



**COOK COUNTY HEALTH (CCH)**

**REQUEST FOR QUOTE (RFQ) # H22-0014**

**TITLE:** In-Home Vaccination Program, COVID-19 Vaccine and Influenza Vaccine

**GENERAL DESCRIPTION:** The Cook County Department of Public Health (CCDPH) COVID-19 In-Home Vaccination Program is looking to fund vaccine providers and to expand COVID-19 In-Home Vaccination and optional Influenza Vaccination in designated suburban Cook County municipalities.

**DATE ISSUED:** February 1, 2022

**VENDOR QUESTIONS DUE DATE:** February 8, 2022 by 2 pm CST

**RESPONSE/APPLICATION DUE DATE:** February 24, 2022 by 2 pm CST

**PREAPPLICATION CONFERENCE: NONE REQUIRED**

All questions regarding this RFQ should be directed to [purchasing@cookcountyhhs.org](mailto: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 System operates John H. Stronger, 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 is continuing to work on their strategic plan moving forward which includes CountyCare. This is a Medicaid health plan for low-income adults established under the Affordable Care Act. CountyCare is expanding its eligible membership population to children, seniors, and persons with disabilities. CCH will continuously undergo the transformation of its services to continue service excellence for its patients.

## 2. Term of Services and RFQ Schedule

### I. Contract Term of Service

Cook County Health intends to award one or more contracts for 9 months (3/1/22 - 12/31/22) with an option to extend the term an additional 12 months.

### II. Schedule

Activity	Estimated Date
RFQ issued to Vendor	02/01/2022
Vendor Questions Due Date	02/08/2022 by 2 pm CST
<i>CCH response to Vendor Questions - Tentative</i>	<i>Week of 02/04/2022</i>
<b>Quotes Due Date</b>	<b>02/24/2022 by 2 pm CST</b>

## 3. Program Description and Scope of Service

CCH is seeking quotes for contracted services for the Cook County Department of Public Health (CCDPH) In-Home Vaccination Program, COVID-19 and Influenza Vaccination.

### I. Overview

The Cook County Department of Public Health (CCDPH) COVID-19 In-Home Vaccination Program is looking to expand its In-Home Vaccination Program and fund vaccine providers to continue COVID-19 In-Home Vaccination and offer optional Influenza Vaccination in designated suburban Cook County municipalities through 12/31/2022, with a possible extension.

### II. Program Description

The CCDPH COVID-19 In-Home Vaccination Program coordinates In-Home COVID-19 vaccinations to meet people in their homes that are either homebound or have social, health, and socioeconomic barriers to accessing the COVID-19 vaccine. In-Home Vaccination needs are identified by requests made through the Request Form on [vaccine.cookcountyil.gov](https://vaccine.cookcountyil.gov), the

COVID-19 hotline, and/or community-based organization partners who identify vulnerable individuals.

Vendor(s) must have completed all necessary I-CARE registration(s) upon award. Vendor(s) must be approved or have applied for approval by CDC and as a COVID-19 pandemic vaccination provider upon award. Vendor(s) must enroll with CDC as a vaccine provider upon award, and must adhere to all requirements of this agreement.

Services would include, but are not limited to: on-site vaccinations under the clinical direction of a medical director employed by the vendor(s), fulfillment of reporting requirements, and facilitation of safe vaccination of the patient population. This medical director must be a licensed physician. The vendor(s) must have medical licensure under which to operate and may not operate under CCDPH's medical license.

**A. In-Home Vaccination Sites**

Vendor(s) will provide vaccination services at locations as directed by CCDPH.

**1 Number, Frequency and Availability of Sites**

- a. Site Type Vendor(s) must be willing and able to operate a regularly determined number of in-home vaccinations depending on operational need:
- b. Vendor(s) must be able to operate sites seven days per week, from 8am to 8pm, as vaccine supplies allow and as directed by CCDPH. Vendor(s) will be expected to scale up or scale down in-home vaccinations as required by CCDPH. Vendor(s) must have a minimum capacity of at least 250 in-home vaccinations per month.

**2 Required Materials, Supplies and Support Services**

- a. Vendor(s) must provide all equipment and supplies, for effective vaccination administration in anticipation of, or in response to, vaccine and patient volume at vendor's expense. Any equipment acquired by the vendor(s) for use under the contract will remain property of the vendor(s). Vendor(s) must be able to report current on-hand and status of resupply or replenishment for any required materials or supplies at regular intervals to CCDPH.
- b. Vendor(s) must provide multilingual capacity through a combination of staff onsite or through a translation service supported via phone and also must have staff available onsite adept in interacting effectively and sensitively with clients from diverse backgrounds. Vendor must have Spanish-speaking staff or the capability to use translation services on-site at all mobile sites.

