



## Winnebago County - Purchasing Department

404 Elm Street Room 202

Rockford, Illinois 61101

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

REQUEST FOR QUALIFICATIONS	22Q-2250	ISSUE DATE	7/29/22
RFQ TITLE	JUVENILE RESOURCE INTERVENTION CENTER (JRIC) THERAPIST		
RFQ DUE DATE	8/25/22	DUE TIME (CST)	11:00 AM
SUBMIT 5 PAPER, PLUS 1 MEMORY STICK		BOND REQUIRED	NONE

The County of Winnebago, Illinois, hereby solicits qualified and interested firms to submit proposals for providing all services, supervision, labor and equipment necessary to provide the County with Dialectic Behavior Therapy Services for the Juvenile Resource Intervention Center (JRIC).

The Winnebago County Juvenile Resource Intervention Center (JRIC) is located in Rockford, IL and serves youth and young adults between the ages of 11 – 21. It is co-located within the Juvenile Assessment Center, the location youth are brought to as a result of a suspected offense. Like its adult counter-part, the Resource Intervention Center (RIC), JRIC exists to meet the unique service delivery needs of youth involved in the criminal justice system.

Among cognitive-behavioral approaches, Dialectic Behavior Therapy (DBT) has shown particular promise for application to corrections populations. As such, the Juvenile Resource Intervention Center seeks to intervene using the Dialectic Behavior Therapy (DBT) therapeutic model with our highest risk youth. The Juvenile Resource Intervention Center seeks to contract with a community service provider to offer on-site, Dialectic Behavior Therapy (DBT) through the hiring of one therapist. Our vision is to expand service hours and implement behavioral health services offered through the Juvenile Resource Intervention Center (JRIC) through therapeutic intervention; specifically, Dialectic Behavior Therapy to reduce recidivism and promote optimal functioning.

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 is a unit of local government in the State of Illinois with a current population of almost 300,000 as estimated by the US Census Bureau, within its 519 square miles. It is the 7th most populous County in Illinois. The governing body is the County Board, which is comprised of twenty members. The County has eighteen (18) constructed facilities in various locations totaling approximately 1,684,230 SF.

**SPECIAL CONDITIONS OF FUNDING**

This funding was made available through the Winnebago County ½ cent Mental Health Sales Tax. As such, Applicant’s must confirm adherence to the Winnebago County Community Mental Health Board Values and Principals, located here: [Winnebago County Mental Health Board - Winnebago County, Illinois \(wincoil.us\)](http://wincoil.us). Sub-contracting is not allowable. Administrative costs are limited to no more than 10%.

**CONTRACT TERM**

The resulting contract agreement is 10/01/2022 – 05/31/2023. Delays in the proposal process may result in an adjustment of the anticipated contract starting date. Potential one year auto renewal based on results, mutual agreement, and approval by the Winnebago County Community Mental Health Board.

**CONTRACT ADMINISTRATION**

Winnebago County will administer the contract. The successful contractor will be required to submit invoices on a monthly basis and must document details justifying the billing to include timesheets, and invoices. Data reports will be due on a quarterly basis or as requested.

**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)—August 25, 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](mailto:purchasing@purchasing.wincoil.gov)

**SCHEDULE OF EVENTS**

7/29/22	RFQ Solicitation is made available
8/8/22	Questions emailed to <a href="mailto:purchasing@purchasing.wincoil.gov">purchasing@purchasing.wincoil.gov</a> by 2:00 p.m.
8/12/22	Questions answered via Addendum sent and posted on website by 4:00 p.m.
8/25/22	RFQ submittals due by 11:00 a.m.
8/26/22	Evaluation Process Begins
9/8 & 9/9	Possible Presentations and Oral Interviews
9/14 & 9/16	Committee and Award Date

## SECTION ONE: INSTRUCTION TO PROPOSERS

### 1.1 INTRODUCTION/BACKGROUND

The Winnebago County Juvenile Resource Intervention Center (JRIC) is located in Rockford, IL and serves youth and young adults between the ages of 11 – 21. It is co-located within the Juvenile Assessment Center, the location youth are brought to as a result of a suspected offense. Like its adult counter-part, the Resource Intervention Center (RIC), JRIC exists to meet the unique service delivery needs of youth involved in the criminal justice system.

