REQUEST FOR PROPOSALS
FOR RADON TESTING FOR CDBG-FUNDED (THROUGH MSHDA) OWNER-OCCUPIED SINGLE FAMILY REHABILITATION PROJECTS IN THE VILLAGE OF BROOKLYN

VILLAGE OF BROOKLYN
121 N MAIN ST
BROOKLYN, MI 49230

NOVEMBER 2026

Bids Due: Friday, November 6, 2026, at 2:00 PM

Submit Bids To:
Village of Brooklyn
121 N Main St
Brooklyn, Michigan 49230

Contact: Matt Swartzlander, Village Manager
Manager@VillageofBrooklyn.com

The Village of Brooklyn (Municipality) is requesting proposals for radon testing for their owner-occupied single family rehabilitation projects which are funded with Community Development Block Grant dollars through the Michigan State Housing Development Authority (MSHDA).

Release Date: Tuesday, November 3, 2026

Bids Due by: Friday, November 6, 2026 at 2:00 PM

It is the intent of the Village of Brooklyn to open bids on Friday November 6, 2026 at 2:00PM at the Village Office and award a contract which will include a public bid tabulation.

If you have any questions about this Request for Proposal, contact Emily Doerr with FLB Collective, Village of Brooklyn's Third Party Administrator, at Emily@flbcollective.com.

1. BID PROPOSAL CONTENT

Bid proposal documents should include:

- ☐ 1 page overview: Business Background / Years in Business
- ☐ Any applicable Licenses / Certifications
- ☐ Evidence of legal standing with the SOM -- Certificate of Existence (LLC) issued by LARA or Certificate of Good Standing (corporate) or Articles of Organization
- ☐ Evidence of required insurance, as identified in Section 5 below
- ☐ Completed Proposal Page (Page 6)
- ☐ Certifications and Authorized Signatures form (Page 7)
- ☐ Certificate of Compliance with Public Act 517 of 2012 (Page 8)
- ☐ Completed W9 (Last page)

2. BATCH PRICING AND TIMING

The Municipality currently has grant funding for 16 houses, priced on a per-unit basis due to the structure of project funding.

The timing for these 3 houses is:

- 3 immediately (week of November 9th, 2026)
- 2 during the week of November 30th, 2026
- 1 during the week of December 7th, 2026
- Then the remaining 10 at variable moments in 2027, in batches of 3, 4, or 5 addresses

3. SUBMIT YOUR PROPOSAL

Email bid package to Matt Swartzlander (Manager@villageofBrooklyn.com) with subject line "Village of Brooklyn Radon Testing Bid", prior to deadline of 11/6/2026 at 2:00 PM.

OR

A hard copy can be dropped off to Matt Swartzlander, Village Manager, Village of Brooklyn, prior to deadline of 11/6/2026 at 2:00 PM.

If the Municipality does not accept the proposal within 45 days, Contractor may withdraw their proposal.

4. SIGNATURES

Respondents shall place on file with the Municipality a notarized statement indicating those individuals authorized to sign proposals on behalf of the Corporation, Partnership and/or Individual (Page 7 of this document). Said notarized statement may be placed on file prior to the submission of any Proposals and updated as the status of the authorized individuals change, or may be submitted with each proposal.

5. CERTIFICATE OF INSURANCE

To the fullest extent permitted by law the Contractor agrees to defend, pay on behalf of, indemnify, and hold harmless the land bank and the Village of Brooklyn, their elected and appointed officials, employees, agents and volunteers, and others working on behalf of the land bank or city against any and all claims, demands, suits, or loss, including all costs connected therewith, and for any damages which may be asserted, claimed, or recovered against or from the land bank or city, by reason of personal injury, including bodily injury or death and/or property damage, including loss of use thereof, for all actions of the Contractor.

