

19098
AGREEMENT FOR PROFESSIONAL SERVICES
For LAKE COUNTY

This AGREEMENT is entered into by and between Lake County Health Department and Community Health Center ("LCHD/CHC or Lake County ") and Alpha Building Maintenance Services, Inc. ("Contractor"), 15429 W. 139th St., Homer Glen, Illinois 60439

RECITALS

WHEREAS, Lake County Health Department and Community Health Center is seeking a Contractor to provide services for Janitorial and Housekeeping Services as noted in the Contractor's proposal dated August 21, 2019, ("Services"); and

WHEREAS, Contractor has the professional expertise and credentials to provide these Services and has agreed to assume responsibility for this Agreement.

NOW, THEREFORE, Lake County Health Department and Community Health Center and Contractor agree as follows:

SECTION 1. AGREEMENT DOCUMENTS

The Agreement Documents that constitute the entire Agreement between LCHD/CHC and Contractor are in order of precedence:

- A. This Agreement and all Exhibits thereto; and,
- B. Terms and Conditions identified in RFP 19098 Housekeeping Services for LCHD/CHC including all addendums issued.
- C. Agreement Exhibit 1 Contractors Best and Final Proposal
- D. Health Department facility information and Contractors responsibilities identified in RFP Exhibit A and B.
- E. Contractor's RFP response to RFP 19098 proposal dated August 21, 2019 and all exhibits thereto .

SECTION 2. SCOPE OF WORK

LCHD/CHC requires janitorial and housekeeping services at numerous buildings at multiple locations throughout the County. The number of locations is subject to change and LCHC/CHC reserves the right to add or delete locations and square footage. See RFP Exhibit A and B Health Department Facility Information for the address, square footage and type of facilities to be serviced within this contract and the schedules for cleaning at each location. Any price adjustments related to additions or deletions of square footage to be serviced will be in alignment with the original cost per square foot agreed to in the contract resulting from this solicitation.

In addition to regularly scheduled cleaning services, the Contractor must be able to respond to on-demand requests for service such as responding to spills or clean-up for special events. These services will be ordered by LCHD/CHC on an hourly basis if the events occur outside of the Contractor's regularly scheduled cleaning times. Expected response times are:

- Emergency: on the scene within thirty (30) minutes
- Urgent: completed within four (4) hours
- Planned: provide a clear schedule within one working day

The Contractor shall ensure that the facilities, fixtures, floor surfaces, and furnishings of the LCHD/CHC shall be continually maintained in a state of high- quality cleanliness and present a clean, neat and professional appearance at all times. Bidders are advised that this is a hybrid specification which includes elements of both prescribed service methods and frequencies, and performance specifications, based solely on the effectiveness of the outcome.

Immediately upon provider selection, the Contractor and LCHD/CHC representatives will review the comprehensive set of employee rules and regulations intended to identify proper behavior while working at LCHD/CHC facilities. This review will also include the key management and badging process. The Contractor will also be required to provide an employee safety manual covering a Hazard Communication Program, a Hazard Assessment Plan, and an Exposure Control Plan. These will be reviewed at each Quarterly Business Review (QBR).

SECTION 3. DURATION

This contract shall be in effect for a two (2) year period from date of award. LCHD/CHC reserves the right to renew this contract for three (3) additional one (1) year periods, subject to acceptable performance by the Contractor and upon appropriation of sufficient funds.

At the end of the Agreement term Lake County reserves the right to extend the Agreement for an additional period up to sixty (60) days.

SECTION 4. AGREEMENT PRICE

LCHD/CHC will pay Contractor a fee of \$44,762 per month for deliverables as noted in Exhibit B and identified in Contractor's response to RFP 19098 and will bill the LCHD/CHC not more than once per month. Prices shall remain firm/fixed for a two (2) year period. Written requests for price revisions after the initial 2-year term shall be submitted sixty (60) days prior to the renewal period to LCHD Purchasing Department. Requests must be based upon and include documentation of the actual change in the cost of the components involved in the contract and shall not include overhead, or profit. Changes in the contract price shall be made in the exact amount of the actual change in Contractor cost or the **percentage increase in the U.S. Average Consumer Price Index for the Midwest Urban - per category "All Items,"** whichever is less. Surcharges for fuel and/or other costs shall not be allowed other than in accordance with the Escalator Provision as stated herein. The LCHD reserves the right to reject any price increase and to terminate the contract. If LCHD accepts the price increase, such increase shall be effective thirty (30) days after acceptance.

SECTION 5. INVOICES & PAYMENT

- A. A purchase order will be issued for the work and Contractor shall submit invoice(s) detailing the products and services provided and identify the purchase order number on all invoices.
- B. Contractor shall maintain records showing actual time devoted and cost incurred. Contractor shall permit a representative from Lake County to inspect and audit all data and records of Contractor for work and/or services provided under this Agreement. Contractor shall make these records available at reasonable times during the Agreement period and for one year after the termination of this Agreement.
- C. All payments shall be made in accordance with the Illinois Local Government Prompt Payment Act (50 ILCS 505/1 et seq.).

