COOK COUNTY HEALTH AND HOSPITALS SYSTEM (CCHHS)

Cook County Health and Hospitals System seeks proposals from qualified and experienced providers of Snow Removal Services.

REQUEST FOR PROPOSAL (RFP) # H17-0024

GENERAL DESCRIPTION: Provision of qualified and experienced providers of Snow Removal Services.

DATE ISSUED: August 18, 2017

QUESTIONS DUE DATE: August 31, 2017 by 2:00 p.m. CST.

RESPONSE DUE DATE: September 20, 2017 by 2:00 p.m. CST.

Responses to this proposal shall be delivered between the hours of 8:00 AM (CST) and 2:00 PM (CST) to:

Cook County Health and Hospitals System
C/O John H. Stroger, Jr. Hospital of Cook County
1969 West Ogden Ave., Room # 1120
Chicago, IL 60612
Attention: Supply Chain Management Department RFP Lock Box

PRE-PROPOSAL CONFERENCE: YES

All questions regarding this RFP should be directed to purchasing@cookcountyhhs.org, where the subject of the email should reference the RFP # and Title.

The RFP and related addenda will be posted at the http://www.cookcountyhhs.org website under the “Doing Business with CCHHS” tab.
# Table of Contents

1. Background ........................................................................................................... 4  
2. Purpose .................................................................................................................. 4  
3. Schedule .................................................................................................................. 4  
4. Scope of Work ....................................................................................................... 4  
   4.1 Description of Work for John H. Stroger, Jr. Hospital Campus ......................... 5  
   4.1.1. Equipment – John H. Stroger, Jr. Hospital of Cook County ....................... 6  
   4.2 Description of Work – Public Health and ACHN Facilities ............................... 6  
   4.2.1 Service Types – Department of Public Health ............................................. 7  
   4.2.2. Service Types – Ambulatory and Community Health Networks ................ 7  
   4.3 Description of Work for Provident Hospital of Cook County .......................... 8  
   4.3.1 Service Types – Provident Hospital of Cook County .................................. 8  
   4.4 Service Sites ..................................................................................................... 8  
   4.5 Inquiries ............................................................................................................ 10  
   4.6 Mandatory Site Inspection ................................................................................ 10  
   4.7 Invoicing ........................................................................................................... 11  
   4.8 Employee Identification .................................................................................... 12  
   4.9 Notification ........................................................................................................ 12  
5. Required Proposal Content .................................................................................... 12  
   5.1 Cover letter ........................................................................................................ 13  
   5.2 Executive Summary ............................................................................................ 13  
   5.3 Response to Scope of Work ............................................................................... 13  
   5.4 Qualifications of the Proposer .......................................................................... 13  
   5.5 Key Personnel .................................................................................................... 14  
   5.6 Subcontracting or teaming and MBE/WBE Participation ................................... 14  
   5.7 Financial Status ................................................................................................ 15  
   5.8 Conflict of Interest ............................................................................................. 15  
   5.9 Insurance Requirements .................................................................................... 15  
   5.10 Contract ............................................................................................................ 15  
   5.11 Legal Actions ..................................................................................................... 15  
   5.12 Economic Disclosure Statement ...................................................................... 15  
   5.13 Pricing Proposal ............................................................................................... 16  
   5.14 Addenda ........................................................................................................... 16  
6. Evaluation and Selection Process ........................................................................ 16
6.1 Evaluation Process ................................................................. 16
6.2 Right to Inspect ................................................................. 16
6.3 Consideration for Contract ................................................. 16

7. Evaluation Criteria ............................................................... 17
7.1 Responsiveness of Proposal ................................................. 17
7.2 Technical Proposal ............................................................ 17
7.3 Reasonableness of Overall Price ......................................... 17
7.4 Other Qualitative Criteria .................................................. 17

8. Instructions to Proposers ....................................................... 17
8.1 Number of Copies ............................................................ 18
8.2 Format ............................................................................. 18
8.3 Time for submission ........................................................ 18
8.4 Packaging and Labeling .................................................... 18
8.5 Timely delivery of Proposals .............................................. 18
8.6 Availability of Documents .................................................. 18
8.7 Questions and Inquiries ..................................................... 18
8.8 MBE/WBE Participation Goals ........................................... 19
8.9 Pre-proposal Conference (if Applicable) .............................. 19
8.10 Alteration/Modification of Original Documents ................. 19
8.11 Cost of Proposer Response .............................................. 19
8.12 Proposer’s Responsibility for Services Proposed ................ 20
8.13 RFP Interpretation ............................................................ 20
8.14 Errors and Omissions ........................................................ 20
8.15 Proposal Material ............................................................. 20
8.16 Confidentiality and Response Cost and Ownership ........... 20
8.17 Awards ......................................................................... 20
8.18 CCHHS County Rights .................................................... 20
8.19 Cancellation of RFP; Requests for New or Updated Proposals .................. 21

9. Definitions ........................................................................ 21

10. Inspection Forms ............................................................... 21

11. Proposal Acknowledgement form ....................................... 26
1. Background
The Cook County Health and Hospitals System (“CCHHS” or “System”) is a unit within Cook County government. The CCHHS provides a full continuum of health care services through its seven operating entities, referred to as System Affiliates. System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventative care. CCHHS services are offered without regard to a patient’s economic status or ability to pay.

The System operates John H. Stroger, Jr. Hospital of Cook County, which is a tertiary, acute care hospital and Provident Hospital of Cook County, a community acute care hospital. The System also operates: 1. the Ambulatory and Community Health Network, a system of sixteen (16) clinics offering primary care services in medically underserved areas and schools; 2. the Cook County Department of Public Health, the certified local public health department for most parts of suburban Cook County, which provides limited clinical services, as well as communicable disease control, environmental health and prevention and education services; 3. Cermak Health Services of Cook County, a health facility operated within the confines of the Cook County Department of Corrections which provides health screening, primary and specialty care for detainees; 4. Ruth M. Rothstein Core Center, a comprehensive care center for HIV and other infectious diseases; and 5. Oak Forest Health Center of Cook County. The System is continuing to work on their strategic plan moving forward which includes CountyCare. This is a Medicaid health plan for low-income adults established under the Affordable Care Act. CountyCare is expanding its eligible membership population to children, seniors, and persons with disabilities. CCHHS will continuously undergo the transformation of its services to continue service excellence for its patients.