Contractor shall not commence work under this contract until they have obtained the insurance required under this paragraph and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan and acceptable to the land bank. The requirements below should not be interpreted to limit the liability of Contractor. All deductibles and SIR's are the responsibility of Contractor. Contractor shall procure and maintain the following insurance coverage:

a. Worker's Compensation Insurance including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.

b. Commercial General Liability Insurance on an "Occurrence Basis" with limits of liability not less than $1,000,000 per occurrence and aggregate. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included. (E) Explosion, Collapse, and Underground (XCU) coverage, if applicable. Limits may be obtained by the use of primary and excess/umbrella liability policies.

c. Automobile Liability including Michigan No-Fault Coverages, with limits of liability not less than $1,000,000 per occurrence, combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.

d. Owners' and Contractor Protective Liability: The Contractor shall procure and maintain during the life of this contract, a separate Owners' and Contractor's Protective Liability Policy with limits of liability not less than $1,000,000 per occurrence and aggregate for Personal Injury, Bodily Injury, and Property Damage. The Municipality shall be the "Named Insured" on said coverage.

e. Additional Insured: Commercial General Liability and Automobile Liability as described above shall include an endorsement stating the Municipality shall be listed as additional insured. It is understood and agreed by naming the Municipality as additional insured, coverage afforded is considered primary and any other insurance the Municipality may have in effect shall be considered secondary and/or excess.

f. Cancellation Notice: All policies, as described above, shall include an endorsement stating that is it understood and agreed Thirty (30) days for non-payment of premium, Advance Written Notice of Cancellation, shall be sent to: Village of Brooklyn, 119 E Michigan Ave, Brooklyn MI 49236.

g. Proof of Insurance Coverage: Contractor shall provide the Municipality at the time that the contracts are returned by him/her for execution, a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable.

h. If any of the above coverages expire during the term of this contract, the Contractor shall deliver renewal certificates and endorsements to the Municipality at least ten (10) days prior to the expiration date.

6. CERTIFICATE OF COMPLIANCE WITH PUBLIC ACT 517 OF 2012

All bidders must complete the attached Certificate of Compliance (Page 8 of this document) with Public Act 517 of 2012, by which the bidder certifies that neither it nor any of its successors, parent companies, subsidiaries, or companies under common control, is an "Iran Linked Business" engaged in investment activities of $20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. In the event it is awarded a Contract as a result of this solicitation, the bidder will not become an "Iran Linked Business" during the course of performing the work under the Contract.

7. ACCEPTANCE AND REJECTION

A Contract shall be formed between the parties hereto by the Municipality's acceptance of a Respondent's proposal, and it will be effective on the date stated on the Bid Specification/Proposal form. Upon acceptance by the Municipality, a copy of the Contract will be returned to the Contractor as their official notification of award. The Contract, however, shall not be in force until the Contractor has complied with all the requirements of insurance from the Municipality set forth herein. By the execution of the Contract, the Contractor and the Municipality hereby covenant in respect to any part of this Proposal and Contract. The Municipality reserves the right to waive irregularities and to reject any or all bids.

8. SAFETY

The Contractor is responsible for conducting operations in a safe and orderly manner and in conformance with Michigan P.A. 154, per the Michigan Department of Labor and Energy Construction Safety Standards Commission. Personnel working inside the site shall be trained as required and made thoroughly familiar with the safety precautions, procedures, and equipment required for controlling the potential hazards associated with this work.

10. PAYMENT OF INVOICES

Contractor can submit for payment after each completed radon inspection.

VILLAGE OF BROOKLYN
COMPLETED PROPOSAL PAGE FOR RADON TESTING

CONTRACTOR NAME: _____

Required Proposal Detail	Answer
Batch Price to complete radon inspection at 3 houses (price per house)	
Testing Type	
Number of Hours for Test Results	
Location of Business	
Any Additional Certifications, Special Precautions or Procedures used, etc.	

