

**MACOMB COUNTY PURCHASING DEPARTMENT
REQUEST FOR PROPOSAL**

PROPOSAL ITEM NO: 31-26

PROPOSAL TITLE: Development of Affordable Rental Housing

REQUEST FOR PROPOSAL

The Macomb County Purchasing Department will be receiving sealed proposals for

The project consists of all necessary work:

Facilitate new construction and acquisition/rehabilitation of affordable rental housing for low- to moderate-income households utilizing HOME Investment Partnership Program (HOME) funds. The goal of the HOME Program is to provide funds to expand the supply of affordable housing for low- and moderate-income persons as defined under 24 CFR Part 92. This RFP does not include the text of all applicable regulations that may be important to affordable housing projects and activities. For proper completion of the application, Macomb County encourages potential applicants to consult the federal HOME program regulations, and other federal cross-cutting rules. Some key HOME cross-cutting requirements may include: Davis Bacon, Section 3, Non-discrimination & Fair Housing, Environmental Review, Site & Neighborhood Standards, Accessibility, and Relocation & Real Property (URA). However, several of the terms used in the HOME program have specific meanings defined by federal HOME regulations. **When reviewing this RFP, carefully review the regulations for definitions, terms, cross-cutting requirements and HOME Program requirements that will apply specifically to your proposal.** See [HOME: HOME Investment Partnerships Program - HUD Exchange](#) for guidance. In all work under this RFP, the applicant must adhere to all applicable federal, state, and local laws, codes, zoning, and other requirements related to construction, rehabilitation, and housing safety, quality, and habitability.

Proposed projects must be located within the Macomb County HOME Program service area which includes twenty-three (23) local units of government including the Villages of Armada, New Haven, and Romeo; the Townships of Armada, Bruce, Chesterfield, Clinton, Harrison, Lenox, Macomb, Ray, Richmond, Shelby and Washington; and the Cities of Center Line, Eastpointe, Fraser, Mount Clemens, New Baltimore, Richmond, Roseville, Sterling Heights and Utica.

Proposed project may be leveraged with other funding sources, such as private equity loans from lending institutions and funds from federal, state or local programs, such as Low-Income Housing Tax Credits. All projects must be completed within 24 months after funding approval by the Macomb County Board of Commissioners and all other funding sources should have been secured.

Each qualified project will be evaluated for suitability for HOME Investment Partnership Program (HOME) funding and may be offered based on resource availability, preferences and selection criteria.

Qualified housing developers who demonstrate their ability to 1) construct and/or rehabilitate affordable rental housing developments and 2) maintain affordable rental housing developments are encouraged to submit applications. The applicant must have the experience, financial, and technical capacity to deliver a project that meets all eligibility requirements and remains operational and compliant for the restrictive affordability period of the project.

The proportion of rent restricted units to the total number of units in any project must, at a minimum, equal the proportion of Macomb County's HOME Program investment in the project's total development cost. Unrestricted units are not eligible for HOME subsidy.

The Macomb County's HOME Program is making available the following funding sources:

HOME Program Funds

Total Funds Available: Up To \$4,063,226.82*

*Available funding may be increased or decreased based on number of eligible project proposals received.

INDEX

REQUEST FOR PROPOSAL	1
OBJECTIVE	4
SUBMISSION PROCEDURES	4
QUESTIONS	4
MODIFICATIONS	5
DEFINITIONS	5
PROPOSAL DOCUMENTS	5
PROPOSER’S QUALIFICATIONS	5
ERRORS, OMISSIONS, AND/OR DISCREPANCIES	6
TERMINATION	6
RIGHT TO REJECT	6
MODIFICATION AND WITHDRAWAL OF PROPOSALS	6
OFFER PERIOD	6
EXECUTION OF CONTRACT	6
TERM OF CONTRACT	6
RENEWAL	6
SALES AND EXCISE TAXES	6
INDEMNIFICATION	7
INSURANCE	8
SPECIFICATIONS/SCOPE OF WORK	9
FORMS	16
COUNTY OF MACOMB SUPPLIER DISCLOSURE FORM	17
NON-COLLUSION AFFIDAVIT	19
MACOMB COUNTY BASED PREFERENCE	20
GENERAL INFORMATION	21
WORK REFERENCES	22
CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT	23
FEDERAL E-VERIFY PROGRAM	24
PROPOSAL FORM	25
SUPPLIER CERTIFICATION DEBARMENT	26

OBJECTIVE

The purpose of this Request for Proposal (RFP) is to solicit sealed proposals from qualified firms to perform services on behalf of the County of Macomb. The goal is to select the most capable supplier offering the most competitive price. This proposal is in accordance with the Macomb County Procurement Policy.

SUBMISSION PROCEDURES

Date Due: **OCTOBER 22, 2026, at 10:00 AM (local time)**

Proposal will be publicly opened and read.

