



## Winnebago County - Purchasing Department

404 Elm Street Room 202

Rockford, Illinois 61101

(815) 319-4380 [Purchasing@wincoil.us](mailto:Purchasing@wincoil.us)

REQUEST FOR QUALIFICATIONS	20Q-2208	ISSUE DATE	10/16/20
RFQ TITLE	WINNEBAGO COUNTY HEALTH DEPT. CONTRACTOR SERVICES-REISSUE		
RFQ DUE DATE	11/10/20	DUE TIME (CST)	11:00 AM
SUBMIT 1 ORIGINAL, PLUS 2 COPIES		BOND REQUIRED	Not at this time

### TO ALL PROSPECTIVE BIDDERS/PROPOSERS

You are hereby invited to submit your qualifications for the services specified herein. The original Request for Qualifications (RFQ) and the required number of copies must be received in a sealed envelope that has your name and address in the UPPER left corner along with the RFQ number and title.

All RFQ responses are subject to staff analysis. Winnebago County reserves the right to accept or reject any and all responses received and waive any and all technicalities. Your qualification response must be delivered to:

**WINNEBAGO COUNTY  
PURCHASING DEPARTMENT  
404 ELM STREET, ROOM 202  
ROCKFORD, IL 61101**

RFQ RESPONSES MUST BE RECEIVED AND TIME STAMPED NO LATER THAN THE RFQ DUE DATE AND TIME SPECIFIED ABOVE. LATE RESPONSES WILL NOT BE CONSIDERED.

Any communication regarding this RFQ between the issue date and date of award is required to go through the Director of Purchasing.

Information is available from the Purchasing Department, Winnebago County Administration Building, 404 Elm Street, Room 202, Rockford, Illinois 61101. Telephone: (815) 319-4380, Email: [Purchasing@WinColl.us](mailto:Purchasing@WinColl.us)

## NOTICE TO VENDORS

### REQUEST FOR QUALIFICATIONS

The County of Winnebago is currently accepting qualification statement proposals for the following service:

**WINNEBAGO COUNTY HEALTH DEPARTMENT  
CONTRACTOR SERVICES  
(WCHD HOME ACCESSIBILITY PROGRAM)  
RFQ 20Q-2208**

Sealed responses will be received until **November 10, 2020 at 11:00 A.M.**

At the following location:

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

Proposals will be opened immediately following the RFQ deadline. Each firm or individual submitting will be recorded as a respondent. All other proposal content will be kept confidential until contract award.

All questions and comments must be submitted by email to: [Purchasing@wincoil.us](mailto:Purchasing@wincoil.us)

The deadline for questions is **October 26, 2020 at Noon**

Questions received and answers will be posted to the County's website in conjunction with the RFQ documents.

Request for Qualification documents and information may be obtained from the Winnebago County website at <http://wincoil.us/departments/purchasing/>

# RFQ 20Q-2208 - WCHD Contractor Services- REISSUE

## RFQ PROJECT TIMELINE

The following RFQ Project Timeline dates are proposed, the dates and times may be changed as the needs of the County change. All times listed are Central Standard Time.

<b>RFQ Issued</b>	October 16, 2020	Posted on County website
<b>Questions Due Date</b>	October 26, 2020	Questions, technical requirements or general conditions should be sent to: <a href="mailto:purchasing@wincoil.us">purchasing@wincoil.us</a>
<b>Responses to Questions</b>	October 29, 2020	Questions and clarifications will be posted to the County's website in conjunction with this RFQ.
<b>RFQ Statement of Qualifications Responses Due Date</b>	November 10, 2020 11:00 AM Purchasing Department 404 Elm St., Rm 202 Rockford, IL 61101	<b>No late responses will be accepted.</b> Each respondent is solely responsible for the timely delivery of its response.

The listed RFQ Timelines are specific with dates and times of actions related to this RFQ. The actions with specific dates must be completed as indicated unless otherwise changed by the County. In the event that the County finds it necessary to change any of the specific dates and times, it will do so by issuing addendums to the RFQ.

