



Response Form for Request for Qualifications (RFQ): For all Contractors to Participate in the Cook County Healthy Homes for Healthy Families Program

Business Information

Legal business name: _____

Doing business as: _____

Business entity: *(For example, sole proprietor, corporation, limited liability company, partnership, or other; if "other", please specify the type).*

Incorporation date: _____

Business address: _____

Business license(s): _____

Renewal date: _____

Number of installers, estimators, admin staff: _____

Has your business been certified as a Minority-Owned Business Enterprise (MBE), a Woman-Owned Business Enterprise (WBE), Veteran Business Enterprise (VBE) or Disadvantaged Business Enterprise (DBE)?

- Yes, as a MBE *(If yes, include a copy of your current MBE certification in your response package.)*
- Yes, as a WBE *(If yes, include a copy of your current WBE certification in your response package.)*
- Yes, as a VBE *(If yes, include a copy of your current VBE certification in your response package.)*
- Yes, as a DBE *(If yes, include a copy of your current DBE certification in your response package.)*
- No

Is your business *eligible* to be certified as a MBE, WBE, VBE and/or DBE?

- Yes, as a MBE
- Yes, as a WBE
- Yes, as a VBE
- Yes, as a DBE
- No



ELEVATE

Equity through climate action

Is your business located in Cook County and/or do you have staff who live in Cook County or the State of Illinois?

Yes

No



Staff Information

Business owner name: _____

Phone: _____

Email: _____

Area of expertise: _____

Licenses/certifications: _____

Key Staff Person 1 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____

Key Staff Person 2 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____

Key Staff Person 3 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____



Additional Staff Information

If you have additional staff you want to highlight, please use this page provide the same information as above for the additional staff. If you do not have additional staff to highlight, please leave this page blank.

Key Staff Person 4 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____

Key Staff Person 5 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____

Key Staff Person 6 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____

Key Staff Person 7 Name: _____

Years of experience: _____

Area of expertise: _____

Licenses/certifications: _____



References

*If you **did not** provide three references in the previous section, please add references here. Your response package should include at least three references.*

Reference 1

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Project: _____

Cost of Project: _____

Date Project Started: _____

Date Project Ended: _____

Reference 2

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Project: _____

Cost of Project: _____

Date Project Started: _____

Date Project Ended: _____

Reference 3

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Project: _____

Cost of Project: _____

Date Project Started: _____

Date Project Ended: _____



Sub-Contractors

Please list up to five contractors you sub work to most regularly.

Sub-Contractor 1

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Work: _____

MBE, WBE, VBE, DBE certified? Yes No

If yes, include a copy of the sub-contractor's current MBE, WBE, VBE, and/or DBE certification in your response package.

Sub-Contractor 2

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Work: _____

MBE, WBE, VBE, DBE certified? Yes No

If yes, include a copy of the sub-contractor's current MBE, WBE, VBE, and/or DBE certification in your response package.

Sub-Contractor 3

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Work: _____

MBE, WBE, VBE, DBE certified? Yes No

If yes, include a copy of the sub-contractor's current MBE, WBE, VBE, and/or DBE certification in your response package.



Sub-Contractor 4

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Work: _____

MBE, WBE, VBE, DBE certified? Yes No

If yes, include a copy of the sub-contractor's current MBE, WBE, VBE, and/or DBE certification in your response package.

Sub-Contractor 5

Name: _____

Phone 1: _____

Phone 2: _____

Email: _____

Type of Work: _____

MBE, WBE, VBE, DBE certified? Yes No

If yes, include a copy of the sub-contractor's current MBE, WBE, VBE, and/or DBE certification in your response package.

Respondent Acknowledgments

Please check the below statements to acknowledge.

Safety Plan

The respondent acknowledges that respondent will, at all times while performing work under the Cook County Healthy Homes for Healthy Families, comply with all safety requirements including, but not limited to, all Occupational Safety and Health Act (OSHA) requirements applicable to the work, and all Cook County and CDC guidelines for the prevention of the transmission of COVID-19, that respondent has a safety plan in place to ensure compliance with all safety and health requirements and that all of respondent's staff and subcontractors who will work on program projects have been trained on the plan.

Respondent Name: _____

Respondent Signature: _____

Respondent Date: _____

Contractor Agreement Statement

The respondent acknowledges that respondent may enter into an agreement with Elevate which will include the contractual terms (including, but not limited to, the insurance requirements) included in this RFQ package as Appendix B, or, if respondent is unable to comply with any of those terms, an explanation of respondent's inability to comply with such term(s) and respondent's proposed alternative term(s).

The respondent acknowledges that respondent reviewed the contractual terms prior to submitting a response package to this RFQ.

The respondent acknowledges that Elevate reserves the right in its sole discretion to modify the contractual terms at any time prior to a final agreement with selected contractors.

Respondent Name: _____

Respondent Signature: _____

Respondent Date: _____



Checklist of Documents to Include in RFQ Response Package

- Current business license issued by Municipality, Cook County or State of Illinois
- Current general contractor license issued by Municipality, Cook County or State of Illinois
- Current professional licenses or certifications
- Current copy(ies) of MBE, WBE, VBE and/or DBE certifications, if certified
- Current copy(ies) of sub-contractors' MBE, WBE, VBE and/or DBE certifications, if certified
- OSHA Safety Management Plan
- Available MSDS for commonly utilized building materials
- Example of Manufacturer's Warranty for Materials
- Business invoice example
- Business bid/proposal example with example of warranty of labor for work performed
- Current W-9 form