DELIVER via FEDEX, UPS, or hand deliver DIRECTLY TO 44900 Vic Wertz Dr., Clinton Township, MI 48036 PURCHASING DEPARTMENT BY DUE DATE & TIME.

IF HAND DELIVERED – MAKE SURE TO GET A DATE AND TIME STAMPED RECEIPT FOR PROOF OF DELIVERY.

If USPS is utilized for submissions, there is no guarantee of a timely delivery as the Post Office does not deliver to individual County Buildings.

NO LATE PROPOSALS ACCEPTED.

Mail to: Macomb County Purchasing
Mark Chomontowski, Purchasing Manager
ATTN: Mary Schultz, Senior Buyer
44900 Vic Wertz Dr.
Clinton Township, MI 48036

Return: One (1) hard copy original
One (1) **unencrypted** electronic copy (USB Flash Drive)
Two (2) hard copies of the Proposal.
Clearly mark on the envelope **SEALED PROPOSAL ITEM 31-26 AND Development of Affordable Rental Housing.**
Label all submission envelopes with the company name on the outside.

Complete and return all pages requiring supplier response.

All Proposals must be submitted on the forms provided, properly executed and with all items filled out in ink or typed. Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the Proposal. Any Proposer information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Proposer.

Macomb County suppliers should be registered on the Michigan Inter-governmental Trade Network (MITN) website www.bidnetdirect.com/mitn.

QUESTIONS

Due: **October 8, 2026, at 12:00 PM (local time)**

Submit to: Email: Mary.Schultz@macombgov.org

Questions regarding The Request for Proposal specifications may be directed in writing only, by email. All questions or clarifications must be directed to the Purchasing Department. Any attempt to contact a county department, other than purchasing, regarding this current Request for Proposal may be grounds for disqualification as a supplier. Answers will be posted to MITN after the question due date.

MODIFICATIONS

Macomb County suppliers should be registered on the Michigan Inter-governmental Trade Network (MITN) website www.bidnetdirect.com/mitn. Clarifications, modifications, or amendments may be made to this document at the discretion of the Macomb County Purchasing Department prior to the opening of the solicitations. Should any such changes be made, an addendum will be issued and posted on the MITN website. It is the responsibility of each Proposer to check the website and verify that he/she has received all Addenda prior to submitting a Proposal.

All addenda issued to Proposers prior to date of receipt of Proposals shall become a part of these specifications, and all Proposals are to include the Work therein described.

DEFINITIONS

- A. Request for Proposal Documents (RFP) include this Request for Proposal, (including drawings, specifications and all Addenda issued prior to execution of the Contract) and the proposed Contract Documents.
- B. Addenda are written or graphic instruments issued by Macomb County prior to the execution of the Contract that modify or interpret the Request for Proposal Documents.
- C. A Proposer is a person or entity who submits a Proposal to Macomb County, and who meets the requirements set forth in the Documents.
- D. Default is the failure of the Proposer to fulfill the obligations of the contract.
- E. Owner is the County of Macomb.
- F. Proposer is a person or business which provides services to the County of Macomb under terms specified in a contract.

PROPOSAL DOCUMENTS

Request for Proposal Documents are available on the Michigan Inter-governmental Trade Network (MITN) website www.bidnetdirect.com/mitn. Proposers shall use the complete sets of RFP Documents in preparing Proposals. Macomb County assumes no responsibility for errors or misinterpretations resulting from the use of incomplete sets of Documents.

PROPOSER'S QUALIFICATIONS

Proposers must be properly licensed under the state laws governing their respective trade. Proposers shall meet qualifications indicated in the RFP Documents. Macomb County may make such investigations as necessary to determine the ability of the Proposer to perform the Work, and the Proposer shall furnish to Macomb County all such information and data for this purpose as Macomb County may request. Macomb County reserves the right to reject any Proposal if the evidence

submitted by, or investigation of, such Proposer fails to satisfy Macomb County that such Proposer is not properly qualified to carry out the obligations of the Contract.

ERRORS, OMISSIONS, AND/OR DISCREPANCIES

The County of Macomb will not be liable for any errors and/or omissions in proposals. The County of Macomb reserves the right to make corrections or amendments due to errors identified in proposals by the County of Macomb or the proposer. The County of Macomb, at its option, has the right to request clarification or additional information from the proposers.

TERMINATION

Macomb County reserves the right to terminate any award to the Proposer without any liability, upon a 30-day notice from Macomb County.

RIGHT TO REJECT

Macomb County reserves the right to reject any or all Proposals in whole or in part and to waive any informalities therein or accept any Proposal it may deem in the best interest of the County.

Note: Past experience and performance may be a factor in making an award.

MODIFICATION AND WITHDRAWAL OF PROPOSALS

A Proposal may be withdrawn on personal requests received from Proposer prior to submission time. A Proposal being withdrawn may be re-submitted up to submission time. Negligence or error on the part of the Proposer in preparing his/her Proposal confers no right for withdrawal of the Proposal after it has been opened.