**GENERAL INFORMATION**

**ADDENDUM AND SUPPLEMENT TO THE RFQ**

If it becomes necessary or advisable to revise any part of this RFQ, or if additional data is necessary to enable the exact interpretation of provisions of this RFQ, revisions will be provided in the form of an Addendum.

In the event that any addenda to this RFQ are issued, a public posting a minimum of 7 days will be adhered to, and could result in a revised due date.

Addendum information is available at the County's website <http://WinColl.us/> We strongly suggest that you check for any addenda, a minimum forty-eight hours (48), in advance of the RFQ due date.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION**

The proposer certifies, by submission of this proposal or acceptance of this contract, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency. It further agrees by submitting this proposal that it will include this clause without modification in all lower tier transactions, solicitations, proposals, contracts, and subcontracts.

Where the Bidder/Proposer or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this statement of qualifications/proposal.

Additionally, for all new vendors to be paid, the Purchasing Department will review the Federal and State Excluded Parties List System prior to requesting the vendor be created in our accounting system.

**COMPLIANCE WITH LAWS**

The Bidder/Proposer must obtain all licenses, certificates and other authorizations required in connection with the performance of its obligations hereunder, and Bidder/Proposer must require any and all subcontractors to do so. Failure to do so is an event of disqualification and/or default and may result in the denial of this bid and/or termination of this Agreement.

**BONDING**

At this time, there is no bonding requirement for this RFQ project.

**FREEDOM OF INFORMATION**

Any responses and supporting documents submitted in response to a bid or proposal will be subject to disclosure under the Illinois Freedom of Information Act. The County will assume that all information provided in a bid or proposal is open to inspection or copying by the public unless clearly marked with the appropriate exception that applies under the Freedom of Information Act. Additionally, if providing documents that you believe fall under an exception to the Freedom of Information Act, please submit both an un-redacted copy along with a redacted copy, which has all portions, redacted that you deem to fall under a Freedom of Information Act exception.

## **RFQ 20Q-2208 - WCHD Contractor Services- REISSUE**

### **INDEMNITY**

Such indemnity shall not be limited by reason of the enumeration of any insurance coverage or bond herein provided. Nothing contained herein shall be construed as prohibiting Winnebago County and their officers, agents, or its employees, from defending through the selection and use of their own agents, attorneys and experts, any claims, actions or suits brought against them.

The Bidder/Proposer shall likewise be liable for the cost, fees and expenses incurred in Winnebago County's or the Bidder's/Proposer's defense of any such claims, actions, or suits.

The Bidder/Proposer shall be responsible for any damages incurred as a result of its errors, omissions or negligent acts and for any losses or costs to repair or remedy construction as a result of its errors, omissions or negligent acts.

### **PROMPT PAYMENT ACT**

The County's payments are subject to the Local Governmental Prompt Payment Act.

### **RESERVATION OF RIGHTS**

The County reserves the right to reject any or all Qualification Statatment Proposals failing to meet the County specifications or requirements and to waive technicalities.

The Bidder's/Proposer's failure to meet the mandatory requirements of the RFQ will result in the disqualification of the proposal from further consideration.

**The County reserves the right to award more than one vendor based on this RFQ.**

### **TAXES NOT APPLICABLE**

The County of Winnebago, as a Governmental Unit, pays neither Federal Excise Tax nor Illinois Retailers Occupational Tax, and therefore, those taxes should be excluded. Tax Exempt Number: E9992-3963-07.

### **TERMINATION, CANCELLATION AND DAMAGES**

The County may terminate based on the Contractor's breach or default. Unless the breach or default creates an emergency, as determined in the County's sole discretion, the Contractor shall be given notice and a five (5) day opportunity to cure before the termination becomes effective.

If the County terminates this Contract because of the Contractor's breach or default, the County shall have the right to purchase items or services elsewhere and to charge the Contractor with any additional cost incurred, including but not limited to the cost to cover, incidental and consequential damages and the cost of re-bidding. The County may offset these additional costs against any sums otherwise due to the Contractor under this bid/proposal or any unrelated contract.

