



Michigan Department of Corrections
Offender Success Program

Request for Proposal for Sober Living-Base Housing Subcontractors

The purpose for this Request for Proposal (RFP) is to obtain bidders to provide Sober-Based Housing for the Offender Success Program. The Offender Success Program covers the following counties in Southeast Michigan: Washtenaw, Livingston, Jackson, Lenawee, Hillsdale, and Monroe. The proposals gathered will be used to assist the Catholic Social Services in selecting landlords and/or property management companies to contract with for Base Housing services.

Anticipated Timeline

Request for Proposal Released	July 26, 2023
Deadline to Submit Response	Responses will be allowed until 09/01/2025
Review Period and Onsite Inspections	Initial review will be completed within 30 days of submission. Onsite inspections will be scheduled within 30 days of review completion.
Contract Award Notices	If awarded, notices will be given within 30 days of on-site inspection completion.
Deadline to Submit Signed Contract	Within 10 days of award notice.
Contract Start Date	Within 10 business days of the signed contract being submitted.

INSTRUCTIONS

1. Review the program overview and attachments. Complete the attached Housing Questionnaire and Housing Information Sheet. Attach any additional sheets, if necessary.

2. **DELIVERY OF RESPONSE.** Please provide a written proposal response to Virginia Willey, Program Manager – Catholic Social Services of Washtenaw County – 4925 Packard Road, Ann Arbor, Michigan 48108. Responses may be returned electronically to vwilley@csswashtenaw.org

FREEDOM OF INFORMATION ACT. All portions of a response are subject to disclosure as required under the Michigan's Freedom of Information Act, 1976 Public Act 422.



1. Program Overview

Catholic Social Services of Washtenaw County has been awarded a contract with the State of Michigan Department of Corrections (MDOC) Offender Success Program to provide housing services in Washtenaw, Livingston, Monroe, Jackson, Lenawee and Hillsdale counties. This RFP pertains to Sober-Living Housing in Washtenaw, Lenawee, Hillsdale, Livingston, Jackson and Monroe Counties. The annual contract would begin on October 16, 2023, and expire on September 30, 2025. Type of housing provided:

Sober-Base Housing/Rents

- Includes all landlord tenant agreements type services for a daily or monthly rate.
- Rates/Rents shall include gas, water, electric and refuge costs.
- Must have working appliances; refrigerator and stove
- May include a working ADT security system in the home.
- Provide space for weekly Substance Abuse Treatment Groups
- Provide an office type space for a housing monitor(s)/ Offender Success Staff

All housing options must be furnished. Furnishings should include beds, a basic sofa, dressers and dinette set.

If monitoring services are provided within the housing site, monitoring staff must be same sex as parolees housed, (male staff for male parolees and female staff for female parolees). Monitor must complete a background check and any other forms requested by OS management.

The housing is temporary with length of stays averaging around 90-days per offender. Clients referred to Sober-Living Housing will be mandated to remain free of alcohol and all illicit substances as tested by the Parole Office. Substance Use Treatment, AA/NA meetings and other programming may be provided within the housing unit to help returning citizens reintegrate into our communities.

Catholic Social Services provides a housing specialist that will spend time visiting each home and managing who enters and exits the home on a regular basis. Catholic Social Services also provides an Employment Specialist that will aid residents inside the home to gain employment to help secure their own housing.

Payments: Monthly payments are made to housing providers by Catholic Social Services based on established rates by US Housing and Urban Development (HUD) Fair Market Rates (FMR).

Contracting and House Rules: Catholic Social Services will maintain contracts with local housing providers to house referred returning citizens. Clients who receive housing services are required to adhere to all mandated parole supervision requirements, including any applicable housing rules. Failure to adhere to these rules and requirements may result in the client's removal from the housing location approved by the local parole authority.

Housing providers must carry insurance to limit liability due to property damage, theft or other adverse action.

Potential benefits for landlords renting to Offender Success returning citizens:

- Dependable payments. Catholic Social Services provides dependable rental payments each month.
- No court eviction process. The client signs housing rules with the landlord. If a client deviates from the agreements or becomes problematic, the parole agent and housing coordinator will remove the individual from the rental unit.
- Extra oversight of the unit. Parole agents, as well as Offender Success staff who will visit the rental unit periodically as part of their job duties.

2. **Contract Standard Summary:**

Contract Compliance: Housing Providers will have a formal on-site review by Catholic Social Services as required in their contract with the MDOC. Housing Providers must maintain the condition of their property as documented on a Housing Inspection Form (Attachment A).