OFFER PERIOD

Proposals will remain firm for a period of 120 days after official opening of Proposals.

EXECUTION OF CONTRACT

Macomb County reserves the right to accept any and all Proposals, or to negotiate contract terms with the various Bidders when such is deemed by Macomb County to be Macomb County's best interest.

TERM OF CONTRACT

The Contract will be for a minimum of two (2) years.

RENEWAL

The proposed agreement may be extended for two (2) one-year extensions with a total of four possible years for the bid, provided that by at least 45 days prior to end of the contract both parties agree to an extension under the same terms and conditions as exist in the current contract.

SALES AND EXCISE TAXES

The County of Macomb, being a governmental unit, is exempt from sales and federal excise taxes. The price is to be net, exclusive of any taxes. All prices stated in the Proposal response will include all Federal, State, County and Municipal taxes, including Michigan State Sales and Use Taxes, or contributions required by Proposer's business.

INDEMNIFICATION

Macomb County will not be responsible for injury to Proposer's employees, Sub-Contractors, or to third parties caused by the Proposer's agents, servants, or employees. Therefore, the Proposer agrees to incorporate the below hold harmless agreement into the required insurance and to be evidenced by being contained in the certificate of insurance. Further, the below listed indemnification is incorporated and is part of the subject contract.

The Proposing Firm agrees to protect, defend, indemnify and hold the County of Macomb and its commissioners, officers, employees and agents free and harmless from and against any and all losses, penalties, damages, settlements, costs, charges, professional fees, or other expenses or liabilities of every kind and character arising out of or relating to any and all claims, legal fees, liens, demands, court costs, obligations, actions, proceedings or causes of action of every kind and character in connection with or arising directly or indirectly out of this agreement and/or the performance hereof. Without limiting the generality of the foregoing, any and all such claims, etc. relating to personal injury, death, damage to property, defects in materials or workmanship, or any actual or alleged violation of any applicable statute, ordinance, administrative order, rule or regulation, or decree of any court, shall be included in the indemnity hereunder.

The Proposing Firm further agrees to investigate, handle, respond to, provide defense for and defend any such claims, etc. at his sole expense and agrees to bear all other costs and expenses related hereto, even if it (claims, etc.) is groundless, false or fraudulent. In any case in which this indemnification would violate legal prohibition, the foregoing provision concerning indemnification shall not be construed to identify the County for damage arising out of bodily injury to persons or damage to property caused by or resulting from the sole negligence of the County, its commissioners, officers, employees, or agents.

INSURANCE

COMMERCIAL GENERAL LIABILITY INSURANCE

Shall be written on an occurrence basis with limits of Liability of not less than \$1,000,000 (one million dollars) as combined single limit for each occurrence of bodily injury and personal injury with an annual aggregate of not less than \$2,000,000 (two million dollars). The policy shall include:

- a. Contractual Liability
- b. Products and Completed Operations
- c. Independent Contractors Coverage
- d. Broad Form General Liability Extensions or equivalent

WORKERS' COMPENSATION

Workers' Compensation Insurance meeting Michigan statutory requirements. Employer's Liability Insurance with minimum limits of \$500,000 each accident, \$500,000 bodily injury by disease policy limit, \$500,000 bodily injury by disease each employee.

AUTOMOBILE LIABILITY INSURANCE

Motor Vehicle Liability Insurance including Michigan NO-FAULT Coverage for all vehicles, owned and non-owned, leased and hired used in the performance of this contract with limits of \$1,000,000 (one million dollars) as the combined single limit for each occurrence for bodily injury and property damage.

PROFESSIONAL LIABILITY/ERRORS & OMISSIONS

Professional Liability Insurance with minimum limits of \$1,000,000 (one million dollars) each occurrence and \$2,000,000 (two million dollars) aggregate.

INSURANCE INSTRUCTIONS

All certificates of insurance and duplicate policies shall contain the following:

The County of Macomb shall be named additional insured on all policies (excluding Worker's Compensation) and the underwriters will have no right of recovery or subrogation against the County of Macomb including its agents, employees, elected and appointed officials and agencies. It being the intention of the parties that the insurance policy so effected will protect both parties in primary coverage for any and all losses covered by the subject policy. The insurance carrier(s) must have an A.M. Best rating of no less than an A-, VII.

The insurance company(s) issuing the policy or policies will have no recourse against the County of Macomb for payment of any premiums or for assessments under any form of policy.

The Contractor will assume any and all deductibles in the above-described insurance policies.

The term "INSURED" is used severally, not collectively, but the inclusion in this policy of more than one insured will not operate to increase the limit of the Owner's liability.