SECTION 6. CHANGE ORDERS

In the event changes to the Scope of the project and/or additional work become necessary or desirable to the parties, the parties shall follow the procedures set forth in this Section. A Change shall be effective only when documented by a written, dated agreement executed by both parties which expressly references this Agreement (a "Change Order"). The Change Order shall set forth in detail: (i) the Change requested, (ii) the reason for the proposed Change; (iii) the cost of the Change; and (iv) the impact of the Change on time for completion of the project.

SECTION 7. INDEMNIFICATION

Contractor agrees to indemnify, save harmless, and defend Lake County, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses, and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this Agreement caused directly by the negligence or willful or wanton conduct of Contractor. The foregoing indemnity shall apply except if such injury, death, or damage is caused directly by the gross negligence or willful or wanton conduct of Lake County, its agents, servants, or employees or any other person indemnified hereunder.

SECTION 8. INSURANCE

The Contractor must obtain, for the Contract term and any extension of it, insurance issued by a company or companies qualified to do business in the State of Illinois with an A.M. Best Rating of at least A-and provide the County with a Certificate of Insurance 15 days before the start of the project, and thereafter annually for contracts/ projects that will last more than one year. Insurance in the following types and amounts is necessary and/or where applicable:

Workers Compensation (Coverage A) and Employers Liability (Coverage B)

Workers Compensation Insurance covering all liability of the Contractor arising under the Worker's Compensation Act and Worker's Occupational Disease Act at limits in accordance with the laws of the State of Illinois. Employers' Liability Insurance shall be maintained to respond to claims for damages because of bodily injury, occupational sickness, or disease or death of the Contractor's employees, with limits listed below:

Employers Liability

- a) Each Accident \$1,000,000
- b) Disease-Policy Limit \$1,000,000
- c) Disease-Each Employee \$1,000,000

Such Insurance shall contain a waiver of subrogation in favor of Lake County.

Commercial General Liability Insurance

In a broad form on an occurrence basis shall be maintained, to include, but not be limited to, coverage for property damage, bodily injury (including death), personal injury and advertising injury in the following coverage forms where exposure exists:

- Premises and Operations
- Independent Contractors
- Products/Completed Operations
- Liability assumed under an Insured Contract/ Contractual Liability
- Personal Injury and Advertising Injury

With limits of liability not less than:

\$ 1,000,000 Each Occurrence

\$ 1,000,000 Products-Completed Operations

\$ 1,000,000 Personal and Advertising injury limit

\$ 2,000,000 General aggregate; the CGL policy shall be endorsed to provide that the General Aggregate limit applies separately to each of the contractor's projects away from premises owned or rented to contractor.

Automobile Liability Insurance (if applicable)

Automobile liability insurance shall be maintained to respond to claims for damages because of bodily injury, death of a person, or property damage arising out of ownership, maintenance, or use of a motor vehicle. This policy shall be written to cover any auto whether owned, leased, hired, or borrowed.

The Contractor's auto liability insurance, as required above, shall be written with limits of insurance not less than the following:

\$ 1,000,000 Combined single Limit (Each Accident)

Professional Liability – Errors and Omissions (if applicable)

The Engineers/Architects/Contractors for the plans of the project shall be written with limits of insurance not less than the following:

\$ 1,000,000 per claim per policy year

Coverage shall be provided for up to three (3) years after project completion. Policy is to be on a primary basis if other professional liability is carried.

Excess/ Umbrella Liability (if applicable)

The Contractor's Excess/ Umbrella liability insurance shall be written with the umbrella follow form and outline the underlying coverage, limits of insurance will be based on size of project:

\$ 2,000,000 per occurrence limit (minimum, and may be higher depending on the project)

Liability Insurance Conditions

Contractor agrees that with respect to the above required insurance:

- a) The CGL policy shall be endorsed for the general aggregate to apply on a "per Project" basis;
- b) The Contractor's insurance shall be primary in the event of a claim.
- c) Contractor agrees that with respect to the above required insurance, Lake County, shall be named as additional insured, including its agents, officers, and employees and be provided with thirty (30) days' notice, in writing by endorsement, of cancellation or material change;
- d) Lake County shall be provided with Certificates of Insurance and endorsements evidencing the above required insurance, prior to commencement of this Contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies.
- e) Any hard copies of said Notices and Certificates of Insurance shall be provided to:

Failure to Comply: In the event the Contractor fails to obtain or maintain any insurance coverage required under this agreement, Lake County may purchase such insurance coverage and charge the expense to the Contractor.

SECTION 9. INDEPENDENT CONTRACTOR

Contractor is defined and identified as an independent contractor, not an employee or agent of Lake County and the County has no right to control or direct Contractor's manner, detail, or means by which Contractor accomplishes tasks under this Agreement.

SECTION 10. NO IMPLIED WAIVERS

The failure of either party at any time to require performance by the other party of any provision of this Agreement shall not affect in any way the full right to require such performance at any time thereafter. Nor shall the waiver by either party of a breach of any provision of this Agreement be taken or held to be a waiver of the provision itself.

SECTION 12. SEVERABILITY

If any part of this Agreement shall be held to be invalid for any reason, the remainder of this Agreement shall be valid to the fullest extent permitted by law.

SECTION 13. JURISDICTION, VENUE, CHOICE OF LAW AND PROFESSIONAL STANDARDS

This Agreement shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court, State of Illinois.

