



# Winnebago County, Illinois - Purchasing Department

404 Elm Street Room 202

Rockford, Illinois 61101

Phone: (815) 319-4380

General Email: [Purchasing@wincoil.us](mailto:Purchasing@wincoil.us)

Website: <http://www.wincoil.us/>

REQUEST FOR QUOTES	22Q-2237	QUOTE ISSUE DATE	4/11/2022
QUOTE DESCRIPTION	WCHD WEBSITE REDESIGN		
QUOTE DUE DATE	5/9/2022	QUOTE OPENING TIME	11:00 A.M
SUBMIT ONE (1) ORIGINAL, PLUS TWO (2) COPY		BOND REQUIRED	None

## TO ALL PROSPECTIVE PROPOSERS:

You are hereby invited to submit your Quote for the service Website Redesign for the Winnebago County Health Department. The completed original Quote solicitation, and the required number of copies, must be received in a sealed envelope that has your name and address in the UPPER left corner and the attached **Quote Return Label** filled in and attached on the LOWER left corner.

All received Quotes are subject to staff analysis. WCHD and the County of Winnebago reserve the right to accept or reject any and all Quotes received and waive any and all technicalities. Quotes must be delivered to:

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

QUOTE RESPONSES MUST BE RECEIVED AND TIME STAMPED NO LATER THAN THE PUBLIC QUOTE OPENING DATE AND TIME SPECIFIED ABOVE. LATE QUOTES WILL NOT BE CONSIDERED.

Any communication regarding this invitation between the date of issue and date of award is required to go through the Director of Purchasing. FACSIMILE AND/OR E-MAIL TRANSMITTED QUOTES WILL NOT BE ACCEPTED.

Sincerely,

Ann Johns  
Director of Purchasing

NAME OF PROPOSER	
CONTACT PERSON	
TELEPHONE	
EMAIL	

COUNTY OF WINNEBAGO, ILLINOIS

CALL FOR QUOTES

<b>PROJECT NAME</b>	<b>WCHD WEBSITE REDESIGN</b>
<b>USER DEPARTMENT</b>	WINNEBAGO COUNTY HEALTH DEPARTMENT

<b>EVENT</b>	<b>LOCATION</b>	<b>DATE</b>	<b>TIME (CST)</b>
<b>DEADLINE FOR INQUIRIES, EXCEPTIONS AND QUESTIONS</b>	MUST BE SUBMITTED IN WRITING TO: <a href="mailto:purchasing@wincoil.us">purchasing@wincoil.us</a>	<b>4/21/2022</b>	5:00 P.M.
<b>RESPONSE TO QUESTIONS OR INQUIRIES AND ISSUE OF ANY ADDENDUM</b>	VIA E-MAIL	<b>4/27/2022</b>	3:00 P.M.
<b>QUOTE DUE DATE</b>	PURCHASING DEPARTMENT ROOM 202	<b>5/9/2022</b>	11:00 A.M.

**ALL QUOTES MUST BE ENCLOSED IN SEALED ENVELOPES MARKED:**

**“WCHD WEBSITE REDESIGN”**

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

The documents constituting component parts of the Quote Form are the following:

- I CALL FOR QUOTES**
- II REQUIREMENTS AND INSTRUCTIONS**
- III GENERAL CONDITIONS**
- IV SPECIAL CONDITIONS**
- VI SCOPE OF SERVICES**
- VII QUOTE FORM**
- VIII REFERENCES**
- IX RETURN QUOTE LABEL**
- X W-9**
- XI SUSPEND OR DEBAR CERTIFICATE**

**REQUIREMENTS AND INSTRUCTIONS**

**SUBMISSION OF QUOTES**

The Proposer, by its officers, agents or representatives (hereafter referred to as the Proposer), shall be responsible for delivery of Quotes to the Purchasing Department before the date and hour set for the opening of Quotes. *Late Quotes will not be considered and will be returned unopened.*

All Quotes must be received in a sealed envelope that has your name and address in the UPPER left corner and the attached **Quote Return Label** filled in and attached on the LOWER left corner.

Quotes mailed "EXPRESS MAIL" must have Quote number and due date on the outside of the EXPRESS MAIL envelope. You must allow sufficient time for processing through the County's internal mailroom system.