Among cognitive-behavioral approaches, Dialectic Behavior Therapy (DBT) has shown particular promise for application to corrections populations. As such, the Juvenile Resource Intervention Center seeks to intervene using the Dialectic Behavior Therapy (DBT) therapeutic model with our highest risk youth. The Juvenile Resource Intervention Center seeks to contract with a community service provider to offer on-site, Dialectic Behavior Therapy (DBT) through the hiring of one therapist. Our vision is to expand service hours and implement behavioral health services offered through the Juvenile Resource Intervention Center (JRIC) through therapeutic intervention; specifically, Dialectic Behavior Therapy to reduce recidivism and promote optimal functioning.

### 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](mailto: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 to [purchasing@purchasing.wincoil.us](mailto:purchasing@purchasing.wincoil.us)

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 five (5) business days 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.

<b>TYPE OF INSURANCE</b>	<b>MINIMUM ACCEPTABLE LIMITS OF LIABILITY</b>
<b>Workers Compensation</b>	Statutory
<b>Employers Liability</b>	
A. Each Accident	\$1,000,000
B. Each Employee-disease	\$1,000,000
C. Policy Aggregate-disease	\$1,000,000
<b>Commercial General Liability</b>	
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
<b>Business Auto Liability</b>	\$1,000,000
<b>Professional Errors and Omissions</b>	\$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

### PROPOSAL NARRATIVE

#### A. Staffing

The JRIC will be providing services from 8:00 a.m. – 8:00 p.m. Monday – Thursday and 8:00a.m. – 5:00 p.m. on Friday. The funded position will work an afternoon/evening shift to create service opportunities to accommodate school hours. Staff person will participate in monthly [minimally] provider meetings with JRIC management. Clinician must be a LCSW or LCPC.

- *Describe staffing plan/schedule using a table format.*
- *Describe your vision of roles and responsibilities of funded staff.*
- *This is a grant-funded project, staff will be responsible for gathering data and submitting in required format. Please describe data reporting process to include staff responsible.*
- *Describe staff training needed to meet goals of RFQ.*

#### B. Assessment and Case Management

Referrals will come from Juvenile Probation Officers, through decisions based off responses to risk assessments. The therapist will provide or develop a comprehensive behavioral health case management screening process and provide additional assessments as mutually agreed upon by JRIC and the selected provider.

Moreover, with the information gleaned from case management and discharge planning, the clinician will assist in developing a plan for future service provisions at the JRIC.

- *Describe your recommended initial comprehensive behavioral health screening assessment.*
- *Describe other assessments proposed to address the varied needs of JRIC youth.*
- *Describe case planning and case management process.*
- *Describe plan to document and report out on identified gaps in service.*

#### C. Dialectic Behavior Therapy (DBT)

Dialectic Behavior Therapy will be offered in individual and group sessions and be inclusive of caregivers. DBT will support rehabilitation through mindfulness by targeting posttraumatic stress reactions, which in turn reduce anti-social behaviors. Through decreased experiential avoidance and enhanced emotional regulation skills, delinquent youth will learn life-long skills that lead to improved social relationships, long-term behavioral change, and ultimately reduce the likelihood of recidivism.

DBT-A (DBT for Adolescents) differs from DBT for adults in several ways, and there is a research-validated program for those changes. The most significant difference of DBT for adolescents is *the inclusion of caregivers*. Oftentimes, and when appropriate, caregivers are included in skills training sessions or may have their own separate skill training sessions.

Caregivers should be part of individual therapy at times or be included through additional family sessions. Therapists should provide phone coaching to the caregivers in addition to the adolescent. Caregiver involvement is a critical piece of getting the best outcomes for the youth.

- Describe DBT one-on-one sessions and frequency.
- Describe DBT Group sessions and frequency.
- Describe your plan to include caregivers in the therapy model.

