



COOK COUNTY HEALTH (CCH)

REQUEST FOR QUOTE (RFQ) # H22-0072 -REPOST

TITLE: Infection Preventionist Consultant - BLOC

GENERAL DESCRIPTION: The Cook County Department of Public Health (CCDPH) is looking for an independent contractor to support infection prevention efforts related to the COVID-19, healthcare-associated Infections (HAI)/ antimicrobial resistance (AR) and other communicable diseases in long-term care facilities (LTCF) for grant deliverables associated with NACCHO BLOC COVID-19+ Project Goals.

DATE ISSUED: January 20, 2023

CONTRACTOR QUESTIONS DUE DATE: January 27, 2023, by 2 pm CST

RESPONSE/APPLICATION DUE DATE: February 10, 2023, by 2 pm CST

PREAPPLICATION CONFERENCE: NONE REQUIRED

All questions regarding this RFQ should be directed to purchasing@cookcountyhhs.org, and as instructed in Section 6.1 of this RFQ. Responses to this Application shall be delivered via email only to the aforementioned email addresses.

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1. CCH Background

The Cook County Health (“CCH” or “System”) is a unit within Cook County government. 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 Cook County Department of Public Health (CCDPH) is an affiliate of CCH. Our jurisdiction includes over 120 municipalities in suburban Cook County with approximately 2.3 million residents. There are over 200 long-term care facilities in our jurisdiction. Our mission is to optimize health and achieve health equity for all people and communities of Cook County through our leadership and collaborations, focusing on health promotion and prevention, while advocating for and assuring the natural environmental and social conditions necessary to advance physical, mental and social well-being.

2. Term of Services and RFQ Schedule

I. Contract Term of Service

Cook County Health intends to award one contract lasting from the time of award until June 2023.

II. Schedule

Activity	Estimated Date
RFQ issued to Contractor	1/20/2023
Contractor Questions Due Date	1/27/2023 by 2 pm CST
<i>CCH response to Contractor Questions - Tentative</i>	<i>Week of 1/30/2023</i>
Quotes Due Date	2/10/2023 by 2 pm CST

3. Program Description and Scope of Service

CCH is seeking quotes for contracted services for an Infection Preventionist within the Cook County Department of Public Health (CCDPH), related to NACCHO BLOC COVID-19+ Project.

3.1 Overview

CCDPH has received funding through NACCHO BLOC COVID-19+ Project. The goals of this project are: 1) to strengthen relationships between Local Health department (LHDs) and facilities and partners; 2) to enhance LHD capacity and confidence in assessing and supporting infection prevention and control (IPC) practices in high-risk facilities; 3) to improve implementation of IPC in high-risk facilities; and 4) to decrease rates of and negative outcomes associated with COVID-19, HAI, and AR pathogens in those facilities.

3.2 Program Description

CCDPH is seeking the services of an independent Infection Prevention contractor to support BLOC COVID19+ Demonstration Site Project Community of Practice.

Currently, CCDPH has limited ability to conduct on-site Infection prevention and control assessments due to the reduced number of staff supporting these activities particularly in long term care facilities.

We need to build our capacity for outreach and response activities including educating long term care facilities regarding reporting requirements and/or implementation of CDC's Infection Control Assessment and Response (ICAR) standardized tool.

CCDPH is seeking to identify vulnerable at high-risk facilities, to reduce transmission of HAI. The Contractor would assist in achieving these goals as described in the scope of work below.

In addition to outreach and response activities, the Contractor would assist in customizing training plans for our department's staff. The Contractor(s) would assist in compiling, customizing, and distributing training materials to LTCFs. Also, in producing reports, tracking progress and other ad hoc projects as needed.

A. Required Materials, Supplies and Support Services

Contractor will be responsible for providing his/her own computer, mobile phone, and means of transportation required to conduct assessments and develop educational materials.

B. Additional Capabilities:

Contractor must have a minimum of two hours of availability per week during CCDPH hours of operation (8:30 am to 4:30 pm CST) for check-ins with CCDPH staff and other project communication that cannot be accomplished using asynchronous communication methods.