2. Purpose
CCHHS seeks to identify the most competitive proposer(s) of qualified Snow Removal Services.

3. Schedule
CCHHS anticipates the following schedule.

<table>
<thead>
<tr>
<th>Activity</th>
<th>Estimated Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>RFP posted to the website</td>
<td>August 18, 2017</td>
</tr>
<tr>
<td>Mandatory Site Inspection</td>
<td><strong>August 23, 2017 for Stroger at 9:00 a.m.</strong>  <strong>August 23, 2017 for Provident at 1:00 p.m.</strong>  <strong>ACHN and Public Health dates between August 23, 2017 to August 30, 2017</strong></td>
</tr>
<tr>
<td>Proposer Inquiry Deadline</td>
<td>August 31, 2017, by 2:00 p.m. CST.</td>
</tr>
<tr>
<td>CCHHS response to Inquiries – Tentative</td>
<td>Week of September 1, 2017</td>
</tr>
<tr>
<td>Proposal Due Date</td>
<td>September 20, 2017 by 2:00 p.m.</td>
</tr>
<tr>
<td>Evaluation of Proposals -Tentative</td>
<td>October, 2017</td>
</tr>
</tbody>
</table>

4. Scope of Work
Contractor will provide all labor, materials, (including de-icer, except for Stroger campus) supplies and equipment for the removal of all snow and ice on the sidewalks, steps, and parking areas at the John H. Stroger, Jr. Hospital of Cook County and the Ambulatory and Community Health Network, including Cottage Grove, Robbins, Englewood, Jorge Prieto, Logan Square, Woodlawn, Near South, and Cicero locations.

Upon RFP award, contract shall be for a term of thirty-six (36) months.
4.1 Description of Work for John H. Stroger, Jr. Hospital Campus

Contractor shall provide the following Snow Removal Services for the John H. Stroger, Jr. Hospital of Cook County.

A. The Contractor shall respond to service calls for snow removal within two (2) hours of notification, seven (7) days a week, twenty-four (24) hours a day and provide snow removal and ice clearing services, with the quantities and types of equipment as requested and as required.

B. Upon arrival on hospital premises, Contractor shall report to the on-duty Engineer in the Powerhouse with work ticket, indicating date and time work would start, and obtain signature and said work ticket.
   i. Work ticket shall identify the quantities and description of equipment and personnel that have been requested and used, as described in the specifications, the date and time when Contractor arrived on premises, the number of hours worked, and the areas on which work has been performed.

C. Upon completion of work and before leaving hospital premises, Contractor shall obtain from designated hospital personnel verification of work performed. Contractor also shall submit work ticket to, and obtain signature from the on-duty Engineer in the Powerhouse.
   i. Work ticket shall identify the quantities and description of equipment and personnel that have been requested and used, as described in the specifications, the date and time when Contractor arrived on premises, the number of hours worked and the areas on which work has been performed.
   ii. A copy of the signed work tickets shall be given to the On-duty Engineer, and shall be attached to the Contractor’s invoice to be submitted for said work.
   iii. Invoices that are not accompanied with signed work tickets will not be accepted and will not be paid.

D. Contractor shall provide labor, materials, supplies and equipment for the removal of all snow and ice on the sidewalks, steps, ramps and parking areas at the John H. Stroger, Jr. Hospital of Cook County.

E. A Contractor’s supervisor must be on site at all times while services are being provided.

F. Snow shall not be piled in the street or along curbs. Clear snow so that driver’s view shall not be obstructed at street intersections, at parking entrances or at exits.

G. Priority of areas on hospital premises to be cleared of snow and ice shall be as indicated in the table below and as directed by designated hospital personnel.

<table>
<thead>
<tr>
<th>First Priority Areas</th>
<th>Second Priority Areas</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Heliports in Park and Access Route to Main Hospital</td>
<td>a. Sidewalks through Park to Congress CTA Rapid Transit Station</td>
</tr>
<tr>
<td>b. Hospital Entrance Drive, Emergency Vehicle Parking, and Entrance Sidewalks</td>
<td>b. Sidewalks around Patient Care Buildings</td>
</tr>
<tr>
<td></td>
<td>c. JSHS Building Entrances and Emergency Exits</td>
</tr>
<tr>
<td></td>
<td>d. Ruth M. Rothstein CORE Center entrances, entrance drives, parking lot, loading dock pavements and surrounding sidewalks.</td>
</tr>
<tr>
<td></td>
<td>e. Fantus Clinic Entrances</td>
</tr>
<tr>
<td></td>
<td>f. Access Route to Oxygen Tanks</td>
</tr>
<tr>
<td></td>
<td>g. Administration Building Steps</td>
</tr>
<tr>
<td></td>
<td>h. Hektoen Building Steps and Ramp</td>
</tr>
<tr>
<td></td>
<td>i. Handicap Parking.</td>
</tr>
<tr>
<td></td>
<td>j. Ramp to Hospital Loading Dock (only if snow melting system is not working)</td>
</tr>
</tbody>
</table>
## Third Priority Areas (Non-Patient Care Buildings)

<table>
<thead>
<tr>
<th>Area</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>a.</td>
<td>Durand Sidewalks</td>
</tr>
<tr>
<td>b.</td>
<td>Hektoen Sidewalks</td>
</tr>
<tr>
<td>c.</td>
<td>Administration Building Sidewalks</td>
</tr>
<tr>
<td>d.</td>
<td>12KV Building Sidewalks</td>
</tr>
<tr>
<td>e.</td>
<td>600 South Hoyne Building, sidewalks, and entrances.</td>
</tr>
<tr>
<td>f.</td>
<td>Paved parking lot at 650 South Wood Street. (West side of the street between Harrison Street and Polk Street.)</td>
</tr>
</tbody>
</table>

### i. The order of areas for snow/ice removal and the actual scope of services required will be determined by Hospital personnel, depending on the time of day, day of week, amount of snow on ground and access needs, in order of priority requirement of (1) Patients & Visitors, (2) Staff, and (3) other Support Services.

### ii. The order of area priorities and the scope of services may be modified or expanded at the sole discretion of Hospital personnel without prior notice.

## 4.1.1. Equipment – John H. Stroger, Jr. Hospital of Cook County

The Contractor shall provide all labor necessary to keep equipment in proper operating condition. Contractor to provide and use the following equipment:

A. 16-cubic yard dump truck to haul away snow from premises.
B. 4-wheel drive vehicle with an 8 foot blade to clear snow from the emergency drive, ambulance parking spaces, heliports, parking lots, Pasteur Park, loading docks, and other areas as may be required.
C. Contractor to provide and use a salt truck with gas-powered hopper salt spreader for salting of pavements.
   a. The Hospital will provide the bulk rock salt to Contractor for the salting. *(On Stroger campus only.)*
   b. The Contractor shall be responsible for loading its spreader and the cost of labor and equipment which may be required for salt loading.
D. ¾-yard bucket Bobcat with rubber tires to remove snow from parking lots.
E. 3-yard bucket wheel loader with rubber tires to remove the snow.
F. Heavy duty snow-blower to remove snow from building entrances, emergency exits and sidewalks.
G. Additional able-bodied manpower, as per request by the Hospital’s Foreman, to remove snow from building entrances, emergency exits, sidewalks, exterior stairs and steps cleared by hand shoveling.

