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COOK COUNTY HEALTH

REQUEST FOR PROPOSAL (RFP) H20-0002

TITLE: Comprehensive provider of Durable Medical Equipment (DME)

DATE ISSUED: March 16, 2020

GENERAL DESCRIPTION: Cook County Health seeks to select a DME provider to supply comprehensive DME goods and services and to operate a storefront shop at the Harrison Square Facilities on behalf of the Health System.

RESPONSE/PROPOSAL DUE DATE: April 22, 2020 by 2:00 P.M. CT.

Responses to this proposal shall be delivered after 8:00 AM (CT) but no later than 2:00 P.M. (CT) to:

Cook County Health
C/O John H. Stroger, Jr. Hospital of Cook County
1969 West Ogden Ave., Lower Level Room # 250A
Chicago, IL 60612
Attention: Supply Chain Management Department

Please note that it takes approximately 20 minutes to pass security and walk to room 250A.

Delivery of proposals must include the **Proposal Acknowledgement Form** included at the end of this document.

VENDOR QUESTIONS DUE DATE: March 25, 2020 by 2:00 P.M. CT.

All questions regarding this RFP should be directed to purchasing@cookcountyhhs.org

The RFP and related Addenda will be posted at the <http://www.cookcountyhhs.org> website under the "Doing Business with Cook County Health tab".

TABLE OF CONTENTS:

1. Background	3
2. Purpose	3
3. Schedule	3
3.1 Locations and Departments Served	3
4. Scope of Work	5
4.1 Mandatory Question	6
4.2 Description of Work	6
4.3 Performance Standards	15
5. Required Proposal Content	16
5.1 Cover Letter	17
5.2 Response to Scope of Work	17
5.3 Qualifications of the Proposer	17
5.3.1 Proposer's Profile	17
5.4 Implementation	18
5.4.1 Implementation Plan	18
5.4.2 Key Personnel	18
5.5 MBE/WBE Participation	18
5.6 Financial Status	19
5.7 Conflict of Interest	19
5.8 Insurance Requirements	19
5.9 Contract	19
5.10 Legal Actions	19
5.11 Economic Disclosure Statement	20
5.12 Confidentiality of Information	20
5.13 Pricing Proposal	20
5.14 Addenda	20
6. Evaluation and Selection Process	21
6.1 Evaluation Process	21
6.2 Right to Inspect	21
6.3 Consideration for Contract	21
7. Evaluation Criteria	21
7.1 Responsiveness of Proposal	21
7.2 Technical Proposal	21
7.3 Reasonableness of Overall Price	22

7.4 Other Qualitative Criteria	22
8. Instructions to Proposers	22
8.1 Questions and Inquiries	22
8.2 Pre-proposal Conference (if Applicable).....	23
8.3 Time for Submission	23
8.4 Format	23
8.5 Number of Copies	23
8.6 Packaging and Labeling.....	23
8.7 Timely delivery of Proposals	23
8.8 Availability of Documents	24
8.9 Pre- Proposal Conference-No	24
8.10 Alteration/Modification of Original Documents.....	24
8.11 Cost of Proposer Response	24
8.12 Proposer’s Responsibility for Services Proposed	24
8.13 RFP Interpretation	24
8.14 Specifications and Special Conditions.....	24
8.15 Errors and Omissions	24
8.16 Proposal Material.....	25
8.17 Confidentiality and Response Cost and Ownership	25
8.18 Awards	25
8.20 CCH Rights.....	25
8.21 Cancellation of RFP; Requests for New or Updated Proposals.....	25
9. Definitions	26
10. Appendix A – Proposal Receipt Acknowledgement Form	27

1. Background

The Cook County Health (“CCH” or “System”) is a unit within Cook County government. The CCH provides a full continuum of health care services through its seven operating entities, referred to as System Affiliates. System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventative care. CCH services are offered without regard to a patient’s economic status or ability to pay.

The System operates John H. Stroger, Jr. Hospital of Cook County, which is a tertiary, acute care hospital and Provident Hospital of Cook County, a community acute care hospital. The System also operates: 1. the Ambulatory and Community Health Network, a system of sixteen (16) clinics offering primary care services in medically underserved areas and schools; 2. the Cook County Department of Public Health, the certified local public health department for most parts of suburban Cook County, which provides limited clinical services, as well as communicable disease control, environmental health and prevention and education services; 3. Cermak Health Services of Cook County, a health facility operated within the confines of the Cook County Department of Corrections which provides health screening, primary and specialty care for detainees; 4. Ruth M. Rothstein Core Center, a comprehensive care center for HIV and other infectious diseases; and 5. Oak Forest Health Center of Cook County.

2. Purpose

The Cook County Health is seeking a qualified Durable Medical Equipment (DME) provider to supply comprehensive DME goods and services to the various CCH locations and to operate a DME storefront in Harrison Square. The DME provider shall supply the services/equipment requested in a timely, professional, efficient and cost effective manner while ensuring the highest standards of performance, integrity, customer service and fiscal accountability.

Term of Contract: CCH desires to enter into an agreement with the successful Proposer to provide support to CCH and its patients for Durable Medical Equipment for a period of three (3) years, with the option to renew in two (2) year increments for an additional four (4) years. The anticipated commencement date is to be in the second quarter of 2020.

3. Schedule

CCH anticipates the following schedule.

Activity	Estimated Date
1. RFP posted to the website	March 16, 2020
2. Proposer Inquiry Deadline	March 25, 2020 @ 2:00 p.m. CT.
3. Response to Inquiries – Tentative	Week of March 30, 2020
4. Proposal Due Date	April 22, 2020 @ 2:00p.m. CT.
5. Evaluation of Proposals – Tentative	May, 2020

3.1 Locations and Departments Served

All services shall be made at the following CCH Locations:

