Attachment B: Application for technical assistance Consultant

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| 1. **Contact Information**
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| **Lead Applicant Name** | Click or tap here to enter text. |
| **Contact Name and Position** | Click or tap here to enter text. |
| **Street Address** | Click or tap here to enter text. |
| **City or Town** | Click or tap here to enter text. |
| **State** | Click or tap here to enter text. | **Zip Code** | Click or tap here to enter text. |
| **Contact Email** | Click or tap here to enter text. |
| **Contact Phone** | Click or tap here to enter text. |

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| 1. **Organization Description**

*Complete this section once for every organization that is part of the Consultant team and will be paid with grant funds.* ***If there are multiple organizations that are part of the Consultant team, please copy this table for each organization that is part of the Consultant team****.* |
| **Lead Applicant Name** | Click or tap here to enter text. |
| **Lead Applicant Description***Describe your organization’s history and mission.* *(200 words maximum)* | Click or tap here to enter text. |
| **Supplier Diversity Office Certifications***Optional**(Please check all the apply)* | Does your company have any of the following certifications from Massachusetts’ [Supplier Diversity Office](https://www.mass.gov/certification-program-for-sdo):[ ]  Minority Business Enterprise[ ]  Women Business Enterprise[ ]  Service-Disable Veteran Business Enterprise[ ]  Veteran Business Enterprise[ ]  Lesbian, Gay, Bisexual, and Transgender Business Enterprise[ ]  Disability-Owned Business Enterprise |
| **Non-certified Diverse Business Enterprises** *Optional* | *Identify if you believe that your organization meets the criteria for any of the business enterprises above but has not completed certification with the Supplier Diversity Office:**Click or tap here to enter text.* |
| **Diversity, Equity, and Inclusion Mission or Vision Statement***Optional* | *Please include a brief summary of your organization’s diversity, equity, and inclusion mission or vision statement or a link to such a statement on your organization’s website. Please describe what your organization is proactively doing to promote diversity, equity, and inclusion and what steps you plan to take in the future.* Click or tap here to enter text. |

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| 1. **Review of Attachment C: Sample Agreement**
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| **Has the Consultant reviewed Attachment C: Sample Agreement? (Required)** | [ ]  Yes |
| **Are there any changes to this template contract agreement that would be necessary before the Consultant could sign the contract?** (Note: MassCEC has limited ability to change our contract terms.) | [ ]  No[ ]  Yes. If so, please elaborate below and/or provide an annotated version of Attachment C with your application. Click or tap here to enter text. |

1. **Eligibility**

*Describe how the Consultant or Consultant team meets the minimum qualifications outlined in Section IV: Eligibility. Suggested word limits are to encourage concise answers. Lead Applicants may write more if they feel it is necessary to address the prompt. Please do not feel obligated to approach the suggested word limit.*

**Is the Lead Applicant a private company, consultant, or non-profit, preferably with a Massachusetts presence?** *(suggested 300-word limit)*

**Does the Lead Applicant have the capacity and willingness to begin work on the ADU Accelerator, including the “ADU Resource Center” by October 2025?**

(suggested 150-word limit)

**Does the Lead Applicant have capacity for local staff in the Pioneer Valley during ADU Accelerator grant period?**

*(suggested 50-word limit)*

1. **Proposed Approach & Relevant Experience**

*The sections below are an opportunity to describe the Consultant’s proposed approach to the Scope of Work Proposed in the RFP. Please provide your firm’s experience, capacity, and capabilities in providing the services requested herein (including resumes of team members as a separate attachment). Be sure to list any experience as it relates. Provide examples of previously accomplished work and approximate timeline from start to finish when able. A total page limit of 5 pages is suggested for this section of the application. Consultants may write more if they feel it is necessary to address the prompt. Please do not feel obligated to approach the suggested page limit. This response will be assessed according to the relevant criteria in Section VIII: Selection Criteria.*

