THE COMMUNITY AND ECONOMIC DEVELOPMENT
ASSOCIATION OF COOK COUNTY, INC

Request for Qualifications
Specification No. RFQ10252021

for

Dental Care Providers
for
Family Support and Community Engagement (FSACE)

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

Faxed or e-mailed Qualifications will not be accepted.

SUBMIT
In a **sealed** envelope one (1)
unbound original
DELIVERY BY HAND or MAIL
CEDA Receptionist
567 W. Lake Street, Suite 1200
Chicago, IL 60661
Attn: Procurement
Specification No. RFQ10252021

FEE SCHEDULE

Provide the standard rate charged by your practice for the common procedures listed below.

Use the “comment” column as needed to provide additional information such as specific materials used, discount rates planned for CEDA clients, or other notation.

Procedure	Cost	Comment
Initial Oral Exam		
Full Mouth X-Ray		
Panoramic X-Ray		
Resin-based Composite Filling 1 surface, primary or permanent:		
Amalgam Filling 1 surface, primary or permanent:		
Crown		
Complete Denture- Maxillary		
Complete Denture- Mandibular		
Simple Extraction – erupted tooth		
Surgical Extraction – erupted tooth		
Molar Root Canal (excluding final restoration)		
Periodontal Scaling – per quadrant		

The fees above are an accurate representation of the applicant’s current pricing. Providers may not change the fees listed within a 12-month period.

I have full authority to bind _____ to this proposal and the terms and
(Company Name)

conditions of this proposal.

_____
Signature of President or Authorized Officer

_____ _____
Title of President or Authorized Officer Date

For questions regarding this response please contact:

Name	Title

Telephone Number	Fax Number	Email Address

Mailing Address, City, State Zip

EXHIBIT A
INSURANCE REQUIREMENTS

Vendors must advise CEDA of the limits it currently maintains of the types of insurance coverage set forth below, and must provide the CEDA with certificates evidencing such coverage. CEDA reserves the right to ask for higher levels of coverage.

TYPE	MINIMUM ACCEPTABLE LIMITS OF LIABILITY
Worker's Compensation	Statutory-State of Illinois
Employers a. Each Accident b. Each Employee Disease c. Policy Aggregate Disease	 $500,000.00 $500,000.00 $500,000.00
Commercial General Liability a. Per Occurrence b. General Aggregate 1. General Aggregate-Per Project 2. General Aggregate Products Completed Operations Personal and Advertising Injury Fire Legal Liability (any one fire) Medical Expense (any one person)	 $1,000,000.00 $1,000,000.00 $1,000,000.00 $1,000,000.00 $50,000.00 $5,000.00
Umbrella Excess Liability (Coverage must be in excess of Commercial General Liability, Automobile Liability, and Employer's Liability. It shall be no more restrictive than the primary coverage listed.)	$2,000,000.00 over Primary Insurance $1,000.00 retention for Self-Insured Hazards Each Occurrence
Business Auto Liability (This Policy must provide coverage for all owned, non-owned, and hired autos.)	$1,000,000.00

CEDA must be named as additional insured on this coverage as well as on Umbrella Liability. Vendor 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.
Vendor's assumption of liability is independent from, and not limited in any manner by, the Vendor's insurance coverage obtained pursuant to this Proposal, or otherwise. All amounts owed by Vendor to the CEDA as a result of the liability provisions of the Contract shall be paid on demand.

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 Provider is a joint venture, the joint venture and each of the joint venture partners must submit a separate and completed Contractor's Affidavit. In the event Provider is unable to certify any of the statements contained herein, Provider must contact CEDA and provide a detailed factual explanation of the circumstances leading to Provider's inability to so certify.

I certify that I am authorized to execute this Contractor's Affidavit on behalf of the Provider 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.

Provider 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 Bidders/Providers/Contractors shall provide the following information with their bid/ proposal/ contract. 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. Dentist Name: _____
3. Name of Practice: _____
4. Contact Name: _____
5. Street Address: _____

_____

6. Mailing Address [if different]: _____

_____

7. Telephone (1): _____
8. Telephone (2): _____
9. Fax Number: _____
10. Website Address: _____
11. E-mail Address (include name): _____
12. Employer's Federal ID# / Social Security #: _____
13. DUNS #: _____

Contractor is a	[ ]	Corporation	[ ]	Sole Proprietor
	[ ]	Partnership	[ ]	Not-For-Profit
	[ ]	Joint Venture	[ ]	LLC

Date Business Started: _____

Based on the selection above, complete the corresponding section below:

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

a. Incorporated in _____
b. Authorized to do business in the State of Illinois [ ] Yes [ ] No
c. Names of all officers and directors of corporation (or attach a list)

Name & Title

_____

_____

_____

_____

_____

SECTION 2. Partnership

If the Bidder/Provider/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 Bidder/Provider/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 the sole proprietorship is held by an agent(s) or a nominee, indicate the principle(s) for whom the agent or nominee holds such interest.

