

# **Winnebago County - Purchasing Department**

404 Elm Street Room 202 Rockford, Illinois 61101

(815)319-4380 Purchasing@purchasing.wincoil.gov

REQUEST FOR QUALIFICATIONS	22Q-2251	8/12/22					
RFQ TITLE	GRANT WRITING SERVICES						
RFQ DUE DATE	9/19/22 DUE TIME (CST) 11:00 AM						
SUBMIT 5 PAPER, PLUS 1 MEMORY STICK		BOND REQUIRED	NONE				

The County of Winnebago, Illinois, hereby solicits qualified individuals and interested firms to submit proposals for providing all services necessary to provide the Grant Writing Services for the County.

The County is seeking a firm or individual (hereinafter known as "Consultant") to provide grant-writing services for County of Winnebago Government. The Consultant will act in liaison with, and report activities to County Administration to help maximize Winnebago County's success in obtaining funding. The County of Winnebago seeks to contract for on-call services related to grant writing and related services for Economic Development, public facilities, land acquisition, new and existing building renovations, and other grant opportunities. All contracts are subject to Federal and State contract provisions as required through grant specifications or other pre-requisites.

Proposer's proposals must be delivered by the date and time listed under Schedule of Events to:

Winnebago County Purchasing Department 404 Elm Street - Room 202 Rockford, IL 61101

#### **OVERVIEW OF THE COUNTY OF WINNEBAGO:**

The County of Winnebago was established on January 16, 1836. With a population of 285,350 individuals, it is comprised of 11 municipalities, of which one is the 5<sup>th</sup> largest in the State of Illinois. The County of Winnebago is governed by a Township form of government with an elected Board Chairman, an appointed County Administrator, and a 20-member County Board. The County Board is the governing body of the county and functions as the policy making and legislative branch of Winnebago County government. There are six (6) Board committees that meet to assist in the efficient and effective operation of county government, and to recommend appropriate actions to the Board.

#### **CONTRACT TERM**

The expected term of the initial contract will be 12 months with optional annual renewals, up to a maximum of five years.

#### **CONTRACT ADMINISTRATION**

Winnebago County will administer the contract. The successful contractor will be required to submit invoices on a basis to be determined by mutual agreement.

#### **GENERAL REQUIREMENTS**

This is a Request for Qualifications. Proposals will be opened and evaluated in private and submittal information will be kept confidential until a final selection is made.

#### **SUBMISSION DATE AND TIME**

No later than 11:00 a.m. (CST)—September 19, 2022. Proposals received after the submittal time will be rejected. (Refer to Schedule of Events)

**CONTACT PERSON**: Ann Johns, Director of Purchasing – purchasing@purchasing.wincoil.gov

#### **SCHEDULE OF EVENTS**

08/12/2022	RFQ Solicitation is made available
08/26/2022	Questions emailed to <a href="mailto:purchasing@purchasing.wincoil.gov">purchasing.wincoil.gov</a> by 2:00 p.m.
8/31/2022	Questions answered via Addendum sent and posted on website by 4:00 p.m.
09/19/2022	RFQ submittals due by 11:00 a.m.
09/20/2022	Evaluation Process Begins
09/23/2022	Possible Presentations and Oral Interviews, if needed
10/03/22	Projected Committee and Award Date

#### **SECTION ONE: INSTRUCTION TO PROPOSERS**

#### 1.1 INTRODUCTION/BACKGROUND

The County is seeking a firm or individual (hereinafter known as "Consultant") to provide grant-writing services for County of Winnebago Government. The Consultant will act in liaison with, and report activities to County Administration to help maximize Winnebago County's success in obtaining funding. The County of Winnebago seeks to contract for on-call services related to grant writing and related services for Economic Development, public facilities, land acquisition, new and existing building renovations, and other grant opportunities. All contracts are subject to Federal and State contract provisions as required through grant specifications or other pre-requisites.

#### 1.2 COPIES OF RFQ DOCUMENTS

- A. Only complete sets of RFQ solicitation documents should be used for preparing proposals. The County does not assume any responsibility for errors or misinterpretations resulting from the use of incomplete sets.
- B. Complete sets of RFQ documents must be obtained on the County's website.
- C. Submitted Proposals MUST include all forms and requirements as called for in the Request for Qualifications. Failure to include all necessary forms and licenses will result in a non-responsive proposal.

