Multifamily Weatherization Service Provider

**ISSUE DATE:[INSERT RFP ISSUED DATE]**

**DUE DATE:[INSERT RFP DUE DATE]**

**Issued by: YOUR ORGANIZATION NAME**

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**General Information and Proposal Instructions**

### **Multifamily Weatherization Provider Overview**

**RFP Number:** 000

**Applicant Eligibility:** Community action agencies, local government or non-profit entities which meet the criteria set forth at 10 CFR 440.15

**Eligible Activities:** The multifamily service provider for the Weatherization Assistance Program (WAP) will provide energy efficiency, health and safety, and other eligible retrofits to eligible MF properties. The measures for any property receiving weatherization services must be supported by an energy audit performed on the project. The energy audits need to meet all DOE requirements for MF properties. The maximum allowable average cost per unit is **$X,XXX.**

### **Point of Contact and RFP Facilitator**

* **Name:**
* **Email/Phone Number:**
* **[OTHER RELEVANT INFORMATION]**

### **Proposal Timeline**

|  |  |
| --- | --- |
| **Activity** | **Date** |
| **Issuance of RFP** | **[DATE]** |
| **Pre-Proposal Meeting** | **[DATE]** |
| **Response to Questions** | **[DATE]** |
| **Submissions Due** | **[DATE]** |
| **Proposal Selection** | **[DATE]** |

### **Pre-Bid Meeting Information**

**[INSERT RELEVANT MEETING DETAILS SUCH AS DATE, TIME, LOCATION AND ANY OTHER INFORMATION HERE]**

### **Submission Instructions**

**[INSERT YOUR SUBMISSION INSTRUCTIONS HERE – VIA EMAIL? POST WITH X COPIES?....]**

### **Corrections/Protest**

**[INSERT GUIDANCE REGARDING RFP CORRECTIONS/PROTEST]**

### **Proposal Checklist**

|  |  |
| --- | --- |
| **Form/Documentation** | **Included?** |
| **Cover Sheet** |  |
| **Proposal Narrative** |  |
| **Offeror Certification** |  |
| **Board of Directors List (if Applicable)** |  |
| **IRS Nonprofit Determination Letter** |  |
| **Most Recent Audited Financial Statements (If Applicable)** |  |
| **Certificate of Insurance** |  |
| **Key Personnel Resumes** |  |
| **Letters of Support** |  |
| **INSERT OTHER FORMS/DOCUMENTS, IF REQUIRED** |  |

**[INSERT ANY RELEVANT LEGAL DISCLOSURES HERE]**

# **Program Guidelines**

### **Purpose**

The purpose of this solicitation is to select a qualified Program Implementer for a Multifamily focused program. The WAP is funded through the U.S. Department of Energy “DOE” and the U.S. Department of Health and Human Services, and is designed to provide energy efficiency, health and safety and other upgrades to income qualified households to lower the cost burden of utilities for those households. The WAP is guided by the current approved **[INSERT STATE NAME]** State Plan approved by the U.S. Department of Energy and the regulations concerning WAP for Low-Income Families which are located at 10 CFR Part 440 and Weatherization Policy Notice 22-1. These regulations can be found at [Regulations – NASCSP](https://nascsp.org/wap/waptac/regulations/). The State Plan can be found and reviewed at [**INSERT LINK TO STATE PLAN]**

**[INSERT YOUR ORG NAME]** is planning to select one Program Implementer through this RFP process. This program will begin on **[INSERT START DATE HERE],** with a planned program end date of **[INSERT END DATE].** Demonstrated capacity to provide services on a long-term and ongoing basis is looked upon favorably in the review process to ensure continuity of services.

### **Service Territory**

The Multifamily Weatherization Program is intended to serve [**LIST RELEVENT COUNTIES OR ENTIRE STATE**].

### **Funding**

The expected budget for the Multifamily Weatherization Program over the program period is $**XXX**. It is sourced as follows:

|  |  |
| --- | --- |
| **Funding Source** | **Funding Total** |
| **[FUNDING SOURCE]** | $XXX |
| **Total** | **$XXX** |

Funding will be made through this competitive process to an eligible Respondent. Under the DOE WAP guidelines, this RFP process is intended to procure a multifamily weatherization service provider for the PY **[YEARS**] with the successful Offeror.

If additional funding becomes available during the contract period for the work to be performed under this program, this additional funding may be offered to the successful Respondent without a new RFP**.** The RFP issuer retains sole discretion to make the judgment as to the need for additional RFPs. Satisfactory performance will be a prerequisite for consideration of additional funding. Respondents may not obligate funds, incur expenses, or otherwise implement program services prior to execution of a contract**.** Funding is anticipated to be available for future program years at similar levels but is subject to change.

