



ATTACHMENT A – COVER SHEET FOR QUALIFICATIONS

Qualifications must include this cover sheet (or this sheet reproduced on company letterhead) as PAGE 1 of the response. Vendors may complete all required attachments as a stand-alone response (fillable form .pdf document, written or typed).

[] an individual, [] a corporation (please mark appropriate box), duly organized under the laws of the State of _____.

The undersigned, having carefully read and considered the services as described within the RFP, does hereby offer to perform such services on behalf of the County in the manner described and subject to the terms and conditions set forth in the attached qualification, including, by reference here, the County’s RFP document.

NO CONFLICT(S) OF INTEREST: By submission of a qualification, vendor agrees that at the time of submittal, he/she: (1) has no interest (including financial benefit, commission, finder’s fee, or any other remuneration) and shall not acquire any interest, either direct or indirect, that would conflict in any manner or degree with the performance of the vendor’s services, or (2) benefit from an award resulting in a “Conflict of Interest,” including holding or retaining membership or employment on a board, elected office, department, division or bureau, or committee sanctioned by and/or governed by the County.

MICHIGAN ECONOMIC SANCTIONS ACT, 2012 (“IRAN-LINKED BUSINESS”): By submission of a qualification, vendor certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an “Iran linked business,” as defined in the Michigan Economic Sanctions Act, 2012 P.A. 517.

DEBARMENT AND SUSPENSION: By submission of a qualification, the undersigned certifies to the best of his/her knowledge and belief, that the corporation, LLC, partnership, or sole proprietor, and/or its’ principals, owners, officers, shareholders, key employees, directors and member partners: (1) are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have not within a three-year period preceding this qualification been convicted of 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) transaction or contract under a public transaction; (3) are not presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated above; and, (4) have not within a three-year period preceding this qualification had one or more public transactions (Federal, State or local) terminated for cause or default.

CERTIFICATION OF INSURANCE AND INDEMNITY REQUIREMENTS: By submission of a qualification, the undersigned certifies and represents an understanding of the County’s Insurance and Indemnification requirements as defined within the Master Services Agreement. Potential vendors must understand and agree that fiscal responsibility for claims or damages to any person or to companies and agents shall rest with the vendor.

The vendor must affect and maintain any and all insurance coverage, including, but not limited to, Worker’s Compensation, Employer’s Liability and General, Contractual and Professional Liability, to support such financial obligations. A certificate of insurance detailing insurance coverages may be



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requested. The certificate must indicate that insurers will provide to the County written notice thirty (30) days prior to terminating any insurance policy.

The undersigned affirms that he/she is duly authorized to execute this qualification, that this company, corporation, firm, partnership or individual has not prepared this qualification in collusion with any other vendor and that the contents of this qualification as to prices, terms or conditions have not been communicated by the undersigned, nor by any employee or agent, to any competitor, and will not be, prior to the award and the vendor has full authority to execute any resulting contract awarded as the result of, or on the basis of the qualification.

Qualifications must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days.

Company Name: _____

Contact Name and Title: _____

Mailing Address: _____

City, State and Zip Code: _____

Phone Number: _____ Fax Number: _____

Email Address: _____

Website: _____

Federal Employer Identification Number: _____

The submission of a qualification hereunder shall be considered evidence that the vendor is satisfied with respect to the conditions to be encountered and the character, quantity, and quality of the work to be performed.

BY: _____
(Signature of Authorized Representative)

Date

(Printed Name and Title of Authorized Representative)



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**ATTACHMENT B – WEATHERIZATION PROGRAM AUDIT/INSPECTION
CONTRACTOR APPLICATION FORM**

Complete the following forms.

OTTAWA COUNTY COMMUNITY ACTION AGENCY
12251 JAMES STREET, STE 300, HOLLAND, MI 49424
Phone: 616.393.4433 Fax: 616.393.5612

**WEATHERIZATION PROGRAM AUDIT/INSPECTION CONTRACTOR
APPLICATION FORM**

Please Print Legibly or Type

Business Name: _____

Owner/Representative: _____

Business Address: _____
Number Street City Zip Code

Mailing Address: _____
Number Street City Zip Code

Area Code/Phone Numbers: _____
Office Fax Mobile

Email Address: _____

Federal ID/Social Security #: _____

Year company/firm was established: _____

Insurance Company: _____

Address: _____

Liability coverage per occurrence: \$ _____

(Please attached current copy of insurance certificate)

Have you ever participated in the Weatherization Assistance Program before? Yes No

If yes, when? _____, where? _____

In what capacity? _____

Please list any references you have for the Weatherization Assistance Program _____

Have you received a certificate for successfully completing a LRRP Training? Yes No
If yes, please provide copy of certificate.

Have you attended a DHS-sponsored Indoor Air Quality Training?
Yes No If yes, please provide documentation of attendance.