## 4.2 Description of Work – Public Health and ACHN Facilities

Contractor shall provide the following Snow Removal Services for the Ambulatory & Community Health Network of Cook County and Cook County Department of Public Health Facilities.

A. Contractor will provide all labor, materials, supplies and equipment for the removal of all snow and ice on the sidewalks, steps, and parking areas at the Cottage Grove, Robbins, Englewood, Jorge Prieto, Logan Square Health Centers, Woodlawn and Near South Health Center and Cicero Health Center.
B. Contractor shall provide all labor, materials, supplies and equipment for the removal of all snow and ice on the sidewalks, steps, ramps, and parking areas at the Forest Park, Des Plaines, and Harvey Public Health Clinics.

C. Contractor shall provide snow removal when accumulation reaches 1 inch or when directed by Facilities Manager or site Administrator.

D. All side-walks curb ramps, steps, building entrances, parking lots and access routes from the accessible parking spots to the building entrance will be cleared to a width of not less than 60”.

E. All snow and ice will be removed from the full width of the area, down to the concrete or asphalt.

F. Contractor is responsible for applying an ice melting compound and a skid resistant material, such as sand, to the full width of the area, which is not harmful to grass, sidewalk or interior carpet or finishes.

G. Special care must be used so that no damage occurs to the property or lawn from the equipment or the salting and sanding process.

H. Contractor will ensure snow is removed prior to the opening of each clinic.

I. When snow accumulates during regular clinic business hours Contractor will have employees on site ready to work within a reasonable response time, usually two hours.

J. Contractor shall be capable of being contacted 24 hours a day, either by mobile phone or pager. An answering machine is not an acceptable substitute.

K. The hourly flat rate to be charged shall not include time for traveling to and from the premises. Charges shall begin at the time of arrival on premises.

L. All hourly charges for equipment for snow removal services shall include all costs of fuel and labor to load and operate the equipment. When required, provide licensed and trained operators.

4.2.1 Service Types – Department of Public Health

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Removal - Regular</td>
<td>All Services including salting and sanding with a snow accumulation of no more than 4” in one snow fall.</td>
</tr>
<tr>
<td>Snow Removal - Heavy</td>
<td>All Services including salting and sanding with a snow accumulation of greater than 4” in one snow fall.</td>
</tr>
<tr>
<td>Snow Removal - Walkways</td>
<td>All sidewalks, curb ramps, steps, building entrances, will be cleared to a width of not less than 60” to include salting and sanding.</td>
</tr>
<tr>
<td>Salting &amp; Sanding</td>
<td>Salting and sanding of all areas specified without snow removal.</td>
</tr>
</tbody>
</table>

4.2.2. Service Types – Ambulatory and Community Health Networks

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description of Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Snow Removal Plow Truck</td>
<td>Service – snow removal Plow truck, to include salt and sand when snow is 2” or more or when instructed by the Facility’s Manager.</td>
</tr>
<tr>
<td>Snow Removal - Hand Shoveling or Snow Blower/Walkways</td>
<td>All side-walks curb ramps, steps and building entrances will be cleared to a width of not less than 60” and shall include salting and sanding.</td>
</tr>
<tr>
<td>For salting and Sanding</td>
<td>Salting and sanding of all areas specified without snow removal.</td>
</tr>
</tbody>
</table>
4.3 Description of Work for Provident Hospital of Cook County

1. The Contractor shall provide a means to haul excessive snow from the Provident Facility at the request of the Hospital.
2. The Contractor will provide a four-wheel drive vehicle with snow blade to be used to remove/clear snow from parking lots, loading docks and driveways as directed by the department. Excessive snow from walkways and sidewalks, shall be hauled off and deposited as per directed by the Hospital. Contractor’s staff must report to the Hospital’s Building Engineering Department before work is performed every time snow removal services are required and receive a confirmed start-time to commence the services.
3. The Contractor will remove snow from drives, lots, sidewalks and walkways (including street crosswalks to the parking garage and Out-patient Pharmacy building) when there is any accumulation, or at the hospital’s discretion (e.g. ice storm) with a maximum two (2) hours response time.
4. The Contractor will provide and apply salt and sand as needed to maintain traction for pedestrian footing and vehicles.
5. The Contractor will be responsible for the removal of snow from the premises when accumulations begin to interfere with the ability to park, walk or otherwise negotiate the ways of travel. The Building Engineer may terminate snow removal at any time.
6. Price per hour for snow removal service is to EXCLUDE travel time.

The Contractor shall have or the ability to acquire all necessary equipment to perform the snow removal services in a safe, efficient manner (e.g. snow plow blower.)

The Contractor will remove snow from areas within the specified times and in the order listed:

- A. Two (2) hours to clear front of Hospital and Sengstacke Buildings, which includes but is not limited to all walkways/sidewalks, driveways (emergency drive and main drive) and front parking lot.
- B. 45 minutes to clear the Forestville walkways.
- C. One (1) hour to clear the rear loading dock areas.
- D. Two (2) hours to clear Out-Patient Pharmacy building parking lot, receiving area and walkways.
- E. One (1) hour to clear all other areas.
- F. The above times can be expanded with the approval of the Director.

Snow may not be piled in the street, driveway entrances, exits, or along curb way. However, grass areas may be used or areas designated by the Chief Engineer on county property as long as it does not obstruct drivers’ view of parking entrances or exits.

4.3.1 Service Types – Provident Hospital of Cook County

<table>
<thead>
<tr>
<th>Service Type</th>
<th>Description of Service</th>
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</thead>
<tbody>
<tr>
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<td>Service – Snow removal plow truck, to include salt and sand when snow is 2” or more or when instructed by the Facility’s Manager.</td>
</tr>
<tr>
<td>Snow Removal - Hand Shoveling or Snow Blower/Walkways</td>
<td>All side-walks curb ramps, steps, building entrances; will be cleared to a width of not less than 60” to include salting and sanding.</td>
</tr>
<tr>
<td>Salting and Sanding</td>
<td>Salting and sanding of all areas specified without snow removal.</td>
</tr>
</tbody>
</table>

