow-up client surveys
Serves rural community		<b>Enter X</b> if you serve a rural community as defined by the US Department of Agriculture at 7 C.F.R. § 3550.10

Serving area with no internet access		<b>Enter X</b> if you serve rural areas with limited or no internet access
Uses reviews by senior management staff with results reported to the Board		<b>Enter X</b> if yes. If you publish an annual report, this would count.
Publishes performance data		<b>Enter X</b> if yes
Uses CMS to generate reports		<b>Enter X</b> if yes
Uses CMS to record notes, action plan, financial analysis		<b>Enter X</b> if yes
Performs quality control review of CMS data		<b>Enter X</b> if yes
Pulls credit report 6 or more months after counseling is completed		<b>Enter X</b> if you engage in this follow-up practice
Uses other methods of evaluating program services to ensure program success and compliance.		<b>Enter X</b> if yes. *Must complete narrative below
<b>Name(s) of housing counseling related partnerships / collaboratives if applicable</b> Enter names of banks or other organizations you partner with. (Attach additional sheets if necessary)		
<b>Link to published performance data, if applicable, online</b> Enter address to website where performance data is published		
<b>Name of Client Management System (CMS)</b> Enter the name of your CMS System		
<b>What financial system do you use to track grants awards/expenses</b> Enter name of system(s) used		

**Narrative:** Please provide a brief description of the methods you use to evaluate program success and ensure compliance. (word limit 500 words)

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**Chart B: Estimated HEP Service Numbers**

OUTLINE ESTIMATED SERVICE NUMBERS: Services eligible to be counted on this form must meet the minimum HUD requirements as set forth in HUD Handbook 7610.1, 3-1. **(make sure the services entered below match the descriptions provided earlier in the RFP)**

Service Type: <b>GROUP WORKSHOP</b>	Total Number of Clients Served (all funding sources)	Total FY18-19 HEP Funded Clients Served	What County/Countries does the agency provide this service?
Financial literacy workshop, including home affordability, budgeting and understanding use of credit			
Predatory Lending, loan scam or other fraud prevention workshop			
Fair Housing Workshop			
Homelessness Prevention Workshop			
Rental Workshop			
Pre-Purchase Homebuyer Education Workshop			
Non-Delinquency Post-Purchase Workshop (including home maintenance and/or financial management for homeowners)			
Service Type: <b>INDIVIDUAL COUNSELING</b>	Total Number of Clients Served (all funding sources)	Total FY18-19 HEP Funded Clients Served	What County/Countries does the agency provide this service?
Homeless Topics			
Rental Topics			
Pre-Purchase/Homebuying			
Non-Delinquency Post-Purchase (Home Maintenance and Financial Management for Homeowners)			

Resolving or Preventing Mortgage Delinquency or Default			
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**Chart C: Other MSHDA Programs**

For the past (5) years, my agency has received the following grants from other MSHDA Divisions:

<b>Housing Initiatives Division (Community Development)</b>	<b>Division Point of Contact</b>	<b>Federal or MSHDA Funds</b>	<b>Grant Term</b>	<b>My agency was cited for issues of program non-compliance or probationary status? (Y/N)</b>	<b>Our agency experienced funding recapture, extension or reallocation? (Y/N)</b>
(enter grant here)					
(enter grant here)					
(enter grant here)					
<b>Asset Management Division</b>	<b>Division Point of Contact</b>	<b>Federal or MSHDA Funds</b>	<b>Grant Term</b>	<b>My agency was cited for issues of program non-compliance or probationary status? (Y/N)</b>	<b>Our agency experienced funding recapture, extension or reallocation? (Y/N)</b>
(enter grant here)					
(enter grant here)					
(enter grant here)					
<b>Rental &amp; Homeless Solutions HCV Section 8 Division</b>	<b>Division Point of Contact</b>	<b>Federal or MSHDA Funds</b>	<b>Grant Term</b>	<b>My agency was cited for issues of program non-compliance or probationary status? (Y/N)</b>	<b>Our agency experienced funding recapture, extension or reallocation? (Y/N)</b>
(enter grant here)					
(enter grant here)					
(enter grant here)					
<b>Rental Development Division</b>	<b>Division Point of Contact</b>	<b>Federal or MSHDA Funds</b>	<b>Grant Term</b>	<b>My agency was cited for issues of program non-compliance or probationary status? (Y/N)</b>	<b>Our agency experienced funding recapture, extension or reallocation? (Y/N)</b>
(enter grant here)					
(enter grant here)					
(enter grant here)					

State Historic Preservation Office	Division Point of Contact	Federal or MSHDA Funds	Grant Term	My agency was cited for issues of program non-compliance or probationary status? (Y/N)	Our agency experienced funding recapture, extension or reallocation? (Y/N)
(enter grant here)					
(enter grant here)					
(enter grant here)					

**Chart D: Leveraged Funds:**

Enter all leveraged funds your agency anticipates receiving from July 1, 2019 – June 30, 2020 that financially supports your housing counseling program department. \*See below note for instructions.

