# Request for Qualifications

**Specification No. RFQ03282016**

for

**LIHEAP and IHWAP OUTREACH and INTAKE SITES**

for

**COOK COUNTY**

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Submittals from minority, women, and disadvantaged business enterprises are encouraged.

**Faxed, e-mailed or late bids will not be accepted.**

<table>
<thead>
<tr>
<th>SUBMITTAL DEADLINE</th>
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<tr>
<td>Wednesday, May 11, 2016</td>
<td>In a <strong>sealed</strong> envelope one (1) unbound original plus one (1) electronic copy (cd or jump drive)</td>
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<tr>
<td>567 W. Lake Street</td>
<td>Wednesday, April 20, 2016</td>
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<tr>
<td>Suite 1200</td>
<td>at 10:00AM</td>
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<tr>
<td>Chicago, IL 60661</td>
<td>at</td>
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<tr>
<td>Attn: Procurement</td>
<td>New Zion M.B. Church Banquet Hall</td>
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<tr>
<td>Specification No. RFQ03282016</td>
<td>1950 W. 13th Street</td>
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<td>Chicago, IL 60608</td>
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1
SECTION 1 - INTRODUCTION

The Community and Economic Development Association of Cook County Inc. (CEDA) is a community action agency for Cook County. It provides economic development and human service programs to address the needs of low-income Chicago and suburban Cook County residents and the underlying conditions that cause those needs. CEDA provides a variety of energy services in Cook County including, but not limited to, the Low Income Home Energy Assistance Program (LIHEAP), the Illinois Home Weatherization Assistance Program (IHWAP), and utility funded programs (Fuel Funds).

**LIHEAP** assists low-income households by offsetting the rising cost of home energy through direct financial assistance, emergency furnace repair/replacement, energy counseling, outreach, and education. Community based and faith-based organizations, as well as, local municipalities throughout Cook County are utilized to inform communities of these programs. They are to act as the first step in the application process for eligible community residents. These agencies also inform community residents of other programs for which they may be eligible.

**IHWAP** is a year-round program using state-of-the-art technology to make homes more energy efficient for qualifying low-income residents in Chicago and suburban Cook County. Weatherization provides health and safety equipment, repairs or replaces heating systems, seals air bypasses and other drafty areas, as well as increase attic, wall, and basement insulation. These measures will help save energy for homeowners and keep homes warmer in winter and cooler in summer.

**Fuel Funds Programs** are energy assistance programs administered by CEDA and funded by the respective utility companies. Fuel Fund programs offer utility bill assistance for low-Income households who are at or below 250% of the Federal Poverty Guidelines.

SECTION 2 - SCOPE OF SERVICE

CEDA’s combined LIHEAP, IHWAP and Fuel Funds programs are seeking proposals from community-based organizations, faith-based organizations, and local municipalities, to act as partner sites that will perform outreach and intake for all Energy Services and Weatherization programs.

2.1 Responsibilities

CEDA Partner Sites must provide the following services at a physical, and approved location:

A) Determine Contractor eligibility and perform intake activities for **ALL** applicable Energy Services programs
   i. Review applicant’s documents for program eligibility; educate Contractor on all applicable Energy Services programs;
   ii. Collect all necessary documentation required to complete applicable Energy Services program applications.
   iii. Perform direct entry into required databases, such as the Standard Tracking and Reporting System (STARS), & LIHEAP.net, and completely fill out all forms required for processing LIHEAP, IHWAP and Fuel Funds applications.

B) Perform Program Outreach
   i. Inform community members of the availability and requirements of the LIHEAP, IHWAP and Fuel Funds programs.
   ii. All outreach plans submitted with this RFQ must be approved by CEDA.

2.2 Locations and Time Frame

Selected Applicants:

A) Should be able to conduct Energy Services intake forty (40) hours per week. If your operating hour will be less than forty (40) hours per week, you must disclose this information as a part of this RFQ. Office hours that also include weekends and evenings are preferable, but not required.

B) Should preferably have a location(s) in close proximity (within ½ mile) of public transportation (CTA, Metra or Pace), free street parking and/or lot parking.

