



Leadership

Toni Preckwinkle
President
Cook County Board of Commissioners

Debra D. Carey
Interim CEO
Cook County Health

Board of Directors

M. Hill Hammock
Chair of the Board

Mary B. Richardson-Lowry
Vice Chair of the Board

Hon. Dr. Dennis Deer, LCPC, CCFC
Mary Driscoll, RN, MPH
Ada Mary Gugenheim
Mike Koetting
David Ernesto Munar

Heather M. Prendergast, MD, MS, MPH
Robert G. Reiter, Jr.
Otis L. Story, Sr.
Layla P. Suleiman Gonzalez, PhD, JD
Sidney A. Thomas, MSW

ADDENDUM NO. 2

July 29, 2020

Title: Janitorial Services for CCH Ambulatory and Community Health Network (ACHN) Clinics

RFP # H20-0001

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

1. Refer to updated Pricing Proposal Sheet in attachment A of this Addendum.

4. Attachments

1. Attachment A. Revised Pricing Proposal Submission.

Attachment A. Revised Pricing Proposal Submission

RFP H20-0001 ACHN – Janitorial Services

RFP H20-0001 ACHN – Janitorial Services
Revised Pricing Proposal Submission

1. Janitorial Services Facility Cost

Facility	Monthly Cost	First Year Annual Cost	Monthly Cost	Second Year Annual Cost	Monthly Cost	Third Year Annual Cost	Total Cost (sum of Annual Cost)
Arlington Heights Health Center							
North Riverside Health Clinic							
Cottage Grove Health Center							
Dr. Jorge Prieto Health Center							
Englewood Health Center							
Logan Health Center							
Morton East Adolescent Health Center							
Near South Health Center							
Robbins Health Center							
Woodlawn Health Center							
Blue Island							
Total							

2. CCH – ACHN Consumption Product Price List

TOILET TISSUE (PAPER)	UOM	Estimate Usage (monthly)	UOM per Case a	Qty per Case b	Unit Cost c	Extended Monthly Cost d	Extended Annual Cost e = (a x d)
Cottage Grove Health Center	Case	8					
Englewood Health Center	Case	6					
Jorge Prieto Health Center	Case	8					
Logan Square Health Center	Case	6					
Near South Health Center	Case	6					
Robbins Health Center	Case	8					
Woodlawn Health Center	Case	6					
Arlington Heights Health Clinic	Case	10					
North Riverside Health Clinic	Case	10					
Blue Island Health Clinic	Case	15					
Morton East High School	Case	2					

Please provide quantity per case, unit cost, extended monthly coast and extended annual cost.
Price must remain fixed for first year of contract

CCH – ACHN Consumption Product Price List

PAPER TOWELS	UOM	Estimate Usage (monthly)	UOM per Case a	Qty per Case b	Unit Cost c	Extended Monthly Cost d	Extended Annual Cost e = (a x d)
Cottage Grove Health Center	Case	8					
Englewood Health Center	Case	7					
Jorge Prieto Health Center	Case	7					
Logan Square Health Center	Case	6					
Near South Health Center	Case	6					
Robbins Health Center	Case	6					
Woodlawn Health Center	Case	8					
Arlington Heights Health Clinic	Case	15					
North Riverside Health Clinic	Case	15					
Blue Island Health Clinic	Case	25					
Morton East High School	Case	2					

Please provide quantity per case, unit cost, extended monthly coast and extended annual cost.
Price must remain fixed for first year of contract

CCH – ACHN Consumption Product Price List

WASTE BIN LINERS	UOM	Estimate Usage (monthly)	UOM per Case a	Qty per Case b	Unit Cost c	Extended Monthly Cost d	Extended Annual Cost e = (a x d)
Cottage Grove Health Center	Case	6					
Englewood Health Center	Case	6					
Jorge Prieto Health Center	Case	6					
Logan Square Health Center	Case	4					
Near South Health Center	Case	4					
Robbins Health Center	Case	4					
Woodlawn Health Center	Case	5					
Arlington Heights Health Clinic	Case	8					
North Riverside Health Clinic	Case	8					
Blue Island Health Clinic	Case	10					
Morton East High School	Case	2					

Please provide quantity per case, unit cost, extended monthly coast and extended annual cost.
Price must remain fixed for first year of contract

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