Submitting a quote is solely and strictly the responsibility of the Proposer. WCHD and the County is not responsible for delays caused by any mail, package or courier service, including the U.S. Mail, or caused by any other occurrence. Any proposal received after the due date and time stated in the solicitation timetable will not be opened and will not be considered. Telegraphic or facsimile proposals will not be considered.

The quote must be signed by an authorized officer of the company who is legally authorized to enter into a contractual relationship in the name of the company. The submittal of a quote will be considered by WCHD and the County as an offer by the company to perform the required services and/or provide the required goods at the price stated by the company.

**ENTIRE AGREEMENT**

These Standard Terms and Conditions of the Quote shall apply to any contract or order awarded as a result of this Quote except where special requirements are stated elsewhere in the Quote; in such cases the special requirements shall apply. Further, the written contract and/or order with referenced parts and attachments shall constitute the entire agreement and no other terms and conditions in any document, acceptance, or acknowledgement shall be effective or binding unless expressly agreed to in writing by the contracting authority.

**DEVIATIONS, EXCEPTIONS OR ALTERNATES**

Any deviation from the standard terms and conditions or specifications, must be explained in detail on sheets attached to the response and labeled "Clarifications and Exceptions", and each deviation must be itemized by number and must specifically refer to the applicable specification paragraph and page.

Otherwise, it will be considered that items offered are in strict compliance with these standard terms and conditions and specifications and the successful Proposer will be held responsible for meeting the specifications. If Proposer wishes its "Standard Terms and Conditions" to be considered as part of its response, such terms and conditions must be made part of the "Clarifications and Exceptions".

WCHD and the County reserve the following rights: to waive clarifications and exceptions in awarding the RFQ in the best interest of WCHD and the County; to accept or reject any or all bids; to waive any or all irregularities; and to award the contract to the most responsive, responsible Proposer whose response is determined by WCHD and the County to be in its best interest. Proposers are cautioned to avoid making deviations and exceptions to the standard terms and conditions or specifications, which may result in rejection of their Quote. If deviations, exceptions or alternates are submitted, it is the

## COUNTY OF WINNEBAGO, ILLINOIS

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County of Winnebago Director of Purchasing's sole and final decision whether specifications have been met and will be considered for award.

**NOTE:** Proposers are strongly encouraged to submit any deviations or exceptions to the County before the question submittal deadline, so that based upon the County's response in an addendum, the Proposer can determine if it is in their best interest to submit a response.

**END OF REQUIREMENTS AND INSTRUCTIONS**

**GENERAL CONDITIONS**

**ADDENDUM AND SUPPLEMENT TO THE QUOTE**

If it becomes necessary or advisable to revise any part of this Quote, or if additional data is necessary to enable the exact interpretation of provisions of this Quote, revisions will be provided in the form of an Addendum. If revisions are made after any *mandatory* Pre-Bid/Quote/Proposal conference, the revisions will be provided only to those Contractors who will have attended the *mandatory* conference.

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

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

**CANCELLATION**

The WCHD and the County of Winnebago reserve the right to cancel any contract in whole or in part without penalty due to failure of the contractor to comply with terms, conditions and specifications of this contract.

**EXCLUSION**

The Proposer certifies, by submission of this Quote 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 Quote that it will include this clause without modification in all lower tier transactions, solicitations, Quotes, contracts, and subcontracts. Where the Proposer/Contractor or any lower tier participant is unable to certify to this statement, it shall attach an explanation to this solicitation.

Additionally, for all new Contractors and 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 County's accounting system.

**CHANGES**

WCHD and the County of Winnebago reserves the right to make any desired change in the specifications after the same shall have been put under contract; but the change so made, with the price to be added or deducted from the contract price, therefore, shall be agreed upon in advance between WCHD, the County and the successful Proposer.

The Purchasing Department shall issue to the successful Proposer a written change order to the original contract; such change orders shall be binding upon both parties thereto and shall in no way invalidate or make void the terms of the original contract not modified by such change.

**COMPLIANCE WITH LAWS**

All services, work and materials that in any manner affect the production, sale, or payment for the product or service contained herein must comply with all Federal, State, County and Municipal laws, statutes, regulations, codes, ordinances and executive orders in effect now or later and whether or not they appear in this document, including those specifically referenced herein. The successful Proposer must be authorized to do business in the State of Illinois, and must be able to produce a Certificate of Good Standing with the State of Illinois upon request.