2.3 Operating Standards

CEDA LIHEAP/WX
Intake Site
RFQ03282016
Selected Contractor shall operate within the following program guidelines:

A) No pre-processing of applications.
B) No application file tampering; changing application after bundling.
C) Contractor information, originals and copies, must be kept in a locked file cabinet at site.
D) No forgery.
E) All applications must be bundled and sent to CEDA daily.
F) All outreach and intake processing done at senior living homes must be preapproved and coordinated by CEDA’s Quality Assurance Department.
G) Incomplete applications cannot be held for more than 15 days.
H) All applications must be completed in person and entered into the appropriate database during application process.
I) All Contractor documents must be originals and verified each year. Copies of documents from previous program years are prohibited.
J) Only CEDA/Energy Services approved signage may be visible on the interior and exterior of the site.
K) Must represent themselves as a delegate agency of CEDA.
L) Must promote and offer all Energy Services and Weatherization programs.
M) Alternative Retail Gas Supplier (ARGS) and Alternative Retail Electric Supplier (ARES) are not to be offered before, during or after an Energy Services intake process.
N) No other services may be solicited during the LIHEAP, IHWAP and Fuel Funds outreach and intake process.
O) Sharing of Energy Services database usernames and passwords is prohibited.
P) All program intake certifications (LIHEAP, IHWAP and Fuel Funds) must be recertified annually and worn/displayed at all times during outreach and intake operations.
Q) Partner sites intending to operate out of multiple locations can only operate out of their organization’s satellite locations located in the City of Chicago and Suburban Cook County.

2.4 Contractor Qualifications

The selected Contractor **MUST:**

A) Have a minimum of three (3) years of experience operating a utility assistance program or other programs for low income residents.
B) Provide organization’s Board of Directors list with this proposal.
C) Be open to working with other non-profit partners as well as other CEDA programs and partners.
D) Have a plan of action for outreach to accomplish the services stated in this RFQ.
E) Maintain minimum insurance requirements, as shown in Exhibit A.
F) Operate in location(s) that are in compliance with the Americans with Disabilities Act (ADA). Signage must be posted and visible in location(s) of operation.
G) Proposed location(s) of operation must be free of building code violations.
H) Use the following equipment and technology:
   i. Hardwired, active broadband Internet access (DSL, T1, or Cable) with Internet Explorer 7 or above and an active email account. Email accounts cannot be personal
   ii. Must have at least two (2) operating computers with Windows 7, or above, operating system.
   iii. Active anti-virus program.
   iv. Adobe Reader 8.0 or better.
   v. Working telephone, printer, copier, and fax machine.
   vi. Active voice mail service.
   vii. Microsoft Office 2010 or above.
I) Fax machines must be configured to display the site name and phone number being faxed from.
J) Staff Requirements:
   i. **CEDA strongly recommends that all staff and volunteers that will participate in the Energy Services intake process submit to a criminal background check. The background check is the responsibility of the employer.**
   ii. Staff that will perform the outreach and intake activities **MUST:**
      i. Have experience interviewing applicants and determining eligibility, as well as the ability to provide related counseling and referral services.
      ii. Have intermediate computer skills, be proficient with email and have basic Internet literacy.
iii. Staff must participate in CEDA sponsored LIHEAP, IHWAP and Fuel Funds training as well as any other training mandated by CEDA or DCEO as it pertains to Energy Services and the Weatherization program.

K) Smoke-free and clean non-residential location where interviews can be taken. The location must provide for client privacy. Need to specify or define how client privacy will be maintained (i.e. private office space, cubicles, etc.).

L) Must have at least two lockable 4-drawer file cabinets or a designated lockable room with a 4-drawer file cabinet to maintain confidentiality of client documents.

M) HVAC system must operate year-round. Space heaters cannot be used as the sole source of heat.

N) Must maintain a second original of client files on premise until DCEO completes final monitoring and closeout of program year. Files are to be shredded once approved by CEDA.

The following criteria is PREFERABLE,

   i. Be a community or faith based non-profit organization, preferably a 501(C)3 entity, or a local municipality or township.

   ii. Be willing to go to the homes of client’s who have been determined as “homebound” to conduct intake activities

2.5 Pre-Proposal Meeting

A pre-proposal meeting will be held on Wednesday, April 20, 2016 at New Zion M.B. Church Banquet Hall, 1950 W. 13th Street, Chicago, IL 60608 at 10:00am.

