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Mia Webster Cross, MSN, RN

ADDENDUM NO. 2

July 21, 2023

**Title: RFP for Academic Affiliation
RFP # H23-0046**

1. General

This addendum revises RFP documents. This addendum is issued to respondents of record prior to execution of contract and forms a part of contract documents and modifies previously issued documents. Insofar as previously issued contract documents are inconsistent with modifications indicated by this addendum, modifications indicated by this addendum shall govern. Where any part of the contract documents are modified by this addendum, all unaltered provisions shall remain in effect.

2. Addendum Acknowledgement Form

Acknowledge receipt of this addendum in the space provided on the Addendum Acknowledgement Form. Proposers must include the signed form with their response. Failure to do so will subject Proposers to disqualification.

3. Changes and Clarifications

A. Responses to questions receive before June 30, 2023.

4. Attachments

A. None

Responses to Vendor Questions

	Section of the RFP	Question	CCH Response
1	5.6: Contract	Section 5.6 – Contract Section VII(A) and (B) of the PSA are open-ended with respect to insurance coverage and indemnification. Rush would like to understand which options County is proposing as part of the PSA?	CCH will not cover non-health care providers. For example, the Application Analyst, Web Project Manager, and Information Technology Supervisor, and Clinical Research Coordinator are not health care providers and would not be covered by the County indemnity and would not be contracted on the PSA template as they are not providing clinical services. They would also be considered a business associate of CCH, as they are not part of the workforce of CCH. The limitations of the County's indemnity is set out in the PSA.

ADDENDUM ACKNOWLEDGEMENT FORM

As required by the RFP, Proposers must submit this acknowledgement form with their response. One acknowledgement form per response, listing all addenda, is appropriate.

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Addendum No.: _____

Company Name: _____

Representative's Name: _____

Signature: _____

Date: _____

END OF ADDENDUM