### **Performance Agreement Term**

Successful Respondent will enter into a **[INSERT # OF YEARS]** year contract with an option of **[INSERT # OF RENEWALS]** renewals, each for a 12-month period. The contract is scheduled to begin on [**START** **DATE**] and end on [**END** **DATE**]. The contract is subject to annual consideration for renewal for up to **[NUMBER OF RENEWALS]** additional annual renewals. In order to qualify for renewal in each subsequent year, Respondent will be required to perform at a satisfactory level, to be invited to apply for renewal to receive funding.

### **Minimum Qualifications and Requirements**

* Organizations responding should have demonstrated experience implementing weatherization, residential energy efficiency, and health and safety remediation programs for multifamily properties.
* Organizations should be able to demonstrate the ability to serve the entire territory.
* Be certified as an RRP firm with the U.S. Environmental Protection Agency at the time of application.
* Have on staff a Building Performance Institute (BPI)-certified Quality Control Inspector/Energy Auditor (QCI/EA) for multifamily projects.
* Demonstrate knowledge of WAP State Plans.
* Demonstrate the ability to accept payment on a reimbursable basis and in accordance with Grant Payments Policy.
* Have qualified staff or entities responsible for performing the services, including energy audits and quality assurance inspections.

The following is also required of Respondents:

* Ensure that multifamily weatherization work performed will not increase the rent on current low-income residents for a period of at least three years;
* Ensure that multifamily weatherization work performed will benefit the resident and not just the owner of the property.

**[INSERT ADDITIONAL ELIGIBILITY AND QUALIFICATIONS CRITERIA HERE]**

### **Organization Background**

**[INSERT A PARAGRAPH ON YOUR ORG BACKGROUND/HISTORY]**

# **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **Scope of Work**

### **Service Overview**

The selected Program Implementer is required to assist in the development and implement the Multifamily Weatherization Program. The Program Implementer will work to develop and implement the WAP for eligible multifamily properties.

### **Goals**

The primary goals of the program are as follows:

* Create a weatherization program that can equitably serve the low-income multifamily population across the entire territory.
* Weatherize at least [**INSERT NUMBER**] multifamily units within the program term.

### **Scope of Services**

* **Core Component of Service**
  + Client intake, including, where required, confirmation of eligibility to receive WAP assistance.
  + Conducting of required energy audits and submit the MF audit report for approval by DOE
  + Complete and facilitate weatherization and energy efficiency measure installations after approval of project by **[INSERT YOUR ORG. NAME].**
  + Manage/work with subcontractors to carry out weatherization work according to Department of Energy, federal, state, and local regulations/standards
  + Document weatherization measures completed by weatherization measure(s) installed and geographic location.
  + Other duties and functions in furtherance of program goals as required
* **Service Coordination**
  + Coordinate with clients to qualify, install, and inspect weatherization measures.
  + Coordinate with programs, agencies, and other state, local, utility and non-profit organizations that may provide complementary home and energy assistance funding and offerings to leverage WAP funding and avoid duplication.
  + Respond to technical inquiries from field subcontractors/specialists and provide guidance in accordance with the rules and regulations of the Program.
  + Perform outreach, education, and recruitment activities to ensure customer participation in the program.
* **Staffing**
  + Retain a sufficient number of qualified employees to complete necessary tasks in a timely manner and within the budget.
  + Track the training and development needs of participating subcontractors to ensure adequate staffing and supply of a diverse, equitable, and skilled workforce.
* **Reporting**
  + Program Evaluation
    - Track and report monthlyon performance metrics established as part of the contract, including but not limited to Costs expended per household; # of households served; # of MF buildings served;
  + Records / Data Collection / Reporting
    - Program Implementer to provide clear and accurate invoices in conformance with state and local standards
    - Ensure payment to subcontractors in a timely manner and for allowable expenses.
    - Report monthlyon weatherization measures completed by project and units.
    - Track and report monthlyon expenditures documenting the allocation of funds by funding source.
    - Require and accept client consent before sharing customer information outside of WAP.

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

# **Proposal Evaluation Criteria**

The RFP will be evaluated on the respondent’s ability to implement and administer the program based upon the following considerations, including but not limited to:

|  |  |
| --- | --- |
| **Scoring Criteria** | **Percentage** |
| **Alignment with State Plan and Goals:** Demonstrate that the proposed program meets or exceeds program goals. Demonstrate that the proposal is in alignment with the State WAP Plan and [INSERT OTHER GOALS] | 10% |
| **Multifamily Experience:** Demonstrate that the respondent has multifamily program experience. Demonstrate that the respondent can secure multifamily owner project contribution. Demonstrate that the respondent has experience working with affordable housing (HUD, LIHTC, USDA) regulations. Demonstrate that the respondent can manage MF subcontractors locally. | 35% |
| **Capacity:** Demonstrate that the respondent has the capacity to implement the program. Demonstrate that the respondent has the capacity to management federal grant funding of the proposed size and scale. Demonstrate that the proposed implementation plan is sound. | 20% |
| **Weatherization Program Management Experience:** Demonstrate that the respondent has experience managing, implementing, complying with regulatory requirements and reporting for WAP. | 20% |
| **Finance:** Demonstrates that the financial implementation and spending for the program is sound and respondent has the ability to fund the projects and ask for reimbursement. Demonstrate that the organization is financially healthy based on the results of respondent’s independent audit or  audited financial statements for their most recent completed fiscal year. | 15% |