Arlington Heights Health Center 3250 North Arlington Heights Road, Suite 300 Arlington Heights, IL 60004 (847)934-7969	Austin Health Center 4800 West Chicago Avenue Chicago, IL 60651 (773)826-9600
Child's Advocacy Center 1240 South Damen Avenue Chicago, IL 60608 (312)492-3861	Cicero Health Center 5912 W. Cermak Road Cicero, IL 60804 (708)783.9800
Cottage Grove Health Center 1645 Cottage Grove Ave. Ford Heights, IL 60411 (708)753-5800	Dr. Jorge Prieto Health Center 2424 South Pulaski Road Chicago, IL 60623 (773)521-0750
Englewood Health Center 1135 West 69 th Street Chicago IL 60621 (773)483-5011	GMC-General Medicine Center 1950 West Polk Street, 4 th Floor Chicago, IL 60621 (312)864-6912
GMC-General Medicine Center-Specialty Dermatology 1950 West Polk Street, 4 th Floor Chicago, IL 60621 (312)864-6912	GMC-General Medicine Center-Oncology 1950 West Polk Street, 4 th Floor Chicago, IL 60621 (312)864-6912
GMC-General Medicine Center-Ophthalmology 1950 West Polk Street, 4 th Floor Chicago, IL 60621 (312)864-6912	John Sengstacke Health Center 500 East 51 st Street Chicago, IL 60615 (312)572--2900
Logan Square Health Center 2840 W. Fullerton Ave. Chicago, IL 60647 (773)395-7400	Morton East Adolescent Health Center 2423 South Austin Boulevard Cicero, IL 60804 (708)656-1130
Near South Health Center 3525 S. Michigan Ave. Chicago, IL 60653 (312)945-4010	North Riverside Health Center 1800A S. Harlem Ave. North Riverside, IL 60546
Oak Forest Health Center 15900 South Cicero Avenue Oak Forest, IL 60452 (708)687-7200	Robbins Health Center 13450 S. Kedzie Ave. Robbins, IL 60472 (708) 293-8100
Ruth M. Rothstein Core Center 2020 West Harrison Street Chicago, IL 60612 (312)572-4500	Specialty Care Center-Central Campus 1901 West Harrison Street Chicago, IL 60612 (312)864-0200
Woodlawn Health Center 6337 S. Woodlawn Ave. Chicago, IL 60637 (773)753-5500	

4. Scope of Work

The selected Contractor will support all areas requiring the dispensing of DME and operate a DME shop at Harrison Square 1901 W. Harrison Chicago, Illinois, 60612. The retail space is 1,075 Sq. ft. broken down as follows: 712 sq. ft. storage, 245 sq. ft. lobby and 100 sq. ft. fitting rooms. The Contractor must operate in accordance with all CCH policies and procedures ensuring DME is distributed to all identified patients.

Proposers must demonstrate the following criteria:

- i. A proven track record of successful service to other similar sized health care systems
 - ii. A proven track record of successfully working with Managed Care Organizations (MCO's) and government sponsored medical assistance programs
 - iii. Ability to comply with regulatory requirements of various assistance programs
 - iv. Ability to maintain processes and procedures that are in compliance with the Health Insurance Portability and Accountability Act and its accompanying regulations ("HIPAA") and Illinois privacy laws and regulations
 - v. Ability to meet prior authorization, claims submission, quality management and reporting requirements of CCH
 - vi. Provision of a pricing proposal that demonstrates opportunity to reduce the cost of DME goods and services without affecting the quality of care
 - vii. Ability to interface with Cerner, Siemen and other programs
 - viii. Capable of offering multiple brands of products
 - ix. The ability to bill patients and patient's insurances
 - x. The ability to bill Medicaid
- A.** The following are the general categories included in this RFP. Proposers must have the capabilities to provide the DME services/supplies for the following categories:

DME and Medical Supply Categories:

- 1. Bath, beds, and related equipment
- 2. Enterals and pumps with supplies
- 3. Infusion pumps
- 4. Diabetic equipment, supplies, and related testing equipment
- 5. Incontinence supplies, urinary catheters and related supplies
- 6. Adult or Medically Necessary Diapers
- 7. Ventilator/Tracheostomy/Respiratory supplies
- 8. Infusion, injection and IV supplies
- 9. Dressing and wound care, gloves, and sponges
- 10. Nebulizers and related supplies
- 11. Wheelchairs and seating
- 12. Oxygen
- 13. Wound Care
- 14. Ostomy Supplies
- 15. Breast pumps

B. The following is the list of general departments that place orders DME services/Supplies

List of Departments Served:

1. Physical Therapy
2. Occupational Therapy
3. Ortho
4. Ambulatory Clinics
5. Same day Surgery
6. Emergency Department
7. Main Operating Room
8. Interventional Radiology
9. Others may be included

4.1 Description of Work

A. Equipment/Supplies. Contractor will ensure suitable high quality supply inventory with guidance from selected providers. DME Contractor shall provide details on criteria used to select product lines. Final product selection decision will be at CCH discretion.

B. DME Customer Service. Contractor must provide a toll free number with live voice response for customer/member service, receive routine orders for specified DME/medical supplies via toll free facsimile and/or electronic submission M-F 8:00 am-5:30 pm. Telephone services must demonstrate cultural competence by providing services in English and other languages as required by the population of CCH members.

Customer service representatives must be able to answer questions pertaining to specified DME/medical supplies, including but not limited to:

1. Covered services
2. Services requiring authorization
3. Order processing
4. Delivery repairs
5. Emergency services

C. DME Distribution Off-site Contractor must ensure that qualified staff deliver, set up and pick up equipment and supplies, and that service is provided within a time frame consistent with the prescriber orders.

D. DME Distribution. On-site store at the request of the CCH. Contractor shall deliver off the shelf products including but not limited to: cervical collars, knee braces, slings, cam boots, crutches, walkers, canes, wheel chair cushions, and splints etc.

E. Education/Training. Contractor must provide education and training to clients and their caregivers about the use of equipment/supply upon initial delivery of the equipment and supplies, in accordance with the prescription and in the language understood by the member.

- Education must be provided in a format and language readily understood by members and their Caregivers. Supplemental written instructions should be provided as necessary.

- Education should include the return demonstration by the member/caregiver of the safe and appropriate use and understanding of the equipment.

F. Security. Contractor staff will comply with all information technology policies related to approved access (i.e., pagers, email, EMR, vocera etc.) Contractor will only provide DME product to identified patients per CCH Contractor policy. DME providers must not provide any other services outside of the scope of work to CCH patients without prior review and/or approval of CCH contract manager.

G. Equipment on site. DME Contractor will contract with CCH to house the DME throughout the System and other applicable buildings/clinics. Rent will be charged for use of this space.

H. Contractor on site. CCH will provide Contractor use of space, desk, and/or telephone in various locations. Rent will be charged for use of this space.

I. Access after-hours to supply closet. CCH staff will need the ability to obtain items from the closet in the event of throughput concerns and when timely delivery of the product becomes a concern to meet patient needs.