3.3 Scope of Services

A. Scope

The awarded Contractor shall provide the following in coordination with CCDPH epidemiologists and partners:

1. Creation and documentation of a coordinated approach (strategy or plan) developed in conjunction with the state health department HAI/AR program to use available COVID-19 and HAI/AR infection data to respond to possible outbreaks by assisting with facility assessments (ICARs), becoming a "go-to" resource for infection prevention training for facilities' staff, and strengthening our local health department (LHD) and state alignment for COVID-19 preparedness and response strategies.
2. Creation of toolkit, for which consultant adapts, compiles, collates, or develops educational materials to support LHD implementation of federal guidance related to monitoring and responding to HAIs, AR, and COVID-19 in LTCFs.
3. Summary report detailing a) initial scan for and b) engagement and coordination over the course of the project with stakeholders also engaging with high-risk facilities on IPC activities, updating the summary and list developed in year one of the project. Examples of stakeholders include:

*State surveyors or licensing agencies; Veterans Affairs; the Federal Emergency Management Agency; academic institutions; regional public health and healthcare coalitions (e.g., Quality Innovation Network-Quality Improvement Organizations [QIN-QIOs]); and associations representing high-risk facility staff or residents

* Stakeholders can also engage high-risk facilities on related activities, including preparedness, health equity, immunization, food safety, etc.

4. Complete and track at least 20 LTCFS with outreach and response activities including ICAR assessments (via telephone, video chat, or in-person).
5. Documentation of participation in at least 20 calls or visits with high-risk facilities who have completed an ICAR (conducted by the applicant or by the state HAI program or other entity) to provide additional education or assistance to address gaps identified through the assessment.

B. General Specifications/Minimum qualification

1. Bachelor's Degree preferably in nursing or Public Health, with coursework in epidemiology or biostatistics, from an accredited college or university, MPH preferred.
2. At least 2 years of professional experience in Infection Prevention, CIC preferred.
3. Prior experience conducting site visits or infection control assessments in acute or long-term care settings.
4. Position requires moderate to heavy local travel for which contractor must possess a valid Illinois driver's license and personal insured vehicle.
5. Willingness to follow IC policies and procedures of facilities to be visited, e.g., complying with PPE, COVID 19 testing and vaccination requirements.

C. Roles/Responsibilities of CCDPH

1. Ensure access to necessary information to identify high risk LTCFs.
2. Ensure access to updated IDPH and CDC guidance.
3. Provide input on visits to be completed and subsequent follow-ups.
4. Provides general administrative support to the contractor to achieve the goals of the grant.

D. Deliverables

1. Commit a minimum of 10 and maximum of 30 hours weekly to working on projects assigned by the CCDPH Infection prevention team, as described in Section 3.3, A: Scope.
2. Participate in weekly check-ins with CCDPH Infection prevention team.

4. Submission Requirements and Application Proposal

Cook County Health intends to award one contract to support activities described in this Request for Quote (RFQ).

All completed Applications (**Attachment A**) must be submitted **by February 10, 2023**, no later than **2:00 PM CST Central**. Applications submitted beyond this deadline will not be considered.

How to apply

Interested individuals should complete the attached Application (**Attachment A**).

Refer to **Attachment A** in this RFQ to complete the Application. You may add additional lines as needed in the Budget Detail section of the Application and remember to include detailed justification for each area.

Applicants are required to:

1. Submit one (1) electronic Application emailed to purchasing@cookcountyhhs.org;
2. Include in the **Subject Line**,
3. **Attach** Completed Application

4.1. Executive Summary/Cover Letter

- 4.2. Please limit this to one page. The cover letter shall be signed by an authorized representative of the Respondent. The letter shall indicate the Respondent's commitment to provide the services proposed at the price and schedule. Do not forget to sign your cover letter.

4.3. Response to Scope of Services

To respond to the Scope of Services, please provide the information requested in Section 3.3 below.

4.4. Respondent's Profile and Track Record

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

Company Profile (Prime only)

a. Legal Name
b. Assumed Names if any
c. Address, City, State, Zip Code
d. Legal Structure (e.g., sole proprietor, partnership, corporation, joint venture)
e. If a subsidiary, provide the same information about the Parent Company as required in this table format.
f. Date and State where formed.
g. Respondent's principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer.
h. Point of contact for this RFQ including contact information: phone and email contact information
i. Respondent Business background and description of current operations
j. Number of employees
k. Number of years in business
l. Total number of years providing the proposed services
m. Is Respondent a licensed business to perform the work in scope? If so, please specify relevant certifications.
n. Respondent's Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)
o. Is Respondent authorized to conduct business in Illinois? Provide Registration Number issued by the Illinois Secretary of State, a copy of the Certificate of Good Standing, and include Cook County Assumed Business Name Certificate, if applicable.

p. Number of years providing lead abatement services.
q. Description of Respondent's business background and current operations.
r. Indicate any merger or acquisitions discussions in with the Respondent is involved.
s. Add any other key information that may assist the County in understanding your "track record."