**3 Community Relations and Patient Accommodation**

The vendor(s) must be able to provide for accessibility requests for individuals with disabilities including Deaf and hard of hearing people, people who are blind or low vision, people with cognitive and/or intellectual disabilities and other categories. The vendor(s) will work with CCDPH to ensure appropriate reasonable accommodations are made.

**4 Other accommodations**

Vendor(s) must have staff available onsite adept in interacting effectively and sensitively with clients from diverse backgrounds, including various disability communities,

individuals with criminal justice involvement and individuals with various immigration statuses.

## **5 Reimbursement**

- a. CCDPH will require vendor to reduce invoices to CCDPH by the amount received through reimbursements from third-party payors. CCDPH's policy does not require an identification card, such as a driver's license, to be vaccinated. The vendor(s) will be informed regarding any changes to this policy.
- b. Vaccines must be provided at no cost to the patient. When possible, the vendor(s) must seek appropriate reimbursement from a program or health plan that covers COVID-19 vaccine administration fees for the individual receiving the vaccine (e.g., private insurance, Medicare, Medicaid, CHIP, etc.). For vaccine recipients not covered by insurance, providers may be requested to seek reimbursement (at Medicare rates) for administration fees through the Health Resources & Services Administration (HRSA) offered by the U.S. Department of Health and Human Services (HHS).
  - i. Providers need to be registered with this program.
  - ii. Providers must agree to no balance billing.
  - iii. Providers must have verified that the recipient was not covered under insurance.
  - iv. Providers must agree to submit requests for reimbursement electronically when available, and receive payment electronically. (For more information about the program and claims reimbursement, see: [www.hrsa.gov/CovidUninsuredClaim](http://www.hrsa.gov/CovidUninsuredClaim))

## **6 Required agreements, reporting, and information system capabilities**

Vendor(s) must sign and adhere to the CDC COVID-19 Vaccination Program Provider Agreement. Vendor(s) must also enroll in I-CARE, the immunization registry for the state of Illinois, its successor or other designated data systems and submit data on a daily basis.

The vendor(s) must capture various required data required elements required by I-CARE or an Electronic Medical Record (EMR) that is able to electronically transmit required patient and COVID-19 immunization data to I-CARE. Data elements to be collected and transmitted include but are not limited to patient demographics, vaccine, vaccine administered code set (CVS), lot number, vaccine expiration date, precautions and contraindications, and additional data requirements set by the CDC and the State. Additional data requirements include but are not limited to: current number of patients who have received their first dose, number of patients who have received their second dose), vaccine on hand and vaccine administered; and documentation of quality assurance checks in a format provided by CCDPH.

## **7 Additional Capabilities:**

The vendor(s) must also have the following:

- a. An available system for scheduling, registration, administering, tracking, providing follow up, as well as reminding and securing an appointment for a second dose (and additional dose or booster dose), with documentation of administration, for each client served.
- b. A system that provides a dashboard of all scheduled appointments, first dose vaccinations completed, second, additional dose, and booster dose vaccinations completed, and patient demographic information.

- c. A process for reporting vaccine inventory and wastage data to I-CARE.
- d. A method and process for reporting adverse reactions in the Vaccine Adverse Event Reporting System (VAERS)
- e. The ability to integrate with/transfer EMR data to I-CARE

## **8 Emergency Management Planning and Operations**

The Vendor(s) must have an Emergency Management Planning and Operations, including

- a. On-site safety plan
- b. Security plan
- c. Clinical experience administering vaccinations

## **III. Scope of Services**

### **A. Scope**

The awarded Vendor(s) shall provide the following:

- a. Conduct at least 250 in-home vaccinations per month in suburban Cook County, with the ability to scale up or down depending on referrals from CCDPH.
- b. Administer Covid-19 Vaccination and Influenza Vaccination as requested to individuals, either at the same or separate visits.
- c. Conduct pre-clinical planning and clinical operations For In-Home Vaccination clinics. This includes but is not limited to:
  - 1 Calling the individual or caregiver to schedule the In-Home Vaccination.
  - 2 Participate in regular (weekly or monthly TBD by CCDPH) check-ins with CCDPH mobile team.
  - 3 Provide individuals with all required paperwork in languages needed by participants (e.g. consent forms, registration link/form, etc.).
  - 4 Bring all clinical staff, vaccine, and vaccine supplies to support vaccination.
  - 5 Operate the In-Home Vaccination clinic.
  - 6 Set-up the clinical space in home.
  - 7 Collect and review completed consent forms.
  - 8 Address any questions about the vaccine and vaccine safety.
  - 9 Administer vaccine to clients.
  - 10 Observe clients for adverse reactions.
  - 11 Dispose of all vaccine supplies in a proper manner.
  - 12 Ensure setup of 2nd dose/additional dose/booster appointments, as needed,
  - 13 Request vaccine from CCDPH or I-CARE at least 7 days before the scheduled In-Home Vaccination.
  - 14 Coordinate Vaccine Pick up with CCDPH staff, if needed.
  - 15 Report all vaccinations into I-CARE.
  - 16 Provide all vaccinated individuals with proof of vaccination (usually CDC vaccination card).
  - 17 Complete CCDPH survey with information about In-Home Vaccinations completed.
  - 18 Complete CCDPH survey with data regarding the numbers of vaccines administered.
  - 19 Outreach to organizations to support outreach and promotion regarding In-Home vaccination availability.
  - 20 Coordinate with CCDPH to access resources that will help increase awareness and educate on the COVID-19 vaccine.