J. Billing. DME Contractor will bill the patient and the patient's insurance. **Medicaid must billed where they are the payor. The DME provider is completely responsible for getting authorization. CCH will only pay for patients with no payor and will pay at Medicaid rates.**

K. Products. DME Contractor shall have capability to carry multiple brands.

L. DME Contractor shall have a policy and/or process for:

1. Handling equipment requests for out of stock or unavailable items
2. Returning broken and/or unused equipment, repair and replacement of equipment, along with a shipping policy for the equipment
3. After hours, weekend coverage and emergency and/or urgent requests
4. Communication with physicians, nurses and allied health professionals when ordering or recommending services
5. Documentation of communications around delivery of the product to CCH
6. Service response and how it will meet the needs of CCH patients 24 hours per day and 7 days per week
7. Must have a process in place for managing STAT requests
8. Managing Medicaid pending patients
9. Managing Latex and/or Latex Free product information with staff and patients
10. Warranty of products when placed by CCH personnel
11. Compliance with all manufacturers recommended guidelines in insure patient safety

M. Quarterly Business Reviews. The Contractor and CCH shall meet quarterly to review the relationship between CCH, CCH patients, and the Contractor. The topics to be addressed, include, but are not limited to patient satisfaction, CCH staff satisfaction, number and percentage of redistributions, Contractor response time, on-hand stock management, etc.

CCH reserves the right of final authority to permit or deny any Contractor personnel onto CCH premises.

The chosen Contractor must be managed in accordance with the Joint Commission (JACHO), Occupational Safety Health Administration (OSHA), all applicable federal, state and local laws, regulations, and guidelines, and CCH's Policies and Procedures relative to patient care, infection prevention and quality safety. The chosen Contractor will provide to CCH clear methodology Practices.

4.2 Mandatory Question

Please, fully and completely, answer all questions on the following page. Although some questions call for a yes or no answer, where a detailed response can be provided, Proposer is strongly encouraged to provide a **detailed and coherent written response. These questions pertain to quality, service performance, and other critical elements."**

Requirement	Proposer Response
A. Policies and Procedures	
1. Describe your company's method to offer patients their choice of brands?	
2. Explain your order intake process. Can provider use form, fax, or call? Can CCH fax a copy of order made by the provider?	
3. What resource do you have to do eligibility check, insurance verifications, and secure preauthorization for high value equipment? What will your process for eligibility check and insurance verification be for patients that were seen in Emergency Department after 8PM?	
4. What is your proposed process on how the patient will be able to get an assistive device after hours, especially Emergency Department?	
5. Do you provide assistive devices (canes, crutches, walker, and wheelchairs) or will you be using a subcontractor?	
6. For devices in the hospital, will there be resource from your side that will monitor the inventory on a weekly basis?	
7. What is your proposed process for handling missing equipment / assistive devices?	
8. Describe, in detail, your company's workflow for filling orders.	
9. Provide details on your company's criteria used to select product lines.	
10. Provide details on your company's capability to carry multiple brands and outline your process when products and brands are discontinued.	

Requirement	Proposer Response
11. CCH reserves the right to final product selection decisions for all products to be provided to CCH patients. Please describe how your company will comply with this mandate, especially when/if your company lacks the product(s) CCH requires.	
12. Provide details on your company's process on handling Claims and Information Management- Standards, performance, turnaround, information technology capabilities and programs that are in place. Be detailed and specific.	
13. Explain and provide details on your company's methodology for addressing equipment requests When DME is out-of-stock at both the medical center and your company's warehouse, and the manufacturer.	
14. Describe your company's return policies for damaged, broken, and unused equipment. Please Include what your company offers for indigent and underinsured patients in this situation.	
15. Describe your company's policies for repair and replacement equipment, including your shipping policy for that equipment. Please include what your company offers for indigent and underinsured patients in this situation.	
16. Describe your company's policies for after hours and weekend coverage, and Emergency and /or Urgent Requests.	
17. Describe your company's loss prevention program. What would your company consider CCH's liability to be?	
B. Operations	
1. Please describe how your company will communicate with Physicians and CCH personnel ordering services. Explain this process.	
2. Indicate the minimum qualifications necessary for the individual(s) who will be onsite delivering DME services at CCH. Indicate what standards, beyond minimum that your company prefers.	
3. Describe your company's methodology for documentation of all communications. These documents will need to be available for CCH review, upon request. Explain.	

Requirement	Proposer Response
4. Describe in detail your process for managing STAT requests in the hospital, ambulatory clinics, and at the patient's residence. What is the average time from referral to actual patient visit/delivery for the services you include?	
5. What measures do you take to ensure that all relevant patient information is collected from a provider? From the patient?	
6. How is product delivery coordinated with patient(s) and families, from the point of receiving the physician's order to the delivery of product? Describe how this accomplished, in detail.	
7. How is product inventory replenishment and delivery coordinated with CCH?	
8. What education is provided to the patient and family regarding various DME? Please provide examples and explain how you document patient education and choice.	
9. Describe your inventory control system, including how to ensure appropriate level of supplies and security.	
10. Provide a complete pricing list of items to be supplied through your program - complete with Manufacturer and Manufacture's Catalog Number, and your correlating vendor product number, if any. Please provide this in the price proposal section of your response. Section 5.13	
11. Provide a detailed description of your company's capabilities for providing both on-site and off-site DME services to CCH patients. Please include non-STAT service response times for all situations, and known limitations to your service. Be very specific and detailed.	
C. Quality & Credentials	
1. Please submit a copy of your Medicare Certification and your most recent accreditation report, as well as, the results of any audits conducted within the previous 5 (five) years.	
2. Are all of your branch locations accredited by the Joint Commission? If not, explain and indicate which branch offices are not accredited by the Joint Commission. Please include all steps your company is taking to remedy all non-accreditation locations. If your company plans to not seek accreditation or reaccreditation of any location, indicate which locations and explain why.	

