



**CITY OF DETROIT**

**OFFICE OF CONTRACTING & PROCUREMENT**

**REQUEST FOR APPLICATION**

**ARPA - (SEED) Supporting Equitable Economic Development Program Administrator**

**NOFA NO. 184009,1**

**Application Due Date:** (10/30/23 4:00 PM)

**QUESTION DEADLINE (EST):** October 20th, 2023 @ 4PM  
*Questions will NOT be entertained after the deadline date/time*

\*Bids must be uploaded into the Supplier Portal on or prior to the exact date and time indicated above. Late or emailed bids will not be accepted.

Respondents must [register in the Oracle Supplier Portal](#) to download the bid documents and to ensure inclusion in our database. Instructions may be found on the [Office of Contracting & Procurement website](#) which includes [tutorials](#) on how to register. If you have any questions, please send an email to [procurementinthecloud@detroitmi.gov](mailto:procurementinthecloud@detroitmi.gov) or call (313) 670-6604.

Conference Type: Pre-Application Meeting  
Participation Type: Optional  
Conference Date: October 16th, 2023 @ 2PM EST  
Conference Details: Microsoft Teams  
Additional Information:

## Microsoft Teams meeting

**Join on your computer, mobile app or room device**

[Click here to join the meeting](#)

Meeting ID: 245 066 473 111  
Passcode: yS4smv

[Download Teams](#) | [Join on the web](#)

**Or call in (audio only)**

+1 469-998-6602,,823718859# United States, Dallas

Phone Conference ID: 823 718 859#

[Find a local number](#) | [Reset PIN](#)

[Learn More](#) | [Meeting options](#)

*The individual listed below is the bid contact.*

Company **City of Detroit**  
 Buyer **Angelena Sanders**  
 Location **2 WOODWARD AVENUE**  
**STE 1100**  
**DETROIT, MI 48226**  
**UNITED STATES**

Phone  
 Fax  
 E-mail **angelena.sanders@detroitmi.gov**

*When submitting your response, include the following information.*

Your Company Name	
Company Site <i>(Optional)</i>	
Address	
Contact Details	
Response Valid Until <i>(Optional)</i>	

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## 1 Overview

### 1.1 General Information

Title **ARPA - (SEED) Supporting Equitable Economic Development Program Administrator**

Synopsis **The City of Detroit Office of Contracting and Procurement (OCP) on behalf of the Jobs and Economy Team (JET), is seeking interested and qualified organizations or firms (referred to as "Program Administrator") to provide grant funding for projects that enable population and tax revenue growth through rehabilitation of vacant and blighted buildings and historic structures.**

Amendment Date **10/17/23 4:11 PM**

Amendment Description **Revise Title of NOFA**

Buyer **Angelena Sanders** Outcome **Contract Purchase Agreement**

E-Mail **angelena.sanders@detroitmi.gov**

### 1.2 Schedule

Preview Date **10/17/23 4:11 PM** Open Date **10/17/23 4:11 PM**

Close Date **10/30/23 4:00 PM** Award Date

Time Zone **Eastern Standard Time**

### 1.3 Negotiation Controls

Response Visibility **Sealed**

### Lines Settings

Rank Indicator **No indicator displayed**

Ranking Method **Price only**

### 1.4 Terms

Agreement Start Date Agreement End Date

Agreement Amount (USD)

Payment Terms **Net 30** Freight Terms **Account of Seller**

Shipping Method **Lowest Cost Carrier** FOB **Delivered**

Negotiation Currency **USD (US Dollar)**

Price Precision **2**

### 1.5 Attachments

File Name or URL	Type	Description
Attachment D - SUBRECIPIENT_Fo	File	Attachment D
NOFA 184009_SEED Prog Admin- A	File	Pricing
NOFA 184009_SEED Prog Admin- A	File	Respondent Introduction and Overview
NOFA 184009_SEED Prog Admin- A	File	Questionnaire
NOFA 184009_SEED Program Admin	File	NOFA 184009

**2 Requirements**

*\*Response is required*

**2.1 Section 1. Proposer's Attachments and Affidavits**

\*1. Complete the attached form for Combined Certificates of Authority and upload to your response

Attachments:

File Name or URL	Type	Description
Combined Certificates of Autho	File	

Select one of the following:

- a. Uploaded (*Response attachments are optional*)
- b. Not Uploaded (*Response attachments are optional*)

Comments:

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\*2. Complete the attached Affidavit of Disclosure of Interests and upload to your response.

Attachments:

File Name or URL	Type	Description
Affidavit of Disclosure of Int	File	

Select one of the following:

- a. Yes (*Response attachments are required*)
- b. No (*Response attachments are optional*)

Comments:

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\*3. Complete the attached Non-Collusion Affidavit and upload to your response.

Attachments:

File Name or URL	Type	Description
Non-Collusion Affidavit 4.4.20	File	

Select one of the following:

- a. Yes (*Response attachments are required*)
- b. No (*Response attachments are optional*)

Comments:

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\*4. Bidder has read and complies with all provisions stated in the INSTRUCTIONS TO BIDDERS. Please check Yes or No.

Select one of the following:

- a. Yes
- b. No

Comments:

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\*5. Below document is necessary for you to upload along with the proposal:

Reference Form

Attachments:

File Name or URL	Type	Description
Reference Form.doc	File	

Select one of the following:

- a. Uploaded (*Response attachments are optional*)  
 b. Not Uploaded (*Response attachments are optional*)

Comments:

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6. For information regarding the City of Detroit's Equalization Credit Statement, please download and review the attachment.

Attachments:

File Name or URL	Type	Description
Equalization Credit Statement_	File	

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Comments:

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\*7. Will you be utilizing any Sub-Contractors?

Select one of the following:

- a. Yes (upload all required documents) (*Response attachments are optional*)  
 b. No (*Response attachments are optional*)

Comments:

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\*8. Please use the below URL to complete the Income Tax and Account Receivables Clearance process:

<http://bit.ly/detroitclearances>

Select one of the following:

- a. Completed  
 b. Not Completed

Comments:

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9. Attention: Considering a Joint or Mentor Venture? Click the URL.

<https://app.smartsheet.com/b/form/2359d53ee4364f709cdda15913b530d6>

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Comments:

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**3 Lines**

**3.1 Line Information**

Line	Estimated Quantity	Response Price	Line Amount	Response Minimum Release Amount
1-Program Administrator				

**3.2 Line Details**

**3.2.1 Line 1 Program Administrator**

*To provide an alternate line, see appendix.*

Category Name **964.04 Administrators/Managers**  
 Allow Alternate Lines **Yes**

Target Minimum Release Amount (USD)  
 Start Price (USD)

Alternate Line Provided Yes No  
 Estimated Total Amount (USD)

**4 Appendix: Alternate Lines**

**4.1 Instructions for Alternate Lines**

Alternate lines are allowed for some negotiation lines. For these lines, you can propose one or more alternatives by entering information for each alternate line in the format given below. Print and insert multiple copies as per your requirement.

**4.2 Alternate Lines Template**

Negotiation Line <i>(Number and description of the negotiation line for which you have an alternative)</i>	Example: 1-xxxxxx where xxxxxx is the line description of first negotiation line.
Alternate Line Number <i>(Enter only numbers in sequence starting with 1 for every alternate line)</i>	
Alternate Line Description	
Response Price <i>(For a negotiation line with cost factors, enter your line price in the cost factors table)</i>	
Response Minimum Release Amount	
Note to Buyer	