#### 1.3 EXAMINATION OF RFQ DOCUMENTS

- A. Each Proposer shall carefully examine the RFQ and other documents, and inform himself thoroughly regarding any and all conditions and requirements that may in any manner affect cost, progress, or performance of the work to be performed under the proposal. Ignorance on the part of the Proposer shall in no way relieve him/her of the obligations and responsibilities assumed under the proposal.
- B. Should a Proposer find discrepancies or ambiguities in, or omissions from, the specifications, or should he/she be in doubt as to their meaning, he/she shall at once notify the County by email at purchasing@purchasing.wincoil.gov by the **Schedule of Events deadline.**

#### 1.4 INTERPRETATIONS, CLARIFICATIONS, AND ADDENDA

No oral interpretations will be made to any Proposer as to the meaning of the documents. Any inquiries or requests for interpretation must be received *in writing* by the date specified, in the Schedule of Events, emailed topurchasing@purchasing.wincoil.gov

All such changes or interpretation will be made in writing in the form of an addendum and, if issued, shall be posted on the County's website no later than <u>five (5) business days</u> prior to the established Proposal due date. It shall be the Proposer's sole responsibility thereafter to find and download the addendum.

Each Proposer MUST acknowledge receipt of such addenda on the Proposal Signature Form. All addenda are a part of the documents and each Proposer will be bound by such addenda, whether or not received by him/her. It is the responsibility of each Proposer to verify that he/she has received all addenda issued before proposals are opened.

#### 1.5 GOVERNING LAWS AND REGULATIONS

The Proposer is required to be familiar with and shall be responsible for complying with all Federal, State, and local laws, ordinances, rules, and regulations that in any manner affect the work. Knowledge of occupational license requirements and obtaining such licenses for Winnebago County and municipalities within Winnebago County are the responsibility of the Proposer.

#### 1.6 HOLD HARMLESS CLAUSE

The Proposer covenants and agrees to indemnify, hold harmless and defend Winnebago County, its Board members, officers, employees, agents and servants from any and all claims for bodily injury, including death, personal injury, and property damage, including damage to property owned by County, and any other losses, damages, and expenses of any kind, including attorneys' fees, costs and expenses, which arise out of, in connection with, or by reason of services provided by the Proposer or any of its Sub-consultant(s) in any tier, occasioned by the negligence, recklessness, or intentionally wrongful conduct of the Proposer, or its Sub-consultant(s) in any tier, their officers, employees, servants or agents. In the event that the completion of the project (to include the work of others) is delayed or suspended as a result of the Proposer's failure to purchase or maintain the required insurance, the Proposer shall indemnify the County from any and all increased expenses resulting from such delay. Should any claims be asserted against the County by virtue of any deficiency or ambiguity in the plans and specifications provided by the Proposer, the Proposer agrees and warrants that Proposer shall hold the County harmless and shall indemnify it from all losses occurring thereby and shall further defend any claim or action on the County's behalf.

#### 1.7 PREPARATION OF PROPOSALS

Signature of the Proposer: The Proposer must sign the proposal forms in the space provided for the signature. If the Proposer is an individual, the words "Doing Business As", or "Sole Owner" must appear beneath such signature. In the case of a Partnership, the signature of at least one of the partners must follow the firm name and the words "Member of the Firm" should be written beneath such signature. If the Proposer is a limited liability company, the title of person signing the Proposal on behalf of the limited liability company must be stated and evidence of his authority to sign the Proposal must be submitted.

#### 1.8 SUBMISSION OF PROPOSALS

- A. Proposals shall be submitted to Winnebago County at the designated location not later than the time and date for receipt of proposals indicated in the RFQ solicitation, or any extension thereof made by Addendum. Winnebago County's representative authorized to open the proposals will decide when the specified time has arrived and no Proposals received thereafter will be considered. Proposals received after the time and date for receipt of Proposals will be returned unopened.
- B. Winnebago County Purchasing Department receives proposals by paper only. Please DO NOT email or fax proposals.
- C. Each Proposer shall submit with his Proposal the required evidence of his qualifications and experience.

#### 1.9 REQUIRED COUNTY FORMS

Proposer shall complete and execute the forms specified in the RFQ (Proposal Signature Form, Business References, Vendor Registration Form, W-9 Form and Suspension and Debarment Certification Form); failure to provide executed documents may result in Proposer being determined to be not fully responsive to the RFQ.