Name(s)
_____
_____
_____
_____

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. Joint Venture

If the Bidders/Providers/Contractors are a joint venture, 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 5. Certification Regarding Suspension and Disbarment

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

SECTION 6. Verification

Under penalty of perjury, I certify that I am authorized to execute this Contractor's Affidavit on behalf of Provider 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:

EXHIBIT C
DIVERSITY FORM

GENERAL PROVIDER INFORMATION:

1. Name of Company: _____

2. Are you or your firm certified as a small, minority, female or disadvantaged business enterprise by a municipal, State or Federal agency?
   [ ] Yes [ ] No

3. If yes, answer the following:
   a. List agency: _____
   b. Attach a copy of your certification letter.

4. Is your firm certified as a minority business by the Chicago Minority Business Development Council?
   [ ] Yes [ ] No

5. Is your firm certified as a female owned business by the Women's Business Development Agency?
   [ ] Yes [ ] No

6. Attach a copy of your certification letter.

EXHIBIT D
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.

_____
Signature

_____
Title

_____
Company

EXHIBIT E
BUSINESS INFORMATION AND REFERENCES

. How many years has this company been in business? _____

2. Do you have a current business license? [ ] Yes [ ] No

    a. In what city or town is the business licensed? _____

3. Provide the name, telephone number and email address of business references.

Company/Agency Name _____

Address _____

Phone _____ Contact _____

Type of Business_____

Company/Agency Name _____

Address _____

Phone _____ Contact _____

Type of Business_____

Company/Agency Name _____

Address _____

Phone _____ Contact _____

Type of Business_____

SECTION 1 INTRODUCTION

The Community and Economic Development Association of Cook County Inc. (CEDA) is a community action agency serving Cook County. It provides economic development and human service programs to address the needs of low-income County residents and the underlying conditions which cause those needs. CEDA provides a variety of services including but not limited to Women Infant and Children (WIC), Low Income Home Energy Assistance Program (LIHEAP), Housing, Weatherization and Family Support and Community Engagement (FSACE) services.

The CEDA Community Services Block Grant (CSBG) funded FSACE Dental Care Program is a program designed to assist income-eligible individuals with little to no dental health insurance that reside in Suburban Cook County. Program participants are able to access dental services to avert health and financial crisis as well as remove barriers to accessing or sustaining employment. This assistance is funded through the CSBG.

SECTION 2 SCOPE OF SERVICE

CEDA is seeking to contract with dentists who have the qualifications and clinical skills necessary to provide dental services to income-eligible individuals. The contract is from January 1, 2021 through December 31, 2021.

2.1 Responsibilities

Client will be given dental care vouchers to present to participating dental providers. These vouchers are issued as a means to access treatment to relieve pain, bleeding and/or infection, chewing and eating difficulties. The Dental Care Voucher will also cover x-rays & exams if applicable, performed in association with the treatment outlined in the dental treatment plan, minus the customer contribution and cost exceeding the voucher amount.

Under most circumstances, it does not cover prophylactic or routine dental procedures nor does it cover any cosmetic procedures unless the procedure will be for the replacement or repair of missing, broken or decayed front teeth.

The dental procedures to alleviate the aforementioned conditions are the **ONLY** procedures that are considered covered services for the treatment of individuals with a valid CEDA FSACE Dental Care Voucher.

If the dental provider believes a non-allowable procedure is necessary to complete treatment please contact the CEDA FSACE Dental Care Program via email at csbgvendorinfo@cedaorg.net for prior approval. The Dental Assistance program cannot be used to pay for dental services that were performed before the date the voucher was issued.

If the patient requires a referral to a dental specialist, the dental provider will need to provide that referral in writing to the patient with all of the specialist contact information. The patient will need to notify the FSACE Dental Program to secure an additional voucher to be used with the specialist.

2.2 Location and Time Frame

Provider shall provide services at their offices during regular business hours.

2.3 Expected Goals and Outcomes

The provider shall provide comprehensive dental services, staff, equipment and supplies. In addition, dates of service must correspond with the valid dates of the voucher issued.