SECTION 3 - EVALUATION PROCESS

Applicants must adhere to the following instructions:

3.1 Proposal Evaluation and Award

Proposals will be evaluated based on the quality of the Applicant’s experience and/or demonstrated competency. Evaluation of proposals is the sole responsibility of CEDA staff and based totally on CEDA’s assessment of competitive responses. The CEDA Program Director(s) reserves the right to award a contract or reject any or all proposals when, in their opinion, the best interest of CEDA will be served.

3.2 Investigations Prior to Proposal Award

CEDA may make such investigations as deemed necessary to determine the ability of the Contractor to perform the work, and the Contractor shall furnish all such information and data for this purpose upon request. CEDA reserves the right to reject any proposal if the evidence submitted by, or investigation of such Applicant, fails to confirm that the Contractor is properly qualified to carry out the obligations of the contract.

3.3 Contract Award

The contract period for LIHEAP and IHWAP outreach and intake sites extends from July 1, 2016 to June 30, 2017 only. CEDA intends to award a one (1) year contract with up to two (2) optional one (1) year renewal periods to be exercised at the mutual agreement of CEDA and the Contractor. All awards are contingent on the availability of funds for these programs.

A contract will be awarded to the Contractors whose proposals, in the sole judgment of CEDA, thoroughly meets the specifications outlined in this document.

3.4 Evaluation Criteria

3.4.1 Responsiveness of Proposal. Proposal has met ALL of the material submission requirements.

3.4.2 Technical Proposal:
4.1 Proposal Documents

All terms, conditions, specifications, and provisions are included as a part of the requirements set forth in this document. **Submissions with incomplete or missing information will be deemed non-responsive and ineligible for consideration.**

CEDA reserves the right to reject any and all proposals, to accept proposals in whole or in part, and to waive any irregularities or defects in any proposal, should it deem such action to be in the best interests of CEDA.

4.2 Document Submittal and Questions

In a sealed envelope, applicants must submit one (1) unbound original and one (1) electronic copy (cd or jump drive) of their proposal. Proposals must be submitted by or on the date specified on the cover page. Original proposals must be mailed or delivered to: CEDA, 567 W. Lake Street, 12th Floor, Chicago, IL 60661. Attn: Procurement. **Submissions postdated after the date specified on the cover page will be considered late and will not be accepted.**

Applicants should submit questions to Shawnee Little via email at slittle@cedaorg.net. Questions will be accepted until before the Pre-Proposal Meeting by April 15, 2016, by 3:00pm. Post Pre-Proposal questions will be accepted until April 26, 2016 by 3:00pm. Oral interpretations of this RFQ are not binding.

4.3 Ambiguities, Conflicts, or Other Discrepancies in the RFQ

If an Contractor perceives any ambiguity, conflict, discrepancy, omission, or other uncertainty in the Request for Proposals, they shall immediately notify the Department of Procurement of such uncertainty in writing and request clarification of the perceived ambiguity. Procurement will make all clarifications known by issuing a written notice to all parties who have received this RFQ from the Department of Procurement.

The Contractor is responsible for fully understanding any perceived ambiguity, conflict, discrepancy, omission, or other uncertainty in the Request for Proposals prior to submittal of the proposal.

4.4 Submittal Requirements for LIHEAP and IHWAP Outreach and Intake Sites

Contractor’s proposal must contain the following:

A) Have a 501(c)3 IRS Letter (if applicable). Be able to show that you are a community or faith based non-profit organization or a local municipality or township.