#### 1.10 MODIFICATION OF PROPOSALS

Written modification will be accepted from firms if addressed to the entity and address indicated in the Request for Qualifications and received prior to Proposal due date and time. Prior to the time and date designated for receipt of Proposals, any Proposal submitted may be modified by delivery to the County Purchasing Department of a complete Proposal as modified. All emails shall be marked "Modified Proposal" delivery shall comply with requirements for the original proposal.

#### 1.11 RESPONSIBILITY FOR PROPOSAL

The Proposer is solely responsible for all costs of preparing and submitting the proposal, regardless of whether a contract award is made by the County. *Unless otherwise specified by the Proposer, the County has no less than one hundred twenty (120) day to make a final selection.* 

#### 1.12 RECEIPT AND OPENING OF PROPOSALS

The properly identified Proposals received on time will be opened by the County Purchasing Department. Any Proposal not received by the Purchasing Department on or before the deadline for receipt of proposals designated in the solicitation or Addendum(s) will not be opened.

#### 1.13 NEGOTIATIONS

The County MAY elect to negotiate a contract with the highest qualified firm(s) at compensation and for a term that the County determines in writing to be fair and reasonable. In making this decision, the County shall take into account the estimated value, scope and complexity and firm's nature of the services to be rendered. Also, consider how much subcontract the firm(s) will need to use for a project.

If the County is unable to negotiate a satisfactory contract with any of the top selected firms, the County may re-advertise the project.

#### 1.14 AWARD OF CONTRACT

- A. The County reserves the right to waive any informality in any proposal, or to re-advertise for all or part of the work contemplated. If proposals are found to be acceptable, written notice will be given to the selected Proposer of the award of the contract. The County reserves the right to reject any and all proposals.
- B. If the award of a contract is annulled, the County may award the contract to another Proposer(s), or the work may be re-advertised or may be performed by other qualified personnel as the County decides.
- C. A contract will be awarded to the Proposer(s) deemed to provide the services which are in the best interest of the County.
- D. The County also reserves the right to reject the proposal of a Proposer who has previously failed to perform properly or to complete contracts of a similar nature on time.

#### 1.15 CERTIFICATE OF INSURANCE AND INSURANCE REQUIREMENTS

The Proposer shall be responsible for all necessary insurance coverage as indicated below. Certificates of Insurance must be provided to Winnebago County within fifteen (15) days after award of contract or acceptance of the proposal, with Winnebago County listed as additional insured as indicated. If the proper insurance forms are not received within the fifteen (15) day period, the contract may be awarded to the next selected Proposer/Proposer. Policies shall be written by companies licensed to do business in the State of Illinois and having an agent for service of process in the State of Illinois. Companies shall have an A.M. Best rating of VI or better.

TYPE OF INSURANCE	MINIMUM ACCEPTABLE LIMITS OF LIABILITY
Workers Compensation	Statutory
Employers Liability	
A. Each Accident	\$1,000,000
B. Each Employee-disease	\$1,000,000
C. Policy Aggregate-disease	\$1,000,000
Commercial General Liability	
A. Per Occurrence	\$1,000,000
B. General Aggregate	\$1,000,000
1. General Aggregate- Per project	\$1,000,000
2. General Aggregate - Products/ Completed Operations	\$1,000,000
Business Auto Liability	\$1,000,000
Professional Errors and Omissions	\$2,000,000

Winnebago County shall be named as an Additional Insured on the General Liability and Vehicle Liability policies.

#### **CHANGES IN INSURANCE COVERAGE:**

The Proposer/Contractor will immediately notify the Winnebago County Purchasing Department if any insurance has been cancelled, materially changed, or renewal has been refused and the Proposer/Contractor shall immediately suspend all work in progress and take the necessary steps to purchase, maintain and provide the required insurance coverage(s) and limits.

If suspension of work should occur due to insurance requirements, upon verification by the County of required insurance, the County will notify Proposer/Contractor when they can proceed with work.

Failure to provide and maintain required insurance coverage(s) and limits could result in immediate cancellation of the Contract and the Proposer/Contractor shall accept and bear all costs that may result due to the Proposer's/Contractor's failure to provide and maintain the required insurance.

#### **END OF SECTION ONE**

#### **SECTION TWO: SCOPE OF WORK**

At a minimum, the County is seeking to secure secures in the following areas. *Describe your experience with, and proposal to:* 

- Identify and assess funding opportunities that align with the County of Winnebago current priority areas.
- Provide general advice and technical assistance regarding program requirements and Special Conditions of prospective funding opportunities.
- Coordinate with respective County departments in preparing grant applications.
- Ensure the completed application is submitted to grant agency on or before the application deadline.