The County may terminate any contract or agreement resulting from this RFQ at any time for any reason by giving at least thirty (30) days notice in writing to awarded Contractor. If the contract is terminated by the County as provided herein, the contractor will be paid a fair payment as negotiated with the County for the work completed as of the date of termination.

## **RFQ 20Q-2208 - WCHD Contractor Services- REISSUE**

### **INSURANCE REQUIREMENTS**

Upon notice of award, the successful firm or individual shall, within fourteen (14) calendar days of said notice, furnish to the Director of Purchasing a Certificate of Insurance and provide policy endorsements evidencing specific coverage of the types of insurance in the amounts specified below.

Such coverage shall be placed with a responsible company acceptable to the County licensed to do business in the State of Illinois.

**All required insurance shall be maintained by the contractor in full force and effect during the life of the contract, and until such time as all work has been approved and accepted by the County.** The Contractor is responsible for all insurance deductibles and Self-Insured Retentions.

**RFQ 20Q-2208 - WCHD Contractor Services- REISSUE**

TYPE OF INSURANCE		MINIMUM ACCEPTABLE LIMITS OF LIABILITY
<b>1</b>	<b>Workers Compensation</b>	Statutory
<b>2</b>	<b>Employers Liability</b> A. Each Accident B. Each Employee-disease C. Policy Aggregate-disease	\$500,000 \$500,000 \$500,000
<b>3</b>	<b>Commercial General Liability</b> A. Per Occurrence B. General Aggregate 1. General Aggregate- Per project 2. General Aggregate - Products/ Completed Operations	\$1,000,000 \$2,000,000 \$2,000,000
<b>4</b>	<b>Business Auto Liability</b>	\$500,000

At all times during the term of the contract, the Contractor and its independent contractors shall maintain, at their sole expense, insurance coverage for the Contractor, its employees, officers and independent contractors.

The County of Winnebago shall be named as additionally insured on all certificates of insurance. Insurance certificates shall also reference project name and RFQ NUMBER. Certificates should be sent to the Purchasing Department.

**END OF GENERAL INFORMATION**

## SCOPE OF SERVICES

The Winnebago County Health Department is seeking contractors to add to its pre-approved contractor pool for the Winnebago County Home Accessibility Program. Contracting firms must be licensed to perform lead abatement work in Illinois, which includes at least one worker with a lead supervisor license, all others must hold lead worker licenses.

Work may be assigned that requires other specialty licenses (i.e electrical, radon, plumbing). Contractors who do not hold these licenses may utilize subcontractors to fulfill these needs.

**Use of Subcontractors and proof of appropriate licensure must be clearly indicated on any qualifications submitted, as well as proof of insurance.**

Additionally, contractors are expected to be able to perform general repair, modification, installation, and carpentry projects. Examples of work are as follows:

- Accessibility related improvements
- Energy Efficiency related improvements
- Environmental related hazards
  - Lead and Radon Mitigation
- Improvements to:
  - Interior
    - Electrical
    - Plumbing
    - Insulation
    - Wall and Ceiling Repair or Painting (if in area where accessibility need is being addressed)
    - Flooring (if making other areas handicap accessible and floor is a current safety hazard (e.g. trip hazard) or to allow ease of using a wheelchair)
    - Stairs (may repair or install a chairlift)
    - Cabinetry and Countertops (if in disrepair and pose a health risk)
    - Bathroom Vanities (if addressing other accessibility needs in bathroom)
    - Lavatory (must be ADA compliant)
    - Tub and shower (must be replaced with handicap-accessible walk-in shower and fixtures)
    - Fire and Smoke Alarm Systems
    - Windows and Doors
    - HVAC
    - Replacement of outdated/inefficient stove or refrigerator, if necessary
    - Replacement of other existing major inoperable appliances (dishwasher, washer, dryer, etc.)
  - Exterior
    - Roofing and Drainage (if making other areas handicap-accessible)
    - Painting (if in area where accessibility need is being addressed)
    - Structural Improvements
    - Chimneys