## COUNTY OF WINNEBAGO, ILLINOIS

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Proposer/Contractor must obtain all licenses, certificates and other authorizations required in connection with the performance of its obligations hereunder, and Proposer/Contractor 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 Quotes and/or termination of this Agreement.

In the event Federal or State funds are being used to fund this contract; additional certifications, attached as addenda, will be required. Lack of knowledge on the part of the vendor will in no way be cause for release of this obligation. If WCHD and the County become aware of violation of any laws on the part of the Proposer/Bidder/Contractor, it reserves the right to reject any Quotes, cancel any contract and pursue any other legal remedies deemed necessary.

### **DISPUTES**

In case of disputes as to whether or not an item or service, quoted or delivered meets specifications, the decision of the Director of Purchasing, or authorized representative shall be final and binding to all parties.

### **FREEDOM OF INFORMATION (FOIA)**

Any responses and supporting documents submitted in response to a Quote will be subject to disclosure under the Illinois Freedom of Information Act. WCHD and the County will assume that all information provided in a Quote 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.

### **COOPERATION WITH FOIA COMPLIANCE**

Contractor acknowledges that the Freedom of Information Act may apply to public records in possession of the Contractor or a Subcontractor. Contractor and all of its Subcontractors shall cooperate with WCHD and the County in its efforts to comply with the Freedom of Information Act. (5 ILCS 140/1 et.seq.)

### **NON-COLLUSION**

The Proposer, by its officers, agents or representatives present at the time of filing this Quote, say that neither they nor any of them, have in any way directly or indirectly, entered into any arrangement or agreement with any other Proposers, or with any public officer of the County of Winnebago, Illinois, whereby, the Proposer has paid or is to pay to such Proposer or public officer any sum of money or, anything of value. The Proposer, by its officers, agents or representative present at the time of filing this quote, further say that neither they nor any of them have directly or indirectly entered into any arrangement or agreement with any other Proposer or Proposers whereby, inducement of any form or character other than that which appears upon the face of the quote was or will be suggested, offered, paid or delivered to any person whomsoever to influence the acceptance of the said Quote or understanding of any kind whatsoever, with any person whomsoever to pay, deliver to, or share with any other person in any way or manner, any of the proceeds on the Contract sought by this Quote.

### **NON-DISCRIMINATION**

In connection with the performance of work under this contract, the Contractor agrees not to discriminate against any employee or applicant for employment because of age, race, religion, color, handicap, sex, physical condition, developmental disability, sexual orientation, national origin or any other protected category under federal or state law. This provision shall include, but not be limited to, the following: employment,

## COUNTY OF WINNEBAGO, ILLINOIS

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upgrading, demotion or transfer, recruitment or payment of compensation, and selection for training, including apprenticeship. Except with respect to sexual orientation, the Contractor further agrees to take affirmative action to ensure Equal Employment Opportunities. The Contractor agrees to post in conspicuous places, available for employees and applicants for employment, notices to be provided by the contracting officer setting forth the provisions of the Non-Discrimination Clause.

It is unlawful to discriminate on the basis of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, military status, order of protection status, sexual orientation, sexual identity, or an unfavorable discharge from military service. Proposer shall comply with standards set forth in Title VII of the Civil Rights Act of 1964, 42 U.S.C. Sec. 2000 et seq., The Human Rights Act of the State of Illinois, 775 ILCS 5/1-101 et. seq., and The Americans With Disabilities Act, 42 U.S.C. Sec. 12101 et. seq.

### **INDEMNITY AND HOLD HARMLESS AGREEMENT**

To the fullest extent permitted by law, the Proposer shall indemnify, keep and save harmless WCHD and the County and its Board members, elected officials, agents, officers, and employees, against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses, which may arise directly or indirectly from any negligence or from the reckless or willful misconduct of the Proposer, its employees, or its Subcontractors, and the Proposer shall at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against WCHD and the County in any such action, the Proposer shall, at its own expense, satisfy and discharge the same. This agreement shall not be construed as requiring the Proposer to indemnify WCHD and the County for its own negligence. The Proposer shall indemnify, keep and save harmless WCHD and the County only where a loss was caused by the negligent, willful or reckless acts or omissions of the Proposer, its employees, or its Subcontractors.