4.5. Quote

Respondent must provide detailed pricing with their Quote. The pricing information must include any supplemental options or schedules offered by the proposer. All pricing **must include all assumptions** to facilitate Analysis. Proposers should include elements or references to the pricing Quote **only in this section**.

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

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

4.6. MBE/WBE Participation

The Respondent may be comprised of one or more firms as to assure the overall success of the project. The Respondent 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).

- A. It is the policy of the County of Cook to prevent discrimination in the award of or participation in County Contracts and to eliminate arbitrary barriers for participation in such Contracts by local businesses certified as a Minority Business Enterprise (MBE) and Women-owned Business Enterprise (WBE) as both prime and sub-contractors. In furtherance of this policy, the Cook County Board of Commissioners has adopted a Minority- and Women-owned Business Enterprise Ordinance (the "Ordinance") which establishes annual goals for MBE and WBE participation as outlined below:

Contract Type	Goals	
	MBE	WBE
Goods and Services	25%	10%
Construction	24%	10%
Professional Services	35% Overall	

- B. **The County may set contract-specific goals, based on the availability of MBEs and WBEs that are certified to provide commodities or services specified in this solicitation document. The MBE/WBE participation goals for each Contract are stated in the Special Conditions.** A Bid,

Quotation, or Submittal shall be rejected if the County determines that it fails to comply with this General Condition in any way, including but not limited to: (i) failing to state an enforceable commitment to achieve for this contract the identified MBE/WBE Contract goals; or (ii) failing to include a Petition for Reduction/Waiver, which states that the goals for MBE/WBE participation are not attainable despite the Bidder or Respondent Good Faith Efforts, and explains why. If a Bid, Quotation, or Submittal is rejected, then a new Bid, Quotation, or Submittal may be solicited if the public interest is served thereby.

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 35% MBE/WBE of this procurement. **The Office of Contract Compliance has determined that the participation for this specific contract is 0% MBE and 5% WBE participation.**

The Respondent shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. In the event that the Respondent does not meet the MBE/WBE participation goal stated by CCH for this procurement, the Respondent 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 Respondent 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 submittals for the work, or any other documentation that helps demonstrate good faith efforts. Failure by the Respondent to provide the required documentation or otherwise demonstrate good faith efforts will be taken into consideration by CCH in its evaluation of the Respondent's responsibility and responsiveness.

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.

4.7. Financial Status

- A. Provide the audited summary financial statements for the last two fiscal years. State whether the Respondent 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.
- B. State whether the Respondent or its parent company has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

4.8. 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 RFQ.

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

4.9. Contract

Sample Contract General Terms and Conditions are available in **Attachment B, CCH Sample Terms and Conditions Contract**. Execution of the Contract is not required at the time the qualifications are submitted. However, if the Respondent 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 Respondent does not include these objections or alternate language with the submittal. CCH shall not be deemed to have accepted any requested exceptions by electing to engage a Respondent in negotiations of a possible Contract.

4.10. Legal Actions

Provide a list of any pending litigation in which the Respondent 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

4.11. Confidentiality of Information

The Selected Respondent may have access to confidential information, including Protected Health Information (PHI) to perform the functions, activities, or services for, or on behalf of, CCH as specified in this RFQ. The Respondent must acknowledge that if awarded there is a high likelihood that the selected Respondent may have access to PHI, in paper or electronic form, and thus, it shall sign a Business Associate Agreement with CCH. As a Business Associate, the selected Respondent 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 Respondent 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. CCH reserves the right to review and accept the training program prior to implementation or require the selected Respondent to use HIPAA materials or training sessions supplied by CCH

4.12. 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 in a separate envelope.