#### D. One-On-One Counseling

The addition of the LCSW/LCPC will allow for increased behavioral health attention. In addition to DBT, one-on-one therapy models will be important dependent on client needs. The therapist may be requested to intervene with justice-involved youth experiencing crisis.

- Describe other one-on-one therapy models and frequency.
- Describe proposed therapy models for crisis response.

#### E. Discharge Planning

Discharge plan will be shared with the youth's Probation Officer upon case completion. A Discharge Planning document will be used and a discharge survey will be developed.

- Describe the outcomes required for case completion.
- Describe the process and scope of sharing confidential information with Probation Department. Provide outline of allowable information to be shared.
- Describe proposed Discharge Planning document.
- Describe proposed discharge survey.

#### F. Staff Training

Grant-funded clinician will provide trainings to staff on topics related to de-escalation and crisis response. Additionally, staff working with justice-involved youth often experience secondhand trauma; as such, the clinician will also provide trainings on topics related to vicarious trauma and staff wellness.

- Describe proposed trainings clinician could administer related to de-escalation and crisis response needs of justice-involved youth.
- Describe proposed trainings clinician could administer on topics related to staff wellness.

#### G. Problem Resolution

Proposals should include procedures for dealing with staff/participant complaints and methods for minimizing the potential for litigation regarding behavioral health related issues.

- Describe process for problem resolution and complaints.

### **PROPOSAL ABSTRACT**

A proposal abstract (no more than 400 words) summarizing the proposed project including primary activities, products and deliverables.

### **PROPOSAL NARRATIVE**

The Proposal Narrative has a 6-page limit, should be double-spaced, using a standard 12-point Times New Roman font, 1 inch margins, using the headings provided in A – G. Please respond to the requests in A - G, being inclusive of both mental health and addiction services.



## **OTHER ATTACHMENTS**

### **A. Budget Detail and Narrative**

Provide detailed budget, include comprehensive budget narrative for each line item.

### **B. Goals, Objectives, Deliverables**

Using a table format, applicants should include estimated number served through assessment and case management, DBT individual and group, one-on-one counseling, and other proposed services. Based on previous data, the estimated unduplicated clients served annually at the JRIC are estimated to be:

Serious Mental Illness	70
Serious Emotional Disturbances	120
Substance (Ab)use Disorders	50
<b>TOTAL</b>	<b>240</b>

### **C. Timeline**

Provide a timetable indicating roughly when activities or program milestones are to be accomplished.

## **PROPOSAL CONTENT/EVALUATION CRITERIA**

- The award will be made to the qualified respondent whose Proposal is most advantageous to the County with price and other factors considered. The County may reject any and all Proposals.
- Winnebago County Court Services will conduct a fair, impartial and comprehensive evaluation of all proposals.
- The extent to which the proposal meets the requirements of the RFQ.
- The amount service(s) provided. If this RFQ is not responded to in whole, the services proposed must be specified and billing information for each service must be included.
- The demonstrated ability of the proposer to provide the required services to Winnebago County Juvenile Resource Intervention Center.
- The quality of performance of previous contracts.
- The financial resources of the proposer to perform the contract services.

## **CHECKLIST OF REQUIRED DOCUMENTS / ATTACHMENTS**

- Abstract
- Proposal Narrative
- Budget w/Budget Narrative
- Goals, Objectives, Deliverables (table format)
- Timeline
- END OF SECTION TWO: SCOPE OF WORK**

**SECTION THREE: PROPOSAL SIGNATURE FORM**

<b>Name of Proposer</b>			
<b>Contact Person</b>			
<b>Address</b>			
<b>City, State, ZIP</b>			
<b>Telephone</b>		<b>FEIN No.</b>	
<b>Email(s)</b>			

**TO:** Winnebago County Purchasing Department

The undersigned, being duly sworn, certifies they are an:

- OWNER/SOLE PROPRIETOR     
  MEMBER OF PARTNERSHIP     
  AN OFFICER OF CORPORATION     
  MEMBER OF JOINT VENTURE

Further, as the Proposer, declares that the only person or parties interested in this proposal as principals are those named herein; that this proposal is made without collusion with any other person, firm or corporation; that he/she has fully examined the proposed forms of agreement and the scope of services or work specifications for the above designated service, and all other documents referred to or mentioned in the solicitation documents, specifications and attached exhibits, including Addenda.