All dental service 1st appointments must be **made** within fourteen **(14)** days of the date on the voucher; all services must be **completed** within forty-five **(45) days** from the 1st appointment date, or the end of the calendar year, whichever comes first.

Individuals must provide their client voucher. The individual will need to present valid photo identification to tender the voucher for services. If an individual obtains a voucher for dental treatment, the voucher is valid for that individual only.

If the same individual or another household member is in need of services for a separate event, that individual will need to contact the CEDA FSACE Dental Care Program to determine eligibility and upon approval, a new voucher for the care is required.

If the voucher was issued incorrectly with reference to a provider name or address, please contact the CEDA FSACE Dental Assistance Program to request a corrected voucher.

2.4 Provider Qualifications

All dental providers must be licensed dentists in the State of Illinois and provide care to patients in a location within the State of Illinois. Also the dental license must be in good standing with the State of Illinois and possess a dental licensing history record free of disciplinary actions. The provider shall have a minimum of three (3) years' experience.

CEDA does not make direct referrals to any business, but rather offer service recipients an option to choose any dental practice from a directory of approved providers.

2.5 Fees for Services

CEDA FSACE Dental Assistance Program encourages the use of sliding scale fees for services when possible for those that are income eligible according to the dental providers own fee policy. Any discounts provided are to be noted on the invoice submitted to CEDA. CEDA will track discounted and/or donated services from each provider.

A dental provider will be expected to utilize their usual and customary fee structure if a sliding scale does not exist.

Dental providers will honor any coupons, discounts or advertised specials they offered at the time of service for covered services prior to applying the value of the voucher.

Before treatment is performed the patient must pay a customer contribution towards the service. The amount of the contribution requirement will be listed on the voucher. Minimum contribution is $10.00 and the maximum contribution is $100.00.

The Voucher indicates that the patient is responsible for the portion of the treatment that exceeds the voucher amount listed. Providers must be mindful that CEDA services low-income families and it is not in the best interest of the client or the dental practice to exceed the voucher amount. Therefore, please keep in mind that excessive payment arrangements can create a financial hardship for our clients.

Any agreed upon payment plan or resolution between provider and patient to settle a balance that exceeds the voucher allocation by $300.00 or more must be documented prior to service and submitted to the CEDA Dental Care Program for authorization. This agreement will need to accompany the original invoice and voucher for processing. ***NOTE:*** *CEDA will not approve any treatment plan that it considers to be beyond the affordability of the client.*

2.6 Billing

Payment for covered services cannot exceed the stated voucher amount. Vouchers are issued based on eligibility for a **one-time** event **per person**.

Individuals must provide their signed client voucher. The individual will need to present valid photo identification to tender the voucher for services. A copy of the photo identification must accompany the original invoice and voucher for payment upon completion of the dental services.

When submitting billing for payment, please indicate the patient payment on the invoice billing the same way you report a payment by another insurance carrier. Also indicate any discount or write-off provided to the patient.
The voucher will be issued to a dental provider practice and the corresponding dental billing invoice must indicate the same provider group name and the treating dentist.

Please submit only one (1) invoice per patient. Invoices must be submitted within thirty (30) days from the completion of the work. Billing invoices submitted for non-covered services will be denied and the individual cannot be billed for these services.

If the client fails to make an appointment within fourteen (14) days from the voucher issuance date, the voucher is void and cannot be honored (please refer client back to CEDA FSACE Dental).

If the client fails to make a scheduled appointment and does not re-schedule within two (2) weeks the voucher will be closed (not available for future use) and the dental provider can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to the CEDA FSACE Dental Care Program.

Any additional services, not covered as an event, provided for the individual or household member's oral health benefit should be billed separately from the procedures being billed to CEDA FSACE Dental Care Program.

If the voucher will be used to provide the patient with a removable device such as partials or dentures, then the patient must receive the device before CEDA FSACE Dental Assistance can release payment to the provider.

The voucher cannot be used for dental work that would be covered by the patients Medicaid or other dental insurance. Therefore, any dental insurance must be billed prior to applying the value of the voucher presented.

Billing is processed within (45) days upon receipt of the invoice and required documents, provided the date of service and itemized eligible services rendered exactly match the corresponding information on the voucher.