#### **QUALIFICATIONS:**

The consultant selected will be an established, experienced individual or organization with a strong history of representing governments to secure funding on the behalf of its clients. The consultant selected, shall not currently represent entities that may compete with the County for grant seeking, nor shall the consultant selected engage in representing those competing entities during the duration of the resulting contract.

Provide a statement of the firm's public sector qualifications. Include, at a minimum:

- Knowledge of County government operations.
- Number of proposals submitted/number of proposals won, and highest dollar amount awarded over the last five (5) years. Provide details.
- Experience with some or all of the following: State, Federal, local governments proposals; private/family foundations.
- Availability and degree of accessibility to Winnebago County Administration.
- Any other qualifications and experience which you consider to be significant, innovative, or otherwise relevant to the County's consideration of an award of this Request for Qualifications, including activities and positions held in state and national professional organizations.

#### **FEES:**

Describe in detail your proposed fees and fee model options available.

**END OF SECTION TWO: SCOPE OF WORK** 

#### **SECTION THREE: PROPOSAL SIGNATURE FORM**

Name	e of Proposer					
Con	tact Person					
	Address					
City	, State, ZIP					
Т	elephone				FEIN No.	
	Email(s)					
The unders	bago County F signed, being o	duly sworn	, certifies th	ney are an		
				·		
	WNER/SOLE OPRIETOR		MBER OF TNERSHIP	_	OFFICER OF PORATION	☐ MEMBER OF JOINT VENTURE
are those corporation or work s	named hereinn; that he/she	; that this has fully e for the al	proposal is examined th pove design	made wi e propose nated serv	thout collusion d forms of ago	ested in this proposal as principals on with any other person, firm or reement and the scope of services other documents referred to or exhibits, including Addenda.
(Proposer,	must list belo	w <u>any and</u>	all Addenda	on red li	nes)	
No(s):	and		and		issued there	eto;
Furthar th	o undorciano	l cortifice o	and warrant	c +b > + b > //	sho is duly sut	harized to execute this

Further, the undersigned certifies and warrants that he/she is duly authorized to execute this certification/affidavit on behalf of the Proposer and in accordance with the Partnership Agreement or By-laws of the Corporation, and the laws of the State of Illinois and that this Certification is binding upon the Proposer and is true and accurate. The Affiant deposes and says that he/she has examined and carefully prepared this proposal and has checked the same in detail before submitting this proposal, and that the statements contained herein are true and correct.

Further, the Proposer certifies that he/she has provided equipment; supplies or services comparable to the items specified in this solicitation to the parties listed in the Business Reference Form and authorizes the County to verify references of business and credit at its option. Finally, the Proposer, if awarded a contract, agrees to do all other things required by the solicitation documents, and that he/she will take in full payment therefore the sums set forth in any resulting contract award.

## **SIGNATURE OF PROPOSER**

SIGNATURE			
Name and Title of Si	gner		
Dated this	day of	2022	
	ALITUODIZED VI	ENDOR NEGOTIATOR	
	AUTHORIZED VE	ENDOR NEGOTIATOR	
Name and Title			
Phone and Email			

**END OF SECTION THREE: PROPOSAL SIGNATURE FORM** 

#### **BUSINESS REFERENCES**

The RFQ Proposer must list references for the last three (3) completed projects, listing company, name, address, contact person, telephone number and date of completion. If the Proposer is a new business, provide references that will enable the County to determine if Proposer is responsible.

NAME			
CONTACT PERSON			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE			
EMAIL			
NAME			
CONTACT PERSON			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE			
EMAIL			
NAME			
CONTACT PERSON			
ADDRESS			
CITY, STATE, ZIP			
TELEPHONE			
EMAIL			
		I	
NUMBER OF YEARS IN BU	JSINESS		
NUMBER of PERSONNEL	ON STAFF		