## **Cancellation of RFP or Rejection of Proposals**

This RFP may be canceled and any and all proposals may be rejected when it is in the best interest of the Offeror. In addition, Offeror may reject any or all proposals which are not responsive. Offeror may also cancel the RFP at any time during the proposal process.

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# **Form of Proposal**

## **Cover Sheet**

**Cover Sheet to Include:**

RFP Name:

RFP Project Number(s):

1. Organization Submitting Proposal:
2. Organization Address:
3. Federal Tax Identification Number:
4. DUNS Number:
5. Organization Type:
6. Contact Person for Project (include email and phone):
7. Organization’s Fiscal Year:
8. Organization Mission Statement:
9. Date and signature of authorized representative, printed name, title, and email of that person.

## **Proposal Narrative**

**See Exhibit A**

## **Offeror Certification**

**See Exhibit B**

## **Organizational Documents**

Please include the following documents with your proposal

* **List of Board of Directors**
* **IRS Nonprofit Determination Letter**
* **Most Recent Audited Financial Statements (If Applicable)**
* **Certificate of Insurance**
* **Key Personnel Resumes**

## **Letters of Support**

Letters of support are not required but highly encouraged, please include letters of support from:

* **Multifamily Affordable Housing Owners or Managers**
* **Affordable Housing Stakeholder Groups**
* **Community Based Organization Partners**

## **Other Required Forms and Documents**

# **Exhibit A: Proposal Narrative**

### **Program Summary**

Please summarize your proposed program and its goals. (Max 2,000 characters)

### **Organization Experience**

Please describe your experience regarding the development **and** implementation of energy efficiency and weatherization programs, with particular emphasis on multifamily sector experience. (Max 10,000 characters)

### **Program Description**

Please provide a detailed description of your proposed program including, but not limited to (Max: 10,000 characters):

* The proposed program’s approach to serving low-income households living in MF properties
* The proposed program’s measures to be implemented
* The proposed program’s outputs, outcomes, and deliverables; include how project success will be measured
* How the proposed program is innovative, and/or how it proposes to improve the current program offerings.
* How and if proposed program will leverage additional project funding

### **Implementation Plan**

Please describe how you will implement the program including, but not limited to (Max 10,000 characters):

* Project timeline and workplan, including QA/QC practices
* Outreach plan, in particular, how you will ensure that eligible MF properties are successfully reached and qualified for the program. Also describe the challenges to serving MF properties and and identify ways in which you intend to minimize or overcome these challenges.
* Organization capacity to implement program, particularly multifamily capacity. Include information on fiscal operations, specifically prompt payment to contractors and/or vendors and securing landlord contributions.
* Organization capacity to serve the multifamily population
* Key organization personnel, including those who will implement the program (1-page resumes to be attached separately)

### **Budget Narrative**

* Please include a budget narrative explaining the rationale behind your developed budget. Please include any external funding sources to be leveraged during this program. (Max 3,000 characters)

### **References**

Please include at least 3 references that can speak to your experience in the weatherization, energy efficiency, and/or multifamily sector experience and expertise.

# 

# **Exhibit B: Certifications**

(“Respondent”) is submitting a proposal to **[INSERT WAP ADMINISTRATOR]** to become their Multifamily Weatherization Provider and certifies that:

* It will abide by all applicable federal and state of [STATE].laws and all applicable statutory, regulatory, and judicially created rules and guidelines.
* It understands that **[INSERT WAP ADMINISTRATOR]** will monitor its performance and compliance.
* It is in good standing with all its funding sources.
* It complies with Equal Employment Law and complies fully with all government regulations regarding nondiscriminatory employment practices.
* It understands and represents that any contract it enters into with **[INSERT WAP ADMINISTRATOR]** will be binding in all respects.
* It has a current registration with the [Insert State Charitable Status registration] if applicable.

This proposal shall be valid until contract award.

**I HEREBY CERTIFY THAT ALL INFORMATION PROVIDED IN THE PROPOSAL IS TRUE AND CORRECT, AND THAT I HAVE THE AUTHORITY TO BIND THE OFFEROR TO THE ASSURANCES, AS WITNESSED BY MY SIGNATURE BELOW.**

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

Signature of Authorized Official

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

Printed Name

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

Title