*Please include, at minimum, the following:*

* **Describe your experience and qualifications and staffing plan**
* **Describe your approach to Phase A: ADU Accelerator Development Phase**
	+ *Please include at minimum: Proposed screening methods, tools, and your vision for what would be included in the ADU Resource Center website before Phase B Implementation begins. Provide a proposed fee per property owner (if applicable) to go towards an ADU feasibility study.*
* **Describe your approach to Phase B: ADU Accelerator Implementation Phase**
	+ *Please include at minimum: A proposed approach to property owner technical assistance, feasibility studies, financial technical assistance, how completed ADU Accelerator photos, costs to build will be promoted, and a vision for what ADU Resource Center content can continue beyond the grant period.*
* **Describe your approach to Phase C: Final report.**
* **Describe your capacity to meet the 20 ADU goal and maximize the number of ADUs developed**
	+ *Consultants must identify their approach to guiding property owners through the process, resulting in built, installed, and habitable prefabricated panelized or modular all-electric ADUs. Consultants should identify whether they can meet the 20 ADU goal, how they will do so, and on what timeline, and if not, propose an alternative goal and plan and timeline for meeting it.*
* **Additional Proposed Scope or Phases** *(suggested 300-word limit)*
	+ *Optional: If desired, please describe an added phase or expanded scope that fits within the $500,000 maximum budget which you believe would enhance the value of this initiative.*
* **Additional Information about Proposed Approach** *(suggested 300-word limit)*
	+ *Please share anything else the Consultant team would like MassCEC to know about your proposed approach.*
1. **Budget and Schedule**

*Please include a budget and schedule narrative (suggested 300-word limit) and complete Attachment C as follows:*

* Include a Budget and Schedule for Phase A-C. Schedule outputs such as Gantt charts are acceptable in forms other than the Schedule template.
	+ While the contract will be structured as regular base grant payments with some milestone payments based on certain deliverables, an approximate range of staffing or contracting costs should be included in the budget, consistent with project team rates listed below.
	+ MassCEC generally requests a milestone payment structure for grants of this size.
		- For example, Phase A might be structured with monthly payments and deliverables with a maximum not-to-exceed for Phase A. Phase B might be structured as payment per ADU delivered through ADU Accelerator. Phase C might be structured as a fixed payment for the final report. MassCEC is open to a variety of structures for payment, however. If you suggest a different payment structure for any of the phases, please include a narrative explaining why in the budget spreadsheet.
	+ In Attachment C and in the budget narrative application, provide a proposed fee per property owner (if applicable) to go towards the feasibility study.
	+ The total budget for this grant may not exceed $500,000 plus revenue from feasibility studies.

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| 1. **Project Team Rates**
* MassCEC reserves the right to set guidelines and caps.
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| **Organization** | **Name** | **Position** | **Hourly Rate that will be charged to grant** |
| *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* | *Click or tap here to enter text.* |
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| 1. **References**
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| *Include three references for the Consultant’s previous work. The references must include the name of the organization, contact person, a full address, email, and phone number, as well as a one sentence description of the Consultant’s work for the reference.* ***If there are multiple organizations that are part of the Consultant team, please copy this table for each organization that is part of the Consultant team****.* |
| **Organization Name** | *Click or tap here to enter text.* |
| **Reference 1:**  | Organization: Click or tap here to enter text.Contact Name: Click or tap here to enter text.Contact Title: Click or tap here to enter text.Contact Email: Click or tap here to enter text.Contact Phone Number: Click or tap here to enter text.Description of the Consultant’s work for the Reference: Click or tap here to enter text. |
| **Reference 2:**  | Organization: Click or tap here to enter text.Contact Name: Click or tap here to enter text.Contact Title: Click or tap here to enter text.Contact Email: Click or tap here to enter text.Contact Phone Number: Click or tap here to enter text.Description of the Consultant’s work for the Reference: Click or tap here to enter text. |
| **Reference 3:**  | Organization: Click or tap here to enter text.Contact Name: Click or tap here to enter text.Contact Title: Click or tap here to enter text.Contact Email: Click or tap here to enter text.Contact Phone Number: Click or tap here to enter text.Description of the Consultant’s work for the Reference: Click or tap here to enter text. |

Please include the following attachments:

* Team Member Resumes: Include resumes of each individual who would be part of the project team.
* Report Samples (if available): Include up to three (3) samples that demonstrate the Applicant team’s ability to provide the type of technical assistance described in this RFP. MassCEC understands that not all final deliverables can be publicly shared, and so samples are optional based on availability.