Requirement	Proposer Response
3. Are any of the services you plan to provide through this engagement provided by a subcontractor, or any other entity? If so, please list them all and explain their role and responsibilities. Your company should appropriately monitor subcontractors with regard to quality of, access to, and utilization of services. Describe this in detail in this response.	
4. Describe your FDA monitoring and reporting structure, in detail.	
5. Describe your DME quality assurance program including, but not limited to, customer service, customer satisfaction goals, personnel metrics, and Key performance indicated (KPI's) and reporting capability.	
6. Other than KPI's and performance metrics, how does your company hold itself accountable to CCH and its patients?	
7. Explain how staff competency is assessed. Please describe how and to what level you train your personnel on DME product and product application.	
8. Describe your company's risk management program, including, but not limited to: infection prevention and control, OSHA compliance, and disaster recovery.	
9. Describe your company's procedure and safeguards protecting patient confidentiality, including HIPAA compliance and training.	
D. Patient Service and Satisfaction	
1. Please provide the names of the highest volume organizations of whom you have contractual arrangements to provide DME and the number of patients you serve at each institution, daily. Explain in detail how you will provide high quality service to CCH patients if you were to be awarded the winning Contract.	
2. If your present capacity is insufficient in any way, please detail your plans for handling the additional business represented by this engagement.	
3. Describe your company's experience with addressing large fluctuations in service demand. What policies and procedures does your company employ to properly handle such fluctuations?	
4. Please describe how your company will handle and address complaints/grievances, including tracking and resolution?	

Requirement	Proposer Response
5. Describe how you communicate latex and/or latex free product information with staff and patients.	
6. Please provide samples of any and all forms that may be potentially used at CCH.	
7. What information system(s) (describe functionality, as well as system type), if any, are utilized?	
8. Describe your system's reporting capabilities for product use, benchmarking and Pricing.	
E. Billing and Collections	
Requirement	Proposer Response
1. Define your billing processes, including invoicing and fees.	
2. What is included on your invoice, and what is included in your fees? (Provide a sample)	
3. How is the billing fee established? (i.e. percent of allowable, net, gross, etc.)	
4. Provide documentation/ reports on an annual or semi-annual basis that show pricing is competitive with other similar entities, and that our patients receive the best care and products at the most competitive price. Describe this in detail.	
5. If patients are transferred from the Preferred Provider Arrangement how this would be accomplished?	
6. Provide a detail explanation of the billing and collection procedures related directly to how accounts are managed, and what controls are in place which measure the appropriateness of collection steps.	
7. Provide information on any indigent or underserved patient programs in which you participate.	
8. How would you differentiate CCH patient referrals from your own business?	
Requirement	Proposer Response
F. Performance	
1. Provide a detailed description of the proposed system, hardware, software and services, including how the proposed system will meet or exceed the requirements	

Requirement	Proposer Response
stated in the entire RFP for Durable Medical Equipment (DME) Service.	
2. Describe the inventory management system including specifics on tracking replenishment and product loss.	
3. Describe process for managing substitutions, special orders, stock outs, emergencies and back order. Include expected turnaround time	
4. Describe the process for setting PAR levels and adjustments to PAR levels.	
5. Describe the process for managing recalls and product expiration.	
G. Additional Standards for suppliers of Oxygen and Oxygen Related Equipment Describe how you will meet the following requirements:	
1. Verbal and written education and training of members and their caregivers must address the following topics at a minimum. <ol style="list-style-type: none"> The importance of adhering to prescribed liter flow Proper use of equipment and supplies, including basic operating instructions Descriptions, assembly procedures and precautions for all accessories Safety precautions and hazards related to oxygen use Selecting the proper location for equipment in the home. Routine care and daily maintenance of all equipment, including cleaning and disinfecting procedures. Routine follow-up service procedures Emergency response procedures to prevent interruption of service 	
2. Supplier must follow-up as needed to ensure continued safe and proper use of equipment. Follow-up includes the following services. <ol style="list-style-type: none"> Perform scheduled quality control checks such as operational tests for safety. Provide preventive maintenance at defined intervals based on the manufacturer's guidelines; Replenish each client's supplies as medically necessary or authorized. 	
3. Emergency response services must be available at all times to prevent interruption of oxygen therapy in the event of a power outage or mechanical failure.	

Requirement	Proposer Response
<ul style="list-style-type: none"> a. Provide enough back up oxygen to last for a period of time equal to three times the supplier's average delivery time. b. Contact each client within two hours of his and her initial request; c. Replace equipment and supplies within a time frame that does not allow the member to exhaust his or her back-up supply of oxygen. d. If an emergency is medical, refer the client directly to his or her physician caregiver or 911; e. Backup units in case of power outage 	
<p>4. Handle transport repackaging or otherwise dispense gaseous or liquid oxygen in complete compliance with U.S. Food and Drug Administration (FDA), U.S. Department of transportation, Occupational Safety and Health Administration and Compressed Gas Association rules, regulations, guidelines and recommendations.</p>	
<p>5. Meet FDA purity and labeling regulations if used trans filling.</p>	
<p>6. Comply with the following requirement for specific types of oxygen equipment:</p> <ul style="list-style-type: none"> a. Oxygen Contractors must: <ul style="list-style-type: none"> 1. Deliver the liter flow ordered by the prescribing physician; 2. Meet the manufactures standards or at least 85 percent at each liter flow level, whichever is greater; 3. Have a working alarm audible to the member that will alert him or her in the event of a power outage or mechanical failure; and 4. Be double insulated or otherwise comply with Underwriter Lab grounding standards. b. Liquid oxygen reservoirs must: <ul style="list-style-type: none"> 1. Deliver the amount of oxygen ordered by the prescribing physicians; 2. Include a contents indicator to determine remaining volume; and 3. Meet current FDA purity and labeling regulations if used for transfilling. c. High pressure oxygen cylinders must <ul style="list-style-type: none"> 1. Deliver the liter flow ordered by the prescribing physician; 2. Test and record current hydrostatic function. Vendor must ensure at the time of transfilling 	

Requirement	Proposer Response
<p>that the expiration date stamped on the cylinder has not expired or will not expire before a member uses it; and</p> <p>3. Be safely secured with an appropriate stand or acceptable alternative.</p> <p>d. Portable oxygen systems must:</p> <ol style="list-style-type: none"> 1. Deliver the liter flow ordered by the prescribing physician; 2. Be stand –alone systems or condiments to stationary systems that allows member to ambulate within their homes; and 3. Not be used as a backup system. <p>e. Oxygen accessories must:</p> <ol style="list-style-type: none"> 1. Have quality and design features appropriate to the members need as ordered by his or her prescribing physician and authorized by the CCH; and 2. Include items such as transtracheal catheters, as ordered by the prescribing physician. <p>f. Oxygen conserving devices (passive or electric) must meet the member’s therapeutic needs, as determined by his or her prescribing physician and authorized by CCH.</p>	
<p>7. Contractors must train clients and their caregivers not to place oxygen near stoves or open flames.</p>	
<p>8. Oxygen filters should be checked pursuant to the manufacture’s guidelines.</p>	