B) A completed Internal Revenue Service W-9 form

C) State of Illinois Certificate of Good Standing from the Illinois Secretary of State (this can be found on [www.cyberdriveillinois.com](http://www.cyberdriveillinois.com))

D) Plan of action outreach

E) Intake Quality Assurance Plan

F) Organization Board of Directors list

G) A brief statement describing the agency’s mission and role in the community

H) Staff resumes or bios

I) Three (3) current, within 1 year, letters of support from clients, and/or community agencies with whom the Contractor has a linkage agreement, or other community partner.
J) Answers to questions and submittals in Exhibit D which include:
   i. Listing of business equipment available in your agency, i.e. number of computers, copiers, fax machines, etc. (Include make and model) refer to Section 2.4 regarding equipment requirements
   ii. Certificate of Insurance listing insurance currently maintained by the Contractor.
K) Fully executed Exhibits to this RFQ
L) Signed acknowledgement

4.5 Verification and Interviews
CEDA reserves the right to interview and inspect the proposed sites of all Applicants. Applicants agree to participate in any subsequent meetings or presentations requested by CEDA in the evaluation of this proposal. CEDA staff, prior to contract award, will verify information provided by the Contractor regarding the facility, technology, equipment, and staffing. Verification will take place in the following manner:

   A) Once the submittal documents are reviewed, CEDA will contact all organizations via email informing them of their progress for consideration.
   B) Within four (4) weeks of the notification email, CEDA staff will do a site inspection of the Contractor’s main site and any satellite sites listed.
   C) Upon completion of the equipment/technology verification and evaluation process, selected organizations will be contacted via an award letter and email to schedule a meeting with their Partnership Coordinator to review the service agreement for signature.

SECTION 5 - PAYMENT TERMS
The rates listed below are for the provision of the following services:
A) Intake activities related to completing program applications and necessary follow-up
B) Outreach to assist in advertising availability of program services
C) Counseling program applicants by providing information relevant to the fuel funds program as well as providing referral to other programs and services that could assist

5.1 LIHEAP
Organization agrees to accept the following rate plan:
$15.00 per DVP application that is “On Invoice” in LIHEAP.net
$15.00 per PIPP application that is “Enrolled” in S.T.A.R.S
$8.00 per Summer Cooling application that is “On Invoice” in LIHEAP.net

5.2 Fuel Funds
Organization agrees to accept the following rate plan:
$5 per application where a grant is applied by the utility for either Share the Warmth and/or ComEd Residential Special Hardship program.

5.3 IHWAP (Weatherization)
Organization agrees to accept the following rate plan:
$15.00 per CEDA approved IHWAP application

5.4 IHWAP (Weatherization) and ES Furnace Combination
Organization agrees to accept the following rate plan:
$18.00 per CEDA approved IHWAP and ES Furnace combination application
DEPARTMENT OF PROCUREMENT

SECTION 6 – ACKNOWLEDGEMENT OF RATE LIHEAP and IHWAP OUTREACH and INTAKE SITE

On behalf of ________________________________ I submit this qualifications document to ________________________

(Organization Name)

CEDA to provide the LIHEAP and IHWAP outreach and intake site services described in this document and exhibits for reimbursement at:

- $15.00 per DVP application that is “On Invoice” in LIHEAP.net
- $15.00 per PIPP application “Enrolled” in S.T.A.R.S
- $8.00 per Summer Cooling application that is “On Invoice” in LIHEAP.net
- $5 per application where this grant is applied by the utility for either Share the Warmth and/or ComEd Residential Special Hardship application
- $15.00 per CEDA “Approved” IHWAP application
- $18.00 per CEDA approved IHWAP and ES Furnace combination application

For questions regarding this response, please contact:

__________________________________________                              _________________________________

Name                                                                 Title

__________________________________________                              _________________________________

Telephone Number                                                                 Fax Number                                                Email

Address                                                                          Mailing Address, City, State Zip

NOTARY PUBLIC

On this day, ___________________________ personally appeared before me to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

This _____________ day of __________________________, ______________

Notary Public in and for the State of ______________________________, County of ______________________________

My commission expires ________________________________

Notary Signature ____________________________________________

AFFIX NOTARY SEAL:
EXHIBIT A
INSURANCE REQUIREMENTS

Contractors must meet the following CEDA standards and maintain at a minimum the types and amounts of insurance coverage set forth below, and must provide CEDA with the certificates evidencing such coverage. CEDA reserves the right to ask for higher levels of coverage.

CEDA must be named as additional insured on all coverages noted above. Contractors' policies must include Primary and Noncontributory status in favor of CEDA. Contractor must name the following as additional insured on all certificates of insurance:

CEDA, its board members, officers, employees, agents, and consultants

All insurance companies must be rated A-VIII or better by the A. M. Best Company.