4.13. Addenda

Since all Addenda become a part of the submittal, all Addenda must be signed by an authorized Respondent representative and returned with the submittal. Failure to sign and return any and all Addenda acknowledgements shall be grounds for rejection of the submittal. Addenda issued prior to the submittal due date shall be made available via Cook County Health website: <http://www.cookcountyhealth.org/about-Cook County Health/doing-business-with-Cook County Health/>

5. Evaluation and Selection Process

An Evaluation Committee comprised of the CCH and County personnel will evaluate all responsive Submittals in accordance with the selection process detailed below.

A. Submittal Assessment

A Committee will review all Quotes to ascertain that they are responsive to all submission requirements.

B. Submittal Evaluation

The RFQ provides requirements and data, which will be used as a basis for the determining the qualifications of the firm(s) and proposed staff, project approach, systems and methodologies for delivery of the Project.

5.1. Right to Inspect

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

5.2. Consideration for Contract

Any proposed contract including all negotiations shall be subject to review and approval of CCH management, CCH Legal and CCH's Board of System Board. 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 Respondent shall be posted on the website.

6. General Evaluation Criteria**6.1. Responsiveness of Submittal**

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

Respondent must be compliant with all the submission requirements of the RFQ. The Quotes will be evaluated in accordance with the criteria detailed below.

6.1.1 Submittal Review

An evaluation committee may request that proposers engage in proactive pricing feedback, submit clarifications, provide additional references, respond to questions, or consider alternative approaches.

Applications will be reviewed based on the following criteria.

- i. Ability to achieve CCH's Program Goals, and Objectives described in Section 3 of this RFQ including the following:
 - Provide all required materials, supplies and support services
 - Can satisfy additional capabilities
- ii. Ability to achieve the requirements of the Scope of Services described in Section 3 of this RFQ including the following:
 - Meet minimum qualification of scope of services
 - Can commit to deliverables
- iii. Relevant Experience

- iv. Overall, Price for reasonableness and competitiveness.

In addition, the Committee will review the information and evidence Respondent's responsiveness to the following categories:

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)

7. Instructions to Applicants

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

7.1 Questions and Inquiries

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

7.2 Time for submission

Applications shall be submitted no later than the date and time indicated on the cover page of this RFQ.

7.3 Cost of Applicant Response

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

7.4 Applicant's Responsibility for Services Proposed

The Applicant must thoroughly examine and read the entire RFQ document. Failure of Applicants 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.

7.5 RFQ Interpretation

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

7.6 Errors and Omissions

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

clarifications. The Applicant is responsible for the contents of its Applications and for satisfying the requirements set forth in the RFQ. Applicant will not be allowed to benefit from errors in the document that could have been reasonably discovered by the Applicant in the process of putting the Application together.

7.7 Application Material

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

7.8 Confidentiality and Response Cost and Ownership

All information submitted in response to this RFQ shall be confidential until CCH has executed a Contract with the successful Applicant or has terminated the RFQ process and determined that it will not reissue the RFQ in the near future. Following such actions, the contents of Applications submitted in response to this RFQ may be disclosed in response to requests made pursuant to the provisions of the Illinois Freedom of Information Act ("FOIA"). If a Applicant wishes to preserve the confidentiality of specific proprietary information set forth in its Application, it must request that the information be withheld by specifically identifying such information as proprietary in its Application. 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 an Applicant request, the Applicant 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, Applicant is on notice that the CCH is subject to the FOIA and that any documents submitted to the CCH by the Applicant may be released pursuant to a request under the FOIA.

7.9 Awards

CCH may, at its discretion evaluate all responsive Applications. CCH reserves the right to make the award on an all or partial basis or split the award to multiple Applicants based on the most qualified Applicants and in the best interest of CCH meeting the specifications, terms and conditions. If a split award impacts the outcome of the project it must be so stated in the Application.

7.10 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 Applicant, to accept any item in the offer. CCH also reserves the right to accept or reject all or part of your Application, in any combination that is in the best interest of CCH.

7.11 Cancellation of RFQ; Requests for New or Updated Applications

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

8. Special Conditions

The Special Conditions contain additional information and should be reviewed carefully prior to submitting the Required Application. Failure to adhere to the Special Conditions set forth in these instructions, failure to provide positive acknowledgement that the Applicants will provide all

services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted Application

8.1 Insurance Requirements

Contractor will maintain, at Contractor's sole cost and expense and in full force and effect, for the Term at least the following insurance, through policies with reputable and financially sound insurance organizations or through a program of self-insurance acceptable to CCH, to cover loss and damage arising from the furnishing of Services and Deliverables (collectively, "Contractor-Required Insurance"):

Workers' Compensation Insurance.

