



32849 E. Red Arrow Hwy STE #100 Paw Paw, MI 49079  
P. 269-539-7017 | MarketOne.org

## Request for Qualifications (RFQ) for Contractor Services

**Commented [BT1]:** This type of advertisement is a Request For Qualifications (RFQ) or solicitation of interest to establish a contractor pool.

### I. Introduction

Market One is partnering with communities across Van Buren County to administer funding from the Michigan State Housing Development Authority (MSHDA) Community Development Block Grant (CDBG) program to support Homeowner Rehabilitation activities. The program will provide eligible homeowners ( $\leq 80\%$  AMI) with up to \$40,000 in funding to make necessary health, safety, and efficiency improvements in their home.

On behalf of the awarded communities, Market One is now seeking bids from qualified contractors to be placed on an Approved Contractor List for rehabilitation activities. The scope of work for each project will be based on an assessment conducted by each community's chosen inspector and must be approved by the homeowner. Contractors for each project will ultimately be selected by homeowners from the approved contractor list. Rehabilitation activities are projected to begin by July 2026 and must be completed by December 31, 2027.

### II. Scope of Services

Contractors will perform residential rehabilitation work as assigned on a project-by-project basis. The scope for each project will be determined based on an initial assessment conducted by the community's chosen building inspector. Work is limited to eligible activities as outlined by MSHDA in Chapter 5 of the CDBG Policy Manual and may not exceed \$40,000. Eligible activities may include:

- Roof Replacement or Repair
- Concrete, Asphalt, and Masonry Replacement or Repair
- Handrail Installation
- Electrical Repairs
- Furnace and/or Air Conditioner Replacement or Repairs
- Waterproofing
- Tuck-pointing
- Hot Water Heater Replacement
- Insulation
- Foundation repairs (crack repairs, leaks, sump pump installation, etc.)
- Retaining Walls
- Accessibility modifications
- Window and door replacement
- Porches
- Interior walls and ceilings

Respondents who meet the qualifications outlined in this RFQ will be added to a list of approved contractors presented to participating homeowners. The inclusion of a contractor on this list is **not** a



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guarantee of work. Contractors will ultimately be selected by homeowners based on the information provided in the proposal submitted.

### **III. Minimum Qualification**

Contractors must meet the following minimum requirements:

- Licensed contractor in the State of Michigan (as applicable)
- Minimum of 2 years of continuous operation
- Proof of general liability insurance (\$1,000,000 minimum recommended)
- Proof of workers compensation insurance
- Ability to comply with federal requirements, including:
  - SAM.gov (debarment) verification
  - Lead Safe Work Practices (if applicable)
- Ability to obtain required permits
- No outstanding or unresolved compliance violations
- Ability to pass background and eligibility checks

Approved contractors must comply with all applicable federal contract provisions outlined in 2 CFR Part 200 Appendix II as well as all applicable non-discrimination and equal opportunity requirements.

Contractors must disclose any potential conflicts of interest with participating communities, staff, or program administrators. Contractors must allow access to records by HUD, MSHDA, and local units for auditing purposes.

### **IV. Proposal Requirements**

Interested parties must submit a complete proposal including the following items:

- Statement of qualifications for the above scope of work
- Relevant work experience, including any experience with MSHDA or HUD funded projects
- Contact information for three (3) professional references
- Contractor Worksheet (found on page 4)

Any questions may be directed to [CDBG@marketone.org](mailto:CDBG@marketone.org).

### **V. Timeline**

RFQ Issued: April 21th

Questions Due: May 28<sup>th</sup>

Proposals Due: May 29<sup>th</sup> at 5pm

Approval Notification: June 12<sup>th</sup>



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## **VI. Submission Instructions**

Please limit responses to no more than 10 pages. The required Contractor Worksheet will not be counted toward the page limit. Responses should be submitted electronically in PDF format to [CDBG@marketone.org](mailto:CDBG@marketone.org).

Subject Line: CDBG Contractor RFQ: [FIRM's NAME]

**Proposals are due by 5pm on Friday May 29<sup>th</sup>.** No late submissions will be accepted.

## **VII. Additional Information**

Market One and the awarded communities reserve the right to reject any or all proposals, to waive informalities or irregularities in any proposals received, and to accept the proposal deemed most advantageous to the community. This RFQ does not commit Market One or the awarded communities to award a contract or to pay any costs incurred in the preparation of this proposal.



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## CDBG Homeowner Rehabilitation Program

### Contractor Worksheet

**Instructions:** This form must be completed in full and submitted with all required proposal materials listed in the RFQ.

Business Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Years in Business \_\_\_\_\_

**Please indicate which services the company is able to provide:**

Eligible Activities	Check if able to provide	Notes (Optional)
Roof Replacement or Repair		
Concrete, Asphalt, and Masonry Replacement or Repair		
Handrail Installation		
Electrical Repairs		
Furnace and/or Air Conditioner Replacement or Repairs		
Waterproofing		
Tuck-pointing		
Hot Water Heater Replacement		
Insulation		
Foundation repairs (crack repairs, leaks, sump pump installation, etc.)		
Retaining Walls		
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Do you have experience working on CDBG or other MSHDA funded projects? (While previous experience is preferred, a lack of experience will not automatically disqualify bidders). Y \_\_\_ N \_\_\_

If yes, please provide a brief overview of the project(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Licensing Information:**

License #: \_\_\_\_\_

Type: \_\_\_\_\_

**Insurance Carrier:**

Provider: \_\_\_\_\_

Policy #: \_\_\_\_\_

**Bonding Capacity (if applicable):**

\$ \_\_\_\_\_

**Compliance Certifications**

As an authorized representative for the business named above, I certify the entity listed:

- Is not debarred or suspended (SAM.gov)
- Will comply with federal regulations
- Will obtain required permits for all work
- Will follow lead-safe practices (if applicable)

**Signature**

Authorized Representative: \_\_\_\_\_ Date: \_\_\_\_\_