Contractor's assumption of liability is independent from, and not limited in any manner by, the Contractor's insurance coverage obtained pursuant to this proposal, or otherwise. All amounts owed by Contractor to CEDA as a result of the liability provisions of the Contract shall be paid on demand.
DEPARTMENT OF PROCUREMENT

CERTIFICATE OF LIABILITY INSURANCE

This certificate is issued as a matter of information only and conveys no rights upon the certificate holder. This certificate does not affirmatively or negatively amend, extend or alter the coverage afforded by the policies below. This certificate of insurance does not constitute a contract between the issuing insurer(s), authorized representative or producer, and the certificate holder.

IMPORTANT: If the certificate holder is an additional insured, this policy(ies) must be endorsed. If subrogation is waived, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsements.

PRODUCER

SAMPLE CERTIFICATE

INURED:

INSURED:

COVERAGES:

Certificate Number:

Description of Operations/Locations/Vehicles (Attach ACORD, General Schedule Form when required)

CEDA, its board members, officers, employees, agents, and consultants are named as additional insured on a primary and non-contributory basis on all coverages. Waiver of subrogation in favor of CEDA on General Liability and Workers Compensation.

CERTIFICATE HOLDER

CEDA
567 W Lake Street, Suite 1200
Chicago, IL 60611

CANCELLATION

Should any of the above described policies be cancelled before the expiration date therein, notice will be delivered in accordance with the policy provisions.

Authorized Representative

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ACORD 25 (2010/05)

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CEDA LIHEAP/WX
Intake Site
RFG03282016 9
EXHIBIT B
CONTRACTOR’S AFFIDAVIT

Contractor Name

Contractor Address

Contractor Telephone Number

Instructions:
FOR USE WITH ALL CONTRACTS. Every Contractor submitting a bid/proposal to CEDA must complete this Affidavit. Please note that in the event the Contractor is a joint venture, the joint venture and each of the joint venture partners must submit a separate and completed Applicant’s Affidavit. In the event the Contractor is unable to certify any of the statements contained herein, the Contractor must contact CEDA and provide a detailed factual explanation of the circumstances leading to the Applicant’s inability to so certify.

I certify that I am authorized to execute this Applicant’s Affidavit on behalf of the Contractor set forth above, that I have personal knowledge of all the information set forth herein and that all statements, representations, information and documents provided in or with this Affidavit and attachments hereto are true and accurate.

The Contractor may report any change in any of the facts stated in this Affidavit within fourteen (14) days of the effective date of such change by completing and submitting a new Affidavit.

______________________________
Company Name

______________________________
Signature of Authorized Officer

______________________________
Name of Authorized Officer (Print or Type)

______________________________
Title
All applicants shall provide the following information with their proposal. Complete all blanks by entering the requested information, or, if the question is not applicable, answer with "N/A". If the answer is other, please identify.

1. **Date of application:** ________________________________________________________________
2. **Company:** ______________________________________________________________________
3. **Parent Company:** __________________________________________________________________
4. **Contact Name:** ___________________________________________________________________
5. **Primary Street Address:**

   ___________________________________________________________
   ___________________________________________________________

**NOTE: Sub-contracted sites are NOT considered satellite offices.**

6. **Satellite Street Address:**

   ___________________________________________________________
   ___________________________________________________________

7. **Satellite Street Address:**

   ___________________________________________________________
   ___________________________________________________________

8. **Satellite Street Address:**

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9. **Satellite Street Address:**

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10. **Satellite Street Address:**

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11. **Satellite Street Address:**

    ___________________________________________________________
    ___________________________________________________________

12. **Mailing Address [if different]:**

    ___________________________________________________________
    ___________________________________________________________

13. **Telephone (1):**

14. **Telephone (2):**

15. **Fax Number:**

16. **Website Address:**

17. **E-mail Address (include name):**

18. **Employer’s Federal ID#:**

19. **DUNS #:**

Contractor is a

[ ] Corporation [ ] Sole Proprietor

[ ] Partnership [ ] Not-For-Profit

[ ] Joint Venture [ ] LLC

**SECTION 1 - For Profit Corporations, Limited Liability Corporations, or Not-For-Profit Corporations**

D) Incorporated in ________________________________
E) Authorized to do business in the State of Illinois  [ ] Yes  [ ] No

F) Names of all officers and directors of corporation (or attach a list)

Name and Title

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

SECTION 2 - Partnership

If the Contractor is a partnership, indicate the name of each partner or attach a list and the percentage of interest of each therein.