All certificates are to provide a thirty (30) day notice of material change or cancellation. Certificates of insurance must be provided no less than ten (10) working days before commencement of work to the County of Macomb, 120 North Main Street, 2nd Floor, Mt. Clemens, Michigan 48043 Attention: Department of Risk Management.

SPECIFICATIONS/SCOPE OF WORK

The Macomb County Program HOME funds will be used under this Request for Proposal (RFP) to support the following eligible projects and activities:

- **Acquisition:** Acquisition of multifamily properties in need of rehabilitation and vacant land for new construction are eligible subject to the property meeting HOME requirements.
- **Multi-Family Rental Rehabilitation and New Construction:** Rehabilitation includes the alteration, improvement or modification of an existing structure. Any project that includes the addition of dwelling units outside existing walls of a structure is considered new construction.

Project costs and activities must conform to 'Eligible and Prohibited Activities' as defined in 24 CFR Part 92.205 through 92.215.

The acquisition and improvement of property for **affordable rental units** assisted with HOME funds must be rented to households who are at or below sixty percent (60%) of the Area Median Income (AMI). In rental projects with five (5) or more HOME-assisted rental units, at least twenty percent (20%) of those HOME-assisted units must be rented to households at or below fifty percent (50%) of the AMI.

*The Area Median Income ("**AMI**") is defined by the most recent United States Department of Housing and Urban Development (HUD) HOME rent limits for the Detroit, Warren, Livonia Metropolitan Area. These income limits are generally published annually every spring.

Also see <https://www.hudexchange.info/programs/home/home-income-limits/> for guidance.

*Maximum HOME rents are the lesser of the HUD published Fair Market Rents or High HOME rents. 20% of the HOME-assisted units cannot exceed the HUD published Low HOME rents. These rent limits are generally published annually every spring.

Also see <https://www.hudexchange.info/programs/home/home-rent-limits/> for guidance.

*HOME assisted units must meet the affordability requirements, including an affordability period as described below and affordable rents and occupancy by income eligible tenants. These restrictions will be imposed for the period as outlined in the table below, following the project rehabilitation or construction completion. The County may impose stricter standards at its discretion. Affordability requirements apply regardless of the terms of any loan or mortgage or the transfer of ownership. They will be imposed by the Restriction Agreement that runs with the land.

HOME Funds Per Unit	Minimum Affordability Period
Under \$25,000 per assisted unit for rehabilitation or acquisition of existing housing	5 years
\$25,000 - \$50,000 per assisted unit	10 years
Over \$50,000 per assisted unit or rehabilitation involving refinancing (any amount)	15 years
New construction or acquisition of newly constructed rental housing (any amount)	20 years

MINIMUM CRITERIA

Proposed projects must provide housing that benefits low- to moderate-income persons/families of Macomb County's participating jurisdictions. Proposals will only be accepted from those organizations demonstrating a minimum of three (3) years' experience with federal funding, ability to complete the project within twenty-four (24) months of funding approval by the Macomb County Board of Commissioners and demonstrated financial viability and capability to operate a federally funded program strictly on a reimbursement basis. All organizations must be in good standing with Macomb County and the U.S. Department of Housing and Urban Development. The minimum funding request is \$300,000. Projects are subject to the HOME mandated minimum investment of \$1,000 per unit (24 CFR Part 92.205 (c)) and maximum per unit subsidy limits as determined by the local HUD Field Office. Generally, HOME funds are subject to a 25 percent nonfederal match requirement (24 CFR 92.218 – 92.222). Applicants must describe in their proposal the total amount of match that will be generated by the project. The applicant's ability to meet the match requirement will be included in the proposal scoring criteria. Macomb County may consider a reduction of the matching contribution for qualified projects.

SELECTION OF PROPOSAL

Macomb County will competitively select the proposal(s) based on the following criteria:

Overall Strength of Proposal:	20 Points
Organizational Profile:	20 Points
Project Profile:	30 Points
Financial Capacity and Funding:	20 points
Matching Contribution:	10 points
 Total Points Available:	 100 points

Proposals receiving 70 or more technical evaluation points will be evaluated and considered for award.

Small businesses, minority-owned firms, and women's business enterprises are encouraged to apply or to serve as subcontractors.

All proposals will be confidentially reviewed by an Evaluation Committee consisting of Macomb County personnel and other authorized individuals. Proposals determined to be non-responsive to the requirements of this RFP, including instructions governing submission and format, will be disqualified unless the County determines, in its sole discretion, that non-compliance is not substantial or that an alternative proposed by the Applicant is acceptable.

The County's review may take up to six (6) weeks after the closing date for submitting proposals. However, the selection and final notice of award will be contingent on approval by the Macomb County Board of Commissioners.

If awarded HOME funds, the proposed project and the organization completing the project must satisfy all HOME program requirements, not limited to those that are specifically listed in this RFP. See [HOME: HOME Investment Partnerships Program - HUD Exchange](#) for guidance.