4.4 Service Sites

All Services shall be performed as requested and as needed at the following locations:
<table>
<thead>
<tr>
<th>Ambulatory and Community Health Network</th>
<th>Including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cottage Grove Health Center</td>
<td>1645 Cottage Grove Ave.</td>
</tr>
<tr>
<td></td>
<td>Ford Heights, IL 60411</td>
</tr>
<tr>
<td></td>
<td>Administrator: Abdulai Adenike</td>
</tr>
<tr>
<td></td>
<td>708. 753. 5810</td>
</tr>
<tr>
<td>b. Robbins Health Center</td>
<td>1350 S. Kedzie Ave.</td>
</tr>
<tr>
<td></td>
<td>Robbins, IL 60472</td>
</tr>
<tr>
<td></td>
<td>Administrator: Rosina Frasier</td>
</tr>
<tr>
<td></td>
<td>708. 293. 8111</td>
</tr>
<tr>
<td>c. Englewood Health Center</td>
<td>1135 W. 69th St.</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL 60621</td>
</tr>
<tr>
<td></td>
<td>Administrator: Danita Fobs</td>
</tr>
<tr>
<td></td>
<td>773. 483. 6499</td>
</tr>
<tr>
<td>d. Logan Square Health Center</td>
<td>2840 W. Fullerton Ave.</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL 60647</td>
</tr>
<tr>
<td></td>
<td>Administrator: Ruth Dejesus</td>
</tr>
<tr>
<td></td>
<td>773. 395. 9044</td>
</tr>
<tr>
<td>e. Jorge Prieto Health Center</td>
<td>2424 S. Pulaski Rd.</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL, 60612</td>
</tr>
<tr>
<td></td>
<td>Administrator: Maria Vasquez</td>
</tr>
<tr>
<td></td>
<td>773. 257. 8330</td>
</tr>
<tr>
<td>f. Near South Health Center</td>
<td>3525 S. Michigan Ave.</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL, 60653</td>
</tr>
<tr>
<td></td>
<td>Administrator: Salithia Marsh</td>
</tr>
<tr>
<td></td>
<td>773. 945. 4090</td>
</tr>
<tr>
<td>g. Woodlawn Health Center</td>
<td>6337 S. Woodlawn Ave.</td>
</tr>
<tr>
<td></td>
<td>Chicago, IL, 60637</td>
</tr>
<tr>
<td></td>
<td>Administrator: Keisha Barber</td>
</tr>
<tr>
<td></td>
<td>773. 753. 5508</td>
</tr>
<tr>
<td>h. Cicero Health Center</td>
<td>5912 W. Cermack Rd.</td>
</tr>
<tr>
<td></td>
<td>Cicero, IL, 60804</td>
</tr>
<tr>
<td></td>
<td>Administrator: Valerie Evelyn</td>
</tr>
<tr>
<td></td>
<td>708. 783. 9807</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Cook County Department of Public Health</th>
<th>Including:</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. 9325 Church St.</td>
<td>Des Plaines, IL 60018</td>
</tr>
<tr>
<td>b. 7556 W. Jackson Blvd.</td>
<td>Forest Park, IL 60130</td>
</tr>
<tr>
<td>c. 15948 S. Halsted Ave.</td>
<td>Harvey, IL 60426</td>
</tr>
</tbody>
</table>
John H. Stroger, Jr. Hospital of Cook County

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>1969 W. Ogden Avenue Chicago, IL 60612</td>
</tr>
<tr>
<td>Including:</td>
</tr>
<tr>
<td>a. The Ruth M. Rothstein CORE Center, 2020 W. Harrison Street, 60612.</td>
</tr>
<tr>
<td>b. Outdoor single-level parking lot located at 650 S. Wood St. (on Wood St. between Harrison and Polk St. between parking garage structure and the old Cook County Hospital Building.)</td>
</tr>
<tr>
<td>c. Parking garage sidewalks, 1800 W. Polk Street.</td>
</tr>
<tr>
<td>d. Other additional facilities as designated in writing by John H. Stroger, Jr. Hospital of Cook County from time to time.</td>
</tr>
</tbody>
</table>

Provident Hospital of Cook County

<table>
<thead>
<tr>
<th>Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>500 East 51st Street Chicago IL-60615</td>
</tr>
</tbody>
</table>

4.5 Inquiries

For inquires and access to specific areas after implementation of the contract, please contact:

A. **John H. Stroger, Jr. Hospital of Cook County**
   Mr. Chris Calloway
   1969 West Ogden Avenue
   Chicago, IL 60612

B. **Ambulatory & Community Health Network of Cook County**
   Mr. Berto Santiago
   627 S. Wood St., Room 323
   Chicago, IL 60612

C. **Cook County Department of Public Health**
   Mr. Robert Velcich
   7556 W Jackson Blvd.
   Forest Park, IL 60130

D. **Provident Hospital of Cook County**
   Mr. David J. Radavich
   500 East 51st. Street
   Chicago, IL 60615

4.6 Mandatory Site Inspection

A. A Mandatory Site Inspection for the **John H. Stroger, Jr. Hospital** campus will be held at **9:00 a.m. on August 23, 2017 at:**
   John H. Stroger, Jr. Hospital of Cook County
   Department of Buildings and Grounds
   1969 West Ogden Avenue
   Room LL-280 (Basement)
   Chicago, Illinois 60612.

For any questions, please contact: Mr. Chris Calloway or Mr. Paul Konney (312) 864-8101.
B. A Mandatory Site Inspection is required for all Ambulatory and Community Health Network clinics.
   a. Contractors may visit the clinics any day of the week Monday to Friday 7:30 am to 4:00 pm.
   b. Contractor will see the Site Administrator to sign the attached site inspection sheet.
   c. For any questions, please contact: Mr. Berto Santiago  (312)864-0057

C. A Mandatory Site Inspection is required for all Cook County Department of Public Health clinics.
   a. Contractors may visit the clinics any day of the week Monday to Friday 8:30 am to 4:00 pm.
   b. Contractor will see the Site Administrator to sign the attached site inspection sheet.
   c. For any questions, please contact:
      Mr. Robert Velcich
      7556 W Jackson Blvd
      Forest Park, IL 60130
      (708) 836-8617

D. A Mandatory Site Inspection is required for the Provident Hospital of Cook County will be held at 1:00 p.m. on August, 23 2017 at Provident Hospital of Cook County, Department of Buildings and grounds in Room # 15. For any questions, please contact: Mr. David J. Radavich (312) 572-1102
   500 East 51st street
   Chicago, IL 60615

E. The Contractor must visit the site of the proposed work to familiarize themselves with the locations, the operating conditions and the conditions they will encounter affecting the proposed work.

F. Attendance at the site inspections is mandatory in order for a contract to be considered. Failure to attend the site inspection shall be cause of disqualifications of contract.