(Attach additional sheets as needed.)

Organization Providing Leveraged Funds, In-Kind Contributions and Point of Contact and phone #	Type of Contribution (Cash, Fees, In-kind, Program Income)	Committed or Anticipated?	Use of Funds *Only Include Funds that are Exclusively Allocated for Housing Counseling Program	Only Include Funding Amounts Available from July 1, 2019 to June 30, 2020
<b>Foundations</b>				
Community Foundations				
Regional Foundations				
National Foundation				
Corporate Foundations of Financial Institutions				
Other Corporation Foundations (NOT Financial Institutes)				
<b>Corporations</b>				
Financial Institutions (non-Foundational)				
Corporations (Non-Financial Institutions)				
<b>Government Funds</b>				
HUD Funds				

State or Local Funds				
<b>Individual Donations</b>				
<b>Earned Income</b>				
Fee Income				
Contract for Services with Financial Institutions				
Contract for Services other than Financial Institutions				
Other				
<b>Other Sources (i.e. United Way, Fund Raising, etc.)</b>				
<b>TOTAL</b>				

*Include only funds that will be available during the grant period (July 1, 2019 through June 30, 2020) If the funding is available outside this period, you must pro-rate the funding to reflect the amount that is available during this period. All leveraged resources claimed here must meet all the criteria set forth in 2 C.F.R. Part 200. Do not include funds UNLESS they are exclusively allocated for your housing education program. Resources provided must directly result in the provision of housing counseling services to count as leveraged resources. However, resources provided by your agency such a down payment and closing cost assistance, Individual Development Account programs and emergency services may NOT be counted.*

**Chart F: HEP Priorities**

*Please provide narratives to the following questions:*

1. Describe how you will internally track Fair Housing violations and referrals. Outline how you will train your staff on fair housing and civil rights laws, your method of providing your clients with information about their fair housing rights, and your mechanism for referring potential fair housing violations to HUD, state or local fair housing agencies, or private fair housing groups. *(word limit 250 words)*

2. Describe how you will ensure clients with accessibility issues will receive services and what information you furnish to clients that will enhance their housing choice outside of areas of minority and poverty concentration. *(word limit 250 words)*

3. Describe how your agency will benefit from the receipt of FY 19-20 HEP Housing Counseling funds. *(i.e. will you increase the number of clients served? Will your agency be delivering services to additional areas of need, if so where? Access to training or capacity building? Etc.)*  
*(word limit 500 words)*



4. Outline how your agency will ensure that all counselors/educators will successfully achieve HUD Housing Counseling Certification by August 1, 2020 and if funds from this grant will be used toward that effort. *(word limit 250 words)*

5. If your agency is not a HUD approved Local Housing Counseling Agency (LHCA), outline the steps you are taking to ensure this status is achieved prior to August 1, 2020. *(word limit 250 words)*

6. If you were funded under the FY17-18 HEP, did your agency have grant funds reallocated? If so, what caused it and what measures has your agency taken to correct it? *(word limit 250 words)*

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

**EXHIBIT F  
HEP PROPOSED BUDGET**

Category	% Cap?	Activities Eligible for Reimbursement
Direct Costs (Admin Costs)	NO Cap	<ul style="list-style-type: none"> <li>• Personnel Costs for Counselors, Educators and Managerial Oversight using a fully-loaded hourly rate</li> <li>• Credit Reports</li> <li>• Travel including mileage and airfare for related trainings (Schedule of Travel Rate Reimbursement <b>Standard Mileage Rate</b> ONLY <a href="https://www.michigan.gov/documents/dtmb/Travel_Rates_FY19_Jan_2019_641067_7.pdf">https://www.michigan.gov/documents/dtmb/Travel_Rates_FY19_Jan_2019_641067_7.pdf</a>)</li> <li>• Housing Counseling related printing &amp; supplies</li> <li>• Marketing</li> <li>• Translation Services</li> <li>• Client Management System subscription costs</li> <li>• Training expenses such as the HUD Counselor Certification exam</li> <li>• Rent for your office space using a properly calculated square footage calculation</li> </ul>
Indirect Costs	Yes-10%	<p>Roles and expenses that “indirectly” support the housing counseling program. This includes:</p> <ul style="list-style-type: none"> <li>• Personnel Costs for supportive roles such as HR and Payroll Staff, Secretarial or CEO positions, etc.</li> <li>• Costs associated with the retainer of an auditor or Legal Attorney</li> <li>• Capital Improvement Items Any non-housing counseling related time such as agency wide meetings/trainings</li> </ul>

Line Item	Estimated Budget
<b>Direct Costs</b> (Admin Costs)	
<b>Indirect Costs</b> (10% Allowable)	
<b>Total HEP Funds Requested</b> (CANNOT EXCEED \$40,000.00)	