Workers' Compensation shall be in accordance with the laws of the State of Illinois or any other applicable jurisdiction. The Workers' Compensation policy shall also include the following provisions:

- I. Employers' Liability coverage with limits of:
 - \$ 1,000,000 each Accident;
 - \$ 1,000,000 each Employee; and
 - \$ 1,000,000 Policy Limit for Disease.
- II. Broad form all states coverage

Commercial General Liability Insurance.

The Commercial General Liability shall be on an occurrence form basis to cover bodily injury and property damage including loss of use. General Liability limits shall not be less than \$ 1,000,000 per occurrence and \$2,000,000 aggregate combined single limit for bodily injury and property damage. The General Liability policy shall include, without limitation the following coverages:

- I. All premises and operations;
- II. Broad Form Blanket Contractual Liability;
- III. Products/Completed Operations;
- IV. Broad Form Property Damage Liability; and
- V. Cross liability

Comprehensive Automobile Liability Insurance.

Comprehensive Automobile Liability to cover all owned, non-owned and hired automobiles, trucks and trailers. The Comprehensive Automobile Liability limits shall not be less than the following:

Liability - All Autos: Bodily Injury & Property Damage – \$1,000,000 per Occurrence; and
Uninsured/Motorists: Per Illinois Requirements.

Umbrella/Excess Liability Insurance.

- I. \$2,000,000 each occurrence for all liability; and
- II. \$2,000,000 in the aggregate per policy year separately with respect to products and completed operations.

Professional Liability Insurance.

- I. \$1,000,000.00 each occurrence; and

II. \$3,000,000.00 in the aggregate.

Cyber/Security and Privacy Liability Coverage.

This coverage applies damages arising from failure of computer security, or wrongful release of private information, in an amount of at least \$5,000,000 per claim and in the aggregate.

Contractor shall furnish a certificate or certificates of insurance to CCH prior to commencing performance under the Contract which evidences the above coverages. The insurance purchased and maintained by Contractor shall be primary and not excess or pro rata to any insurance issued by the County.

Additional Insured.

The Commercial General Liability and Excess Liability policies must name the County of Cook, its elected and appointed officials, and its agents and employees as additional insureds in connection with the activities contemplated by the scope of this Contract.

Qualification of Insurers.

All insurance companies providing coverage shall be licensed or approved by the Department of Insurance, State of Illinois, and shall have a financial rating no lower than (A-) VII as listed in A.M. Best's Key Rating Guide, current edition or interim report. Companies with ratings lower than (A-) VII will be acceptable only upon written consent of the Cook County Department of Risk Management.

Subcontractor Insurance Requirements.

Contractor shall require that providers who become Subcontractors to Contractor perform such functions as utilization review or credentialing hereunder, carry professional liability insurance in an amount of \$1,000,000 per each occurrence and \$3,000,000 in the aggregate.

10. Definitions

The following definitions shall apply to this RFQ:

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

"Board" or "System Board" shall refer to the Board of Directors of the Cook County Health and Hospitals System.

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

"Contractor(s)" and "Selected Applicant" shall mean the individuals, businesses, or entities that have submitted an Application 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 RFQ.

"General Conditions" shall mean the terms and conditions posted to the CCH website.

"Party" or "Parties" means the Cook County Health and Hospitals System and Contractor.

"Application" shall mean the document(s) submitted by Applicant(s) in response to this RFQ that constitute an Applicant's offer to enter into contract with the CCH under terms consistent with this RFQ, subject to the negotiation of a Contract and approval by the Board.

"Service Provider(s)" or Applicant(s)" shall mean the individuals or business entities, if any, submitting an Application in response to this RFQ.

"Request for Quote" or "RFQ" shall refer to this solicitation of Applications by CCH that may lead to the negotiation of a Contract and the recommendation that the CCH authorize a Contract with an Applicant.

"Subcontractor" means any person or entity that has an agreement with Contractor to provide services related to this RFQ.

Attachment A – Application

CCH requires applicants to submit the following information with their applications. Complete Application Template point of contact (with address, phone number, fax number, e-mail) and FEIN for organization; and to provide a quote that includes a budget summary, detailed budget, and justification to meet scope of work and deliverables.