NARRATIVE DESCRIPTION STATEMENTS AND DOCUMENTATION

The following information must be included in the project proposal:

Legal Name of Organization:

Contact Name and Title:

Address:

City, State, and ZIP Code:

Contact Person and Title:

Telephone:

Email Address:

Parent Organization (if applicable):

Date of Incorporation:

Tax ID Number:

UEI (formerly DUNS) Number:

Organizational Status (include all that apply):

Individual	Partnership	For-Profit Corporation	Non-profit Corporation
Community Housing Development Organization	Unit of Local Government		

Organizational Ownership (include all that apply, if applicable):

51% Minority Ownership 51% Female Ownership

51% Minority Business Enterprise ____% Veteran Owned

Project Boundary Streets/Physical Address of the Project:

Project Parcel Number(s):

Name of Project:

Site Control, as evidenced by purchase contract, deed, etc: *Yes or No*

Will anyone who is employed by the Applicant or a member of the project team occupy a unit in the project? *Yes or No*

Type of Project Proposed:

- Single-Family Rental
- Multi-Family Rental
- Other Eligible Activity: _____

Proposed Number of Units		
Unit Bedroom Size:	HOME-Assisted Units	Market Rate Units (over 80% AMI, if applicable)
Studio Units with 0 Bedrooms		
Units with 1 Bedroom		
Units with 2 Bedrooms		
Units with 3 Bedrooms		
Units with 4 Bedrooms		
Units with () Bedrooms		
Total Number of Units		

Total Proposed Project Budget:

\$ Amount of HOME Funding Requested:

What are your main sources of project funding? List source, type and approximate amount.

Source	Type (grants, loans, etc)	\$ Amount



Organization Profile and capacity:

1. Provide a narrative overview of the organization's mission, history and experience in developing market rate and affordable housing. Provide details and locations about specific projects completed. Identify experience in working with Federal funding sources/programs, including Neighborhood Stabilization Program (NSP), Community Development Block Grant (CDBG) or HOME program experience. Provide references. Also indicate whether your organization has a current presence in Macomb County, and provide details about the nature of your involvement, including the location of your local office, if applicable, and the community development and affordable housing work in which you are presently engaged.
2. Provide a full organizational chart showing all affiliates. Provide a full disclosure of the organizational structure of the organization.
3. Provide narrative describing your project team. Describe the role, experience, and capacity of each person on the team. Include internal staff, project owner, project manager, specification writer, financial/accounting professionals, architects, engineers, contractors, construction manager, marketing professionals, property manager, asset manager, consultants, etc., as appropriate. Provide resumes for each staff person, partner, and team member, along with letters of commitment from each entity with which you propose to partner or contract and a narrative description of each organization. If in place, provide a copy of the contract between you and the primary building contractor for the project, if applicable. The contract may be contingent upon project funding.
4. Provide narrative describing any existing commitments and any other opportunities that you plan to pursue during the proposed development period for your project. Outline the start and completion dates, funders, and total budgets for all other projects with which you will be involved. Explain how you will manage these multiple obligations.
5. Provide narrative showing proof that there is experience and a system in place to market the units and to comply with tenant requirements for affordable housing.
6. Explain the systems you will have in place to manage the property and the assets. Outline how you will handle unit turnover, collection of rent payments, recordkeeping requirements, and evictions. Provide your plan for the provision of maintenance. Describe any services that you will offer to tenants.
7. Provide copies of current available financial statements, recent financial audits, and/or other information that establishes the financial capacity of the organization to undertake and complete the proposed project. Recent audits must be within 12 months prior to the application. Current financial statements must be the organization's monthly financials for the current year to date.



Project Profile and Feasibility:

1. Provide a detailed description of the proposed project for which funds are being requested. Address the following as appropriate:
 - a. Identify and describe the eligible activities for which the organization is applying.
 - b. How will the project maintain, increase, or improve housing affordability or the provision of services? What service(s) will be provided and how will they be provided?
 - c. Are there other housing developments, facilities or services that address the same need in the area?
 - d. If applicable, how will the project promote the coordinated delivery of housing and/or supportive services?
 - e. If applicable, how will the project empower families and individuals toward greater self-- sufficiency?
 - f. If applicable, how will the project incorporate aging-in-place components? Describe the use of universal design principles, supportive services, telecare and other proposed assistive technologies.
 - g. Detail sustainability features for the proposed project.
 - h. Describe the extent to which the proposed project involves a new or innovative approach (either physical, financial or managerial) to meet the housing needs of low- income and/or special needs residents.
 - i. Explain how projected rental amounts were determined for each unit. Attach a market study documenting supply and demand for the proposed development.
2. Provide a detailed description of the project location and of the existing uses at the site. Attach detailed street map(s) identifying the project and neighborhood boundaries, preliminary site plan(s), photos and floor plans of housing units, as applicable. Address the following questions, as appropriate:
 - a. Will the project require the relocation of households or businesses? If so, describe the circumstances (number of vacant units, number of units potentially subject to relocation, etc.) and attach a relocation plan and relocation consultant contract to the application. Attach a copy of current tenant rents rolls and income levels.
 - b. How accessible is the project to public transportation, concentrated areas of



job opportunities, convenience and food shopping, public schools, etc.?

