Dear Prospective Bidder:

Kinexus Group is a 501c3 private non-profit organized to provide workforce and business development services. It is governed by a Board of Directors consisting of private industry, community-based organizations, education, labor, non-profit organizations, and government officials from Berrien, Cass and Van Buren counties.

The organization provides reentry services to individuals returning to their communities from a state correctional facility and on parole through the Michigan Department of Corrections (MDOC) Community-Based Offender Success (OS) Reentry Services program. The program serves parolees returning to Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties.

Kinexus is seeking proposals from qualified bidders for the provision of the Housing Services for its Offender Success Program. Two housing types are sought for parolees returning to Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties.

- 24/7 Structured Housing
- Base Housing/Rents

Housing descriptions are provided on pages 2 and 3. 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.

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

If you have questions regarding the specifications in the RFP, please e-mail stacy@kinexus.org. Please note that no verbal Q &A will be permitted regarding specifications.

During the bid evaluation process, Kinexus Group staff may contact you for clarification or additional information.

Thank you for your interest.

Sincerely,

Stacy Neidlinger
Procurement Specialist
REQUEST FOR PROPOSAL

I. BACKGROUND / STATEMENT OF NEED
Kinexus has been providing reentry services to individuals returning to their communities from a state correctional facility and on parole through the Michigan Department of Corrections (MDOC) Community-Based Offender Success (OS) Reentry Services program for more than ten years. The OS Model is a comprehensive approach that covers all aspects of MDOC jurisdiction, including sentencing, probation, prison, the transition to the community, and parole. Kinexus serves parolees returning to Berrien, Branch, Calhoun, Cass, Kalamazoo, St. Joseph and Van Buren counties. This contract is aimed at services during parolees’ transition to the community and parole. Kinexus is seeking proposals for the provision of the Housing Services for the Offender Success program.

II. VISION
Through innovative programming and case management, the vision of the Michigan OS Model is to provide every client knowledge, skills, resources, and opportunities to be successful and productive members of the community.

III. MISSION / GOAL
We create a safer Michigan by holding clients accountable while promoting their success. 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.

IV. TARGET POPULATION TO BE SERVED
Individuals returning to their communities from a state correctional facility and on parole through the Michigan Department of Corrections (MDOC) Community-Based Offender Success (OS) Reentry Services program will be referred to Housing Services by MDOC Parole Agents or the Kinexus Offender Success staff. Referrals will be made periodically throughout the year.

V. HOUSING SERVICE DELIVERY AREA
Housing options are sought in the following counties:

- Berrien County
- Cass County
- Van Buren County
- Branch County
- Kalamazoo County
- Cass County
- St. Joseph County
VI. HOUSING SERVICES DESCRIPTIONS & REQUIREMENTS

24/7 Structured Housing
Structured housing is a community based residential housing location for offenders, providing a safe and secure alcohol and drug free environment that is staffed 24/7. Structured housing includes room and board for parolees, men or women or both.

A bidder for Structured Housing must agree to and meet the following requirements:

- Maintain security of the facility at all times.
- Conduct and document regular rounds; and provide copies of documentation, upon request.
- 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).
- Monitor residents, visitors, and staff movement into and out of the facility. Agency staff must consult Parole staff prior to the allowance of visitors to ensure compliance of parole conditions.
- Maintain secure and segregated areas for male and female parolees.
- Provide residents with three (3) meals per day, seven days a week, meeting nutritional requirements established as U.S. Required Daily Averages.
- Monitor housing placements to ensure health and safety regulations are maintained.
- Assure standards for quality housing consistent with local community standards.
- Provide Pest Treatment and Prevention reports, invoices, and/or contracts upon request.
- Maintain and/or develop a roster of permanent housing resources and partnerships.
- Maintain monthly housing case plans for each PR resident.
- Work with participants to transition into permanent housing.
- 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.
- 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.
- Undergo PREA Audits, if determined by MDOC and submit results to Contract within 14 days of receipt.
- Have a procedure in place to secure and dispense all medications for parolees.
- Comply with all MDOC Incident Reporting requirements regarding the occurrences below:
  A. Deaths. When the Contractor first becomes aware of a death, they shall immediately notify, in writing via email, Kinexus details of the incident.
  B. The following three incident types shall be reported on the Offender Success Incident Notification form and emailed to Kinexus.
     1. Offender injury/illness requiring hospitalization
     2. Unusual event which may attract public or media attention
     3. Prison Rape Elimination Act (PREA) incidents
**Base Housing/Rents**
Base housing/rents is a landlord/owner agreement with Kinexus to provide unsupervised community housing for offenders referred to housing. This includes landlord tenant agreements, hotel/motel options and congregate housing type services for daily/weekly/monthly rate. Base housing can be for men only or women only.

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.