Name of Partners  Percentage of Interest

_____________________________________________________________________ %
_____________________________________________________________________ %
_____________________________________________________________________ %
_____________________________________________________________________ %

SECTION 3 - Sole Proprietorships

a. The Contractor is a sole proprietor and is not acting in any representative capacity on behalf of any beneficiary:

[ ] Yes  [ ] No  If “No,” complete items b and c.

b. If an agent(s) or a nominee holds the sole proprietorship, indicate the principle(s) for which the agent or nominee holds such interest. Please add names below.

__________________________________________________________________________
__________________________________________________________________________

 c. If the interest of a spouse or any other party is constructively controlled by another person or legal entity, state the name and address of such person or entity possessing such control and the relationship under which such control is being or may be exercised:

__________________________________________________________________________
__________________________________________________________________________

SECTION 4 - Certification Regarding Suspension and Disbarment

The Contractor certifies to the best of its knowledge and belief, that it and its principles are not presently debarred, suspended, proposed for debarment, ineligible or voluntarily excluded from transactions by any Federal, State or local government agency and have not within a (3) year period preceding this proposal been convicted of or had a civil judgment rendered against them for the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction, a violation of Federal or State antitrust statues, or the commission of embezzlement, theft forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Further, Contractor certifies it is not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or Local) with commission of any of the offenses enumerated in Section 2(a) above, and have not within a (3) year period preceding
DEPARTMENT OF PROCUREMENT

this agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.

SECTION 5 - Verification

Under penalty of perjury, I certify that I am authorized to execute this Applicant’s Affidavit on behalf of the Contractor set forth on this page, that I have personal knowledge of all the certifications made herein and that the same are true.

___________________________________  _______________________
Signature of President or Authorized Officer          Title

___________________________________
Date

NOTARY PUBLIC

On this day, ___________________________________________ personally appeared before me to me known to be the person(s) described in and who executed the within and foregoing instrument, and acknowledged that he/she signed the same as his/her voluntary act and deed, for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

This _____________ day of __________________________, ________________.

Notary Public in and for the State of ______________________________, County of _______________.

My commission expires _________________________________.

Notary Signature __________________________________________

AFFIX NOTARY SEAL:
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Authorized Officer Signature

Title

Organization
Service Area
1. What communities do you serve?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

2. How many years has this agency served this community(s)?
____________________ Year(s)

3. What is the primary language spoken at the organization? ____________________________
   Secondary Language ____________________________
   Tertiary Language ____________________________

Services
4. What services or other programs are provided by this organization? List the other programs that are offered and provide a brief description (include proof)?
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

5. Does your organization receive a fee for providing these services/programs? Yes ___ or No ___. If yes, please explain.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

6. Please attach resumes (or a brief summary) for all your professional staff.

7. Who will be the contact person for this program? Please provide telephone number and an active email address.
____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Equipment
8. List the number and make and model of functioning business equipment that you have.

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CEDA LIHEAP/WX
Intake Site
RFG03282016
DEPARTMENT OF PROCUREMENT

f) Internet Browser __________ ________________________
g) Operating System __________ ________________________
h) Anti-Virus S/W __________ ________________________
i) Other Software __________ ________________________
j) Other Software __________ ________________________
k) Other Software __________ ________________________

9. How many lockable file cabinets or lockable rooms does the organization have?
   Number of Lockable File Cabinets ______________________
   Number of Lockable Rooms ______________________

Location

10. Does the organization have any building or health code violations? Yes____ or No____
    If yes, what are they (submit supporting documentation).
    __________________________________________________________________________________
    __________________________________________________________________________________