## RFQ 20Q-2208 - WCHD Contractor Services- REISSUE

- Fire Escapes
- Windows and Doors
- Porches and Steps (if a ramp or chairlift is being installed or replacement is necessary due to current condition posing a health and safety issue)
- Siding

WCHD will award to the lowest responsive and responsible bidders. WCHD may consider quality, performance, support, delivery schedule, previous performance, and other relevant factors in determining a responsible bid. Qualifications may be rejected for reasons including lack of appropriate licensure, inability to complete the project within a reasonable amount of time, or inability to perform the required work based on past performance.

The program is set to end July 31, 2021, though it may be extended by the funding agency.

**Bidder/Proposer must submit copies of their Illinois Lead Abatement Licenses (at least one Supervisor, others may be Supervisor or Worker Licenses)**

**PLEASE NOTE;** Rules set forth by the funding agency (the Illinois Housing Development Authority) require that work in areas of pre-1978 homes where lead hazards are identified or presumed must be performed by a licensed lead contractor. Therefore, the WCHD is requiring that contractors applying to be in this eligible contractor pool have lead supervisor and worker licenses.

**The WCHD may authorize firms to utilize subcontractors without lead licenses to perform certain work, provided that a risk assessment indicates lead paint is not present in the work area, or if lead paint in the work area has been stabilized and the work area has passed a lead clearance inspection.**

**Subcontractors without lead supervisor/worker licenses may be approved for certain activities on a case-by-case basis by the Winnebago County Health Department.**

**END OF SCOPE OF SERVICES**

**RFQ SIGNATURE FORM**

**This Statement of Qualifications / Proposal submitted by:**

<b>Vendor/Company</b>			
<b>Contact Person</b>			
<b>Business Address</b>			
<b>City, State, Zip</b>			
<b>Telephone</b>		<b>FEIN No.</b>	
<b>Email</b>			

**Company Information**

Woman Business Enterprise (WBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Small Business Enterprise (SBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Minority Business Enterprise (MBE)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Veteran	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**If yes, check the following boxes that apply:**

BLACK/AFRICAN AMERICAN	<input type="checkbox"/>	HISPANIC	<input type="checkbox"/>
NATIVE AMERICAN OR ALASKA NATIVE	<input type="checkbox"/>	ASIAN AMERICAN	<input type="checkbox"/>

**Addendums Received:** No(s): \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ ;

**SIGNATURE**

Signature authorizes the County of Winnebago to verify business references.

Signature: \_\_\_\_\_

Name and Title of Signer: \_\_\_\_\_

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

**SUBCONTRACTORS FORM**

(Use additional copies of form if more than one Sub)

<b>VENDOR/COMPANY</b>	
<b>CONTACT PERSON</b>	

**SUBCONTRACTORS:**

Will you employ subcontractors? (YES or NO) \_\_\_\_\_

If "YES", identify with each firm's name, address, number and work to be subcontracted.

<b>SUBCONTRACTOR NAME</b>	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	
<b>SERVICES TO BE PROVIDED</b>	

The vendor/contractor/project manager or firm will not change or use subcontractors not identified on this form without prior written approval from Winnebago County.

A request for a change in subcontractors shall be made in writing and will include a description of any savings that may be realized in the execution of this contract, and must be passed on to the County.