**B. General Specifications/Minimum qualification**

- 1 IDPH approved COVID-19 vaccine provider
- 2 Current in-home vaccination or mobile provider in Chicago and/or suburban Cook County
- 3 Ability to provide all clinic operation planning and be flexible to scale up and down
- 4 Experience working within suburban Cook County, including experience collaborating with community-based organizations and providing care for hard-to-reach populations in this region.
- 5 Program Activities Vendor(s) must provision in-home clinics inclusive of all equipment, materials and supplies and staff, including provision of sufficient staffing of clinical and non-clinical roles to operate in-home vaccination clinics, including healthcare providers licensed or authorized by law in the State of Illinois with a Scope of Practice/approved Expanded Scope of Practice to deliver the vaccines to meet surge demands. All services are to be provided under the continuous and direct supervision by the vendor(s), and COVID-19 vaccine will be administered using only information, documentation, training and directions provided by CCDPH.
- 6 Experience handling vaccine products according to manufacturer, state, and federal requirements.
- 7 Be able to obtain personal protective equipment (PPE), coolers, and other necessary supplies to operate vaccine administration sites.
- 8 Address how they will manage the 2-shot requirement of some COVID vaccines, additional doses, and boosters and the mechanisms they will use to notify and schedule clients to obtain the follow up doses.
- 9 Address how they will accommodate high vaccination volumes and minimize wait times.
- 10 Adhere to all manufacturer, state and federal requirements for vaccine storage (including maintaining temperature requirements), handling, preparation, and administration.
- 11 Employ strategies to prevent loss or wasting of vaccine stock, and must report loss or wasting of vaccine stock to I-CARE.
- 12 Record each vaccine administered within 24 hours of administration.
- 13 Supply documentation of vaccination to each person that is vaccinated.
- 14 Complex operational management
- 15 Clinical coordination
- 16 Infection control

**C. Roles/Responsibilities of CCDPH**

- 1 Promote in-home vaccination availability to community partners and leaders.
- 2 Review the In-Home Vaccination Request Form and assign to an in-home vaccine provider partner.
- 3 Ensure that providers will bring all medical/vaccination staff, vaccine, and vaccine supplies to support vaccination.

**D. Deliverables**

- 1 Complete at least 250 in-home vaccination clinics per month in assigned municipalities between 3/1/22 - 12/31/22.

- 2 Report all completed in-home vaccination clinics to provided CCDPH survey within 24 - 48 hours of clinic completion.
- 3 Report all vaccinations given in in-home vaccination clinics within 24 hours to I-CARE.
- 4 Participate in regular (weekly or monthly TBD by CCDPH) check-ins with CCDPH mobile team.

#### 4. Submission Requirements and Application Proposal

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

All completed Applications (**Attachment A**) must be submitted **by February 25, 2022** no later than **2:00 PM Central**. Applications submitted beyond this deadline will not be considered.

#### How to apply

- A. Interested organizations 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](mailto:purchasing@cookcountyhhs.org);
2. Include in the **Subject Line**, *Covid-19 In-Home Vaccination Program*.
3. Attach Completed Application

#### 5. Evaluation and Selection Process

An evaluation committee, may request that 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.

- A. 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
    - Provide Vaccines at no cost to the patient;
    - Adhere to the CDC COVID-19 Vaccination Program Provider Agreement
    - Overall Emergency Preparedness and Safety Plan
  - 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
    - Complete maximum total day clinics per month outlined in the Section 3.
    - Support outreach, promotion, and community mobilization
  - iii. Overall Price for reasonableness and competitiveness.
  - iv. Consideration of the following:
    - Conflict of Interest;



- Insurance Requirements
- Acceptance of Contract Terms and Conditions (objections and/or suggested alternate language);

**B. Right to Inspect**

CCH reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the Applicant and any proposed subcontractors and to reject any Application regardless of price if it shall be administratively determined that in CCH's sole discretion the Applicant 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.

**C. Consideration for Contract**

Any proposed contract including all negotiations shall be subject to review and approval of CCH management, CCH Legal and CCH's System Board. CCH shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion; proposed Contracts are also subject to review by the Cook County Office of Contract Compliance.