Outreach

11. Please list all senior citizen buildings or other outreach locations your agency intends to service.
    Include property managers’ names and contact information.
    (All outreach locations will need to be approved by CEDA prior to outreach being done. Additional
    outreach locations can be added during the program year). Use additional sheets if needed
    __________________________________________________________________________________
    __________________________________________________________________________________

ADA Compliant

12. Is your location Americans with Disabilities Act (ADA) compliant? Yes____ or No____
    Does your location(s) have visible signage regarding ADA compliance? Yes____ or No____

Building Code Violations

13. Does your building have any building code violations? Yes____ or No____
    If yes, please list out what the violations are and your remedy for improving them.
    __________________________________________________________________________________
    __________________________________________________________________________________
EXHIBIT D.1
CERTIFICATION REGARDING FACILITY, TECHNOLOGY and EQUIPMENT

I, ________________________, certify that
______________________________________________________________
(Name of Organization)
______________________________________________________________
(Location Address)

has the following facility, technology and equipment outlined in Section 2.4 of this RFQ in working condition and available for use.

☐ Agency has the minimum CEDA LIHEAP and IHWAP Site facility, technology, and equipment requirements.
   • Organization must have at least one physical, non-residential location

☐ Agency has the minimum CEDA LIHEAP and IHWAP Site facility, technology, and equipment requirements **PLUS** the required technology and equipment to provide outreach at remote locations.
   • Organization must have at least one physical, non-residential location
   • LIHEAP applications taken at outreach locations requires an organization to have at least one laptop with wireless internet connection, portable scanner and printer

Certified by: _________________________
Authorized Officer Signature

Verified During Site Visit by: _________________________
CEDA Signature

Title: _________________________

Title: _________________________

Date: _________________________

Date: _________________________
CERTIFICATION REGARDING NO DIRECT OR INDIRECT CHARGING APPLICANTS OR CLIENTS FOR LIHEAP, FUEL FUNDS OR IHWAP SERVICE

I, ____________________________, certify that

(Print Name)

_____________________________________________________________

(Name of Organization)

_____________________________________________________________

(Location Address)

will not permit or authorize the charging of any monetary or non-monetary fee by the Board, staff, employees, volunteers, or any persons affiliated with the above named organization on the premises or grounds of any of its facilities to any applicants or clients of LIHEAP, Fuel Funds, or IHWAP Services. Such action(s) subjects the Contractor to suspension and or removal from the CEDA program, and may result in investigation by CEDA and local, state, or federal regulatory agency(s).

Certified by:

________________________________

Authorized Officer Signature

________________________________

Title

________________________________

Date
I, __________________________________________, certify that

(Print Name)

_____________________________________________________________ at

(Name of Organization)

_______________________________________________________________

(Location Address)

Will not participate in any activity or engage in a contractual relationship with another party that offers products or services that are, or have the appearance of, a conflict of interest with the mission of CEDA and/or the Low Income Home Energy Assistance Program (LIHEAP), the Illinois Home Weatherization Assistance Program (IHWAP) or the Fuel Funds programs (utility funded programs). The organization will not permit or authorize the employment of any individual who has an economic interest in the contracting of the Low Income Home Energy Assistance Program (LIHEAP), the Illinois Home Weatherization Assistance Program (IHWAP), and/or the Fuel Funds programs (utility funded programs), and will certify that Contractor information is confidential and will be obtained ONLY for use by these programs.

Certified by:

________________________________
Authorized Officer Signature

________________________________
Title

________________________________
Date
<PARTNER SITE NAME>

QUALITY ASSURANCE PLAN

Version Number: 1.0

Version Date: <mm/dd/yyyy>
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INTRODUCTION

PURPOSE OF THE QUALITY MANAGEMENT PLAN

[Provide the purpose of the Quality Management Plan. This document should be tailored to fit the particular Partner Site needs. Identify the services that are covered by this plan and the overall quality objectives for the partner site.]

QUALITY MANAGEMENT OVERVIEW

ORGANIZATION, RESPONSIBILITIES, AND INTERFACES

[Describe the primary roles and responsibilities of the partner site’s staff as it relates to the practice of Quality Management for the project. Indicate responsibilities for activities such as mentoring or coaching, auditing files, auditing processes, participating in file reviews, etc.]

