Michigan Energy Assistance Program

FY2024 – FY2026 Request for Proposals Response

Enter Respondent/Applicant Name Here

**V-A Identification of Organization**

|  |  |
| --- | --- |
| **Organization Name:** | Click or tap here to enter text. |
| **Address:** | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
|  | Click or tap here to enter text. |
| **Federal ID:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |

**V-B Authorized Negotiator**

|  |  |
| --- | --- |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |

**V-C Method for Addressing the Problem**

State in succinct terms the applicant’s proposed method for addressing the problem presented in Section II-B, Problem Statement, including the method(s) of service delivery. Describe any significant obstacles the applicant has had in meeting the needs of low-income households while providing energy assistance.

* Contents of this section begin here and are not to exceed one page.

Click or tap here to enter text.

**V-D Management Summary**

* Please complete the table below. Respond to each statement or answer each question in the space provided to the right of the item.

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| 1. Describe **management procedures** that will be used by the organization to complete the proposed project. Limit your response to 500 words.
 | Click or tap here to enter text. |
| 1. Provide the **date that you anticipate that your program will begin** to serve low-income households with energy assistance and energy self-sufficiency services.
 | Click or tap to enter a date. |
| 1. Describe the measures that will be taken to ensure selected applicant will be **prepared to handle client services and distribution activity**. Include details on process improvements and staff additions that will be implemented to strengthen selected applicant’s administrative and program structures to incorporate a common needs assessment to align customer need with an appropriate energy security plan. Your response may not exceed 500 words.
 | Click or tap here to enter text. |
| 1. Provide the contact information and role for each staff member responsible for **maintaining and updating** the agency’s (or service location’s) **Michigan 2-1-1 Profile**/Database Listing.
 | Click or tap here to enter text. |
| 1. Describe the organization’s quality control measures, including measures for ensuring compliance as well as eligibility determination. In your description, include information regarding **programmatic separation of duties as well as how staff will be monitored**. Do not exceed 500 words for this section.
 | Click or tap here to enter text. |
| Selected applicant must provide fiscal control and financial accounting procedures that will assure that grant funds will be accounted for and properly dispersed in a way that will allow the issuing office to clearly review and verify all grant related expenditures. Describe the organization’s **internal control policy in questions 6 through 12**: |
| 1. Identify the type of a**ccounting system/software** the organization will use to account for grant funds. Do not exceed 100 words for this section.
 | Click or tap here to enter text. |
| 1. Identify how **financial duties will be separated**. Do not exceed 200 words for this section.
 | Click or tap here to enter text. |
| 1. Describe how the organization will **account for grant funds**, i.e., will grant funds be placed in a separate bank account, will the grant funds be assigned a unique code(s) within the organization’s overall accounting system. Response may not exceed 400 words.
 | Click or tap here to enter text. |
| 1. Indicate whether **internal and external audits** of the organization’s operations are performed on an annual basis. Response may not exceed 100 words.
 | Click or tap here to enter text. |
| 1. Date of the **most recent audited financial statement**. Enter date and confirm attachment. \*

*\*Submit under separate cover*  | Click or tap here to enter text. |
| 1. Provide the **fiscal year end date of most recent single audit** as required by OMB Circular 200.36. **Enter date received by the Federal Audit Clearinghouse** (or type N/A if not applicable).
 | Click or tap here to enter text. |
| 1. Describe your agency’s **data security plan**. Personnel involved in providing energy assistance to low-income households will have access to Sensitive Personal Information; selected applicant shall employ a data security plan to protect this information. Selected applicant shall have each employee and volunteer, involved in collecting, handling or analyzing Sensitive Personal Information, sign an agreement stating that they agree to follow your agency’s confidentiality and security standards. Provide a copy of the confidentiality agreement as well as a list of personnel with the date that the confidentiality agreement was signed. Do not exceed 500 words in this section. Confirm attachment of confidentiality agreement and the list of personnel in your response. \*

*\*Submit under separate cover* | Click or tap here to enter text. |

**V-E Work Plan**

**For Year One (October 1, 2023 through September 30, 2024), provide a clear and concise work plan for providing energy assistance to low-income households. The plan should include the following components at a minimum:**

* Please complete the table below. Respond to each statement or answer each question in the space provided to the right of the item. Selected applicants will be asked to update this section for Years Two and Three if performance is deemed satisfactory.