Have you or any of your employees received a certificate for having completed the MIOSHA requirements? Yes No If yes, please provide copy of certificate

Have you received a certificate for completing Housing Quality Standards (HQS) inspections?
Yes No

What is your capacity per month for Audits/QCI's/or jobs assigned? _____

Do you have previous experience working with Ottawa County CAA? Yes No
If yes what capacity? _____

Please list all education and training that you have had specific to Building Science and Weatherization.

<u>Training</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____
_____	_____

Please list all certifications that you have obtained related to Building Science or Weatherization.

<u>Certification Type</u>	<u>Date</u>
_____	_____
_____	_____
_____	_____

Optional: If desired, provide additional explanation of relevant experience in providing weatherization specific services, including work installing various types of insulation, equipment types used, etc.

In order to perform weatherization audits/inspections according to DOE/MDHHS/Agency policy, regular use of the following equipment will be required:

- Blower Door with a DG700 digital gauge
- Carbon Monoxide Detector

- Gas/Leak Detector
- Brand Electronics Digital Power Meter Model 4-1850 WX for metering refrigerators
- Smoke Pencil for measuring drafts and air flow or preferably an air flow meter (we use a Dwyer 460 Air Meter)
- Digital Camera
- Ladders, Hand Tools, Drill, etc.

I understand that, if selected as a contracted auditor/inspector, I will be required to have routine access to each of the equipment items indicated above. Yes No

Are you registered with a minority/women’s business enterprise program or LSA?
 Yes No *If your answer is “YES,” please submit a copy of certification.*

Does your company qualify as a Small Business” according the Small Business Act (generally defined as having fewer than 500 employees). Yes No

THE UNDERSIGNED APPLICANT CERTIFIES THAT ALL INFORMATION GIVEN HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

- That if the work performed by the contractor is found to be unsatisfactory by the administering agency or if contract relations between the contractor, homeowner or other parties are found to be unsatisfactory, that the administering agency may remove the contractor’s name from the approved list.
- The contractor will abide by the federal regulations pertaining to equal employment opportunity.
- That the work will be done in conformance with all appliance codes and zoning regulations.

Further, I authorize the OCCAA administrators to verify the above information.

Applicant’s Signature: _____ Date _____

APPLICANT'S NAME: _____

**Certification Regarding
Debarment, Suspension, and Other Responsibility Matters
Primary Covered Transactions**

This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(Before Signing Certification, Read Attached Instruction)

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.

2. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name

Title

Signature

Date



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ATTACHMENT C – WEATHERIZATION AUDIT/INSPECTION PRICE QUOTE FORM

Complete the following forms.

Ottawa County Community Action Agency
Weatherization Assistance Program

Weatherization Audit/Inspection Price Quote Form

All audit and inspections shall be completed in a professional manner acceptable to the AGENCY and shall be performed in accordance with the procedures outlined in the State of Michigan Field Guide [Michigan Weatherization Field Guide \(wxfieldguide.com\)](http://wxfieldguide.com), Standard Works Specifications (SWS), Job Task Analysis (JTA) requirements (<http://energy.gov/sites/prod/files/2014/01/f7/51672.pdf>), and the Community Services Policy Manual (CSPM).

Audits/Inspections will include all tests and measurements required by the Michigan Department of Health and Human Services and/or Ottawa County Community Action Agency.

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AUDITOR/INSPECTOR will provide all completed reports required in conjunction with the inspection.

The price quoted shall incorporate all associated costs for conducting the audit/inspection, preparing, and submitting the audit/inspection report, consultations with agency personnel and contract installers, travel expense, etc

Price Quote

Weatherization Audit: _____

Weatherization Quality Control Inspection: _____

Return Trip Fee: _____

Housing Quality Standards Inspection (HQS): _____

Company/Contractor Name: _____

Signature: _____



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**ATTACHMENT D – AUTHORIZATION FOR CRIMINAL HISTORY SEARCH,
BACKGROUND CHECK AND CENTRAL REGISTRY FORM**

Complete the following forms.

Authorization for Criminal History Search and Background Check

As a prospective or current employee/volunteer/employee partner of Ottawa County Community Action Agency (OCCAA) whose assigned tasks will/may include having direct contact with children and/or vulnerable adults or access to confidential information, or having supervisory responsibilities of volunteers that have direct contact with agency consumers, I understand that it is OCCAA's policy to secure criminal history information as part of their employee/volunteer/employee partner screening processes. I understand that OCCAA will utilize the information obtained from the criminal history check, from publicly available offender registry information, and other related background information to determine my suitability for an employee/volunteer/employee partner position. I understand that the information provided by me below is specifically required in order to obtain an Internet Criminal History Access Tool (ICHAT) check.