### **COST OF BID/QUOTE/PROPOSAL**

Expenses incurred in the preparation of bids/quotes or proposal in response to this solicitation request are the Bidder's/Proposer's sole responsibility.

### **GOVERNING LAW**

This Contract will be governed by and construed in accordance with the laws of the State of Illinois without regard for the conflict of laws provisions. Venue is proper only in the County of Winnebago.

### **NOT TO EXCEED CONTRACT**

The contract is a **"Not-To-Exceed"** cost. At any time additional work is necessary or requested, the not-to-exceed price is increased thereby, any change, addition or price increase must be agreed to in writing by all parties who have executed the Contract.

### **PROMPT PAYMENT ACT**

The Quote should provide that all payments are subject to the Illinois - Local Governmental Prompt Payment Act.

### **PROTEST**

Firms wishing to protest Quotes or awards shall notify the Director of Purchasing in writing within five (5) days after the RFQ due date/time. The notification should include the Quote number, the name of the firm protesting and the reason why the firm is protesting the Quote. The Director of Purchasing will respond to the protest within five (5) calendar days.

**RESERVATION OF RIGHTS**

WCHD and the County of Winnebago reserves the right to reject any or all Quotes failing to meet WCHD and the County's specifications or requirements and to waive technicalities. If in WCHD and the County of Winnebago's opinion, the lowest Quote is not the most responsible Quote, considering value received for monies expended, the right is reserved to make awards as determined solely by the judgment of WCHD and the County of Winnebago. In determining the lowest responsible Proposer, WCHD and the County shall take into consideration the qualities of the articles supplied, their conformity with the specifications, and their suitability to the requirements of WCHD and the County and the delivery terms. Intangible factors, such as the Proposer's reputation and past performance, will also be weighed.

WCHD and the County of Winnebago reserves the right to award to more than one vendor, as it deems in the best interest to do so.

The Proposer's failure to meet the mandatory requirements of the Quote will result in the disqualification of the Quote from further consideration.

WCHD and the County further reserve the right to reject all Quotes and obtain goods or services through intergovernmental or cooperative agreements, or to issue a new and revised Quote.

Submission of a Quote confers no rights on the Proposer to a selection or to a subsequent contract. All decisions on compliance, evaluation, terms and conditions shall be made solely at WCHD's and the County's discretion and shall be made in the best interest of WCHD and County.

**WAIVER OF IRREGULARITIES**

WCHD and the County of Winnebago may, at its sole and absolute discretion, reject any and all, or parts of any and all, proposals; re-advertise this RFQ; postpone or cancel, at any time, this RFQ process; or waive any irregularities in this RFQ or in the bid responses received as a result of this RFQ.

**TAXES, CHARGES AND FEES**

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 from Quote. County Tax Exempt Number is: E9992-3963-07. The Contractor is liable for any applicable taxes which are not included in the stated quote price(s).

*The Proposer, by signing the **Quote Form**, acknowledges, understands and abides by all of the above "Requirements for Bidding and Instructions to Proposers".*

**END OF GENERAL CONDITIONS**



**SPECIAL CONDITIONS**

**INQUIRIES & QUESTIONS**

Any questions and/or inquires may be directed, no later than the date provided for on page 2, or the latest addendum. The individual listed below shall be the single point of contact for this solicitation. Unless otherwise directed, do not discuss this solicitation, directly or indirectly, with any County employee other than the Solicitation Contact. Suspected errors in the solicitation should be immediately reported to the Solicitation Contact. WCHD and the County shall not be held responsible for information provided by any person other than the Solicitation Contact. Only information provided in writing shall be binding on WCHD and the County.

Solicitation Contact: Ann Johns, Director of Purchasing

Telephone: 815-319-4380

E-mail: [purchasing@wincoil.us](mailto:purchasing@wincoil.us)

**BONDING**

Not required for this project.

**PRE-PROPOSAL CONFERENCE**

No Pre-Proposal conference will be held. Please note that all questions and requests for clarifications about this RFQ must be submitting in writing to the Purchasing Department contact listed above by the date and time stated.