SECTION 14. NOTICES AND COMMUNICATIONS

All notices and communications which may be given by Lake County to Contractor relative to this Agreement shall be addressed to the Contractor at the address shown herein below:

Alpha Building Maintenance Services Inc.
15429 W 139th Street
Homer Glen, Illinois 60491

Copies of any notices and communications which propose to alter, amend, terminate, interpret, or otherwise change this Agreement shall be provided to: Lake County Purchasing Division, 18 North County Street, Waukegan, Illinois 60085-4350; Attention: Purchasing Agent.

SECTION 15. ASSIGNMENT, ALTERATIONS AND MODIFICATIONS

Except as otherwise provided herein, this Agreement shall not be assigned, delegated, altered, or modified without the express written consent of both parties. This Agreement supersedes any and all other agreements, oral or written, between the parties hereto with respect to the subject matter hereof.

To the extent Lake County agrees to an assignment, delegation, or subcontract by Contractor, Contractor shall remain liable to Lake County with respect to each and every item, condition and other provision hereof to the same extent that Contractor would have been obligated if it had done the work itself and no assignment, delegation, or subcontract had been made.

SECTION 16. TERMINATION

Lake County reserves the right to terminate this Agreement, or any part of this Agreement, with or without cause, upon thirty (30) days written notice. In case of such termination, Contractor shall be entitled to receive payment from Lake County for work completed to date in accordance with the terms and conditions of this Agreement.

In the event that this Agreement is terminated due to Contractor's default, Lake County shall be entitled to

purchase substitute items and/or services elsewhere and charge Contractor with any or all losses incurred, including attorney's fees and expenses.

SECTION 17. CONFIDENTIALITY

Both parties acknowledge that Contractor's documents and dealings related to this Agreement are subject to the Illinois Open Meetings Act (5 ILCS 120/1 et seq.) and the Illinois Freedom of Information Act (5 ILCS 140/1 et seq.).

SECTION 18. WORK PRODUCT

All work product prepared by Contractor pursuant to this Agreement, including, but not limited to, policies, reports, analysis, plans, designs, calculations, work drawings, studies, photographs, models, and recommendations shall be the property of Lake County. Contractor shall deliver the work product to Lake County upon completion of Contractor's work, or termination of the Agreement, whichever comes first. Contractor may retain copies of such work product for its records; however, Contractor may not use, print, share, disseminate, or publish any work product related to this Agreement without the consent of Lake County.

SECTION 19. NEWS RELEASES

Contractor may not issue any news releases regarding this Agreement without prior approval from Lake County.

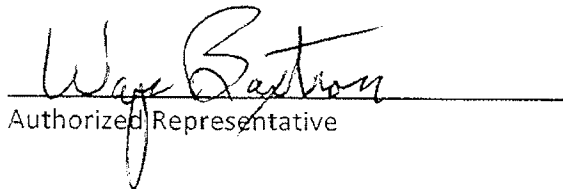
IN WITNESS HEREOF, the undersigned have caused this Agreement to be executed in their respective names on the dates hereinafter enumerated.

Lake County Health Department and
Community Health Center

Alpha Building Maintenance Services Inc.



Jerry Nordstrom
Director of Administrative Services


Authorized Representative

Date: 9/25/19

Date: 25 Sept 2019

EXHIBIT 1



Alpha Building Maintenance Services

15429 W. 139th St.
Homer Glen, IL 60491
815-485-8800

7549 W. 99th Place, Unit A
Bridgeview, IL 60455
708-233-1948

September 10, 2019

Lake County Government
Attn.: Mr. Efren Heredia, Buyer
2400 Belvidere Road - L50
Waukegan, IL 60085

Re: RFP 10098 - Housekeeping Services for the Lake County Health Department and Community Health Center Facilities

Dear Mr. Heredia,

Alpha Building Maintenance Services is truly honored to be among the finalist to compete for the opportunity to deliver housekeeping services to your various healthcare facilities. After reviewing our initial proposal, I acknowledge the concerns voiced by members of your facilities leadership team, specifically, Jerry. Based on my review, **Alpha Building Maintenance Services** respectfully requests a **6% increase** to our original price. The change is reflected as follows:

<u>Year</u>	<u>Original Price</u>	<u>Price Change</u>	<u>Final Price</u>
Year 1	\$506,628.00	\$30,397.68	\$537,025.68

The increase reflects additional labor hours, particularly at the Belvidere Health Center. Please know that I am committed to providing the Lake County Health Department with the finest housekeeping services available, regardless of cost. If you have any questions regarding this revised proposal, please do not hesitate to contact me at (708) 774-7203.

Sincerely,

Wayne Baxtrom
General Manager



SUBMISSION INFORMATION

Invitation: **RFP 19098**

RFP Due Date: August 22, 2019

2:00 p.m. CST. – no later than 2:00 p.m.

Location: Proposals turned into Purchasing Dept –
2400 Belvidere Road – L50

Waukegan, Illinois 60085

Email: healthpurchasing@lakecountyiil.gov

Access RFP Information:

<http://www.lakecountypurchasingportal.com/>

Submit: 1 original, 3 copies and 1 electronic format
of the Proposal

ISSUANCE DATE: August 1, 2019

BUYER: Efren Heredia

**INVITATION TO RFP 19098 : HOUSEKEEPING SERVICES FOR THE LAKE
COUNTY HEALTH DEPARTMENT AND COMMUNITY HEALTH CENTER
FACILITIES.**

VENDOR INFORMATION

COMPANY NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

NOTE TO PROPOSORS:

Any and all exceptions to these specifications MUST be clearly and completely indicated. Attach additional pages if necessary. Please be advised that any exceptions to these specifications may cause your Proposal to be disqualified.

