Dear Prospective Bidder:

The Kinexus Group is seeking proposals for the provision of the Housing Services for the Offender Success Program.  Bidders may bid on all or any part of these services.  This is an OPEN call to submit a bid at any time.  Your bid will be evaluated as it arrives and contracted if necessary.

* 24/7 Structured Housing for parolees returning to the counties of:   Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren.
* Base Housing for parolees returning to the counties of: Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren.

 Kinexus creates solutions for business, workforce, and community challenges to promote economic vitality in the southwest Michigan region.

 Request for Proposal (RFP) applications are also on our website at <https://www.miworks.org/public-information> .

 If you have questions regarding the product specifications in the RFP, please e-mail [stacy@kinexus.org](mailto:stacy@kinexus.org).

**This is an OPEN call so no due date has been initiated.**

 It is your responsibility to assure that your questions and or bid has arrived.  You may contact me at the number below for that assurance.

**Proposals must be submitted electronically or hard copy to:**

Kinexus

Attn: Stacy Neidlinger

330 West Main Street

Benton Harbor, MI 49022

[stacy@kinexus.org](mailto:stacy@kinexus.org)

269-927-1064 ext 1113

**REQUEST FOR PROPOSAL**

**Offender Success (formerly Michigan Prisoner Reentry)**

**Mission**

 The MISSION of the Michigan Offender Success Model is to reduce crime by implementing a seamless plan of services, supervision, and opportunities developed with each offender and delivered through State and Regional collaboration with the goal of obtaining employment and self-sufficiency.

 The mission is accomplished by targeting service provision to meet the identified needs of returning offenders, thereby reducing their risk of recidivism and enhancing their employment opportunities.

**Vision**

 The VISION of the Michigan Offender Success Model is that every offender released from prison will have the tools needed to succeed in the community and the opportunity to utilize those tools to be productive, self-sufficient citizens.

**Housing Service Delivery Area**

 Service Delivery Area: Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph, and Van Buren Counties.

Ex-offenders will be referred to Housing Services by Michigan Department of Corrections Parole Agents or the Offender Success Staff. Referrals will be made periodically throughout the year.

**Housing Services Description**

1. **Purpose/Goals**

 The goal of Housing Services is to provide every returning citizen access to safe, and affordable housing, or services designed to help the individual achieve independent permanent housing. 

1. **Housing Parameters**

**24/7 Structured Housing**

Includes room and board for housing that provides an alcohol and drug-free living environment to offenders.  Must include the following:

* Security of the facility shall be maintained at all times.
* Agencies must conduct and document regular rounds.  Copies should be made available upon request.
* Agencies must conduct and document regular counts to include head counts, visual inspections, and physical presence (verified exposed skin and a visual check for a physical indication of life).
* Agency staff shall monitor residents, visitors and staff movement into and out of the facility. Parole staff shall be consulted prior to the allowance of visitors to ensure compliance of parole conditions.
* Agencies that house both male and female parolees, must house these populations in secure and segregated areas.
* Residents shall be provided 3 meals a day, seven days a week, meeting nutritional requirements established as U.S. Required Daily Averages.
* Agencies shall monitor housing placements to ensure health and safety regulations are maintained.
* Agencies shall assure standards for quality housing consistent with local community standards.
* Agencies shall make all Pest Treatment and Prevention reports, invoices, and/or contracts available upon request.
* Agencies shall maintain and/or develop a roster of permanent housing resources and partnerships**.**
* Agencies shall maintain monthly housing case plans for each PR resident.
* Agencies shall work with participants to transition into permanent housing
* Agencies shall immediately notify the supervising agent if residents fail to return to the facility, are being removed from the facility, or are non-compliant with parole conditions and/or facility rules.
* Agencies shall comply with the Americans with Disabilities Act (ADA) and Fair Housing Act and shall notify the designated Michigan Department of Corrections Program Manager within 24 hours for reasonable accommodation requests necessary for disabled offenders to use housing.
* Agencies shall have a procedure in place to secure and dispense all medications for parolees.
* Agencies shall immediately report critical incidents to the supervising agent, fiscal agency, and/or law enforcement.  Critical incidents include:
* Assaultive Behavior – Physical contact of a parolee, Contractor staff, or visitor as the result of an attack on, or intentional, non-consensual touching of another person in anger or with intent to abuse.
* Serious Physical Injury – Physical injury of a parolee or visitor that requires hospital admission, inpatient care, or emergency room treatment.
* Sexual Assault – Sexual penetration of, or sexual contact with, a parolee, Contractor staff, or visitor, or intentional non consensual or consensual touching of a parolee’s, Contractor staff, or visitor’s genital area, buttocks or breasts.  This encompasses Contractor staff to parolee or visitor sexual assault, parolee to Contractor staff or visitor sexual assault, parolee to parolee sexual assault, and visitor to parolee or Contractor staff sexual assault.
* Death – a parolee died while residing in the facility or a visitor died while at the facility.
* Suicide – Suicide/Suicide attempt in a facility by a parolee or a visitor.
* Drugs – Drug possession, distribution, or overdose in a facility by a parolee or visitor.
* Firearms/Explosives – Possession or discharge of a firearm or explosive by a parolee, Contractor staff, or visitor.
* Force – use of force to control a parolee or visitor.
* Hostage Situation – Act or threat of an act of hostage-taking by a parolee or visitor, or Contractor staff.
* Facility Failure – Major physical plant failure in a facility which results in building damage or loss of electrical power, heat, water, sewer, or perimeter security.  This applies only when the condition significantly affects facility security or the welfare of Contractor staff, parolees and visitors (e.g. loss of emergency power for a security system).
* Fire, Explosion or Natural Disaster resulting in death, serious physical injury, or physical damage to facility property.
* Chemical Spill – Major chemical or toxic spill in a facility.
* Arrests – Arrest of Contractor staff, visitor, or employee while at the facility.
* Trespassing – Any person who enters the facility or remains without the consent of an authorized staff member.
* Breach of Security – Any person, other than facility staff, which has passed the security checkpoint without the knowledge of an authorized staff member.
* An unusual event not identified above but which may attract public or media attention or which may expose the Department to potential liability.