- c. Describe the availability of, and accessibility to, medical care (e.g., emergency, outpatient, acute, and extended care) and social services that are commonly needed for the individuals who will be residing at the development.
- d. How will the project not overly concentrate low-income housing in the community?
- e. Is the project consistent with the project site zoning and the local community plan?
- f. Provide site control documentation.
- g. List all necessary land use, zoning, and building plan approvals and their status.
- h. Describe all community engagement planning action related to this project.
- i. Describe the extent to which the proposed project will involve other community organizations.
- j. Describe any amenities or programs that may be beneficial to the project's residents.

Project Funding and Financial Capacity:

- 1. Provide a detailed project budget indicating the sources of funding and the uses of funding. Please include all commitment letters, including funding amounts. Also identify any and all conditions that must be satisfied before each funder will be willing to close. If project funds are not available at the time of application submittal, please identify when you applied or will apply for the identified funds. Also, please identify when the commitment may be expected.
- 2. Provide narrative and documentation of financial viability and capability to operate a federally funded program strictly on a reimbursement basis.
- 3. Provide narrative and documentation of non-federal match contribution.



FORMS

INSTRUCTIONS

All Proposals must be submitted on the forms provided, properly executed and with all items filled out in ink or typed. Do not change or add words to the forms. Unauthorized conditions, limitations, or provisions on or attached to the forms may be cause for rejection of the proposal. Any Bidder information that is altered by erasure or by inter-lineation prior to submittal must be initialed and explained by notation above the signature of the Bidder.

LIST

The following is a list of forms that are to be completed and returned:

Supplier Disclosure Form	Page 17
Non-Collusion Affidavit	Page 19
Macomb County Preference	Page 20
General Information	Page 21
Work References	Page 22
Iran Economic Sanction Act	Page 23
Federal E-Verify Program	Page 24
Proposal Form	Page 25
Supplier Certification Debarment	Page 26



COUNTY OF MACOMB SUPPLIER DISCLOSURE FORM

The Macomb County ethics ordinance requires suppliers of the County to complete and file a disclosure statement, the purpose of which is to disclose any financial relationships or other conflicts of interest that may exist between suppliers and employees or elected officials (or their appointees) of the County. Supplier Disclosure Forms must be updated annually, regardless of whether any changes have occurred. Additionally, if there is a change in circumstances that would alter any responses on the disclosure form, an amended form must be submitted promptly. Filing and maintaining an up-to-date disclosure form is considered a condition of payment.

Supplier Name:		Supplier (If Known):	
Supplier Email Address: (Required)		Supplier Phone Number: (Required)	
Street Address:	City:	State:	Zip Code:

1. Does the supplier currently employ a relative of any employee, elected official or appointee of an elected official of Macomb County? Relative is defined as husband or wife, father or mother, son or daughter, brother or sister, uncle, or aunt, first cousin, nephew or niece, great uncle or great aunt, grandfather or grandmother, grandson or granddaughter, father-in-law or mother-in-law, son-in-law or daughter-in-law, brother-in-law or sister-in-law, stepfather or stepmother, stepson or stepdaughter, stepbrother or stepsister, half-brother or half-sister, the parents or grandparents of the individual's fiancée.

☐

YES

☐

NO

If yes, please answer the following:

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____

2. Does any employee or elected official of Macomb County have an interest in the supplier or organization in any capacity, either compensated or non-compensated:

☐

YES

☐

NO

If yes, please answer the following:

☐

director

☐

officer

☐

partner

☐

trustee

☐

member

☐

employee

☐

contractor

☐

beneficiary

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____

D. Position/Title with Supplier: _____



3. Does any current employee or elected official of Macomb County have legal or beneficial ownership of 10% or more of the outstanding stock of the supplier organization?

☐

YES

☐

NO

If yes, please answer the following:

A. Name of County employee or elected official (or appointee): _____

B. County Position/Title: _____

C. County Department or Agency: _____

D. % of Ownership of Supplier Organization: _____

4. In the last five calendar years, has the supplier failed to perform or otherwise deliver on the terms of a contract or agreement with Macomb County, or any other public entity, including suspensions or debarments?

☐

YES

☐

NO

If yes, please provide further explanation:

I hereby certify that the information included on this form is complete, true and accurate to the best of my knowledge and belief. I understand that either myself or the organization to which this form applies may be subject to sanctions and/or penalties as set forth in the ethics ordinance if any information has been falsified or omitted.