If a Proposal includes any exceptions, you must insert an "X" in the following box indicating a Proposal submission with exception.

☐

PRE-PROPOSAL CONFERENCE:

A Pre-Proposal conference followed by a site tour of our Grand Ave campus, Belvidere Medical Campus and North Chicago site will follow. The Conference will start and be held at 3010 Grand Avenue, Conference Room 3D, Waukegan, Illinois 60085 on Thursday, August 8, 2019 at 8:30 a.m. Upon request and receipt of a confirming RSVP. Tours of other LCHD Sites would be conducted on Friday August 9, 2019 with a schedule to follow and be sent to Contractors who have emailed their RSVP to: Healthpurchasing@lakecountyil.gov no later than Monday August 5, 2019 2:00PM

RFP QUESTIONS:

Submit questions via email to: healthpurchasing@lakecountyil.gov. Questions are required no less than seven (7) days prior to the RFP submission date with a deadline of August 16, 2019 2:00 PM.

CONFIRMATION REQUIRED:

Contractors who will be submitting a proposal MUST ACKNOWLEDGE THEIR INTENT TO RESPOND BY EXECUTING THE "NOTICE OF INTENT TO RESPOND FORM" page 4 of RFP document and return it by the date listed.

Table of Contents: The following sections, including this cover sheet, shall be considered integral parts of this solicitation.

*Cover, Table of Contents and Project Timeline	Page 1-2
*Contractor Checklist and Acceptance Form	Page 3
* Notice of Intent to Respond Form	Page 4
* Overview-Background-Scope of Work	Page 5-6
*Quality Control and LCHD/CHC responsibilities	Page 7-8
* Detailed Submittal Requirements & Evaluation Criteria	Page 9-12
*General Terms and Conditions	Page 13-20
*Addendum Acknowledgement	Page 21
*Price Proposal Sheet	Page 22-23
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*Price Break outs special services	Page 27
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* Sustainability Statement Instructions	Page 30-31
* Contractor Qualifications	Page 32

EXHIBIT A. LCHD/CHC Facility Information Document

EXHIBIT B. Cleaning Requirements & Definition of Services

EXHIBIT C. Service Provider Responsibilities

EXHIBIT D. Vendor Disclosure Statement return with proposal.

PROJECT TIMELINE

Action Item	Proposed Schedule
Issue RFP	August 1, 2019
Pre-Proposal Meeting Site tours	August 8, 2019 8:30 AM
Deadline for submission of questions	August 16, 2019 2:00 PM
RFP Due Date	August 22, 2019 2:00 PM
Shortlist Interviews (if applicable)	September 6– 9, 2019
LCHD/CHC Board Approval	September 25, 2019
	Start services on October 14, 2019

***This timeline is subject to change.**

**Contractor Checklist and Acceptance Form
RFP 19098**

****IMPORTANT****

- ☐ The RFP has been signed by the Contractor's appropriate principal.
- ☐ The RFP prices offered have been reviewed.
- ☐ Any and all Addenda have been signed and included in RFP response.
- ☐ RFP Documents, forms and any information identified as part of the RFP submittal have been included.
- ☐ RFP number, title and Contractor's name has been noted on package and/or sealed envelope.

Please initial each line to agree with the information. If you do not agree, please make a note in the Comments/Exceptions area at the bottom of this form.

I understand:

1. This is a Request for Proposals (RFP) process and Contractor proposal responses will be received by the Materials Management Department in a sealed envelope with the RFP name and number clearly identified on the outside of the envelope and will be opened privately.
_____ (initial)
2. The Health Department is bound to statutory requirements outlined in the RFP Document regarding specific requirements to the RFP process; my staff and I have read and understand the requirements.
_____ (initial)
3. The Health Department will not automatically send updates to Contractors during the evaluation process, for updates an email request must be sent, by Contractor to healthpurchasing@lakecountyiil.gov
_____ (initial)
4. If my company is not awarded the Agreement/Contract/Work, the Health Department will not notify me of the non-award, award information may be found at <https://lakecounty.legistar.com/Legislation.aspx>
_____ (initial)
5. If my company has questions an email may be sent to healthpurchasing@lakecountyiil.gov asking for additional information.
_____ (initial)

Comments/Exceptions:

Return this page with RFP Response

Return this page immediately

NOTICE OF INTENT TO RESPOND FORM

RFP 19098

Submit this form via email to:

Lake County Health Department and Community Health Center
Materials Management
2400 Belvidere Road – L50
Waukegan, IL 60085
Email: healthpurchasing@lakecountyil.gov

Date: _____
Company name: _____
Designated contact: _____
Title: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Email Address: _____

Submission of this form with signature will confirm the intent to respond or not to respond to RFP #19090
Telepsychiatry Services for the Lake County Health Department and Community Health Center.