**RECEIPT OF ADDENDA AND SUBSTITUTE PROPOSAL FORMS**

It is the company's sole responsibility to ensure receipt of all addenda and substitute Proposal Forms. It is the company's further responsibility to verify with the Purchasing Department, prior to submitting a Quote, that all addenda have been received.

**QUOTE AND CONTRACT INFORMATION**

WCHD and the County reserves the right to accept or reject any or all quotes received, to negotiate with any qualified respondent, or to cancel in part or in its entirety this RFQ process if it is in the best interest to do so. This RFQ does not commit WCHD and the County to award a contract or to pay any cost incurred in the preparation of proposals.

**FUTURE CONTRACT MODIFICATIONS**

The initial contract may be modified to include additional services reasonably related to those initially procured through this RFQ, with additional funding to support provision of those services pending availability of resources and performance of the contractor.

**INSURANCE REQUIREMENTS**

Upon notice of acceptance of Quote, the successful Proposer 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 WCHD and 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 WCHD and the County.** The Contractor is responsible for all insurance deductibles and

COUNTY OF WINNEBAGO, ILLINOIS

Self-Insured Retentions.

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	\$1,000,000 \$1,000,000 \$1,000,000
<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 \$1,000,000 \$1,000,000
<b>4</b>	<b>Business Auto Liability</b>	\$1,000,000

At all times during the term of the contract, the Contractor(s) shall maintain, at their sole expense, insurance coverage for the Contractor(s), their employees, officers, as follows:

- A. It is the responsibility of Contractor to provide copy of the Quote to their carrier.
- B. It may also be required that the Contractor's insurer and coverage be approved by WCHD and the County prior to execution of the Contract Agreement.
- C. No work shall be started until receipt of Certificate of Insurance.

The County of Winnebago shall be **named as additional insured** on all certificates of insurance. Insurance certificates shall also reference project name and QUOTE NUMBER. Certificates should be sent to:

Winnebago County Purchasing Department  
 404 Elm Street, Room 202  
 Rockford, IL 61101  
[purchasing@wincoil.us](mailto:purchasing@wincoil.us)

The insurance carrier of the insured is required to notify WCHD and the County of Winnebago of termination of any or all of these coverages, prior to the completion of any contract, at least thirty (30) days prior to expiration.

Contractor(s) shall be responsible for ensuring that any Subcontractors employed by Contractor(s) in the performance of this contract maintain the same insurance coverage as that required of Contractor(s).

**END OF SPECIAL CONDITIONS**

## SCOPE OF SERVICES

### INTRODUCTION

The Winnebago County Health Department (WCHD) requests proposals from qualified website hosting and maintenance companies to build and maintain a new WCHD website.

### ORGANIZATIONAL OVERVIEW

The Winnebago County Health Department provides services designed to protect, promote and maintain the health of Winnebago County residents. Services address three primary goals: improving the length of useful life reducing health disparities, and assuring access to preventive health services for every person in Winnebago County.

### BACKGROUND

WCHD currently has a website that is outdated in content, structure, and software. The URL for the current website is <http://www.wchd.org/>

Winnebago County Health Department (WCHD) seeks a contractor to provide expert web consulting services. The budget for this project may not exceed \$25,000. For additional information about our current site, please visit [www.wchd.org](http://www.wchd.org).

Samples of website formats that we appreciate:

- a. <http://cookcountypublichealth.org/>
- b. <https://www.tazewellhealth.org/>
- c. <https://www.kanehealth.com/>
- d. <https://www.sccgov.org/sites/phd/Pages/phd.aspx>
- e. <https://www.co.merced.ca.us/82/Public-Health>

### DELIVERABLES

The objective of the work activities is to provide WCHD with an online presence that provides a consistent trusted source of sharing information with the community.