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| **Year One** |
| 1. Provide a **broad overview** of your energy assistance program and how the services provided will enable low-income households to become self-sufficient or move toward energy security.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |
| 1. Describe how low-income households’ **service plan(s) will be developed and implemented**. Include information on criteria that determine which energy security services are provided to which household.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |
| 1. Provide a detailed description of **each service component of the program**. Distinguish services that will be provided by the agency and which will be provided as a referral. Identify which services will be specifically targeted to households with an FPL below 20% and/or households with high energy consumption. Outline service delivery for each Assurance 16 service provided.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |
| **Identify objectives and milestones for the proposed project:** |
| 1. Estimate the total number of eligible low-income households that will be served by MEAP **in any capacity**.
 | Enter number of unduplicated households. |
| 1. Estimate the total number of eligible low-income households to be served by MEAP **with any type of energy payment**.
 | Enter number of unduplicated households. |
| 1. Estimate the total number of eligible low-income households to be served by MEAP **with enrollment in the Affordable Payment Plan**.
 | Enter number of unduplicated households. |
| 1. Estimate the total number of eligible low-income households to be served by MEAP **through Assurance 16 self-sufficiency services**.
 | Enter number of unduplicated households. |
| 1. Provide the **percent** of total grant dollars allocated to energy payment assistance.
 | Enter percent of grant dollars allocated. |
| 1. Provide the estimated **average energy payment(s) cost** per household (total energy payment assistance for the program year).
 | Enter estimated average energy payment cost. |
| 1. Provide an estimate **average total cost per household** (number of households divided by total grant dollars).
 | Enter estimated total cost per household. |
| 1. Provide a **timeline**\* for completing the planned activities and tasks for the proposed project during the grant period. Selected applicant assumes the responsibility for ensuring the grant project is performed within the established timeline. A month-by-month format shall include at a minimum:
	1. The required dates for all reports due to the Issuing Office
	2. Progress toward estimated number of households served
	3. Number of households enrolled in an energy supplier affordable payment plan

 *\*Submit under separate cover* |
| 1. Provide the **geographic area** of the State that will be covered. Attach a spreadsheet\* with the list of each physical location including address, phone number and hours of operation. Include each location’s service area (by county) as well as confirmation that the site has staff that are registered as Navigators with MI Bridges.

*\*Submit under separate cover* |
| 1. Describe in detail how **referrals from MI Bridges** will be processed and the steps that will be taken to ensure that the low-income household’s needs are assessed, documented and retained in the client file.

Do not exceed 750 words.  | Enter response here. Do not exceed 750 words. |
| 1. Explain how this plan will be **coordinated with other services** offered by the applicant. Explain how this plan will leverage other funding sources and programs or services provided. Include information on programs currently administered by applicant that create opportunities for low-income customers to work toward self-sufficiency or energy security; include details on funding sources and matching dollars. If applicable; provide a list or table that includes the other wrap-around services as well as the location(s) where the services are offered.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |
| 1. Explain how the applicant **coordinates with other agencies** that provide services not offered directly by the applicant. Describe how the referrals will be tracked and household progress documented.

Do not exceed 500 words. | Enter response here. Do not exceed 750 words. |
| 1. Provide a detailed explanation of how grantee will ensure that all **household PII and PHI collected, used, processed, stored or generated during the client intake process will be secured and maintained** in a secure manner in compliance with Section II-FF, Confidentiality. Provide the **name and contact information** for the person responsible for reporting any compromise or suspected compromise of State Data within the outlined timeframe.

Do not exceed 750 words.  | Enter response here. Do not exceed 750 words. |
| Attach a copy of your **internal policy regarding Data Security**. \**\*Submit under separate cover* |
| 1. Explain measures that will be taken if **grantee exhausts funding** to ensure that clients are referred to other MEAP agencies in a timely manner.

Do not exceed 250 words. | Enter response here. Do not exceed 750 words. |
| 1. Describe how the grantee will conduct a **review of internal performance management** and implement ongoing process improvements.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |

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| **Year Two – FY2025** |
| 1. Describe any **anticipated programmatic changes or enhancements** that are planned for Year Two, including any anticipated variance in households served as well as any budget variations.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |

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| **Year Three – FY2026** |
| 1. Describe any **anticipated programmatic changes or enhancements** that are planned for Year Three, including any anticipated variance in households served as well as any budget variations.