(check one):

Intent to Respond:

To Respond to RFP _____

Not to Respond to RFP _____

Intent to Attend Pre-Proposal Meeting:

In Person _____

OVERVIEW

The LCHD/CHC Health Department and Community Health Center (hereinafter the LCHD/CHC) is located in the north-easternmost county in Illinois, located on Lake Michigan between the Chicago and Milwaukee metropolitan areas. Lake County is home to about 713,000 people residing amongst its eighteen townships and more than 50 municipalities.

The LCHD/CHC is a Federally Qualified Healthcare Center with facilities located throughout Lake County, Illinois. The LCHD/CHC operates out of seven (7) Health Centers and employs approximately 900 full-time and part-time employees.

Clinical Operations provides quality medical, dental, behavioral health and other professional care to the community. The services are staffed by licensed and registered professionals who assist residents of Lake County to achieve and maintain good health and enhance the quality of life by developing healthy lifestyles. Services are available to all Lake County residents, agencies, and organizations. No one is refused services because of inability to pay.

BACKGROUND

Purpose and Intent

This Request for Proposal (RFP) is being issued by the LCHD/CHC and it is the intent to procure janitorial and housekeeping services for multiple LCHD/CHC facilities and through this RFP to award an Agreement to the responsive Contractor whose RFP response conforms to the specifications contained within this RFP and is most advantageous to the Health Department, price and other evaluation factors will also be considered.

1. SCOPE OF WORK

LCHD/CHC is requesting proposals from qualified companies to establish a contract to provide complete, professional Janitorial and Housekeeping Services. The service provider must be reputable, bonded and capable of furnishing required labor, materials, equipment, transportation, machinery, supplies, tools, apparatus, incidentals, and supervision necessary to provide superior cleaning services for LCHD/CHC facilities as defined in this RFP document. Subcontracting the requirement is not permitted.

The objective of this solicitation is to secure high- quality janitorial services using a competitive process. Your proposal should include a comprehensive overview of your company including number of years of service, accounts like LCHD/CHC, key services offered, staffing strategy, training concept overview, professional affiliations or accreditations, quality control approach, and pricing model.

To be considered as responsive, offerors must respond to this solicitation in accordance with the requirements, specifications, commercial terms, and provisions as described and set forth herein. Proposals must embrace a concept that the successful offeror will satisfy all the objectives and service specifications in a cost-effective and efficient way as outlined in this document. The successful Service Provider will be required to provide quality service with a goal of minimal customer service complaints being a priority.

The Technical Approach should include specific operational details for LCHD/CHC services and should not include generic commercial marketing material. We are encouraging the prospective service providers to be detailed and complete in their responses to enable LCHD/CHC to clearly determine what separates your company from your competitors.

LCHD/CHC requires janitorial and housekeeping services at numerous buildings at multiple locations throughout the County. The number of locations is subject to change and LCHD/CHC reserves the right to add or delete locations and square footage. **See Exhibit A Facility Information Document** for the address, square footage and type of facilities to be serviced within this contract and the schedules for cleaning at each location. Any price adjustments related to additions or deletions of square footage to be serviced will be in alignment with the original cost per square foot agreed to in the contract resulting from this solicitation. LCHD/CHC reserves the right to split the award if such an award is deemed to be in the best interest of the LCHD/CHC.

In addition to regularly scheduled cleaning services, the Service Provider must be able to respond to on-demand requests for service such as responding to spills or clean-up for special events. These services will be ordered by LCHD/CHC on an hourly basis if the events occur outside of the Service Provider's regularly scheduled cleaning times. Expected response times are:

- Emergency: on the scene within thirty (30) minutes.
- Urgent: completed within four (4) hours.
- Planned: provide a clear schedule within one working day.

The Service Provider shall ensure that the facilities, fixtures, floor surfaces, and furnishings of the LCHD/CHC shall be continually maintained in a state of high-quality cleanliness and present a clean, neat and professional appearance always. Proposer's are advised that this is a hybrid specification which includes elements of both prescribed service methods and frequencies, and performance specifications, based solely on the effectiveness of the outcome. **See Exhibit B Cleaning Requirements and Definition of services.**

Immediately upon provider selection, the Service Provider and LCHD/CHC representatives will review the comprehensive set of employee rules and regulations intended to identify proper behavior while working at LCHD/CHC facilities. This review will also include the key management and badging process. The Service Provider will also be required to provide an employee safety manual covering a Hazard Communication Program, a Hazard Assessment Plan, and an Exposure Control Plan. These will be reviewed at each Quarterly Business Review (QBR). **See Exhibit C Service Provider's Responsibilities.**

2. QUALITY CONTROL AND QUALITY ASSURANCE

The Service Provider must establish a quality control program to ensure high standards are maintained at all LCHD/CHC facilities. The Service Provider will create and administer the specific details and functions of the quality control program. The Service Provider must manage the resources at its disposal in such a way as to improve Customer Satisfaction and reduce the number of cleaning complaints, based on the concept of continuous improvement. An acceptable quality control approach will include the following elements, as a minimum:

- An understanding of the cleaning requirements and expected outcomes as described in Statement of Work.
- Description of periodic training to be conducted with staff in cleaning methods, products and use of equipment.
- Provide a monthly toolbox training meeting topic and a signature document of attendees.
- Description of onsite supervision and evaluation to be provided during and after cleaning.
- Documentation of QC results (daily, weekly and/or monthly). Each offeror should describe their intended approach as to the content and frequency of documenting their own inspections and providing results to LCHD/CHC. The approach should strike a balance between proving the Service Provider is meeting all standards while not creating an undue administrative burden on the Service Provider or LCHD/CHC.
- Procedures for resolution of deficiencies or customer complaints (Action Plan).
- LCHD/CHC's approach for evaluating the Service Provider's outcomes and providing quality assurance oversight of the Service Provider's quality control program will include:
 - Conducting a pre-performance meeting with the selected vendor to ensure a mutual understanding of the Service Provider's quality control requirements.
 - Review of Service Provider's QC documentation.
 - Regular meetings with Service Provider's Site Supervisor.
 - Periodic evaluation of each building using a prescribed checklist.
 - Discussions with building occupant.
 - Validation of customer complaints received.
 - Effectiveness of Service Provider's response to validated complaints.
 - Quarterly Business Review of Service Provider performance.
 - Annual evaluation: *Meeting Standards, Needs Improvement, or Unsatisfactory Performance.*

At the first Quarterly Business Review (QBR) the Service Provider and LCHD/CHC will meet to discuss the past 90 days' performance and establish a baseline of the number and kind of complaints which have been documented. The documentation for this conversation will include inspection forms and work order documentation. This baseline will serve as the benchmark from which to set forth future goals for improvement and reduction in the number of complaints.

Lake County Health Department Responsibilities

LCHD/CHC shall make available to the Service Provider all information in the LCHD/CHC possession which will be useful in completing the project work. However, it will remain the Service Provider's responsibility to gather and verify necessary data. Information has been provided listing square footage to be cleaned and other specifics for each building.

The LCHD/CHC will allow the Service Provider to store supplies, materials, and equipment in storage areas on LCHD/CHC facility premises designated by the Custodial Maintenance Supervisor. Service Provider agrees to keep their portion of this storage area in accordance with all applicable fire regulations. The use of LCHD/CHC storage facilities will be on a space available basis and subject to approval of the Custodial Maintenance Supervisor. Any chemicals left on premises by Service Providers must have an SDS sheet available on site.

DETAILED SUBMITTAL REQUIREMENTS

Proposals should be prepared as simple as possible and provide a straightforward, concise description of the proposed products and services to satisfy the requirements of the RFP. Attention should be given to accuracy, completeness, relevance and clarity of content. The proposal should be organized into the following major sections:

- A. Introduction Material and Executive Summary
- B. Company Background
- C. Scope of Services
- D. Staffing Approach/Project Plan
- E. Quality Control Program
- F. Client References
- G. Exceptions to the RFP
- H. Price Proposal
- I. Sustainability Statement

A. Introduction Material and Executive Summary

The introductory material must include a title page with the RFP number, subject, name of the Proposer, address, telephone number, e-mail address, the date, a letter of transmittal and a table of contents. The executive summary should be limited to a brief narrative summarizing the proposal.

B. Company Background

In this section provide information about the company so that the LCHD/CHC can evaluate the Proposer's stability and ability to support the commitments set forth in the response to this RFP. Information in this section should contain the following information in addition to the General Information Sheet that is also included as an exhibit to this RFP:

- Company name and the location of the office(s) from which service will be provided, plus hours of operation including after-hours support.
- The number of years the company has been in business and the number of years the company has been providing system and services to the public sector.
- Include information on the company's customer base, such as the number of public sector clients the company serves, the number of local government clients, and the number of public sector clients in the state.
- Include a brief summary of the company's organizational characteristics such as the number of employees, whether the company is privately held, publicly traded, or if it is a subsidiary to a parent company.
- Describe any other business affiliations (e.g., subsidiaries, joint ventures, etc.)

C. Scope of Services

This section of the proposal should include a general discussion of the Proposer's overall understanding of the project and the scope of work and technical specifications. For each task that is identified in the scope of services please identify your firm's approach and response to address the desired service outlined.

D. Staffing Approach/Project Plan

This section should describe the Proposer's implementation and project plan. Proposers should assume that the LCHD/CHC will contribute all necessary effort to ensure a successful partnership.

- Provide a detailed description of the approach to completing the work. Include staffing, supervision, cleaning techniques, and any other information that would distinguish your approach to the work from your competitors.
- Proposals shall not include any elaborate promotional material, and not be excessively lengthy in the narrative.
- Provide a brief resume of your prospective supervisor(s) for this contract and their experience and training.
- Explain your formula or strategy for calculating the required number of employees for the properties within the scope of this contract, i.e. production ratios. In addition, please provide the hourly pay rate for both Day Porter and evening Janitorial Staff a list of employees is **NOT** required.

E. Quality Control Program

- Demonstrate understanding of the cleaning requirements and expected outcomes
- Describe the type of training to be provided to employees.
- Describe your approach to supervision, inspection, and documentation of the results of your cleaning.
- Explain your procedures for resolution of deficiencies or customer complaints
- Explain your plans for effective communications between your company's representative(s) and the LCHD/CHC contract oversight team.

F. Client References

The LCHD/CHC considers references to be an important factor in its decision to award a contract. Proposers should supply references that will be available to speak with the LCHD/CHC. Three references should be provided that provided similar type of work completed in the past five years. A reference sheet is included as a submittal as part of this RFP document.