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Quality Responsibility</th>
</tr>
</thead>
<tbody>
<tr>
<td>[John Doe]</td>
<td>Partner Site Director</td>
<td>Quality mentoring &amp; coaching</td>
</tr>
<tr>
<td>[Jane Doe]</td>
<td>Program Contact</td>
<td>Quality file audits</td>
</tr>
<tr>
<td>&lt;Name&gt;</td>
<td>&lt;Role&gt;</td>
<td>&lt;Responsibility&gt;</td>
</tr>
</tbody>
</table>

PROJECT QUALITY MANAGEMENT

At the highest of levels, Quality Management involves planning, doing, checking, and acting to improve project quality standards. Project Management Institute’s Project Management Body of Knowledge breaks the practice of Quality Management into three process groups: Quality Planning (QP), Quality Assurance (QA) and Quality Control (QC). The following sections define how this project will apply each of these practice groups to define, monitor and control quality standards.

QUALITY PLANNING

[Identify which quality standards are relevant to the partner site agreement (i.e. LIHEAP 2017 Procedures Manual) and how to satisfy them. Identify and define appropriate quality metrics and measures for standards for intake processes, compliance requirements, deliverables, documentation, etc. Identifies the acceptance criteria for approved]

QUALITY ASSURANCE

[Identify and define those actions that provide the confidence that the partner site quality is in fact being met and has been achieved. Relate these actions to the quality standards defined in the planning section of this document.]

QUALITY CONTROL

[Identify those monitoring and controlling actions that will be conducted to control quality throughout the file’s life. Define how it will be determined that quality standards comply with the defined standards outlined earlier in this document. Identify owners of ongoing monitoring and improvement of project processes.]
RFQ SUBMISSION CHECKLIST

Proposals submitted by contractors must contain the forms and items listed in order to be considered for a contract award. Please ensure that you have completed the forms and indicate such by placing an “X” next to each completed item:

Part I: The following required documents are provided in the IFB and must be fully completed:

1. _____ Signed Acknowledgement
2. _____ Exhibit A Certificate of Insurance listing insurance currently maintained by the Contractor
4. _____ Exhibit B Contractors Affidavit
5. _____ Exhibit C Certification of Anti-Lobbying
6. _____ Exhibit D Qualifications
7. _____ Exhibit D.1 Certification Regarding Facility, Technology and Equipment
8. _____ Exhibit D.2 Certification Regarding No Direct or Indirect Charging Applicants or Clients for LIHEAP, Fuel Funds or IHWAP Service
9. _____ Exhibit D.3 Certification Regarding Conflict-Of-Interest and Non-Disclosure of Client Information
10. _____ Federal 501(c)3 IRS Letter (if applicable). Proof that you are a community or faith based non-profit organization or a local municipality or township.
11. _____ A completed Internal Revenue Service W-9 form
12. _____ State of Illinois Certificate of Good Standing from the Illinois Secretary of State
13. _____ Plan of action outreach
14. _____ Intake Quality Assurance Plan
15. _____ Organization Board of Directors list
16. _____ A brief statement describing the agency’s mission and role in the community
17. _____ Staff resumes or brief bios
18. _____ Three (3) current letters of support from clients, and/or community agencies with whom the Contractor has a linkage agreement, or other community partner.
**CEDA DEPARTMENT OF PROCUREMENT**

**LIHEAP and IHWAP OUTREACH and INTAKE SITES**

**RFQ03282016**

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**Request for Taxpayer Identification Number and Certification**

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Business name, if different from above</th>
</tr>
</thead>
</table>

Check appropriate box: [ ] Individual/sole proprietor [ ] Corporation [ ] Partnership
[ ] Limited liability company [ ] Other (see instructions)

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requestor’s name and address (optional)

List account number(s) here (optional)

---

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see “How to get a TIN” on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<table>
<thead>
<tr>
<th>Social security number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>or</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Employer identification number</th>
</tr>
</thead>
</table>

---

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or if I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification Instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

---

**Signature of U.S. person**

**Date**

---

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien) to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners’ share of effectively connected income.

If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester’s form if it is substantially similar to this Form W-9.

---

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate other than a foreign estate, or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners’ share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax accordingly. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,