- a. Develop CSS and HTML code
- b. Development of initial WCHD website with input from staff
- c. Work to make the website go live at a specific date and time after the site has been revised and approved. Redirect the old URL to the new site
- d. Provide initial training for WCHD staff
- e. Provide cost and contract for 5 year maintenance and support plan that includes the following:
  - i. Disaster Recovery Plan Testing (Minimum of one test per year)
  - ii. Software Update Support-for all 5 years
  - iii. Content Management System Support (24/7 service preferred)- for all 5 years
  - iv. Support add on and upgrades to modules/applications- for all 5 years

### Minimum Requirements

2. Mobile friendly site
3. Video Friendly
4. Redirect the old URL to the new site
5. Design and implement website skin for WCHD Brand

6. Provide ability to share video file with partner agencies
7. Set up a website that incorporates WCHD Logo, Brand, and Style Guidelines
8. Website Accessibility – Follow guidelines for at least AA at: <https://www.w3.org/TR/WCAG20/>
9. Language Accessibility
10. Search engine Algorithm to direct users to site
11. Should maintain content and features across browsers (Chrome, Explorer, Firefox, etc.)
12. Support features with Qualtrics system that are currently worked into the website
13. Set up Google Analytics to function for the website
14. Ability to edit pages on Secure Site and publish to Public Pages
15. Cloud based server that is maintained by company with regular software updates to maintain function and security and annual disaster recovery plan exercise
16. Disaster Recovery Plan
17. Forms module
18. Embed and share video content
19. Carousel Banner Capability
20. Pop-up Capability
21. Potential for the following add on features preferred;
  - a. Connect to Patagonia System (Patient Portal)
  - b. Connect with WIC Program
  - c. Report a Disease
  - d. Connect with EPIC for Health Alerts
  - e. Connect with IDPH system
  - f. Site set up for dashboard for other pages
  - g. Data dashboard for such as for communicable diseases, COVID-19, opioids
22. Website hosting
23. Caching
24. Connects users to Social Media accounts

### **Proposal Schedule**

- Project must be invoiced by 09/30/2022
- Product production to occur between 06/1/22 and 09/15/2022

### **Timeline**

All Proposals must be received by May 9<sup>th</sup> at 11:00 A.M. at the Winnebago County Purchasing Department, 404 Elm Street, Room 202, Rockford, IL 61101.

All Proposals received by the deadline above will be evaluated by representatives from the Winnebago County Health Department and the Winnebago County Information Technology Department.

### **Evaluation Criteria**

The following criteria will be used in evaluating the proposals:

1. Ability to meet minimum requirements
2. Capability to meet preferred requirements

3. Expressed understanding of proposal objectives
4. Work Plan
5. Cost Details
6. Qualifications/experience of company
7. Qualifications/experience of personnel working on the project
8. Disaster Recovery Plan
9. Cost/Quality of 5 year maintenance and support plan
10. Demonstration of organizations commitment toward becoming trauma informed

The Winnebago County Health Department expects to evaluate all proposals and select a vendor by May 20, 2022.

**QUOTE FORMAT**

Respondents must submit the following information:

1. Cover page (one page)
  - Name and contact information (email, phone number) of the respondent
  - Tax ID
  - Authorized signature and job title
2. Short description of the approach to this project
3. Details of your response to the Scope of Work and Deliverables
4. Project budget by activities conducted. Be specific if you charge different rates for different staff or activity. (no more than \$25,000 total for initial design, structure, staff training, hosting and one year of maintenance and support );

Initial Design and structure set-up with staff training \$\_\_\_\_\_

Hosting of the website servers for a total of 5 years and year one of maintenance and support \$\_\_\_\_\_

Below is for the pricing of the remainder 4 years of support beyond the initial \$25,000

Maintenance and support for the remaining 4 years (Annually) \$\_\_\_\_\_

5. Two samples of work (links or attachments)
6. References and project team
  - a. Name and phone number of a reference for prior work of a similar nature
  - b. Relevant personnel associated with the project and their qualifications

**EX-PARTE COMMUNICATION**

All inquiries must be emailed to [purchasing@wincoil.us](mailto:purchasing@wincoil.us). No phone calls will be accepted. No other individuals related to the WCHD (e.g., staff, board) or County staff are to be contacted regarding this matter. No other sources of responses or clarifications are considered valid.

**LIMITATIONS**

*Right to Cancel*

WCHD and the County of Winnebago reserve the right to cancel, delay, amend or reissue all or part of this RFQ at any time without prior notice. This RFQ does not commit WCHD or the County to award a contract or to pay any cost incurred in the preparation of a response to the solicitation. WCHD and the County reserve the right to reject any and all quotes, to accept or reject any or all items in the quotes, and to award the contract in whole or in part as deemed to be in the best interest of WCHD and the County. WCHD and the County reserve the right to negotiate with any respondent after the quote(s) are reviewed, if such action is deemed to be in the best interest of WCHD and the County. Such negotiation should not be viewed by any respondent as an indication of contract award.