Name (Please Print)

Title

Signature

Date



NON-COLLUSION AFFIDAVIT

STATE OF)
) ss
COUNTY OF)

_____, being first duly sworn, deposes and says that he/she is authorized on behalf of _____ (Proposer Name) who is making the foregoing proposal(s) that:

- 1) Such proposals are genuine and not collusive or a sham.
- 2) This Proposer has not colluded, conspired, connived, or agreed, directly or indirectly, with any other Proposer or person to submit a proposal which is a sham.
- 3) This Proposer has not in any manner agreed with any other persons or businesses to fix the proposed price, overhead, profit, or any cost element of the submitted proposal.
- 4) This Proposer has not attempted to secure any advantage against any other Proposers through collusion with any other Proposer or employees or representative of the County.
- 5) That the proposals submitted are true and accurate to the best of my knowledge and belief and are made in good faith.
- 6) This Proposer has not directly or indirectly submitted or disclosed its proposal or its contents or divulged information or data relative thereto to any association or to any member or agent of any other Proposer to this proposal.

Further, Affiant sayeth not.

Subscribed and sworn to before me
this ____ day of _____, 2026.

Notary Public
County of _____,
State of _____
My Commission Expires:

PROPOSER: THIS AFFIDAVIT MUST BE COMPLETED, SIGNED, NOTARIZED AND INCLUDED IN YOUR PROPOSAL SUBMISSION.



MACOMB COUNTY BASED PREFERENCE

A local preference percentage credit from the following allowance table will be applied to the proposal of any County-based Enterprise. This credit will be subtracted from the proposal of the County-based Enterprise. In comparing proposals, the proposal of the County –based Enterprise after subtraction of the credit shall be considered the official proposal. However, if the County-based Enterprise is awarded the Contract, the proposal without the equalization percentage credit shall be the Contract price.

<u>Contract Amount</u>	<u>Local Preference Percentage</u>
Up to \$50,000.00	5
\$50,000.00 to \$200,000.00	3
\$200,000.00 and over	1

1. No business shall receive these credits unless it has been certified by the Purchasing Manager.
2. Any business who claims entitlement to any local preference credit shall disclose the records necessary to establish eligibility to the County.
3. After applying any local preference credits as provided above, the Contract shall be awarded to the lowest Responsible Proposer thus evaluated.

IN ORDER TO DETERMINE IF YOUR BUSINESS IS ENTITLED TO RECEIVE A LOCAL PREFERENCE PERCENTAGE CREDIT, PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Is your business headquarters physically located within Macomb County, or has it been conducting business at a location with a permanent street address in the County of Macomb on an ongoing basis for not less than one taxable year prior to your proposal or response to this Request for Proposal? YES _____ NO _____
2. Has your business paid property taxes on real or personal property within the past year on property which is ordinarily needed to perform the proposed contract? YES _____ NO _____
3. Are at least 50 percent of your regular full-time employees based at the County location to perform the proposed contract? YES _____ NO _____
4. Has your business been dealing for at least one year on a regular commercial basis in the kind of goods or services which are the subject of this bid or proposal? YES _____ NO _____

Drug Screening

To the extent not prohibited by law, all contracts for construction, repair, alteration, or rebuilding of a County building or other property shall include a provision requiring the contractor and any subcontractor providing services under the contract to conduct pre-hire screening for illegal drug use by their employees who provide services under the contract.

If applicable, is your business compliant with this requirement? YES _____ No _____



GENERAL INFORMATION

In further description of this Proposal, we desire to submit sheets marked as follows:

Proposing under the name of: _____

DUNS Number: _____
Federal Employer Identification Number: _____
which is (check one of the following):

() Corporation, incorporated under the laws of the State of:

() Partnership, consisting of (list partners):

() Assumed Name (Register No.) _____

() Individual

AUTHORIZED SIGNATURE: _____

Printed or typed signature: _____

Title: _____

Address: _____

City, State: _____

Date: _____

Telephone Number: _____

Fax Number: _____

Email: _____

When payment on such order or contract is to be directed to the same company at an address different from above, please list the address to be used below:



WORK REFERENCES

PROPOSER'S COMPANY NAME _____

Please list at least three (3) companies or public agencies for which you have done similar work.

Macomb County reserves the right to reject low Proposals for poor past performance or inadequate references.

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____

NAME OF COMPANY _____

CONTACT PERSON _____

ADDRESS _____

TELEPHONE NO. _____



CERTIFICATION OF COMPLIANCE – IRAN ECONOMIC SANCTIONS ACT

Michigan Public Act No. 517 of 2012

The undersigned, the owner or authorized officer of the below-named Proposer - _____, hereby certifies, represents and warrants that the Proposer, including its officers, directors and employees, is not an “Iran linked business” within the meaning of the Iran Economic Sanctions Act, Michigan Public Act No. 517 of 2012 (the “Act”), and that in the event Proposer is awarded a contract, the Proposer will not become an “Iran linked business” at any time during the course of performing any services under the contract.