- Experience providing services to government agencies and health type clinics.
- Other experience relevant to the services described in this solicitation.
- Provide a minimum of three references, with complete and current contact information. These references must be able and willing to validate your expertise in providing the requested services.

G. Exceptions to the RFP

All requested information to this RFP must be supplied as this document and subsequent proposals submitted help form the basis for a contract with the selected contractor. Proposers may take exception to certain requirements in this RFP. All exceptions shall be clearly identified in this section and written explanation shall include the scope of the exceptions, the ramifications of the exceptions for the LCHD/CHC and the descriptions of the advantages or disadvantages to the LCHD/CHC as a result of the exception. The LCHD/CHC, at its sole discretion, may reject any exceptions or specifications within the proposal.

H. Price Proposal

The price proposal cost sheeting included as part of this proposal shall be completed and returned with your response in a separate sealed envelope. Any additional services identified by the proposer shall be delineated separately for the LCHD/CHC to consider, i.e. cost per square foot for strip and wax, top scrub and wax, carpet extraction, emergency services and power washing.

I. Sustainability Statement

LCHD/CHC is committed to green and sustainable practices and good environmental stewardship. Consequently, Proposers are asked to provide a Statement of Sustainability to demonstrate that they are also incorporating sustainability into their firms' practices. A Sustainability Statement form is included as part of the RFP. Proposers are asked to provide a clear description of your firm's sustainable practices, policies, or procedures in the following areas: waste minimization, energy efficiency, water efficiency, staff and education.

EVALUATION CRITERIA

The LCHD/CHC will conduct a comprehensive, fair, and impartial evaluation of proposals received in response to this procurement effort. All proposals will be evaluated by how well the proposal satisfies the described/stated needs, rather than how exactly the proposal matches the strictest interpretation of the terminology and design concepts stated herein. Newly emerging technologies, additional features, and the ability of the proposed solutions to adapt will be a consideration.

Evaluation Organization

- a. An Evaluation Committee will be established to score and evaluate the submitted proposals.
- b. The Evaluation Committee may include members from LCHD/CHC's departments who have experience with these services. The Committee will be responsible for the proposal evaluation (including corporate reference checks).

Evaluation of the Proposals

LCHD/CHC will evaluate the Proposers response and the extent to which it meets the requirements delineated in this RFP. All proposals submitted in response to this RFP will be scored based on the evaluation factors identified:

Evaluation Factors:

- Demonstrated experience in work of this scope & References from **similar** clients.
- Proposed technical approach and staffing plan to provide custodial services to LCHD/CHC.
- Quality control program.
- Transition Plan.
- Firm fixed price for initial 2-year period for Housekeeping/Janitorial services & special services.

Short List

The evaluation factors will be used to assist the evaluation committee in determining a short list. Proposers will be notified by the LCHD/CHC if they have been selected for the short list. Please note, LCHD/CHC reserves the right to not short list any and all Proposers if it is not in the best interest of the LCHD/CHC.

Interview

LCHD/CHC reserves the right, as part of the evaluation process, to ask for additional materials, interview, or schedule site visits to any locations serviced by Proposers. Site visits may be scheduled or unscheduled as determined by the LCHD/CHC. If applicable, the LCHD/CHC shall contact Proposers to arrange an interview.

Additional Investigations

The LCHD/CHC reserves the right to make such additional investigations as it deems necessary to establish the competence and financial stability of any firm submitting a proposal.

Best and Final Offer

The LCHD/CHC reserves the right to request a Best and Final Offer (BAFO) if additional information or modified terms are necessary for the Evaluation Committee to complete its evaluation and ranking. A BAFO will not be used solely to reduce pricing. If a BAFO is requested, all short-listed proposers, or if the short list process is not used, all qualified Proposers will be asked to submit BAFO.

1. NEGOTIATIONS

LCHD/CHC reserves the right to negotiate specifications, terms and conditions, which may be appropriate to the accomplishment of the purpose of this Request for Proposal (RFP).

2. CONFIDENTIALITY

Proposals are subject to the Illinois Freedom of Information Act (FOIA). As such all Proposers responding are asked to submit one redacted copy of their proposal that can be used by the LCHD/CHC to respond to any future FOIA requests.

We do not disclose proposals or bids until an award or final selection is made.

Accordingly, please restrict your redactions to trade secrets and commercial or financial information where the trade secrets or information are proprietary, privileged or confidential, or where disclosure of the trade secrets or information may cause competitive harm.

If you do not provide a redacted copy, the Purchasing Department will determine what information should be redacted as proprietary, privileged or confidential in response to a FOIA request. A proposer who fails to provide a redacted copy of its proposal waives its right to maintain any claims against LCHD/CHC, its agents or employees for disclosure of this information.

3. RESERVED RIGHTS

LCHD/CHC reserves the right, at any time and for any reason, to cancel this RFP or any portion thereof, to reject any or all proposals, or to accept an alternate proposal. The LCHD/CHC reserves the right to waive any immaterial defect in any proposal. Unless otherwise specified by the Proposer, LCHD/CHC has ninety (90) days to accept. The LCHD/CHC may seek clarification from a Proposer at any time. Proposer's failure to respond promptly is cause for rejection. The LCHD/CHC may require submission of best and final offers.

4. INCURRED COSTS

LCHD/CHC will not be liable for any costs incurred by respondents in replying to this RFP.