**END OF SCOPE OF SERVICES**

COUNTY OF WINNEBAGO, ILLINOIS

**QUOTE FORM**

**REQUEST FOR  
QUOTE # 22Q-2237**

<b>Full Name of Vendor</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	No	<input type="checkbox"/>
Small Business Enterprise (SBE)	Yes	No	<input type="checkbox"/>
Minority Business Enterprise (MBE)	Yes	No	<input type="checkbox"/>
Veteran Owned Business (VOB)	Yes	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"/>

**TO:** Winnebago County Purchasing Department

The undersigned, being duly sworn, certifies that he is:

<input type="checkbox"/> THE OWNER/SOLE PROPRIETOR	<input type="checkbox"/> A MEMBER OF THE PARTNERSHIP	<input type="checkbox"/> AN OFFICER OF THE CORPORATION	<input type="checkbox"/> MEMBER OF THE JOINT VENTURE
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Further, the undersigned, declares that the only person or parties interested in this Quote as principals are those named herein; that this Quote is made without collusion with any other person, firm or corporation; and that he/she has fully examined the proposed forms of agreement and the contract specifications for the above designated purchase, all of which are on file in the office of the Director of Purchasing, Winnebago County, 404 Elm Street, Rockford, Illinois 61103 and all other documents referred to or mentioned in the contract documents, specifications and attached exhibits, including Addenda

**ACKNOWLEDGEMENT of SOLICITATION ADDENDA**

Contractor acknowledges that it incorporates the following Addenda in its Quote.

<b>Addendum #</b>	<b>Date</b>	<b>Addendum #</b>	<b>Date</b>	<b>Addendum #</b>	<b>Date</b>

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 Quote and has checked the same in detail before submitting this Quote, and that the statements contained herein are true and correct.

*Signature of Proposer authorizes the County of Winnebago to verify business references.*

#### **SIGNATURE**

By signing and submitting these Quote documents, the undersigned certifies that they are legally authorized to represent and bind Proposer to legal agreements, that all information submitted is accurate and complete, that Contractor has reviewed the County Purchasing Department website <https://wincoil.us/departments/purchasing/open-bidsproposalsquotes/> for addenda and has incorporated all such addenda to its quote, that Proposer is qualified and willing to provide the items requested, and that Proposer will comply with all requirements of the solicitation.

The Fee/Rate/Price includes all costs incidental to the provision of the items in compliance with the above documents; no additional payment will be made. Conditional offers that modify the solicitation requirements may be deemed not 'responsive' and WCHD and the County may not evaluate them.

Proposer's submission of a signed **Quote Form** agreement shall constitute a firm offer and upon the issuance of an Agreement issued by the County Director of Purchasing or authorized designee will form a binding agreement that will require Proposer to provide the services described in this solicitation.

Further, the Contractor undersigned on behalf of the Proposer proposes and agrees, if this bid is accepted, to provide all necessary machinery, tools, apparatus and other means of construction, including transportation services necessary to furnish all the materials and equipment specified or referred to in the contract documents in the manner and time therein prescribed.

Further, the undersigned certifies and warrants that he/she is duly authorized to execute this certification/affidavit on behalf of the Proposal and in accordance with any applicable partnership agreement or corporate by-laws, and the laws of the State of Illinois and that this Certification is binding upon the Proposer

and is true and accurate. Further, the undersigned certifies that the Proposer is not barred from bidding on this contract because of a violation of either 720 Illinois Compiled Statutes 5/33 E-3 or 5/33E-4, bid rigging or bid rotating.

The undersigned declares that he/she has examined and carefully prepared this bid and has checked the same in detail before submitting this bid, and that the statements contained herein are true and correct.

Further, the undersigned on behalf of the Pro certifies that the Proposer has provided equipment; supplies or services comparable to the items specified in this contract to the parties listed in the reference section and authorizes WCHD and the County to verify references of business and credit at its option. Finally, the undersigned on behalf of the Proposer, if awarded the contract, agrees to do all other things required by the contract documents, and that Proposer will take in full payment therefore the sums set forth in the bidding schedule.