**RETURN LABEL FORM**

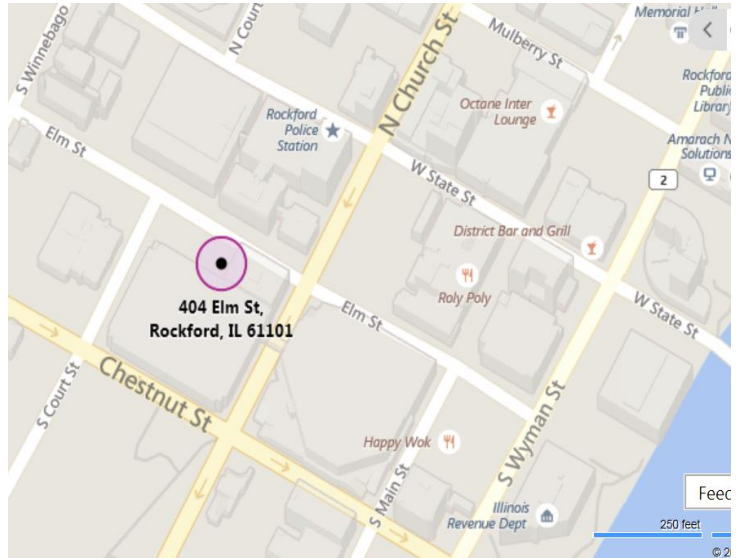


The County of Winnebago, Illinois will receive sealed Statement of Qualifications/ Proposals at:

**WINNEBAGO COUNTY  
PURCHASING DEPARTMENT  
404 ELM STREET, ROOM 202  
ROCKFORD, ILLINOIS 61101**

Must be enclosed in sealed envelopes marked:

**“WINNEBAGO COUNTY HEALTH  
DEPARTMENT CONTRACTOR SERVICES  
REISSUE”  
November 10, 2020 11:00 A.M.**



ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY – PLEASE USE BELOW FOR YOUR CONVENIENCE



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<p><b>PROPOSAL #</b> 20Q-2208</p>	<p><b>WINNEBAGO COUNTY PURCHASING DEPARTMENT 404 ELM STREET, ROOM 202 ROCKFORD, ILLINOIS 61101</b></p>
<p><b>WCHD CONTRACTOR SERVICES REISSUE</b></p>	
<p><b>PROPOSER’S NAME:</b></p>	
<p><b>RFQ DUE DATE/TIME:</b> November 10, 2020 11:00 A.M.</p>	

**HOME ACCESSIBILITY PROGRAM (HAP) ROUND 2**  
**STATEMENT OF CONTRACTOR'S QUALIFICATIONS**

This application is for registration as a      General Contractor      Subcontractor

Please Print

Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Contractor Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ FEDERAL ID #: \_\_\_\_\_

INCORPORATED:      YES      NO      DATE OF INCORPORATION \_\_\_\_\_

OFFICERS OF CORPORATION:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

OWNER(S):

1. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

2. Name: \_\_\_\_\_ Title: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

(If there are more than two owners, please use a supplemental sheet.)

BUSINESS REFERENCES (preferably your current suppliers):

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

WORK REFERENCES (List two projects completed in the last year):

1. Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_ Price charged: \_\_\_\_\_
2. Owner: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Date Work Completed: \_\_\_\_\_ Price charged: \_\_\_\_\_

**INSURANCE REQUIREMENTS (Please attach evidence of the following types of required insurance)**

**Workmen’s Compensations and Employee’s Liability** - Workmen’s compensation of not less than the statutory amount and employer’s liability of not less than \$100,000 per person

**Auto Insurance** - A minimum combined single limit of not less than \$500,000 for injuries, including accidental death, or damages caused by the contractor’s vehicles on the site

**Comprehensive Public Liability** - Not less than \$500,000 for accidents or injuries for each occurrence, and not less than \$1,000,000 in the aggregate for the policy term

THE FOLLOWING INFORMATION IS NOT REQUIRED  
BUT WOULD BE HELPFUL TO THIS OFFICE IF SUPPLIED.

**National Origin of Company Owner(s):**

Alaskan Native or American Indian  
Asian or Pacific Islander  
Black - Non Hispanic

Hispanic  
White/Non-Hispanic  
Other \_\_\_\_\_

Is your company considered a Minority-owned Business Enterprise (MBE) or Woman-owned Business Enterprise (WBE)?      Yes      No

I hereby certify that the information contained in this application is true and accurate to the best of my knowledge. Additionally, I certify that this company, nor its principals, is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in Federal or State funded programs by any Federal or State department or agency.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date