G. No additional allowances will be granted because of lack of knowledge of such conditions.

4.7 Invoicing

A. Billing shall be submitted monthly.
B. Each monthly invoice shall be broken down showing all of the individual charges and rates as identified in the proposal pages.
C. Each monthly bill shall separately indicate the current invoice amount, all amounts previously paid, and the amounts previously billed for which payment has not been received.
D. Each monthly invoice must include all Contractor-generated work tickets requesting authorization to perform services as required under the specifications portion of these documents, accompanied by the signed numbered work orders which authorize the work sent forth on the relevant work ticket.
E. Contractor shall not be entitled to invoice the County for work or materials which have not actually been provided.
F. The amount of the award of all or any parts of this contract shall represent a maximum amount which shall be payable to Contractor absent an amendment approved by the board, and shall not represent any guaranteed payment level.
G. All invoices for Public Health should be sent to:
   Cook County Department of Public Health
   15900 S. Cicero Ave.
   A Building, 2nd Floor, Accounts Payable
   Oak Forest, IL 60452.
H. All invoices for Ambulatory and Community Health Network Clinics should be sent to:
ACHN Facilities Manager Office
627 S. Wood St., Room 323
Chicago, IL 60612.

a. Invoicing will be done with a consolidated invoice detailing each clinic name along with hours serviced and service provided.
b. During regular business hours the invoice will be signed by Site Administrator.

I. All invoices for the John H. Stroger, Jr. Hospital of Cook County are to be submitted directly to the John H. Stroger, Jr. Hospital of Cook County.
P.O. Box 12950
Chicago, Illinois 60612
Attn: Accounts Payable Department

4.8 Employee Identification

A. All employees shall be thoroughly screened before working at the location specified herein.
B. All employees must carry on their person photo identification cards and name tags.
C. No person shall be admitted to the building without proper and prior notification from a tenant representative of building management.
D. Any unusual occurrence shall be reported immediately to proper authorities.
E. All employees must possess the skills and qualifications to perform the services as outlined in the specifications.
F. Failure to perform satisfactorily and demonstrate adequate skills may result in the request that the employee shall be replaced and not given any future assignments at John H. Stroger, Jr. Hospital of Cook County.

4.9 Notification

Contractor shall not commence performing under the contract until notified by the Using Department.

5. Required Proposal Content

This RFP provides potential proposers with sufficient information to enable them to prepare and submit proposals. CCHHS is supplying a base of information to ensure uniformity of responses. It must be noted, however, that the guidelines should not be considered so rigid as to stifle the creativity of any Contractor responding.

This RFP also contains the instructions governing the submittal of a proposal and the materials to be included therein, which must be met to be eligible for consideration. All proposals must be complete as to the information requested in this RFP in order to be considered responsive and eligible for award. Proposers providing insufficient details will be deemed non-responsive.

CCHHS expects all responses to reflect exceptional quality, reasonable cost and overall outstanding service.

Any page of a Proposal that Proposer asserts to contain confidential proprietary information such as trade secrets shall be clearly marked “CONFIDENTIAL PROPRIETARY INFORMATION” at the top of the page in at least one-half inch (“1/2”) size letters. The specific portions of the page are asserted to contain a trade secret shall be noted as such.

However, the proposer is hereby warned that any part of its Proposal or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by Illinois Statutes.
Proposals shall not contain claims or statements to which the Proposer is not prepared to commit contractually. The information contained in the Proposal shall be organized as described in this section.

5.1 Cover letter

**Please limit this to one page.** The cover letter shall be signed by an authorized representative of the Proposer. The letter shall indicate the **Proposer’s commitment to provide the services proposed** at the price and schedule proposed. **Do not forget to sign your cover letter.**

5.2 Executive Summary

**Please limit this section to 2 pages.** The executive summary should include:

a. Brief description of the proposer’s capability to provide the described services;

b. Key team members and Partners (subcontractors) and respective project alignment;

c. Company Organization chart;

d. Brief statement of your company strengths.

5.3 Response to Scope of Work

This section must address the detail scope requirements in Section 6

5.4 Qualifications of the Proposer

Proposers responding to this request must have experience providing the required services.

a. Proposer must include a **description** of the organization’s track record as follows:

<table>
<thead>
<tr>
<th>Company Profile (Prime only)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Legal Name</td>
</tr>
<tr>
<td>2. Assumed Names if any</td>
</tr>
<tr>
<td>3. Legal form (e.g. sole proprietor, partnership, corporation, joint venture)</td>
</tr>
<tr>
<td>4. If a subsidiary, provide the same information about the Parent Company as required in this table format.</td>
</tr>
<tr>
<td>5. Date and State where formed</td>
</tr>
<tr>
<td>6. Proposer's principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact information.</td>
</tr>
<tr>
<td>7. Point of Contact for this RFP including contact information.</td>
</tr>
<tr>
<td>8. Proposer Business background and description of current operations</td>
</tr>
<tr>
<td>9. Number of employees</td>
</tr>
<tr>
<td>10. Number of years in business</td>
</tr>
<tr>
<td>11. Relevant Certifications</td>
</tr>
<tr>
<td>12. Proposer’s Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)</td>
</tr>
</tbody>
</table>
13. Is Proposer authorized to conduct business in Illinois? Please provide Registration Number issued by the Illinois Secretary of State, and attach Cook County Assumed Business Name Certificate, if applicable.

14. Describe any merger or acquisition discussions in which the Proposer is involved.

15. Other key information that may assist the County understand “track record.”

b. Proposer must submit three (3) letters of recommendation from a similar organizations, where the similar services have been provided by the proposer. The letters must be dated within the last 12 months.

c. Provide at least three (3) relevant references in the required table format below, from clients using similar services from your firm. If partners/subcontractors plan to perform a major part of the scope, they should also provide three (3) references in alignment with their proposed Contract role.

<table>
<thead>
<tr>
<th>Contract/Project Name*</th>
<th>Name of the organization*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
<tr>
<td>Name of the contact person (title, email and phone number)*</td>
<td></td>
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<tr>
<td>Project dollar value*</td>
<td></td>
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<tr>
<td>Prime or subcontractor?*</td>
<td></td>
</tr>
<tr>
<td>Contract Period*</td>
<td></td>
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<tr>
<td>Project Scope*</td>
<td></td>
</tr>
<tr>
<td>Proposer’s role/scope (succinct description)*</td>
<td></td>
</tr>
</tbody>
</table>

*Required information

5.5 Key Personnel

a. Provide a table with the following information:
   i. Proposed staffing;
   ii. Roles;
   iii. High level skills (alignment);
   iv. Certifications;

b. Provide a chronological resume for each key personnel.

The System Director of Supply Chain Management reserves the right to reject any key personnel proposed if it is determined not to be in CCHHS' best interest. The evaluation of proposals includes the qualifications of the personnel proposed; therefore, proposers must name key personnel as part of their response. Key Personnel must not be replaced during the contract without the approval of the System Director of Supply Chain Management.

5.6 Subcontracting or teaming and MBE/WBE Participation

The Proposer may be comprised of one or more firms as to assure the overall success of the project. The proposer must present a team chart that clearly identifies each team member and specify their role in the project (this should be more detailed than the information provided in the executive summary). For each subcontractor,
provide the name of the firm(s), brief company background, level of participation, MBE or WBE if applicable, the type of services each resource, from each firm, will provide. For each MBE/WBE certified firm proposed, provide the appropriate information in the Economic Disclosure Statement Forms (in a separate envelop). MBE/WBE Participation Goals for this procurement are stated in section 10.9 of this document.