**Base Housing**

Includes all landlord tenant agreements, hotel/motel options and congregate housing type services for a daily/weekly/monthly rate.

Rates/Rents shall include utility costs and a working refrigerator and stove (Not required in hotel/motel arrangements)

Landlords shall comply with the Americans with Disabilities Act (ADA) and Fair Housing Act and shall notify the designated Kinexus staff within 24 hours for reasonable accommodation requests necessary for disabled offenders to use housing.

Each residence shall have the following:

* Furnishings – beds, couch, chairs, table, etc.
* Locks on all bathroom doors
* Operating utility services (gas, electric, hot water)
* Heating system
* Have a working stove and refrigerator in the kitchen area
* Bedrooms will include linens for each bed
* An installed smoke alarm that is working/functioning
* Kitchen items will include pots, pans, plates, bowls, cups, and utensils

**Services are projected to commence as needed with the potential for renewal on an annual basis as long as the bid allows. When that time comes for a rebid, you will be notified that a bid response is needed from you**.

**Evaluation**

 In addition to adequately addressing the questions in **Attachment A**, proposals will be evaluated and selected based on reasonableness and competitiveness.  Reasonableness and competitiveness will be determined by, but not limited to, (1) cost, (2) current and/or past performance, if applicable, and (3) comparison with other proposals.

Evaluation of each proposal will be based on the following criteria:

|  |  |  |
| --- | --- | --- |
| **Factors** | | **Points** |
| **I.** | **Cost** | **45** |
| **II.** | **Previous Performance** | **35** |
| **III.** | **Completion of Submission** | **20** |
| **Total** | | **100** |

 Information provided by a bidder that is willingly, knowingly, and purposely false, inaccurate, or misleading will be grounds for not considering a proposal for funding, for not awarding a contract, or for canceling a contract if awarded.

Kinexus’s Code of Conduct and Conflict of Interest Policies will be in effect throughout all phases of this procurement process.

**PROPOSAL RESPONSE**

***General Information – COVER PAGE --PLEASE FILL IN THIS PAGE.***

 NameFederal ID Number- SSN

Street Address

CityStateZip Code

Printed Name and Title of Applicant’s Authorized Representative

Telephone NumberFax Number

E-mail address

**Certification**

**I certify that I have been authorized to submit and sign this proposal on behalf of the submitting organization(s).  In addition, I certify that the entire proposal is true and accurate and to the best of my knowledge the projected costs are reasonable and necessary for the proposed Service and do not duplicate other funds already available, or which will be available, to pay the projected costs.  I also certify that my organization will implement this project in compliance with the stipulations and guidelines set forth by Kinexus.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_                  \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Authorized Representative (email accepted)Date**

**Attachment A**

**Complete one form for each proposed property**

|  |  |
| --- | --- |
| **Landlord:** |  |
| **Property Address:** |  |
| **Landlord holds the title**  **(attach copy)** | **(Circle One)         Yes             No** |
| **Taxes on property are paid to date (attach copy)** | **(Circle One)         Yes             No** |
| **Landlord has insurance coverage on property**   **(attach copy)** | **(Circle One)         Yes             No** |
| **Years providing housing services to parolees/ex-offenders** |  |
| **Rental Price** |  |
| **Daily** |  |
| **Weekly** |  |
| **Monthly** |  |

**Debarment**.  –Please sign and date

**CERTIFICATION REGARDING**

**DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION**

**Lower Tier 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).

 B**EFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS THAT ARE AN INTEGRAL PART OF THE CERTIFICATION.**

 (1)The prospective recipient of federal assistance funds certified, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.

 (2)Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Printed Name and Title of Authorized Representative

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Authorized Representative

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INSTRUCTIONS FOR CERTIFICATION**

1.By signing and submitting this proposal, the prospective recipient of Federal assistance funds is providing the certification as set out below.

2.The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into.  If it is later determined that the prospective recipient of Federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.

3.The prospective recipient of Federal assistance funds shall provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective recipient of Federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4.The terms "covered transaction", "debarred", "suspended", "ineligible", "lower tier covered transaction", "participant", "proposal" and "voluntarily excluded", as used in this clause have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5.The prospective recipient of Federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any low tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized the DOL.

6.The prospective recipient of Federal assistance funds further agrees by submitting his proposal that it will include clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions", without modification, in all lower tier covered transactions and in all solicitation for lower tier covered transactions.

7.A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it know that the certification is erroneous.  A participant may decide the method and frequency by which it determines the eligibility of its principals.  Each participant may, but is not required to, check the List of Parties Excluded from Procurement or Nonprocurement Programs.

8.Nothing contained in the foregoing shall be construed to require establishing a system of records on order to render in good faith the certification required by this clause.  The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9.   Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntary excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the DOL may pursue available remedies, including suspension and/or debarment.