4.3 Performance Standards

A. Additional Standards for Suppliers of Wheelchairs and Related Equipment

2. Contractor may not drop ship a wheelchair to the member’s home. Supplier must deliver wheelchairs and accessories to clients in their homes to provide proper instructions and safety procedures. Describe your procedures for delivery.
3. Contractor must have qualified staff or relationships with Physical Therapy providers that ensure that the wheelchair is fitted to the client and that patient can use the wheelchair safely and effectively.
4. Contractor must complete a home evaluation to ensure a wheelchair fits inside the member’s home properly and that they can effectively move about the dwelling, as well as enter and exit in a safe manner.
5. Contractor must assemble equipment according to the manufacturers guidelines and be certified by the prospective manufacturer to provide and assemble mobility devices.

6. Contractor must provide equipment that is medically necessary for the client, ordered by the prescribing physician and authorized by CCH in accordance with the plan provisions.
 - a. Contractor repair and replacement services must be available and include the following services: a) respond to an emergency requests by repairing or replacing equipment within 24 hours of the members initial request;
 - b. respond to non-emergency requests by repairing or replacing equipment within 48 hours of the members initial request;
 - c. Supply a loaner if the equipment cannot be repaired in a timely manner, until such time that the repair/replacement is complete.
7. Contractor must ensure equipment of patients and their caregivers should address, at a minimum, proper equipment use for achieving the position(s) ordered by the prescribing physician.
8. Contractor must maintain an acknowledgement statement signed by the patient and their caregivers, attesting that training was received from the Contractor.
8. Contractor must ensure equipment is functioning properly upon initial set-up.

5. Proposal Format and Content

5.1 Proposal Format

This RFP provides potential Proposers with sufficient information to enable them to prepare and submit proposals. CCH is supplying a base of information to ensure uniformity of responses. It must be noted, however, that the guidelines should not be considered so rigid as to stifle the creativity of any Proposer responding.

This RFP also contains the instructions governing the submittal of a Proposal and the materials to be included therein, which must be met to be eligible for consideration. All Proposals must be complete as to the information requested in this RFP in order to be considered responsive and eligible for award. Proposers providing insufficient details will be deemed non-responsive.

CCH expects all responses to reflect exceptional quality, reasonable cost and overall outstanding service. **Any page of a Proposal that Proposer asserts to contain confidential proprietary information such as trade secrets or proprietary financial information shall be clearly marked "CONFIDENTIAL PROPRIETARY INFORMATION" at the top of the page. Additionally, the specific portions of the page that are asserted to contain confidential proprietary information must be noted as such. However, note that ONLY pages that are legitimately confidential should be marked Confidential. CCHHS will return proposals that mark all pages Confidential or are copyrighted. All proposals submitted to CCHHS are the property of CCHHS.**

Further, the Proposer is hereby warned that any part of its Proposal or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by Illinois Statutes.

Proposals shall not contain claims or statements to which the Proposer is not prepared to commit contractually. The information contained in the Proposal shall be organized as described in this section.

5.2 Proposal Content

5.2.1 Cover Letter

Please limit this to one page. The cover letter shall be signed by an authorized representative of the Proposer. The letter shall indicate the Proposer's commitment to provide the services proposed at the price, schedule proposed, and must be signed.

5.2.2 Response to Scope of Work

Insert your response to the Scope of Work, Section, 4.2 Mandatory Questions and

5.2.3 Qualifications of the Proposer

5.2.3.1 Proposer's Profile

Proposer must include a description of the organization's track record as follows:

Company Profile	
1.	Legal Name
2.	Assumed Names if any
3.	Legal form (e.g. sole proprietor, partnership, corporation, joint venture)
4.	If a subsidiary, provide the same information about the Parent Company as required in this table format.
5.	Proposer's principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact information.
6.	Point of Contact for this RFP including contact information.
7.	Number of employees
8.	Number of years in business
9.	Relevant Certifications
10.	Proposer's Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)
11.	List any contracts which the Proposer has entered into during the past (10) years with Cook County, any Cook County Department or CCH.
12.	Describe how your proposal meet HIPPA requirements.

- a. Provide at least three (3) relevant references in the required table format below, from clients.

Contract/Project Name
Name of the organization
Name of the contact person (title, email and phone number)
Prime or subcontractor?
Contract dollar value
Contract Period
Project Scope
Proposer's role/scope (succinct description)

5.2.4 Implementation

5.2.4.1 Implementation Plan

Proposer to provide timetable and outline of the following

- i. Implementation plan and schedule (with day 1 being contract award)
- ii. Define milestones and critical gates.
- iii. Specify needed company actions for implementation.
- iv. Define security requirements.
- v. Define Company resource assignments, if any

5.2.4.2 Key Personnel

Provide a table with the following information:

- i. Proposed project resources;
- ii. Roles;
- iii. High level skills (project alignment);
- iv. Proposed work location for each resource (onsite/offsite);
- v. Time commitment to the project if awarded;

The Chief Procurement Officer reserves the right to reject any key personnel proposed if it is determined not to be in CCH' best interest. The evaluation of proposals includes the qualifications of the personnel proposed; therefore, proposers must name key personnel as part of their response. Key Personnel must not be replaced during the project without the approval of the Chief Procurement Officer.

5.2.5 MBE/WBE Participation

The Proposer may be comprised of one or more firms as to assure the overall success of the project. The proposer must present a team chart that clearly identifies each team member and specify their role in the project (this should be more detailed than the information provided in the executive summary). For each subcontractor, provide the name of the firm(s), brief company background, level of participation, MBE or WBE if applicable, the type of services each resource, from each firm, will provide. For each MBE/WBE certified firm proposed, provide the appropriate information in the [Economic Disclosure Statement](#) Forms (in a separate envelop). [MBE/WBE Participation Goals](#) for this procurement are stated in section 5.5 of this document. The Chief Procurement Officer reserves the right to accept or reject any of the team members if in The Chief Procurement Officer's sole opinion replacement of the team member, based on skills and knowledge, is in the best interest of the County.

Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, and Section 34-267), and CCH has established a goal that MBE/WBE firms retained as subcontractors receive a minimum **12.5% MBE** and **5 % WBE** of this procurement.

The Office of Contract Compliance has determined that the participation for this specific contract is 12.5% MBE and 5% WBE participation. The Proposer shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. In the event that the Proposer does not meet the MBE/WBE participation goal stated by CCH for this procurement, the proposer must nonetheless

demonstrate that it undertook good faith efforts to satisfy the participation goal. Evidence of such efforts may include, but shall not be limited to, documentation demonstrating that the proposer made attempts to identify, contact, and solicit viable MBE/WBE firms for the services required, that certain MBE/WBE firms did not respond or declined to submit proposals for the work, or any other documentation that helps demonstrate good faith efforts. Failure by the proposer to provide the required documentation or otherwise demonstrate good faith efforts will be taken into consideration by CCH in its evaluation of the proposer's responsibility and responsiveness.

5.6 Financial Status

- a. Provide the audited financial statements for the last three fiscal years. Include the letter of opinion, balance sheet, schedules, and related auditor's notes. Summary format and links to online financials are allowed. If applicable, submit the financial report of your parent company.
- b. State whether the proposer or its parent company has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code, and, if so, the date and case number of the filing.
- c. State whether the proposer or its parent company has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

5.2.6 Conflict of Interest

Provide information regarding any real or potential conflict of interest. Failure to address any potential conflict of interest upfront may be cause for rejection of the proposal.

If no conflicts of interest are identified, simply state "[Company X] has no conflict of interest."

5.2.7 Insurance Requirements

Prior to contract award, the selected Proposer will be required to submit evidence of insurance in the appropriate amounts. However, with its Proposal, ***the Proposer is required to provide a statement on their company letterhead stating their agreement to meet all insurance requirements by CCH.***

5.2.8 Contract

Sample Contract General Terms and Conditions are available in the Doing Business with CCH website. Execution of the Contract is not required at the time the qualifications are submitted. However, if the proposer disagrees with any Contract provisions, or is proposing alternate language, it shall include the language for consideration by submitting the proposed redlines on the sample Contract General Terms and Conditions document. CCH will not consider any exceptions or proposed alternate language to the Contract General Terms and Conditions if the proposer does not include these objections or alternate language with the proposal. CCH shall not be deemed to have accepted any requested exceptions by electing to engage a Proposer in negotiations of a possible Contract.

5.2.9 Legal Actions

Provide a list of any pending litigation in which the proposer may experience significant financial settlement and include a brief description of the reason for legal action.

If no Legal actions are identified, simply state "[Company X] has no pending legal actions in which our firm will experience any significant impact to this Contract."

History of Legal Actions for the last 36 months:

Action	Date

5.2.10 Economic Disclosure Statement

Execute and submit the Economic Disclosure Statement (“EDS”).

The EDS form can be found at <https://cookcountyhealth.org/about/doing-business-with-cook-county-health/>. ***The EDS must be submitted with the pricing proposal in a separate envelope.***

5.2.11 Confidentiality of Information

The Selected Proposer may have access to confidential information, including Protected Health Information (PHI) to perform the functions, activities, or services for, or on behalf of, Cook County Health as specified in this RFP. The Proposer must acknowledge that if awarded there is a high likelihood that the Selected Proposer may have access to PHI, in paper or electronic form, and thus, it shall sign a Business Associate Agreement with Cook County Health. As a Business Associate, the Selected Proposer will agree to comply with all federal and state confidentiality and security laws and regulations, including HIPAA, HITECH, the Medicaid Confidentiality Regulations, as defined herein, and all other applicable rules and regulations. The Proposer must commit to require all staff, including drivers, Attendants, and other personnel, and Subcontractors to complete HIPAA training upon hire, and no less frequently than annually thereafter. Cook County Health reserves the right to review and accept the training program prior to implementation, or require the Selected Proposer to use HIPAA materials or training sessions supplied by Cook County Health.

5.2.12 Pricing Proposal

Proposers must submit pricing proposals in a separate sealed envelope clearly marked with the RFP number and the label “Pricing Proposal.” Proposers are required to submit one (1) paper pricing file and one (1) electronic pricing file (***in excel*** and emailed to the email addresses specified on the cover page). **The required excel file format is attached to the RFP PDF file as a paperclip.**

The pricing proposal must include any supplemental options or schedules offered by the proposer. All pricing information must be submitted in the required **MS Excel Exhibit 1** to facilitate analysis and ***must include all assumptions***. Proposers should include elements or references to the pricing proposal **only in this section and separate the pricing proposal according to the Instructions above.**

Cook County Health makes no guarantee that the services or products identified in this RFP will be required. The proposer must provide sufficient pricing details to permit CCH to understand the basis for the proposal.

Cook County Health is neither obligated to purchase the full quantities proposed by the proposer, nor to enter into an agreement with any one proposer.

5.2.13 Addenda

Since all Addenda become a part of the Proposal, **all Addenda must be signed by an authorized Proposer representative and returned with the Proposal. Failure to sign and return any and all Addenda acknowledgements shall be grounds for rejection of the Proposal.** Addenda issued prior to the Proposal

due date shall be made available via Cook County Health website: <http://www.cookcountyhhs.org/about-COOK COUNTY HEALTH/doing-business-with-COOK COUNTY HEALTH/bids-rfp/>

6. Evaluation and Selection Process

6.1 Evaluation Process

Proposals will be evaluated by a RFP Evaluation Committee that may invite one or more proposers to make presentations and/or demonstrations.

The evaluation committee, at its option, may request that all or a shortlisted group of proposers engage in proactive pricing feedback, submit clarifications, schedule a site visit of their premises (as appropriate), provide additional references, respond to questions, or consider alternative approaches.

6.2 Right to Inspect

Cook County Health reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the proposer and any proposed subcontractors and to reject any proposal regardless of price if it shall be administratively determined that in Cook County Health sole discretion the proposer is deficient in any of the essentials necessary to assure acceptable standards of performance. Cook County Health reserves the right to continue this inspection procedure throughout the life of the Contract that may arise from this RFP.

6.3 Consideration for Contract

Any proposed contract including all negotiations shall be subject to review and approval of CCH management and / or CCH legal. Proposed Contracts are also subject to review by the Cook County Office of Contract Compliance. Following finalization of contract documents to the satisfaction of CCH executive management, CCH shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion. The identity of the successful Proposer shall be posted on the website.