PROPOSER: _____
Name of Proposer

By: _____

Its: _____

Date: _____



FEDERAL E-VERIFY PROGRAM

The Macomb County Board of Commissioners has established a policy regarding the Federal E-Verify Program. This policy states that future contracts (including both new and reviewing contracts) between Macomb County and contractors and suppliers who provide services in excess of twenty-thousand dollars (\$20,000) shall require the contractors and suppliers to register with, participate in, and utilize the E-Verify Program (or any successor program implemented by the federal Department of Homeland Security and Social Security Administration) when hiring their employees and require the County's Human Resources Department to utilize the E-Verify Program (or any successor program implemented by the federal Department of Homeland Security and Social Security Administration) when hiring new employees.

For more information about E-Verify, go to www.uscis.gov. Click on the E-Verify icon on the bottom left-hand corner of page.

ACKNOWLEDGMENT OF MACOMB COUNTY'S POLICY REQUIRING PARTICIPATION IN THE FEDERAL E-VERIFY PROGRAM AND CERTIFICATION OF COMPLIANCE

The undersigned hereby acknowledges receipt of a copy of the policy of the Macomb County Board of Commissioners requiring contractors, including those providing professional services, who provide services **in excess of \$20,000 a year** to the County to register and participate in the Federal E-Verify Program.

The undersigned hereby certifies that (he/she/it) will comply with this policy and will register with, participate in and utilize the E-Verify Program or any successor program implemented by the Federal Department of Homeland Security and Social Security Administration when hiring employees.

DATED: _____

Authorized Signature

Printed or Typed Signature

Name of Company



PROPOSAL FORM

Proposal Item 31-26
Development Of Affordable Rental Housing

Bidder: _____
(print or type company name)

County of Macomb
Mount Clemens, Michigan

OWNER _____
(Telephone Number)

MACOMB COUNTY
MT. CLEMENS, MICHIGAN 48043

BASE PROPOSAL

The undersigned Proposer, having carefully examined the Bidding and Contract Requirements, Conditions of the Contract, Drawings, Specifications, and all subsequent Addenda, all as issued by the Owner, and being familiar with all conditions and requirements of the Work, hereby proposes and agrees to furnish all material, labor, equipment, tools and supervision; and to furnish all services necessary to complete the Work required in accordance with the Bidding Documents for the following projects, in the following amount:

_____ Dollars \$ _____
(Sum to be written out)

Respectfully submitted this ____ day of _____, 2026.

By: _____
(Name of bidding firm or corporation)

Witness: _____
By: _____
(Signature)

Attest: _____
(Signature) _____
(Type or print name)

By: _____
(Type or print name) Title: _____
(Owner/Partner/President/Vice Pres.)

Title: _____
(Corporate Secretary or Assistant Secretary Only) Address: _____
Phone: _____

License: _____
Federal ID No.: _____

(Affix Corporate Seal Here)

Company Name

Company Representative

Title

Date



COUNTY OF MACOMB

SUPPLIER CERTIFICATION DEBARMENT

All information requested in this section must be completed and the document notarized. Any information omitted, or erroneously reported, may result in disqualification for current or future bidding and supply on behalf of the County of Macomb.

The undersigned warrants and presents that they have full complete authority to make representations for and on behalf of the undersigned company and that their representations are fully binding upon the undersigned company.

1. The undersigned are not presently debarred, suspended, proposed for debarment, declared ineligible, or excluded from transactions by any federal department or agency, or any state, county or local municipality, department, or agency.
2. The undersigned has not within a three (3) year period preceding this bid been convicted of, or had a civil judgment rendered against them for the commission of fraud, a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state or local) transaction, or a contract 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.
3. The undersigned are not presently indicted for or otherwise criminally or civilly charged by any governmental entity (federal, state, or local) with commission of any of the offenses set forth in paragraph 2.
4. The undersigned have not within a three (3) year period preceding this bid, had one or more public transactions (federal, state, or local) terminated or attempted to be terminated for cause or default.

IF THE APPLICANT IS UNABLE TO CERTIFY TO ANY OF THE STATEMENTS IN THIS CERTIFICATION, CERTIFICATION AND EXPLANATION SHALL BE ATTACHED AND PRESENTED WITH THIS CERTIFICATION.

THE UNDERSIGNED CERTIFIES OR AFFIRMS THE TRUTHFULNESS AND ACCURACY OF THE CONTENTS OF THE STATEMENTS SUBMITTED MADE ON BEHALF OF THE UNDERSIGNED BIDDER.

Bidder: _____

Bidder Address: _____

Applicant/Bidder Representative: _____

Signature: _____
(Print full name)

Subscribed and sworn to before me this
_____ day of _____, 2026.

Notary Public
County of _____,
State of _____
My Commission expires: _____