Dental providers should forward billing for covered services that includes:
• The client Dental Care Voucher
• A copy of the patient's photo identification provided at the time of service
• Any applicable payment agreement (executed by both parties)
• An **original** billing invoice (copies and faxes are not acceptable) are to be sent via e-mail to:

csbginvoice@cedaorg.net **(preferred method, quicker processing);**

or mailed to the appropriate region:

NORTH SUBURBS
CEDA One-Stop
ATTN: FSACE Dental Care Program
2300 Main Street
Evanston, IL 60202

WEST SUBURBS
CEDA One-Stop
ATTN: FSACE Dental Care Program
6141 West Roosevelt Road
Cicero, IL 60804

SOUTH SUBURBS
CEDA One-Stop
ATTN: FSACE Dental Care Program
53 East 154th Street
Harvey, Illinois 60426

SECTION 3 EVALUATION PROCESS

3.1 Qualifications Evaluation and Award

Qualifications will be evaluated based the quality of the providers' credentials and experience. Evaluation of Qualifications is the sole responsibility of CEDA staff and based totally on CEDA's assessment of responses. CEDA's Procurement Department reserves the right to enter into agreement or reject any or all Qualifications when the best interest of CEDA will be served.

3.2 Investigations Prior to Proposal Award

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

3.3 Contract Award

A contract will be awarded to the provider whose proposal, in the sole judgment of CEDA; most thoroughly meets the specifications outlined in this document while providing the most beneficial pricing to the agency. *CEDA reserves the right to reject any and all Qualifications, to accept Qualifications 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.*

This contract includes two (2) optional one (1) year extensions to be exercised at the mutual agreement of CEDA and the Provider.

3.4 Participation of Minority and Women Business Enterprises

CEDA is a Community Action Agency in partnership with communities to bring public and private resources to end poverty. CEDA understands the impact that small and minority business can have on poverty. CEDA intends to employ an additional creative solution to the abatement of poverty, by leveraging its procurement dollars in such a way that minority and women business enterprises are stimulated by these funds.

CEDA aggressively seeks minority, women-owned and disadvantaged, small and veteran business enterprises to participate in its procurement activities. Vendors must complete Exhibit C of this document. Certification will be accepted from the City of Chicago, County of Cook, State of IL., Women's Business Development Agencies and the Chicago Minority Business Development Council, Inc.

3.5 Evaluation Criteria

Determination of qualified applicants will be based on a review of credentials and experience.

Responsiveness of Proposal: Proposal has met all of the material submission requirements.
Quality of Experience – The qualifications and experience of provider as evidenced by provider's proof of license to practice dentistry in the State of Illinois. The dental license must be in good standing with the State of Illinois and possess a dental history record free of disciplinary actions. The provider shall have a minimum of three (3) years' experience.
Quality of Professional References – The relevancy of the references listed and the extent to which such references can help anticipate the success of the program. Quality of Reference will be evaluated based on the similarity of work to that which is requested in this RFQ.
Fee Schedule – The reasonableness of the fee schedule in relation to the proposed dental services. Price Qualifications will be evaluated based on the reasonableness of the cost. Although price is an important factor, lowest price is not the sole criteria for this award.

SECTION 4 SUBMISSION INSTRUCTIONS AND REQUIREMENTS

4.1 Proposal Documents
All terms, conditions, specifications and provisions included are included as a part of the requirements set forth in this document.

4.2 Document Submittal and Questions
Providers must submit one (1) original copy of their proposal. Qualifications must be submitted to: CEDA, 567 W. Lake Street, 12th Floor, Chicago, IL. Receptionist Desk, Attn: Procurement. Providers should submit questions to Shawnee Little via email at slittle@cedaorg.net. Oral interpretations of proposal documents are not binding.

4.3 Ambiguity, Conflict or Other Errors in the RFQ
If a provider discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Qualifications, it shall immediately notify the Department of Procurement of such errors in writing and request modification or clarification of the document. Procurement will make modifications by issuing a written revision and will give written notice to all parties who have received this RFQ from the Department of Procurement.

The provider is responsible for clarifying any ambiguity, conflict, discrepancy, omission, or other error in the Request for Qualifications prior to submitting the proposal or it shall be waived.

4.4 Submittal Requirements
Provider's proposal must contain:

1. Copy of License
2. Resume/Bio for Dentist
   Provider shall provide additional information, which documents the Provider's qualification and experience, including his/her ability, capacity, skill, and number of years' experience in providing dental services.
3. Professional References
   Provide at least three (3) professional references; name of contact, title, telephone number, e-mail address
4. Fee Schedule
5. Insurance Certificates (Exhibit A)
6. Contractor's Affidavit (Exhibit B)
7. Diversity Form (Exhibit C)
8. Certification Regarding Lobbying (Exhibit D)
9. Business Information and References (Exhibit E)
10. Copy of the State of Illinois Certificate of Good Standing
11. Copy of M/W/D/S Business Enterprises Certification, if applicable