7. Evaluation Criteria

7.1 Responsiveness of Proposal

Proposals will be reviewed for compliance with and adherence to all submittal requirements requested in this RFP. Proposals which are incomplete and missing key components necessary to fully evaluate the Proposal may, at the discretion of the Chief Procurement Officer or designee, be rejected from further consideration due to "Non-Responsiveness" and rated Non-Responsive.

7.2 Technical Proposal

Proposals will be reviewed and selected based on the following criteria.

- A. Ability to achieve Cook County Health's business goals, objectives, and Scope of Work described in this RFP, by providing a succinct and feasible description of the proposed planning, design, build, training, deployment and post live support approach.
- B. Qualifications and experience of the proposed key personnel as evidenced by relevant experience.

- C. Qualifications and experience of the proposer to successfully perform and provide the services described in this RFP, as evidenced by the successful provision of similar services in similar environments and in compliance with all applicable laws.

7.3 Reasonableness of Overall Price

Price will be evaluated separately for overall reasonableness and competitiveness.

7.4 Other Qualitative Criteria

The Chief Procurement Officer may, at his own discretion reject a proposal from further consideration due to “Non-Responsiveness,” if a proposal does not completely address the following:

1. MWBE Utilization Plan (EDS forms);
2. Financial Status;
3. Conflict Interest;
4. Insurance Requirements;
5. Contract Terms and Conditions (objections and/or suggested alternate language);
6. Legal Actions;
7. Addenda acknowledgement (See [Addenda Section](#))

8. Instructions to Proposers

These instructions to proposers contain important information and should be reviewed carefully prior to submitting the Required Proposal Content. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that the proposers will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted proposal.

8.1 Questions and Inquiries

Questions regarding this RFP will be submitted in writing to the contact(s) email listed on the cover page of this RFP no later than the date stated in the [Schedule](#).

Question must be submitted in the following format, **in MS Excel**, and the subject of the email should reference the RFP #, Title and Proposer’s Name.

ID	Vendor Name	RFP Section	Question
1.			
2.			
3.			
4.			

Should any proposer have questions concerning conditions and specifications, or find discrepancies in or omissions in the specifications, or be in doubt as to their meaning, they should notify the Supply Chain Management Office via the email provided on the cover sheet no later than the date stated on the [Schedule](#) and obtain clarification prior to submitting a Proposal. Such inquiries must reference the proposal due date and Cook County Health RFP number.

8.2 Pre-proposal Conference (if Applicable)

If Identified on cover page, CCH will hold a Pre-Proposal conference call on the date, time, and location indicated. Representatives of Cook County Health will be present to answer any questions regarding the goods or services requested or proposal procedures. If a mandatory pre-proposal conference is required, the proposer must sign the pre-proposal conference or site inspection sheet and include a copy of this sign-in sheet in the response to the RFP.

8.3 Time for Submission

Proposals shall be submitted no later than the date and time indicated on the cover page of this RFP. Late submittals will not be considered.

8.4 Format

Material should be organized following the order of the Required Proposal Content Section separated by labeled tabs. Expensive paper and bindings are discouraged since no materials will be returned. Numbered titles and pages are required. CCH reserves the right to waive minor variances.

8.5 Number of Copies

Proposers are required to submit one (1) original hard copy, and one (1) electronic copy (emailed to the email addressed on the cover page) and no later than the time and date indicated in the RFP.

NOTE: One (1) paper copy of the pricing proposal and one (1) EDS copy must be submitted separate from the rest of the response.

Each submission must then be separated as follows:

1. One (1) technical hard copy - the original - excluding Pricing and EDS forms;
2. One (1) Pricing and EDS hard copies in a separate envelope;
3. One (1) complete electronic response package (including excel pricing file and EDS) emailed to the email addresses on the cover page. The technical response must be a single electronic file (do not submit a file per RFP section). The email must clearly indicate the RFP Number and Title.

Please see the Proposal Receipt Acknowledgement form at the end of this file for the form required at delivery time.

8.6 Packaging and Labeling

The outside wrapping/envelope shall clearly indicate the RFP title, proposer's Name, proposers address, and point of contact information. **The Price Proposal and EDS shall be submitted in a separate sealed envelope, but can be in the same box.** The envelope shall clearly identify the content as "Price Proposal". All other submission requirements shall be included with the Technical Proposal.

8.7 Timely delivery of Proposals

The proposal(s) must be either delivered by hand or sent to CCH through U.S. Mail or other available courier services to the address shown on the cover sheet of this RFP. Include the RFP number on any package delivered or sent to CCH and on any correspondence related to the Proposal. If using an express delivery service, the package must be delivered to the designated building. Packages delivered by express mail services to other locations might not be re-delivered in time to be considered. CCH assumes no responsibility for any Proposal not so received.

8.8 Availability of Documents

CCH publishes competitive bid, RFP, and other procurement notices, as well as award information, at: <https://cookcountyhealth.org/about/doing-business-with-cook-county-health/> under the “Doing Business with CCH” tab. Proposers intending to respond to any posted solicitation are encouraged to visit the web site above to ensure that they have received a complete and current set of documents.

8.9 Pre- Proposal Conference-No

CCH will hold a Pre-Proposal Conference on the date, time and location indicated on the cover page. Representatives of CCH will be present to answer any questions regarding the goods or services requested or proposal procedures. If a mandatory site visit is required, the Proposer must sign the site inspection sheet and include a copy of this sign-in sheet in the response to the RFP.

8.10 Alteration/Modification of Original Documents

The proposer certifies that no alterations or modifications have been made to the original content of this Bid/RFP or other procurement documents (either text or graphics and whether transmitted electronically or hard copy in preparing this proposal). Any alternates or exceptions (whether to products, services, terms, conditions, or other procurement document subject matter) are apparent and clearly noted in the offered proposal. Proposer understands that failure to comply with this requirement may result in the proposal being disqualified and, if determined to be a deliberate attempt to misrepresent the proposal, may be considered as sufficient basis to suspend or debar the submitting party from consideration from future competitive procurement opportunities.

8.11 Cost of Proposer Response

All costs and expenses in responding to this RFP shall be borne solely by the proposer regardless of whether the proposer’s Proposal is eliminated or whether CCH selects to cancel the RFP or declines to pursue a Contract for any reason. The cost of attending any presentation or demonstration is solely the proposer’s responsibility.