Incident Reporting: Housing Providers must report any incident of death, offender injury/illness requiring hospitalization, unusual event which may attract public or media attention, or a violation of the Prison Rape Elimination Act (PREA) to Catholic Charities and MDOC parole staff.

Billing & Data Reporting: Housing Coordinators will monitor the number of days each offender is housed during the month. Housing Contractors will submit signed billing invoices each month. Payment will be made within 45-days of the invoice.

Compliance with Laws & Non-Discrimination: Housing Providers must comply with all applicable Federal, State, and Local laws and ordinances including (but not limited to):

1. The Fair Housing Act;
2. The American's with Disabilities Act; and
3. Local housing laws, ordinances, inspections, and/or certifications

MDOC Work Rules: Housing Providers must comply with MDOC Work Rules/MDOC Vendor Handbook.

Attachments

- A. Housing Questionnaire
- B. Housing Information Sheet

Please note this RFP does not commit Catholic Social Services to award a contract or pay any cost incurred in the preparation of a proposal. Catholic Social Services reserves the right to accept or reject any or all proposals or parts of proposals received as a result of this request. Catholic Social Services can cancel this RFP, in part or in its entirety, if it is in the best interest to do so.



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Request for Proposal

HOUSING QUESTIONNAIRE RESPONSE

Please respond to the following topics and questions in a "Question and Answer" format, providing thorough information for each and complete the Housing Information Sheet, including signature. Attach additional sheets, if necessary. Submit the response to Virginia Willey at vwilley@csswashtenaw.org.

Catholic Social Services of Washtenaw County
ATTN: Virginia Willey, Program Manager
4925 Packard Street
Ann Arbor, MI 48108
vwilley@csswashtenaw.org

1. Information about properties you have (complete the attached Housing Information Sheet):
 - a. Type of property: Apartment Complex, Single Family Home, Duplex
 - b. Number of Units per property
 - c. Number of bedrooms per residence and number of Baths
 - d. Indicate number of tubs and/or showers
 - e. County/Countries in which the property/properties are located
 - f. Property address
2. Is/are the property/properties managed by a landlord/owner or a property manager?
3. Please provide a comprehensive overview of your prior experience as a landlord and any experience you may have working with the Offender Success Program (Prisoner Re-Entry) or with clients returning home to their local communities in general.
4. Please review the Housing & Urban Development (HUD) Fair Market Rate for your county (Attachment C). Using the FMR rate for the number of bedrooms as a starting point, and taking into consideration cost of utilities, please provide the requested a daily rent per occupant (Per Diem) or flat rate for monthly rent of the entire unit/home. *(For example: \$15 per day, per person OR \$1200.00 per month).*

5. Are there other services you propose to provide (on-site house monitor, transportation, alarm system, food, etc.)? Include why this service would be needed and specific additional costs associated with the service which are included in your proposed rental rate.

6. Circle below those furnishings which are available within your housing: If other furnishings are available, please add to the list.

- a. Beds
- b. Linens
- c. Living Room Sofa and Chair
- d. Kitchen Appliances
- e. Kitchen table and chairs
- f. Pots/Pans Silverware
- g. Lamps
- h. Dressers
- i. Night- stands
- j. Washer and Dryer
- k. Other

7. If applicable to the municipality in which the property is located. Please provide documentation you are in compliance with your county/city rental requirements.

8. Provide a copy of your insurance certificate for the property.

9. Is the property near a school or daycare, or park? (Within 500 feet)

10. Distance to the local parole office (in the county which the property is located):

11. Distance to nearest bus stop/transit center?

12. Do you want to house men or women at this location?

13. Are you willing to house parolees convicted of Criminal Sexual Conduct (CSC) convictions?

14. Is the property handicap accessible? Please provide details of the specific ADA compliant elements within the property.



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**Offender Success Program
Housing Information Sheet**

Type of Property: (single family home, apartment, duplex)	
Number of units per property:	
Number of bedrooms per unit:	
Number of bathrooms: (include number of showers/tubs)	
Property Address:	
County:	
Maximum number of residents per unit or property:	

Landlord/Property Owner Name:	
Business Name (If applicable):	
Mailing Address:	
Phone Number:	
Email Address:	
Authorized Representative (If applicable):	

Authorized Representative Contact Information:	
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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. I also certify that my organization will implement this project in compliance with the stipulations and guidelines set forth by Catholic Social Services and MDOC.

Signature

Date