

VILLAGE OF BROOKLYN'S REQUEST FOR QUALIFICATIONS (RFQ)
FEDERALLY-FUNDED HOMEOWNER REHABILITATION CONTRACTOR POOL

ISSUE DATE: JULY 1, 2026

SUBMISSION DEADLINE: MARCH 21, 2027

1. INTRODUCTION

Village of Brooklyn is seeking qualified contractors to participate in a pre-qualified contractor pool to support the implementation of a Homeowner Rehabilitation Program funded through Community Development Block Grant (CDBG) funding from the U.S. Department of Housing and Urban Development (HUD) via the Michigan State Housing Development Authority (MSHDA). This program is designed to assist income-qualified homeowners with necessary repairs to improve health, safety, accessibility, and housing stability.

This Request for Qualifications (RFQ) will establish a pool of contractors who are interested and eligible to perform residential rehabilitation work on a project-by-project basis. Bids are required for each individual house receiving rehabilitation work. The contractor pool will remain active for the duration of the CDBG grant (anticipated 24 months), with the ability to add contractors on a rolling basis. This RFQ establishes a contractor pool only. No pricing is required at this stage.

2. ANTICIPATED SCOPE OF WORK

Contractors may respond for one or multiple trades, including but not limited to:

- General Contracting
- Plumbing
- Electrical
- HVAC
- Roofing
- Mold Remediation

3. ELIGIBLE REHABILITATION ACTIVITIES

Eligible activities may include, but are not limited to:

- Mechanical systems including HVAC and water heaters
- New roof
- Accessibility improvements (ADA-related)
- Energy efficiency upgrades
- Code compliance upgrades

4. CONTRACTOR RESPONSIBILITIES

Contractors shall:

- Respond to address-by-address “Request for Bids” on Village of Brooklyn website with itemized costs and an overall total. NOTE: A bidder can volunteer a discount if multiple projects are awarded, as this is viewed as a type of competitive pricing.
- Maintain required insurance and licensing
- Complete work in accordance with approved scopes and timelines
- Obtain all required permits
- Interact respectfully with the homeowner and communicate any issues to the Village of Brooklyn
- Coordinate inspections
- Budget for and utilize EPA Renovate Right Program Standards including but not limited to:
 - Containing the work area
 - Proper waste removal
 - Cleaning the work area
- Maintain compliance with federal requirements including:
 - Lead Safe Housing Rule

5. VILLAGE OF BROOKLYN / TPA RESPONSIBILITIES

The Village of Brooklyn and/or its Third-Party Administrator (FLB Collective) will:

- Verify income eligibility
- Conduct environmental reviews (Tier I and Tier II)
- Develop scopes of work
- Coordinate rehabilitation work with energy efficiency programs offered by local utility company and/or State of Michigan
- Ensure homeowners have certified that they’ve received [The Lead-Safe Certified Guide to Renovate Right](#) and understand the importance of Lead-Safe work practices

- Review bids for cost reasonableness
- Manage compliance and reporting
- Process contractor payments

6. SUBMISSION REQUIREMENTS

All submissions must include:

- A. Contractor Application (pages 4 and 5 of this document)
- B. Licenses and Certifications including EPA RRP Certification
- C. Proof of Insurance
- D. Subcontractor list (if applicable)

7. SUBMISSION INSTRUCTIONS

Submit via email to Sarah@flbcollective.com and Emily@flbcollective.com.

Subject Line: Village of Brooklyn– Contractor Pool RFQ Submission

The Village of Brooklyn reserves the right to accept or reject any submission. Incomplete submissions may not be considered. Contractors may be added throughout the program duration.

CONTRACTOR APPLICATION FORM

Business Name:

Business Address:

Phone:

Email:

Website (if applicable):

Type of Entity:

Years in Business:

Number of Employees:

Trades Applying For:

General Contractor

Plumbing

Electrical

HVAC

Roofing

Mold Remediation

Experience with Federal Programs:

Yes No

If yes, explain:

Please indicate if any of these are applicable:

Minority-Owned Woman-Owned Veteran-Owned Disabled-Owned

REFERENCES (Minimum 3)

Name:

Phone:

Nature of Relationship:

Name:

Phone:

Nature of Relationship:

Name:

Phone:

Nature of Relationship:

The undersigned certifies all information is true and complete.

Name:

Title:

Date:

Signature: _____