**(Proposer, must list below any and all Addenda on red lines)**

**No(s): \_\_\_\_\_ and \_\_\_\_\_ and \_\_\_\_\_ issued thereto;**

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 Signer** \_\_\_\_\_

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

**AUTHORIZED VENDOR 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.

<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	
NUMBER OF PERSONNEL ON STAFF	



# WINNEBAGO COUNTY

ILLINOIS

## VENDOR REGISTRATION FORM

Vendor (or Individual) Legal Name: \_\_\_\_\_

DBA/Alternative Vendor Name: \_\_\_\_\_

ADDRESS(ES)		
	Physical	Remittance, if different from physical
Street 1		
Street 2		
City		
State		
ZIP		
CONTACT(S)		
	Sales Representative	Accounts Receivable
Name		
Phone		
Email		
Web Address		
GENERAL INFORMATION		
Scope of work to be performed or provided: <input type="checkbox"/> Services and/or <input type="checkbox"/> Goods <input type="checkbox"/> Other _____		Type of Service/Goods _____ Do you have a current contract <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Winnebago County Employee: <input type="checkbox"/> Yes or <input type="checkbox"/> No If yes: <input type="checkbox"/> Current or <input type="checkbox"/> Former Dept. _____		
Name of Department/Person requesting your service or goods: _____		
CLASSIFICATION(S)		
If applicable, check those boxes that apply:		<i>(All Certifications must be included with this completed form)</i>
<input type="checkbox"/> Minority-Owned Business:	<input type="checkbox"/> Certified	<input type="checkbox"/> Self-Certified
<input type="checkbox"/> Woman-Owned Business:	<input type="checkbox"/> Certified	<input type="checkbox"/> Self-Certified
<input type="checkbox"/> Veteran-Owned Business:	<input type="checkbox"/> Certified	<input type="checkbox"/> Self-Certified
SIGNATURE		
You affirm the above information is true and correct.		
Authorized Signature: _____		Date Signed: _____
OFFICE USE ONLY		
Approved by: _____		Assigned Vendor Number: _____
Verification Completed: <input type="checkbox"/> Sam.gov <input type="checkbox"/> OFAC <input type="checkbox"/> IRS TIN Match <input type="checkbox"/> W-9 Uploaded		Date Entered: _____

# 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.

<b>Print or type.</b>  <b>See Specific Instructions on page 3.</b>	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	
	3 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.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
	<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	Exempt payee code (if any) _____
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <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.	Exemption from FATCA reporting code (if any) _____
	<input type="checkbox"/> Other (see instructions) ▶ _____	<small>(Applies to accounts maintained outside the U.S.)</small>
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
6 City, state, and ZIP code		
7 List account number(s) here (optional)		

<b>Part I Taxpayer Identification Number (TIN)</b>																					
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 <i>How to get a TIN</i> , later.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">Social security number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Social security number																			
Social security number																					
<b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="10" style="text-align: center;">Employer identification number</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>	Employer identification number																			
Employer identification number																					

<b>Part II Certification</b>			
Under penalties of perjury, I certify that:			
1. 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 2. 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 3. I am 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 reporting is correct.			
<b>Certification instructions.</b> 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>	<table style="width: 100%;"> <tr> <td style="width: 60%;">Signature of U.S. person ▶</td> <td style="width: 40%;">Date ▶</td> </tr> </table>	Signature of U.S. person ▶	Date ▶
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 [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.*



# WINNEBAGO COUNTY

— ILLINOIS —

## 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: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

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

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

**Purchasing Department** | 404 Elm St, Rm 202, Rockford, IL 61101 | [www.wincoil.us](http://www.wincoil.us)

Phone: (815) 319- 4380 | Email: [purchasing@purchasing.wincoil.gov](mailto:purchasing@purchasing.wincoil.gov)