The landlord/owner is required to provide the following for each base housing location:
- Utility costs.
- Furnishings – beds, couch, chairs, table, etc.
- Locks on door handles of all bathroom doors.
- Operating utility services (gas, electric, hot water).
- Heating system.
- Working stove and refrigerator in the kitchen area. (not required in hotel/motel arrangements).
- Bedrooms with initial linens for each bed.
- Functioning smoke alarms.
- Kitchen items that include pots, pans, plates, bowls, cups, and utensils.
- comply with all MDOC Incident Reporting requirements regarding the occurrences below:
  A. Deaths. When the Contractor first becomes aware of a death, they shall immediately notify, in writing via email, Kinexus details of the incident.
  B. The following three incident types shall be reported on the Offender Success Incident Notification form and emailed to Kinexus.
     1. Offender injury/illness requiring hospitalization
     2. Unusual event which may attract public or media attention
     3. Prison Rape Elimination Act (PREA) incidents

**VII. CONTRACT / SERVICE DURATION**
Contract period is scheduled to begin October 1, 2023. 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 required.

The successful applicant will be expected to enter into a contract with Kinexus which will contain the terms and conditions outlined in a separate document.

**VIII. PROPOSAL REQUIREMENTS**
Kinexus Group reserves the right to request additional information for clarification purposes or to allow corrections to errors or omissions provided errors or omissions do not provide a competitive advantage to any proposer.
The selected proposal may be subject to further negotiation if deemed, at Kinexus Group’s sole discretion, to be advantageous to Kinexus Group.

Submission of a proposal indicates acceptance of all terms and conditions set out in this solicitation.

IX. CLOSING DATE
This is an open RFP with no closing date in effect.

X. SUBMISSION
Electronic or hardcopy proposals must be received by Kinexus Group. Electronic proposals must be submitted in PDF or MS Office file formats.

Electronic proposals preferred: stacy@kinexus.org

Note: It is your responsibility to ensure that your bid/questions were submitted. If you did not receive an electronic receipt, please confirm receipt by contacting Stacy Neidlinger at (269) 215-4899.

Mail hard copy proposals to: Kinexus
Attn: Stacy Neidlinger
330 West Main Street, Suite 110
Benton Harbor, MI 49022
stacy@kinexus.org

XI. EVALUATION
In addition to adequately addressing the questions in Attachment I, II and III, 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) completion of submission. Evaluation of each proposal will be based on the following criteria:

<table>
<thead>
<tr>
<th>Factors</th>
<th>Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Cost</td>
<td>40</td>
</tr>
<tr>
<td>II. Experience as a Landlord and Serving Target Population</td>
<td>40</td>
</tr>
<tr>
<td>III. Completion of Submission</td>
<td>20</td>
</tr>
<tr>
<td>Total</td>
<td>100</td>
</tr>
</tbody>
</table>

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

The proposal cover page and required responses begin on the next page.
## ATTACHMENT I

### PROPOSAL RESPONSE COVER PAGE

<table>
<thead>
<tr>
<th><strong>Applicant Name:</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Federal ID Number or SSN:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>DUNS Number:</strong> (if available)</td>
<td></td>
</tr>
<tr>
<td><strong>Street Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>City:</strong></td>
<td></td>
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<tr>
<td><strong>State:</strong></td>
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<tr>
<td><strong>Zip Code:</strong></td>
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<td><strong>Phone Number:</strong></td>
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<td><strong>Fax Number:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Email:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Printed Name of Applicant’s Authorized Representative:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Title of Applicant’s Authorized Representative:</strong></td>
<td></td>
</tr>
</tbody>
</table>

### 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 II

### PROPOSAL DETAILS

Complete One Form for Each Proposed Property

<table>
<thead>
<tr>
<th>Landlord:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Property Owner:</td>
<td></td>
</tr>
<tr>
<td>Property Street Address:</td>
<td></td>
</tr>
<tr>
<td>Property City / State / Zip:</td>
<td></td>
</tr>
<tr>
<td>Housing Type:</td>
<td>☐ 24/7 Structured ☐ Base</td>
</tr>
<tr>
<td>Number of Beds:</td>
<td></td>
</tr>
<tr>
<td>ADA Accessible:</td>
<td>☐ Yes ☐ No – Explain below:</td>
</tr>
<tr>
<td>Property Title:</td>
<td>☐ Yes <em>(attachment required)</em> ☐ No – Explain below:</td>
</tr>
<tr>
<td>Property Taxes Paid to Date:</td>
<td>☐ Yes <em>(attachment required)</em> ☐ No – Explain below:</td>
</tr>
<tr>
<td>Property Insurance Coverage:</td>
<td>☐ Yes <em>(attachment required)</em> ☐ No – Explain below:</td>
</tr>
<tr>
<td>Describe Landlord Experience:</td>
<td></td>
</tr>
<tr>
<td>Describe Experience Renting to Target Population:</td>
<td></td>
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<tr>
<td>Proposed Rental Price:</td>
<td>Daily:</td>
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<td></td>
<td>$</td>
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</tbody>
</table>
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 (3 CFR 1986 Comp.); Executive Order 12689 Debarment and Suspension (3 CFR, 1989 Comp.); 2 CFR Part 215, Appendix A, Section 8; 13 CFR Part 145; and 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 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 of Authorized Representative

Printed 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 whom 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 lower 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 knows 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.
PROPOSAL CHECKLIST

☐ Attachment I – Proposal Response Cover Page

☐ Attachment II – Proposal Details (for each property)

☐ Copy of Property Title (for each property)

☐ Documentation of Property Taxes Paid to Date (for each property)

☐ Proof of Property Insurance (for each property)

☐ Attachment III – Certification