5.7 Financial Status
   a. Provide the audited financial statements for the last three fiscal years. Include the letter of opinion, balance sheet, schedules, and related auditor’s notes. Summary format and links to online financials are allowed. If applicable, submit the financial report of your parent company.
   b. State whether the Proposer or its parent company has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code, and, if so, the date and case number of the filing.
   c. State whether the Proposer or its parent company has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

5.8 Conflict of Interest
Provide information regarding any real or potential conflict of interest. Failure to address any potential conflict of interest upfront may be cause for rejection of the proposal.

If no conflicts of interest are identified, simply state “[Company X] has no conflict of interest.”

5.9 Insurance Requirements
Prior to contract award, the selected Proposer will be required to submit evidence of insurance in the appropriate amounts. However, with its Proposal, the Proposer is required to provide a statement on their company letterhead stating their agreement to meet all insurance requirements by CCHHS.

The standard Insurance Requirements captured in the sample Contract General Terms and Conditions (GC-03) shall be modified to meet the needs of the future project.

5.10 Contract

Execution of the Contract is not required at the time the qualifications are submitted. However if the proposer disagrees with any Contract provisions, or is proposing alternate language, it shall include the language for consideration by submitting the proposed redlines on the sample Contract General Terms and Conditions document.

CCHHS will not consider any exceptions or proposed alternate language to the Contract General Terms and Conditions if the proposer does not include these objections or alternate language with the proposal.

CCHHS shall not be deemed to have accepted any requested exceptions by electing to engage a Proposer in negotiations of a possible Contract.

5.11 Legal Actions
Provide a list of any pending litigation in which the Proposer may experience significant financial settlement and include a brief description of the reason for legal action.

If no Legal actions are identified, simply state “[Company X] has no pending legal actions in which our firm will experience any significant impact to this contract.”

5.12 Economic Disclosure Statement
Execute and submit the Economic Disclosure Statement (“EDS”).

**The EDS must be submitted with the pricing proposal in a separate envelope.**

5.13 Pricing Proposal
Submit your pricing proposal in a separate sealed envelope clearly marked with the RFP number and the label “Pricing Proposal.” Proposers are required to submit one (1) original, 2 (2) copies and one (1) electronic copy (USB drive only).

The pricing proposal must include any supplemental or renewal option period pricing or schedules offered by the Proposer. Proposers should include elements or references to the pricing proposal only in this section and separate the pricing proposal according to the Instructions above.

The CCHHS makes no guarantee that the services or products identified in this RFP will be required.

The Proposer must provide sufficient pricing details to permit CCHHS to understand the basis for the proposal.

The CCHHS is neither obligated to purchase the full quantities proposed by the proposer, nor to enter into an agreement with any one proposer.

5.14 Addenda
Since all addenda become a part of the Proposal, all addenda must be signed by an authorized proposer representative and returned with the Proposal. Failure to sign and return any and all addenda acknowledgements shall be grounds for rejection of the Proposal.

Addenda issued prior to the Proposal due date shall be made available via CCHHS website: [http://www.cookcountyhhs.org/](http://www.cookcountyhhs.org/)

6. Evaluation and Selection Process

6.1 Evaluation Process
Proposals will be evaluated by a RFP Evaluation Committee which may invite one or more Proposers to make presentations and/or demonstrations.

The evaluation committee, at its option, may request that all or a shortlisted group of proposers engage in proactive pricing feedback, submit clarifications, schedule a site visit of their premises (as appropriate), provide additional references, respond to questions, or consider alternative approaches.

6.2 Right to Inspect
CCHHS reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the proposer and any proposed subcontractors and to reject any proposal regardless of price if it shall be administratively determined that in CCHHS’s sole discretion the proposer is deficient in any of the essentials necessary to assure acceptable standards of performance. CCHHS reserves the right to continue this inspection procedure throughout the life of the Contract that may arise from this RFP.

6.3 Consideration for Contract
Any proposed contract including all negotiations shall be subject to review and approval of CCHHS management and / or CCHHS legal. Proposed Contracts are also subject to review by the Cook County Office of Contract Compliance.
Following finalization of contract documents to the satisfaction of CCHHS executive management, CCHHS shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion. The identity of the successful Proposer shall be posted on the website.

7. Evaluation Criteria

7.1 Responsiveness of Proposal
Proposals will be reviewed for compliance with and adherence to all submittal requirements requested in this RFP. Proposals which are incomplete and missing key components necessary to fully evaluate the Proposal may, at the discretion of the System Director of Supply Chain Management or designee, be rejected from further consideration due to “Non-Responsiveness” and rated Non-Responsive.

7.2 Technical Proposal
Proposals will be reviewed and selected based on the following criteria. These criteria represent 70% of the scorecard.

A. Ability to achieve CCHHS’s business goals, objectives and Scope of Work described in this RFP, by providing a succinct and feasible strategy that clearly describes how the proposers would provide the required service.

B. Qualifications and experience of the proposer to successfully perform and provide the services described in this RFP, as evidenced by the successful implementation of similar programs in large complex health organizations and compliance with all applicable laws.

C. Qualifications and experience of the proposed key personnel as evidenced by relevant experience.

7.3 Reasonableness of Overall Price
Price will be evaluated separately for overall reasonableness and competitiveness. This criterion represents 30% of the score.

7.4 Other Qualitative Criteria
The System Director of Supply Chain Management may at his/her own discretion reject a proposal from further consideration due to “Non-Responsiveness,” if a proposal does not completely address the following:

1. MWBE MBE/WBE Utilization Plan (EDS forms);
2. Financial Statements;
3. Legal Actions;
4. Conflict Interest;
5. Contract Terms and Conditions (objections and/or suggested alternate language);
6. Complete References;
7. Addenda acknowledgement (See Addenda Section).

8. Instructions to Proposers
These instructions to Proposers contain important information and should be reviewed carefully prior to providing the Required Proposal Content. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that the Proposers will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted proposal.
8.1 Number of Copies
Proposers are required to submit one (1) original paper copy, one (1) electronic copy (USB only please) and three (3) paper copies no later than the time and date indicated in the RFP.

NOTE: the pricing proposal and EDS must be submitted separate from the rest of the response.

Each submission must then be separated in two (2) parts:

1. Full response except for Pricing and EDS;
2. Pricing and EDS in a separate envelop (or electronic file).

8.2 Format
Hardcopies of the proposals should be submitted in 3-ring binders only. Material should be organized following the order of the Required Proposal Content Section separated by labeled tabs. Expensive paper and bindings are discouraged since no materials will be returned. Numbered titles and pages are required.