First Name Middle Name Last Name

Maiden name or other names used: _____

Birthdate: ____/____/____ Race: _____

Sex: _____

Do you have any criminal or felony charges pending? Yes No; If Yes, please list:

I have lived in the state of Michigan continuously for the past 10 years: Yes No

If No, have you ever been convicted in another state or country of a felony or been identified as a perpetrator of domestic or child abuse in the past? Yes No

If yes, please list below, indicating the current status, nature and time period of the conviction(s):

AUTHORIZATION: By signing below,

- I authorize Ottawa County Human Resources personnel and/or OCCAA personnel to utilize the information provided above for the express purpose of obtaining a criminal history file search and for determining my suitability to hold an employee/volunteer/ employee partner position with OCCAA.
- I agree that during the term of my affiliation with OCCAA as an employee/volunteer/employee partner I will notify my supervisor in writing and in a timely manner (within two work days) of any criminal convictions (felony or misdemeanor) and/or pending felony charges or placement on the Central Registry as a perpetrator.
- Further, I attest that the information provided above is true and complete.

Signature

Date

CENTRAL REGISTRY CLEARANCE REQUEST

Michigan Department of Human Services

COPY PHOTO ID HERE AND RETAIN A COPY FOR YOUR RECORDS

OR ATTACH A CLEAR COPY OF YOUR ID ON A SEPARATE PAGE

INSTRUCTIONS:

- An enlarged and clear copy of individual's photo identification must be attached.
- For Michigan employers, individuals and volunteer agencies, submit this request to the local County Department of Human Services. To obtain the address and fax number of **your local county DHS, access www.michigan.gov/dhs->Inside DHS.**
- For individuals seeking clearance on themselves, the results will be sent to the address on the picture identification provided.
- Outstate Children's Protective Services workers, law-enforcement, and court officials fax request to 517-241-7047 (Outstate only) on agency letterhead with cover sheet.
- All fields must be completed for processing.

SECTION 1 INFORMATION ON PERSON BEING CLEARED

Name First, Middle, Last	AKA (Also Known As) (Maiden Name)	Social Security Number	Signature Required for individual being cleared
Address	Phone Number	Date Of Birth	

SECTION 2 REQUESTOR INFORMATION

Please Check Appropriate Box	
<input type="checkbox"/> Child Welfare Agency <input type="checkbox"/> Individual <input type="checkbox"/> I would like to pick up my results in _____ county <input type="checkbox"/> Law-Enforcement/Dept of Corrections <input type="checkbox"/> Prosecuting Attorney/Court (please provide docket number if available) _____ MI	<input type="checkbox"/> Employer <input type="checkbox"/> Volunteer Agency <input type="checkbox"/> Out-of-State Adoption and Foster Home Screening <input checked="" type="checkbox"/> Other Contractual employer

Name of Employer/Volunteer Agency/Individual Ottawa County Community Action Agency		Name of CPS/Law-Enforcement or Court	
Name 12251 James St Suite 300		Title	
Address Holland MI 49424		City	State Zip Code
Phone 616-393-5607	Fax 616-393-5612	E-mail mbrothers@miottawa.org	Date 9/13/21

Employers/volunteer agencies – will ONLY receive responses of NO central registry if the name being cleared has approved this request with their signature. Employers/volunteer agencies will NOT receive notification if the name submitted has any central registry history hits per CPL 722.627.

For questions about completing this form, please contact the local Michigan Department of Human Services, Children's Protective Services or CPS Program office at 517-373-6028. Mail questions to PO Box 30037, 235 S. Grand Avenue, Suite 510, Lansing, Michigan 48909

This clearance does not identify individuals who may have child abuse/neglect history in other states, territories or tribal trust land.

The confidentiality of central registry information is protected by Sections 7 through 7j of the Michigan Child Protection Law (MCL 722.627-722.627j). Anyone who violates this protection is guilty of a misdemeanor and is civilly liable for damages.

Department of Human Services (DHS) will not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, sex, sexual orientation, gender identity or expression, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.



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ATTACHMENT E – CONFIDENTIALITY STATEMENT

Complete the following forms.



Confidentiality Statement

The office of Ottawa County Community Action Agency contains information that is privileged, confidential, or otherwise protected from use and disclosure. You are hereby notified that any review, disclosure, copying, dissemination or transmission, or the taking of any action in reliance on its contents, or other use, is strictly prohibited.

Acknowledgement and Agreement:

Employee/Volunteer/Contractor acknowledges that he/she has read and carefully considered the terms of the above Confidentiality Statement and that he/she fully understands the terms and conditions herein.

Employee/Volunteer/Contractor agrees that the terms of this Confidentiality Statement are fair and reasonable and will uphold the terms and conditions as required for the protection and the interest of Ottawa County Community Action Agency and its clients.

Employee/Volunteer/Contractor signature

Date

Printed Name



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ATTACHMENT F – ADDITIONAL DOCUMENTS

Include the following information with the submission of qualifications:

- ✓ *Copy of Insurance Policy*
- ✓ *Copy of Relevant License(s)*
- ✓ *Proof of attendance at Indoor Air Quality Training, MIOSHA, as well as Lead Safe Work Practices training and/or EPA's Lead Renovation, Repair and Painting Rule certification.*
- ✓ *Documentation of Woman/Minority owned business or LSA (if applicable)*