



**Request for Qualifications  
Specification No. RFQ10252021**

**for**

**Vision Service Providers  
for  
CEDA Family Support and Community Engagement (FSACE)**

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

**Faxed or e-mailed proposals 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 12<sup>th</sup> Floor

Chicago, IL 60661

Attn: Procurement

Specification No. RFQ10252021

**FEE SCHEDULE**

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Provide the standard rate charged by your practice for common procedures in the chart provided 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 Exam		

*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 conditions of this proposal.

(Company Name)

\_\_\_\_\_  
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	\$500,000.00
b. Each Employee Disease	\$500,000.00
c. Policy Aggregate Disease	\$500,000.00
Commercial General Liability	
a. Per Occurrence	\$1,000,000.00
b. General Aggregate	
1. General Aggregate-Per Project	\$1,000,000.00
2. General Aggregate Products	
Completed Operations	
Personal and Advertising Injury	\$1,000,000.00
Fire Legal Liability (any one fire)	\$1,000,000.00
Medical Expense (any one person)	\$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**

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\_\_\_\_\_  
Provider Name

\_\_\_\_\_  
Provider Address

\_\_\_\_\_  
Provider 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. Provider 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.

<i>Name of Partners</i>	<i>Percentage of Interest</i>
_____	%
_____	%
_____	%
_____	%
_____	%

**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.

<i>Name of Partners</i>	<i>Percentage of Interest</i>
_____	%
_____	%
_____	%
_____	%

**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 statutes, 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**

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**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**

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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**

\_\_\_\_\_  
**Organization**

**EXHIBIT E  
BUSINESS INFORMATION AND REFERENCES**

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1. 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 professional references.

Company Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Type of Business \_\_\_\_\_

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Company/Agency Name \_\_\_\_\_

Email Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Type of Business \_\_\_\_\_

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Company/Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Contact \_\_\_\_\_

Type of Business \_\_\_\_\_

## **SECTION 1 INTRODUCTION**

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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 Vision Care Program is a program designed to assist income-eligible individuals with little to **no vision insurance** that reside in Suburban Cook County. Program participants are able to access **vision** services to avert health and financial crisis as well as remove barriers to accessing or sustaining employment. This assistance is funded through CEDA's Community Service Block Grant.

## **SECTION 2 SCOPE OF SERVICE**

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

### **2.1 Responsibilities**

Clients will be given vision care vouchers to present to participating vision providers. These vouchers are issued as a means to access treatment to correct vision via an eye care exam, secure a new or updated prescription for corrective lenses, repair or replace eyeglasses due to damage or loss, or obtain eyeglasses including frame and lenses (a minimum one-year warranty is required).

Under most circumstances, it does not cover routine annual eye exams, non-emergency renewal of lenses or frames, contacts, special options (tint, non-glare coating, etc.) and other surgical/laser treatment or any cosmetic procedures.

The aforementioned services are the **ONLY** services that are considered covered for the treatment of individuals with a valid CEDA FSACE Vision Care Voucher.

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

If the patient requires a referral to a vision specialist, the vision 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 Vision 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 vision services, staff, equipment and supplies. In addition, dates of service must correspond with the valid dates of the voucher issued.

All vision service 1<sup>st</sup> appointments must be **made** within fourteen (14) days of the date on the voucher; all services must be **completed/received** within forty-five (45) days from the 1<sup>st</sup> 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 vision services, 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 Vision 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 Vision Assistance Program to request a corrected voucher.

#### **2.4 Provider Qualifications**

All vision providers must be licensed in the State of Illinois and provide care to patients in a location within the State of Illinois. Also they must be in good standing with the State of Illinois and possess a vision 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 vision provider from a directory of approved providers.

#### **2.5 Fees for Services**

CEDA FSACE Vision Assistance Program encourages the use of sliding scale fees for services when possible for those that are income eligible according to the vision 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 vision provider will be expected to utilize their usual and customary fee structure if a sliding scale does not exist.

CEDA FSACE Vision Care Program requests that providers 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 \$30.00.

#### **2.6 Billing**

The Voucher indicates that the patient is responsible for the portion of the treatment that exceeds the voucher amount listed. It is necessary to note that CEDA services low-income families and it is not in the best interest of the client or the vision provider 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 Vision 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.**

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 vision 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 vision provider and the corresponding billing invoice must indicate the same provider group name and the treating optometrist or ophthalmologist.

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 Vision).

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 vision provider can submit for payment at that time by submitting the voucher and invoice for processing with an explanation to the CEDA FSACE Vision Care Program.

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

If the voucher will be used to provide the patient with eyeglasses, then the patient must receive the device before CEDA FSACE Vision Assistance can release payment to the provider.

The voucher cannot be used for vision services or products would be covered by the patients Medicaid or other vision insurance. Therefore, any vision 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.

Vision providers should forward billing for covered services that includes:

- The client Vision 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)

by email to: [csbginvoice@cedaorg.net](mailto:csbginvoice@cedaorg.net) (**preferred method, quicker processing**);

or by mail to the appropriate region:

**NORTH SUBURBS**

**CEDA One-Stop**  
ATTN: FSACE Vision Care  
Program  
2300 Main Street  
Evanston, IL 60202

**WEST SUBURBS**

**CEDA One-Stop**  
ATTN: FSACE Vision Care  
Program  
6141 West Roosevelt Road  
Cicero, IL 60804

**SOUTH SUBURBS**

**CEDA One-Stop**  
ATTN: FSACE Vision Care  
Program  
53 East 154<sup>th</sup> Street  
Harvey, Illinois 60426

**SECTION 3 EVALUATION PROCESS**

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**3.1 Proposals Evaluation and Award**

Proposals will be evaluated based the quality of the providers' credentials and experience. Evaluation of proposals 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 proposals 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 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.*

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 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.

<b>Responsiveness of Proposal:</b> Proposal has met all of the material submission requirements.
<b>Quality of Experience –</b> The qualifications and experience of provider as evidenced by provider's proof of license to practice optometry in the State of Illinois. The license must be in good standing with the State of Illinois and possess a 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 RFP.

**Fee Schedule** – The reasonableness of the fee schedule in relation to the proposed vision services. Price proposals 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**

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### **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. Proposals must be submitted to: CEDA, 567 W. Lake Street, 12<sup>th</sup> Floor, Chicago, IL 60661. Receptionist Desk, Attn: Procurement. Providers should submit questions to Shawnee Little via email at [slittle@cedaorg.net](mailto:slittle@cedaorg.net). Oral interpretations of proposal documents are not binding.

### **4.4 Ambiguity, Conflict or Other Errors in the RFP**

If a provider discovers any ambiguity, conflict, discrepancy, omission, or other error in the Request for Proposals, 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 Proposals prior to submitting the proposal or it shall be waived.

### **4.5 Submittal Requirements**

Provider's proposal must contain:

1. Copy of License
2. Resume/Bio for Optometrist or Ophthalmologist  
*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 vision 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