- Please complete the tables below and copy and paste onto your letterhead. Add additional lines as needed in the Budget Summary, Section D, and please remember to complete justification section for each area.

Application

Infection Prevention, RFQ H22-0072

Section A: Contractor Profile

Organization			
Mailing address			
City, State, Zip			
Street address (if different from mailing address)			
FEIN			
Phone		Fax	
Website			
Primary Contact for this Application:			
Name			
Title			
Phone		Fax	
Email			
Mailing address (if different from organization)			
City, State, Zip			

I. Supplemental Information

Include a Brief description of organization (no more than 2 pages), including:

- Include history of service provision within suburban Cook County or for similar government organizations.

- b. Include any minority or female representation in your ownership structure, board membership or executive team.
- c. Include names and titles of key personnel at executive and operational level who will be in charge of ensuring contract's success. Please indicate percent allocation of these personnel to the project, as well as hourly rates of top staff, required monthly hours for key roles, and staffing profile.
- d. Include Minority Owned Business Enterprise / Women Owned Business Enterprise Utilization Plan. Applicant must complete and submit an MBE/WBE Utilization Plan. Refer to the Economic Disclosure Statement. The EDS form can be found in **Attachment B**.
- e. Submit executed Economic Disclosure Statement ("EDS") and provide copy of W-9. Applicant must complete and submit an Economic Disclosure Statement. The EDS form can be found in **Attachment C**. The EDS forms should be **submitted electronically**. **EDS original signatures must be sent via regular mail only after selection and negotiation have been completed.**
- f. Acknowledge acceptance of CCH Standard Terms and Conditions (Attachment D)
A Sample Contract General Terms and Conditions are available in **Attachment D, CCH General Terms-Condition.pdf**. Execution of the Contract is not required at the time the qualifications are submitted. However, if the Applicant 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 Applicant 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 Applicant in negotiations of a possible Contract.

Section B: Grant Information

Grant period	
Total Amount Requested from Cook County Health	\$

Section C: Program Information Outcomes/Metrics

Program Metrics	Proposed #
Total number of hours per week that can be committed to projects as described in the scope of work	

I. Program Metrics Response Summary

- a. Provide detailed descriptions for each of the functions requirement described in the Scope of Services, Section 3.
- b. Include description of any subcontractors, their addresses, and a description of the work each subcontractor will be performing.

Section D: Budget Summary**I. Budget and Justification**

- a. Detailed budget indicating one-time costs, recurring fixed costs, and variable operational costs, including Overhead support personnel responsible for ensuring mission's success - hourly rate, and any travel costs.
- b. Anticipated recurring fixed costs, regardless of number of sites that are operational, or number of vaccinations being distributed. Costs for anticipated materials and supplies must include detail on the type of material (e.g., PPE, medications, etc.).
- c. Costs which will vary by number and types of sites, or by number of vaccinations distributed per day per site.

Budget Summary

ITEM	AMOUNT
A. Salary and Wages	\$

Budget Details**A. Salary and Wages**

Staff Name	Position Title	Monthly Salary	% of time on project	# of Hours per Months	# of Months	Amount Requested

Justification:

Budget Details: Instruction

Grant funds must be used to support program activities. Below are the line items that can be included in your proposed quote. See Budget Detail section above required for the Quote for the details that need to be provided for each line item.

A. Salary & Wages: Include staff time supporting program activities during project period. Consider covering a percentage time of existing staff, given the short project period.

B. Funding Restrictions

Funds may not be used as matching funds for any other grant program, or for:

- Political or religious purposes
- Contributions or donations
- Fundraising or legislative lobbying expenses
- Conference registration fees
- Payment of bad or non-program related debts, fines, or penalties
- Contribution to a contingency fund or provision for unforeseen events
- Food or beverages, including alcoholic beverages
- Membership fees, interest or financial payments, or other fines or penalties
- Purpose or improvement of land or purchase, improvement, or construction of a building
- Expenditures that may create conflict of interest or the perception of impropriety
- Exhibit fees of any kind
- Airfare or any out of state travel costs
- Vaccines
- Purchase of vehicles
- Tuition reimbursement
- Bonus pay
- Media campaigns
- Cash assistance
- Research
- Reimbursement for pre-award costs