Do not exceed 750 words. | Enter response here. Do not exceed 750 words. |

**V-F Current and Prior Experience and Funding Disclosure**

Current and prior experience in administering energy assistance programs for low-income households is important to the selection process. Each applicant must provide a copy of the organization’s most recent audited financial statement and information regarding the submission of the single audit to the Federal Audit Clearinghouse (if applicable). The audited financial statement may be sent under separate cover and is required.

* Please complete the table below. Respond to each statement or answer each question in the space provided to the right of the item.

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| Describe the organization’s experience in conducting the type of work proposed. Include current activities and activities for the previous three (3) years. Include project results. | Click or tap here to enter text. |
| If applicant received a similar grant award from the State of Michigan in prior years for the type of project proposed, provide a summary of project accomplishments, including number of households served, noteworthy accomplishments, and problems encountered while carrying out grant responsibilities. Include a plan for addressing and resolving past problems. | Click or tap here to enter text. |
| Current funding source(s) and the level of funding for the current year and the previous three (3) years. | Click or tap here to enter text. |

**V-G Personnel**

Selected applicant must be able to staff a project team that clearly possesses skill and experience in providing energy assistance to low-income households.

* Please respond in the table below with the COMMITTED and NAMED Key Project Team Members.

|  |
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| **Project Manager/Authorized Contact** |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |

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| **Finance Manager** |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |

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| **Program Administrator** |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |

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| **2-1-1 Profile/Database Listing Maintenance** |
| **Name:** | Click or tap here to enter text. |
| **Title:** | Click or tap here to enter text. |
| **Telephone Number:** | Click or tap here to enter text. |
| **Email address:** | Click or tap here to enter text. |

Provide a detailed organizational chart including names and titles of all individuals that will contribute to the project.

* Please insert the organizational chart here.

Click or tap here to insert chart.

Identify any other key personnel to be involved with this project by name and title and provide a brief summary of the project team’s experience, qualifications, and the work to be performed.

* Please provide response below in no more than one page.

Click or tap here to enter text.

**V-H Budget**

To enable the Issuing Office to evaluate all project costs, applicants shall submit a proposed budget and corresponding budget narrative for the grant year. The budget and narrative must follow the format outlined in Attachment D. Include only MEAP grant funds in the budget; do not include matching, leveraged, cost share or any other type of supplemental funds. The budget narrative must identify the budget line item and number, provide a detailed description for each line, and include individual unit prices.

* Please attach budget and narrative under separate cover following guidelines and format outlined in the RFP.

**V-I Additional Information and Comments**

Include in this section any other information that is believed to be pertinent but not specifically requested elsewhere in this RFP.

* Please provide response below in no more than one page.

Click or tap here to enter text.

**V-J Certification of Proposal**

I certify that all information contained in the proposal is true to the best of my knowledge and belief, and that the organization is in compliance and agreement with all sections of the Request for Proposal.

Failure to comply with grant terms may result in termination.

|  |  |
| --- | --- |
| Certified by: |  |
|  | Authorized Signatory and Title | Date |
|  | Name of Organization |

ATTACHMENT SUMMARY

Ensure the following items are attached to your response template **in the order listed below** and **clearly identifiable**. If these items are submitted separately, use the following file names where “Applicant” would be your organization’s name (e.g., MPSC Attachment A):

* Applicant Attachment A
	+ A copy of the applicant’s internal confidentiality agreement as well as a list of personnel that includes the date the agreement was signed by each.
* Applicant Attachment B
	+ List of each physical service location including address, phone number and hours of operation. Include each location’s service area (by county) as well as confirmation that the site has staff that are registered as Navigators with MI Bridges.
* Applicant Attachment C
	+ Timeline for completing the planned activities and tasks for the proposed project during the grant period. Selected applicant assumes the responsibility for ensuring the grant project is performed within the established timeline. A month-by-month format shall include at a minimum:
		- The required dates for all reports due to the Issuing Office
		- Progress toward estimated number of households served
		- Number of households enrolled in an energy supplier affordable payment plan
* Applicant Attachment D
	+ A copy of the organization’s most recent Audited Financial Statement
* Applicant Attachments E (budget) and F (budget narrative)
	+ The applicant’s proposed budget and corresponding budget narrative for the grant year. The budget and narrative must follow the format outlined in Attachment D of the RFP. A copy of the proposed budget in Excel format is **required** (use the name “Attachment E – Budget”).
* Applicant Attachment G – Additional Info
	+ Any items that were not included elsewhere but are believed to be pertinent to the application.