CONTRACTOR SIGNATURE _____

Date _____

Bidder, if awarded this contract, hereby agrees to commence work under this contract starting _____

Bidder understands that the Municipality reserves the right to reject any or all bids and to waive any informalities or irregularities herein. Upon notice of acceptance of this bid, bidder will execute Contract Agreement and deliver properly executed insurance certificates, copies of licenses and City registration to the Municipality within ten (10) days. The Village of Brooklyn reserves the right to omit any residential property address listed in this Request for Proposal in advance of contract signing. Contractor's quote for any such omission will be deducted from the grand total bid amount.

Certifications and Authorized Signatures

Return with your Proposal package

Upon notice of acceptance of this packet, Respondent will execute a Contract Agreement and deliver properly executed insurance certificates to the Land Bank within two (2) business days.

ADDRESS, LEGAL STATUS, AND SIGNATURE OF RESPONDENT

The undersigned does hereby designate the address, given below, as the legal address to which all notices, directions, or other communications may be served or mailed.

_____

(Vendor Name)

P.O. Box (if applicable): _____

Street: _____

City: _____ State _____ ZIP _____

Phone: _____

Email: _____

The undersigned does hereby declare that it has legal status checked below:

❒ Individual ❒ Limited Liability Corporation (LLC)

❒ Partnership ❒ Corporation, State of Incorporation: _____

Respondent hereby certifies that the information provided in their submittal to the Municipality is accurate and complete, and they are duly authorized to sign. Respondent hereby certifies that they have reviewed the RFP in its entirety and accepts its terms and conditions.

Signed: _____ Date _____

Print name: _____

Title: _____

Certificate of Compliance with Public Act 517 of 2012

I certify that neither _____ (Company), nor any of its successors, parent companies, subsidiaries, or companies under common control, are an "Iran Linked Business" engaged in investment activities of $20,000,000.00 or more with the energy sector of Iran, within the meaning of Michigan Public Act 517 of 2012. In the event it is awarded a Contract as a result of this Request for Proposals, Company will not become an "Iran Linked Business" during the course of performing the work under the Contract.

NOTE: IF A PERSON OR ENTITY FALSELY CERTIFIES THAT IT IS NOT AN IRAN LINKED BUSINESS AS DEFINED BY PUBLIC ACT 517 OF 2012, IT WILL BE RESPONSIBLE FOR CIVIL PENALTIES OF NOT MORE THAN $250,000.00 OR TWO TIMES THE AMOUNT OF THE CONTRACT FOR WHICH THE FALSE CERTIFICATION WAS MADE, WHICHEVER IS GREATER, PLUS COSTS AND REASONABLE ATTORNEY FEES INCURRED, AS MORE FULLY SET FORTH IN SECTION 5 OF ACT NO. 517, PUBLIC ACTS OF 2012.

_____
(Name of Company)
By: _____

Date: _____ Title: _____

Subscribed to and sworn before me,
a Notary Public, on this _____ day of _____, _____.

_____
_____, Notary Public
_____ County, State of Michigan
Acting in _____ County, Michigan
My Commission Expires: _____

W-9 INFORMATION FOR LEGAL STATUS

Sole proprietor. Enter your individual name as shown on your income tax return on the “Name” line. You may enter your business, trade, or “doing business as (DBA)” name on the “Business name/disregarded entity name” line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the “Name” line and any business, trade, or “doing business as (DBA) name” on the “Business name/disregarded entity name” line.

Disregarded entity. Enter the owner's name on the “Name” line. The name of the entity entered on the “Name” line should never be a disregarded entity. The name on the “Name” line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the “Name” line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the “Business name/disregarded entity name” line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the “Name” line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the “Name” line is an LLC, check the “Limited liability company” box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter “P” for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter “C” for C corporation or “S” for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the “Name” line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the “Name” line.

Other entities. Enter your business name as shown on required federal tax documents on the “Name” line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the “Business name/disregarded entity name” line.

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			–			–				

or

Employer identification number

		–							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | **Signature of U.S. person** ▶ | **Date** ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*