#### **VENDOR REGISTRATION FORM**

vendor (or individual) Legal Name:							
DBA/Alternative Vendor Name:							
	ADI	DRESS(ES)					
	Physical		Remittance, if different from physical				
Street 1							
Street 2							
City							
State							
ZIP							
	СО	NTACT(S)					
	Sales Representative		Accounts Receivable				
Name							
Phone							
Email							
Web Address							
GENERAL INFORMATION							
Scope of work to be performed or provided:  Services and/or Goods Other  Do you have a current contract Yes No N/A							
Winnebago County Employee: ☐ Yes or ☐ No If yes: ☐ Current or ☐ Former Dept							
Name of Depart	ment/Person requesting your service	or goods:					
	CLASS	IFICATION	N(S)				
If applicable, check those boxes that apply:  ☐ Minority-Owned Business: ☐ Certified ☐ Woman-Owned Business: ☐ Certified ☐ Veteran-Owned Business: ☐ Certified ☐ Self-Certified ☐ Self-Certified ☐ Self-Certified							
SIGNATURE							
You affirm the above information is true and correct.							
Authorized Signature: Date Signed:							
OFFICE USE ONLY							
Approved by:							
Verification Comp	Verification Completed: ☐ Sam.gov ☐ OFAC ☐ IRS TIN Match ☐ W-9 Uploaded Date Entered:						

# 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.

	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									
n page 3.	Check appropriate box for federal tax classification of the person whose name is entered on line 1. Ch following seven boxes.      Individual/sole proprietor or C Corporation S Corporation Partnership	_	ne of	i	certain	nptions entities tions on	, not in	dividua		
e. ons o	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC		51/6516		Exemp	t payee	code (if	any)		
typ	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partne	rship) ► _								
Print or type. Specific Instructions on page	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.						Exemption from FATCA reporting code (if any)			
eci	☐ Other (see instructions) ►				(Applies t	o accounts	maintaine	ed outside	the U.S.)	
See <b>S</b> p	5 Address (number, street, and apt. or suite no.) See instructions.	Request	er's na	ame an	d addr	ess (opt	ional)			
O)	6 City, state, and ZIP code									
	7 List account number(s) here (optional)									
Par	Taxpayer Identification Number (TIN)  your TIN in the appropriate box. The TIN provided must match the name given on line 1 to av	roid	Soci	al secu	rity nı	ımher			1	
⊏nter backu	p withholding. For individuals, this is generally your social security number (SSN). However,	for a	3001	ai secu	l l					
	nt alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other	24.0			-		-			
TIN, la	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to ge</i> iter.		or		J L		· ·	I	111	
Note:	If the account is in more than one name, see the instructions for line 1. Also see What Name	and	Emp	loyer ic	ridentification number					
Numb	er To Give the Requester for guidelines on whose number to enter.			_						
Par	Certification		<u> </u>	ı	1 1	1		ı	<u> </u>	
Under	penalties of perjury, I certify that:									
2. I an Ser	number shown on this form is my correct taxpayer identification number (or I am waiting for not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) vice (IRS) that I am subject to backup withholding as a result of a failure to report all interest onger subject to backup withholding; and	I have n	ot be	en noti	ified b	y the Ir	nternal			
3. I an	n 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 reporti	ng is corr	ect.							
you ha or aba	ication instructions. You must cross out item 2 above if you have been notified by the IRS that you have been notified by the IRS that you failed to report all interest and dividends on your tax return. For real estate transactions, item 2 indonment of secured property, cancellation of debt, contributions to an individual retirement arranterest and dividends, you are not required to sign the certification, but you must provide your corr	does not gement (I	appĺy RA), a	y. For n and ge	nortga nerally	ige inte /, paym	rest pa ents o	id, aco		
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 <a href="https://www.irs.gov/FormW9">www.irs.gov/FormW9</a>.

#### **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.



#### SUSPENSION/DEBARMENT CERTIFICATION FORM

Non-Federal entities are prohibited from contracting with or making sub-awards under covered transactions to parties that are suspended or debarred or whose principals are suspended or debarred. Covered transactions include procurement for goods or services equal to or in excess of \$25,000.00. Contractors receiving individual awards for \$25,000.00 or more and all sub-recipients must certify that the organization and its principals are not suspended or debarred.

By submitting response to this solicitation and signing this form, the Bidder/Proposer certifies to the best of its knowledge and belief, that the company and its principals:

- 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal, State or local governmental entity, department or agency;
- 2. Have not within a three-year period preceding this solicitation been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction, or convicted of or had a civil judgment against them for a violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- 3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State, or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and
- 4. Have not within a three-year period preceding the signing of this certificate had one or more public transactions (Federal, State or local) terminated for cause or default.

If the Bidder/Proposer is unable to certify to any of the statements in this certification, Bidder/Proposer shall attach an explanation to this certification.

Vendor Name:		
Address:		
	ZIP:	
Telephone:	Email Address:	
Authorized Signature:		
(Print) Name:	Title of Official:	
Signature Date:		