**6. 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.

**6.1 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.

**6.2 Time for submission**

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

**6.3 Cost of Applicant Response**

All costs and expenses in responding to this RFP 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.

**6.4 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.

**6.5 RFQ Interpretation**

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

**6.6 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.

**6.7 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.

**6.8 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.

**6.9 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.

**6.10 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.

**6.11 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.

## 7. 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

- 7.1** Minority Owned Business Enterprise / Women Owned Business Enterprise Ordinance  
Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, Section 34-267), CCH has established a goal that MBE/WBE firms retained as subcontractors receive a minimum 25% MBE and 10% WBE of this procurement. **The office of Contract compliance is recommending that the MBE/WBE goal for the above-referenced project be set at 35% overall M/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.

## 7.2 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.

**8. 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

In-Home Vaccination Program, RFQ H22-0014  
(Covid-19 Vaccination and Influenza Vaccination)

#### Section A: Vendor Profile

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

#### I. Supplemental Information

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

- a. Include history of service provision within suburban Cook County including a listing of the following:
  - i. the service locations located in the selected region,
  - ii. experience collaborating with community-based organizations in this region, and
  - iii. experience providing care for hard-to-reach populations in this region.
- 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 at [https://cookcountyhealth.org/wp-content/uploads/EDS\\_Revised\\_092316-12072020.pdf](https://cookcountyhealth.org/wp-content/uploads/EDS_Revised_092316-12072020.pdf).
- 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 at [https://cookcountyhealth.org/wp-content/uploads/EDS\\_Revised\\_092316-12072020.pdf](https://cookcountyhealth.org/wp-content/uploads/EDS_Revised_092316-12072020.pdf). 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 (Appendix A)  
A Sample Contract General Terms and Conditions are available in **Appendix A, CCH Sample Master Service Agreement**. 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**

<b>Grant period</b>	<b>March 1, 2022 to December 31, 2022</b>
<b>Total Amount Requested from Cook County Health</b>	\$

**Section C: Program Information Outcomes/Metrics**

<b>Program Metrics</b>	<b>Proposed #</b>
Total number of In-Home Vaccinations given per month that vendor could deliver under the award. <i>(Total number of doses that vendor could deliver under the award.)</i>	

**I. Program Metrics Response Summary**

- a. Provide detailed responses for each of the functions described in the Program Description, Section 3.II.A.1 thru 8
- b. Provide detailed descriptions for each of the functions requirement described in the Scope of Services, Section 3.III
- c. Include description of any subcontractors, their addresses, and a description of the work each subcontractor will be performing.
- d. Include high-level components of safety plan and plan for inclement weather

**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	\$
B. Supplies	\$
C. Travel	\$
D. Contractual Costs	\$
E. Equipment	\$
F. Other	\$
G. Indirect Costs	\$
GRAND TOTAL	\$

**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:****B. Supplies**

Items Requested	Unit Cost	Total Units	Amount Requested

**Justification:**

**C. Travel In-State**

<b>Trips</b>	<b>Purpose of Travel</b>	<b># of miles</b>	<b>Amount Requested</b>

Justification:

**D. Contractual Costs**

<b>Contractor Name</b>	<b>Description of Item/Services</b>	<b>Amount Requested</b>

Justification:

**E. Equipment**

<b>Items Requested</b>	<b>Unit Cost</b>	<b>Total Units</b>	<b>Amount Requested</b>

Justification:

**F. Other**

<b>Items Requested</b>	<b>Description</b>	<b>Amount Requested</b>

Justification:

**G. Indirect Costs**

<b>Total Amount of Direct Costs x 10%</b>	<b>Amount Requested</b>

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 percent time of existing staff, given the short project period.
- B. **Supplies:** Include costs for supplies that support program activities (e.g., computers, printers, computer software and applications, educational materials, and general office supplies).
- C. **Travel:** Include costs for local travel during project period if this is applicable to your respective community support. Travel mileage reimbursement rate is \$0.56 per mile per federal reimbursement rates established for calendar year 2021 (<https://www.gsa.gov/travel/plan-book/transportation-airfare-pov-etc/private-owned-vehicle-pov-mileage-reimbursement-rates>).
- D. **Contractual Costs:** Include costs for work performed by an independent contractor requiring specialized knowledge, experience, expertise or similar capabilities or a product or service to be procured by contract and an estimate of cost. A contractor's role is generally to evaluate the client's needs and perform the work.
- E. **Equipment:** Include costs of any item of property that has a per unit acquisition cost of \$5,000 or more and has an expected service life of more than one year.
- F. **Other:** Include costs associated with your activities not covered in other categories.
- G. **Indirect costs:** Capped at 10% of direct costs.
- H. **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