8.12 Proposer’s Responsibility for Services Proposed

The proposer must thoroughly examined and read the entire RFP document. Failure of proposers fully to acquaint themselves with existing conditions or the amount of work involved will not be a basis for requesting extra compensation after the award of a Contract.

8.13 RFP Interpretation

Interpretation of the wording of this document shall be the responsibility of CCH and that interpretation shall be final.

8.14 Specifications and Special Conditions

The specifications in this document provide sufficient information for proposers to devise a plan and provide pricing. Minor variations from those specifications will be considered as long as proposers identify any instance in which their services specifications differ from those set forth in the proposal documents.

8.15 Errors and Omissions

The proposer is expected to comply with the true intent of this RFP taken as a whole and shall not avail itself of any errors or omission to the detriment of the services or CCH. Should the proposer suspect any error, omission, or discrepancy in the specifications or instructions, the proposer shall immediately notify CCH in writing, and CCH will issue written corrections or clarifications. The proposer is responsible for the

contents of its Proposals and for satisfying the requirements set forth in the RFP. Proposer will not be allowed to benefit from errors in the document that could have been reasonably discovered by the proposer in the process of putting the proposal together.

8.16 Proposal Material

The Proposal material submitted in response to the RFP becomes the property of CCH upon delivery to the Supply Chain Management Office and may become part of a Contract.

8.17 Confidentiality and Response Cost and Ownership

All information submitted in response to this RFP shall be confidential until CCH has executed a Contract with the successful proposer or has terminated the RFP process and determined that it will not reissue the RFP in the near future. Following such actions, the contents of Proposals submitted in response to this RFP may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act ("FOIA"). If a proposer wishes to preserve the confidentiality of specific proprietary information set forth in its Proposal, it must request that the information be withheld by specifically identifying such information as proprietary in its Proposal. CCH shall have the right to determine whether it shall withhold information upon receipt of a FOIA request, and if it does so pursuant to a proposer request, the proposer requesting confidential treatment of the information shall bear the costs of asserting that there is a proper exemption justifying the withholding of such information as proprietary in any court proceeding which may result. This notwithstanding, proposer is on notice that the COOK CCH is subject to the FOIA and that any documents submitted to the CCH by the proposer may be released pursuant to a request under the FOIA.

8.18 Awards

CCH may, at its discretion evaluate all responsive Proposals. CCH reserves the right to make the award on an all or partial basis or split the award to multiple proposers based on the best value to CCH meeting the specifications, terms and conditions in accordance with the evaluation criteria set for in this RFP. If a split award impacts the outcome of the project it must be so stated in the proposal.

8.20 CCH Rights

CCH reserves the right to reject any and all offers, to waive any informality in the offers and, unless otherwise specified by the proposer, to accept any item in the offer. CCH also reserves the right to accept or reject all or part of your Proposal, in any combination that is in the best interest of CCH.

8.21 Cancellation of RFP; Requests for New or Updated Proposals

CCH, in its sole discretion, may cancel the RFP at any time and may elect to reissue the RFP later. CCH may also issue an Addendum modifying the RFP and may request supplemental information or updated or new Proposals.

9. Definitions

Abuse means (i) a manner of operation that results in excessive or unreasonable costs to the Federal or State health care programs, generally used in conjunction with Fraud; or (ii) the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, generally used in conjunction with Neglect.

Appeal means a request for review of a decision made by proposer with respect to an Action. The following definitions shall apply to this RFP:

Addendum or **Addenda** shall refer to a one or more documents posted to the website by which modifies this Request for Proposal or provides additional information.

Board or **System Board** shall refer to the Board of Directors of the CCH and Hospitals System.

Contract shall mean a properly executed Contract that has been negotiated between CCH and a proposer for some or all of the Deliverables described in this RFP.

Contractor(s) and **Selected Proposer** shall mean the individuals, businesses, or entities that have submitted a Proposal and have negotiated a Contract that has been properly executed on behalf of the Contractor and CCH.

County shall mean the County of Cook, Illinois, a body politic and corporate.

Deliverables shall refer to the items, supplies, equipment, or services that will be provided pursuant to any Contract entered into as a result of this RFP.

Fraud means knowing and willful deception, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit.

General Conditions shall mean the terms and conditions posted to the website. **Proposal** shall mean the document(s) submitted by Proposer(s) in response to this RFP that constitute a Proposer's offer to enter into contract with CCH under terms consistent with this RFP, subject to the negotiation of a contract and approval by the Board.

Procurement Director or **System SCM Director** shall mean the System Director of Supply Chain Management who serves as chief procurement officer for the CCH.

Proposer(s) shall mean the individuals or business entities, if any, submitting a Proposal in response to this RFP.

Request for Proposals or **RFP** shall refer to this solicitation of Proposals by CCH that may lead to the negotiation of a Contract and the recommendation that the CCH authorize a Contract with a proposer.

10. Appendix A – Proposal Receipt Acknowledgement Form **Proposal Receipt Acknowledgement Form**

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612. The outside wrapping shall clearly indicate the RFP Number and Title, Proposer's Name, Proposers Address, and Point of Contact information. **Prefill the first two lines prior to submission.**

Solicitation Number and		
Title:		
<hr/>		
Vendor Name:		
<hr/>		
Accepted By:		
<hr/>		
Date:		
<hr/>		
Time (if time machine is not		A.M
available, hand write the	P.M	
time):		
<hr/>		

Proposals shall be submitted no later than the date and time indicated on the cover page of the RFP. **Late submittals will not be considered.** Proposers must cut this sheet in two. SCM will time-stamp top and bottom sections. SCM will keep one section and the proposer will keep the other section.

Time Stamp Here



Proposal Receipt Acknowledgement Form

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612. The outside wrapping shall clearly indicate the RFP Number and Title, Proposer's Name, Proposers Address, and Point of Contact information. **Prefill the first two lines prior to submission.**

Solicitation Number and		
Title:		
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Date:		
<hr/>		
Time (if time machine is not		A.M
available, hand write the	P.M	
time):		
<hr/>		

Proposals shall be submitted no later than the date and time indicated on the cover page of the RFP. **Late submittals will not be considered.** Proposers must cut this sheet in two. SCM will time-stamp top and bottom sections. SCM will keep one section and the proposer will keep the other section.

Time Stamp Here