COUNTY OF WINNEBAGO, ILLINOIS

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Moreover, the Proposer agrees to hold this offer open for a period of one hundred and eighty (180) days from the deadline for receipt of Quotes.

Proposer understands and agrees to be bound by the conditions contained in this Solicitation and shall conform to all the requirements outlined herein.

**SIGNATURE** \_\_\_\_\_

**Name and Title of Signer** \_\_\_\_\_

**Dated this** \_\_\_\_\_ **day of** \_\_\_\_\_ **2022**

**END OF QUOTE FORM**

COUNTY OF WINNEBAGO, ILLINOIS

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**BUSINESS REFERENCES**

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

<b>NAME</b>	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	

<b>NAME</b>	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	

<b>NAME</b>	
CONTACT PERSON	
ADDRESS	
CITY, STATE, ZIP	
TELEPHONE	
EMAIL	

NUMBER OF YEARS IN BUSINESS	
CURRENT NUMBER OF PERSONNEL ON STAFF	

**END OF BUSINESS REFERENCE**

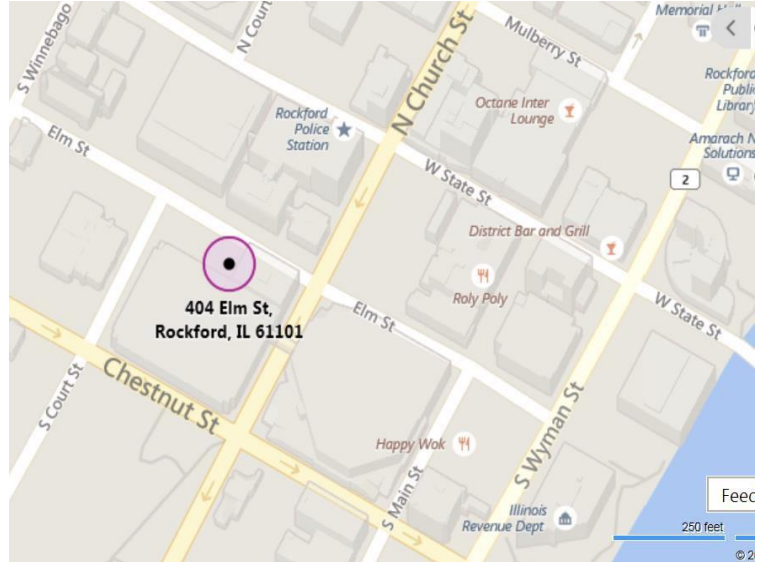
RETURN QUOTE LABEL

WCHD and the County of Winnebago, Illinois will receive sealed Quotes at:

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

All Quotes must be enclosed in sealed envelopes marked:

**“WCHD WEBSITE REDESIGN”**



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

✂

<b>QUOTE # 22Q-2237</b>	<b>WINNEBAGO COUNTY PURCHASING DEPARTMENT 404 ELM STREET, ROOM 202 ROCKFORD, IL 61101</b>
<b>PURCHASING DIRECTOR: ANN JOHNS</b>	
<b>QUOTE NAME: WCHD WEBSITE REDESIGN</b>	
<b>QUOTE DUE DATE/TIME: May 9th, 2022 11:00 AM</b>	

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p> <hr/> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <hr/> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                  <input type="checkbox"/> C Corporation                  <input type="checkbox"/> S Corporation                  <input type="checkbox"/> Partnership                  <input type="checkbox"/> Trust/estate         </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____         </p> <p><b>Note:</b> 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 <b>not</b> 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.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____         </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p> <hr/> <p><b>6</b> City, state, and ZIP code</p> <hr/> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p> <hr/>

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>										
				-			-			
<b>OR</b>										
<b>Employer identification number</b>										
				-						

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶ _____	Date ▶ _____
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## 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 [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## 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 or Debarment Certificate

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 this offer and signing this certificate, the 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 Proposal 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 this application/proposal/contract had one or more public transactions (Federal, State or local) terminated for cause or default.

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

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

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

City: \_\_\_\_\_ ZIP: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Authorized Company Signature: \_\_\_\_\_

(Print) Name: \_\_\_\_\_ Title of Official: \_\_\_\_\_

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