CCHHS reserves the right to waive minor variances.

8.3 Time for submission
Proposals shall be submitted no later than the date and time indicated on the cover page of this RFP. Late submittals will not be considered.

8.4 Packaging and Labeling
The outside wrapping/envelope shall clearly indicate the RFP Title, Number, Proposer’s Name, Proposers Address and Point of Contact information. The Price Proposal and EDS shall be submitted in a separate sealed envelope. The envelope shall clearly identify the content as “Price Proposal”. All other submission requirements shall be included with the Technical Proposal.

8.5 Timely delivery of Proposals
The proposal(s) must be either delivered by hand or sent to CCHHS through U.S. Mail or other available courier services to the address shown on the cover sheet of this RFP. Include the RFP number on any package delivered or sent to CCHHS and on any correspondence related to the Proposal. If using an express delivery service, the package must be delivered to the designated building and drop box. Packages delivered by express mail services to other locations might not be re-delivered in time to be considered. CCHHS assumes no responsibility for any Proposal not so received.

8.6 Availability of Documents
CCHHS publishes competitive bid, RFP, and other procurement notices, as well as award information, at: http://www.cookcountyhhs.org under the “Doing Business with CCHHS” tab. Proposers intending to respond to any posted solicitation are encouraged to visit the web site above to ensure that they have received a complete and current set of documents.

8.7 Questions and Inquiries
Questions regarding this RFP will be submitted in writing to the contact email listed on the cover page of this RFP no later than the date stated in the Schedule.
Question must be submitted in the following format, preferably in excel.

<table>
<thead>
<tr>
<th>ID</th>
<th>Vendor Name</th>
<th>RFP Section</th>
<th>Question</th>
</tr>
</thead>
<tbody>
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<td>3.</td>
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<td>4.</td>
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</table>

Should any proposer have questions concerning conditions and specifications, or find discrepancies in or omissions in the specifications, or be in doubt as to their meaning, they should notify the Supply Chain Management Office via the email provided on the cover sheet no later than the date stated on the Schedule and obtain clarification prior to submitting a Proposal. Such inquiries must reference the proposal due date and CCHHS RFP number.

8.8 MBE/WBE Participation Goals
Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, Section 34-267), CCHHS has established a goal that MBE/WBE firms retained as subcontractors receive a minimum 25% MBE and 10% WBE of this procurement.

The proposer shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. In the event that the proposer does not meet the MBE/WBE participation goal stated by CCHHS for this procurement, the proposer must nonetheless demonstrate that it undertook good faith efforts to satisfy the participation goal. Evidence of such efforts may include, but shall not be limited to, documentation demonstrating that the proposer made attempts to identify, contact, and solicit viable MBE/WBE firms for the services required, that certain MBE/WBE firms did not respond or declined to submit proposals for the work, or any other documentation that helps demonstrate good faith efforts. Failure by the proposer to provide the required documentation or otherwise demonstrate good faith efforts will be taken into consideration by CCHHS in its evaluation of the proposer’s responsibility and responsiveness.

8.9 Pre-proposal Conference (if Applicable)
CCHHS will hold a Pre-Proposal conference call on the date, time and location indicated on the cover page. Representatives of CCHHS will be present to answer any questions regarding the goods or services requested or proposal procedures. If a mandatory pre-proposal conference is required, the Proposer must sign the pre-pro conference or site inspection sheet and include a copy of this sign-in sheet in the response to the RFP.

8.10 Alteration/Modification of Original Documents
The proposer certifies that no alterations or modifications have been made to the original content of this Bid/RFP or other procurement documents (either text or graphics and whether transmitted electronically or hard copy in preparing this proposal). Any alternates or exceptions (whether to products, services, terms, conditions, or other procurement document subject matter) are apparent and clearly noted in the offered proposal. Proposer understands that failure to comply with this requirement may result in the proposal being disqualifed and, if determined to be a deliberate attempt to misrepresent the proposal, may be considered as sufficient basis to suspend or debar the submitting party from consideration from future competitive procurement opportunities.

8.11 Cost of Proposer Response
All costs and expenses in responding to this RFP shall be borne solely by the Proposer regardless of whether the Proposer’s Proposal is eliminated or whether CCHHS selects to cancel the RFP or declines to pursue a contract for any reason. The cost of attending any presentation or demonstration is solely the Proposer’s responsibility.
8.12 Proposer’s Responsibility for Services Proposed
The proposer must thoroughly examine and read the entire RFP document. Failure of proposers fully to acquaint themselves with existing conditions or the amount of work involved will not be a basis for requesting extra compensation after the award of a Contract.

8.13 RFP Interpretation
Interpretation of the wording of this document shall be the responsibility of CCHHS and that interpretation shall be final. The specifications in this document provide sufficient information for proposers to devise a plan and provide pricing. Minor variations from those specifications will be considered as long as proposers identify any instance in which their services specifications differ from those set forth in the proposal documents.

8.14 Errors and Omissions
The proposer is expected to comply with the true intent of this RFP taken as a whole and shall not avail itself of any errors or omission to the detriment of the services or CCHHS. Should the proposer suspect any error, omission, or discrepancy in the specifications or instructions, the proposer shall immediately notify CCHHS in writing, and CCHHS will issue written corrections or clarifications. The proposer is responsible for the contents of its Proposals and for satisfying the requirements set forth in the RFP. Proposer will not be allowed to benefit from errors in the document that could have been reasonably discovered by the proposer in the process of putting the proposal together.

8.15 Proposal Material
The Proposal material submitted in response to the RFP becomes the property of CCHHS upon delivery to the Supply Chain Management Office and may become part of a contract.

8.16 Confidentiality and Response Cost and Ownership
All information submitted in response to this RFP shall be confidential until CCHHS has executed a Contract with the successful Proposer or has terminated the RFP process and determined that it will not reissue the RFP in the near future. Following such actions, the contents of Proposals submitted in response to this RFP may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act (“FOIA”). If a Proposer wishes to preserve the confidentiality of specific proprietary information set forth in its Proposal, it must request that the information be withheld by specifically identifying such information as proprietary in its Proposal. CCHHS shall have the right to determine whether it shall withhold information upon receipt of a FOIA request, and if it does so pursuant to a Proposer request, the Proposer requesting confidential treatment of the information shall bear the costs of asserting that there is a proper exemption justifying the withholding of such information as proprietary in any court proceeding which may result. This notwithstanding, Proposer is on notice that the CCHHS is subject to the FOIA and that any documents submitted to the CCHHS by the Proposer may be released pursuant to a request under the FOIA.

8.17 Awards
CCHHS may, at its discretion evaluate all responsive Proposals. CCHHS reserves the right to make the award on an all or partial basis or split the award to multiple proposers based on the lowest responsible proposers meeting the specifications, terms and conditions. If a split award impacts the outcome of the project it must be so stated in the proposal.

8.18 CCHHS County Rights
CCHHS reserves the right to reject any and all offers, to waive any informality in the offers and, unless otherwise specified by the proposer, to accept any item in the offer. CCHHS also reserves the right to accept or reject all or part of your Proposal, in any combination that is in the best interest of CCHHS.
8.19 Cancellation of RFP; Requests for New or Updated Proposals
CCHHS, in its sole discretion, may cancel the RFP at any time and may elect to reissue the RFP at a later date. CCHHS may also issue an Addendum modifying the RFP and may request supplemental information or updated or new Proposals.

9. Definitions
The following definitions shall apply to this RFP:

"Addendum” or “Addenda” shall refer to a one or more documents issued to Registered Proposers in hard or soft copy by which modifies this Request for Proposal or provides additional information.

“Board” or “System Board” shall refer to the Board of Directors of the Cook County Health and Hospitals System.

"Contract" shall mean a properly executed Contract that has been negotiated between CCHHS and a Proposer for some or all of the Deliverables described in this RFP.

“Contractor(s)” shall mean the individuals, businesses or entities that have submitted a Proposal and have negotiated a contract that has been properly executed on behalf of the Contractor and CCHHS.

"County" shall mean the County of Cook, Illinois, a body politic and corporate.

“Deliverables” shall refer to the items, supplies, equipment or services that will be provided pursuant to any Contract entered into as a result of this RFP.

“General Conditions” shall mean the terms and conditions included in Attachment C of the RFP. "Proposal" shall mean the document(s) submitted by Proposer(s) in response to this RFP that constitute a Proposer’s offer to enter into contract with the CCHHS under terms consistent with this RFP, subject to the negotiation of a contract and approval by the Board.

"Proposer(s)” shall mean the individuals or business entities, if any, submitting a Proposal in response to this RFP.

"Procurement Director” or “System SCM Director” shall mean the System Director of Supply Chain Management who serves as chief procurement officer for the CCHHS.

"Registered Proposer” shall refer to a prospective Proposer who has submitted a completed Proposer Registration Form (Attachment B) to CCHHS.

"Request for Proposals” or “RFP” shall refer to this solicitation of Proposals by CCHHS which may lead to the negotiation of a contract and the recommendation that the CCHHS authorize a Contract with a Proposer.

“Solution” the specific configuration of Deliverables that is submitted in a Proposal to meet the needs and goals of the CCHHS as articulated in this RFP.
10. Mandatory Site Inspection – Stroger Hospital
Snow Removal Services for the John H. Stroger, Jr. Hospital.

This is to verify that I have, this August 23, 2017, attended a Site Inspection for the above numbered contract.

I have contacted the person named in the contract or their assignee and am satisfied with the condition as specified at all these locations.

Any unforeseen conditions not specified in the contract and as found by my Site Inspection are shown on the front of this form and/or attached sheets.

________________________________________________________________________
Name (sign)

________________________________________________________________________
Name (print)

________________________________________________________________________
Title

________________________________________________________________________
Company

________________________________________________________________________
Official Capacity

________________________________________________________________________
Telephone Number (with area code)

NOTE: THIS FORM MUST BE FILLED IN COMPLETELY AND RETURNED WITH THE PROPOSAL. FAILURE TO COMPLETE THIS FORM SHALL BE CAUSE FOR DISQUALIFICATION OF PROPOSAL.
Mandatory Site Inspection – ACHN Clinics

Snow Removal Services for the Ambulatory and Community Health Network clinics.

This is to verify that I have, this between August 24 through 30, 2017 attended a Site Inspection for the above numbered contract.

I have contacted the person named in the contract or their assignee and am satisfied with the condition as specified at all these locations.

Any unforeseen conditions not specified in the contract and as found by my Site Inspection are shown on the front of this form and/or attached sheets.

Name (sign)

Name (print)

Title

Company

Official Capacity

Telephone Number (with area code)

NOTE: THIS FORM MUST BE FILLED IN COMPLETELY AND RETURNED WITH THE PROPOSAL. FAILURE TO COMPLETE THIS FORM SHALL BE CAUSE FOR DISQUALIFICATION OF PROPOSAL.
Mandatory Site Inspection – CCDPH Clinics

Snow Removal Services for Cook County Department of Public Health Clinics.

This is to verify that I have, this between August 24 through August 30, 2017 attended a Site Inspection for the above numbered contract.

I have contacted the person named in the contract or their assignee and am satisfied with the condition as specified at all these locations.

Any unforeseen conditions not specified in the contract and as found by my Site Inspection are shown on the front of this form and/or attached sheets.

________________________________________________________________________
Name (sign)

________________________________________________________________________
Name (print)

________________________________________________________________________
Title

________________________________________________________________________
Company

________________________________________________________________________
Official Capacity

________________________________________________________________________
Telephone Number (with area code)

NOTE: THIS FORM MUST BE FILLED IN COMPLETELY AND RETURNED WITH THE PROPOSAL. FAILURE TO COMPLETE THIS FORM SHALL BE CAUSE FOR DISQUALIFICATION OF PROPOSAL.
Mandatory Site Inspection – Provident Hospital of Cook County

Snow Removal Services for Provident Hospital of Cook County

This is to verify that I have, this August 23, 2017 attended a Site Inspection for the above numbered contract.

I have contacted the person named in the contract or their assignee and am satisfied with the condition as specified at all these locations.

Any unforeseen conditions not specified in the contract and as found by my Site Inspection are shown on the front of this form and/or attached sheets.

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Title

Company

Official Capacity

Telephone Number (with area code)

NOTE: THIS FORM MUST BE FILLED IN COMPLETELY AND RETURNED WITH THE PROPOSAL. FAILURE TO COMPLETE THIS FORM SHALL BE CAUSE FOR DISQUALIFICATION OF PROPOSAL.
11. Proposal Acknowledgement Form

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612.

The outside wrapping shall clearly indicate the RFP Number and Title, Proposer’s Name, Proposers Address and Point of Contact information. **Prefill the first two lines prior to submission.**

<table>
<thead>
<tr>
<th>Solicitation Number and Title:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vendor Name:</td>
</tr>
<tr>
<td>Accepted By:</td>
</tr>
<tr>
<td>Date:</td>
</tr>
<tr>
<td>Time (if time machine is not available, hand write the time): A.M P.M</td>
</tr>
</tbody>
</table>

Proposals shall be submitted no later than the date and time indicated on the cover page of the RFP. **Late submittals will not be considered.**

Proposers must cut this sheet in two. SMC will time-stamp top and bottom sections. SCM will keep one section and the Proposer will keep the other section.