5. AWARD

Award will be made to the Proposer who best meet the evaluation criteria specified herein. LCHD/CHC reserves the right to split the award by Group, if it is in the best interest of the LCHD/CHC.

LCHD/CHC reserves the right to award this contract based on the evaluation criteria set forth herein. Award shall be made by the LCHD/CHC Board to the responsible Proposer determined to be the most qualified and advantageous to the LCHD/CHC.

6. PRECEDENCE

Where there appears to be variances or conflicts, the following order of precedence shall prevail: Lake County Specifications; Lake County General Terms & Conditions, LCHD/CHC for Bids General Terms & Conditions and the Contractor's Bid Response.

7. PRICE

Firm fixed 1-year pricing is to be submitted for the total of all labor and materials needed to meet the specifications for each Location. The **MONTHLY UNIT PRICE** consists of the total charge for janitorial services, for each specified location. Unit Prices must be included on the bid sheet and will be considered in the award decision. The Hourly Page rate for both Day Porter and evening Janitorial staff must also be submitted. Proposer's shall also enter the number of hours and Staff to be used to clean each location on the Production Ratio form. Proposer's shall include the daily and monthly total labor hours used to clean each location.

8. ADDITIONAL INFORMATION

Should the Proposer require additional information about this RFP, please submit questions on our website at <http://lakecountypurchasingportal.com> by selecting the RFP number and addendum link. Questions may also be submitted via email to purchasing@lakecountyil.gov. All questions shall be submitted no less than seven (7) days prior to the RFP opening date. ANY and ALL changes to these specifications are valid only if they are included by written Addendum to all Proposers. No interpretation of the meaning of the plans, specifications or other contract documents will be made orally. Failure of any Proposer to receive any such addendum or interpretation shall not relieve the Proposer from obligation under this RFP as submitted. All addenda so issued shall become part of the RFP documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a Proposer to improperly submit a proposal.

9. ADDENDUM ACKNOWLEDGEMENT

Any and all changes to the specifications and terms and conditions of this RFP are valid only if they are included by addendum issued by LCHD/CHC Purchasing. Proposers shall acknowledge addenda by signing the enclosed Addendum Acknowledgement form. It is the Proposers responsibility to check for addendums, posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum within three business days of the submittal due date.

10. DISCUSSION OF PROPOSALS AND NEGOTIATION

LCHD/CHC may conduct discussions with any Proposer who submits a proposal. During such discussions, the LCHD/CHC shall not disclose any information derived from one proposal to any other Proposer. LCHD/CHC anticipates conducting negotiations with the successful Proposer. Your proposal should indicate any exceptions taken to this.

11. EXCEPTIONS

Any and all exceptions taken by Proposer to the terms of this RFP are to be identified in writing and included in the list of submittals.

12. CONTRACT TERM

This contract shall be in effect for a one (1) year period from date of award. LCHD/CHC reserves the right to renew this contract for four (4) additional one (1) year periods, subject to acceptable performance by the Contractor and upon appropriation of enough funds. At the end of any contract term, LCHD/CHC reserves the right to extend this contract for a period of sixty (60) days for the purpose of getting a new contract in place.

13. ESCALATOR PROVISION

Prices shall remain firm/fixed for a one (1) year period. Written requests for price revisions after the initial 1-year term shall be submitted sixty (60) days prior to the renewal period to LCHD Purchasing Department.

Requests must be based upon and include documentation of the actual change in the cost of the components involved in the contract and shall not include overhead, or profit. Changes in the contract price shall be made in the exact amount of the actual change in Contractor cost or the **percentage increase in the U.S. Average Consumer Price Index for the Midwest Urban - per category "All Items,"** whichever is less. Surcharges for fuel and/or other costs shall not be allowed other than in accordance with the Escalator Provision as stated herein. The LCHD reserves the right to reject any price increase and to terminate the contract. If LCHD accepts the price increase, such increase shall be effective thirty (30) days after acceptance.

14. ESTIMATED SQUARE FOOTAGE

The Square Footage provided, herein, is the approximate Square Footage at each Facility, to the best of our knowledge. Each Bid Price shall cover the entire facility, or the section of the facility included in this bid, whether more or less than the estimated Square Footage provided herein. This contract shall cover the County's requirements whether more or less than the estimated amount. Lake County reserves the right to adjust the contract throughout the contract period (i.e. scheduled hours, times, additions and deletions).

15. RESPONSIBILITY & DEFAULT

The Proposer shall be required to assume responsibility for all items listed in this RFP. The successful Proposer shall be considered the sole point of contact for purposes of this contract.

16. PURCHASE ORDER AND PAYMENT

The Proposer shall submit an invoice detailing the services and products provided, based on the breakdown of items as listed on the Price Proposal Sheets, and based on the Project Specifications. Invoices shall show the purchase order number and the address where the product or services are provided. Payment shall be made in accordance with the Local Government Prompt Payment Act.

17. INTERPRETATION OR CORRECTION OF REQUEST FOR PROPOSALS

Proposers shall promptly notify the Purchasing Division of any ambiguity, inconsistency or error that they may discover upon examination of the RFP. Interpretation, correction and changes to the RFP will be made by addendum. Interpretation, corrections or changes made in any other manner will not be binding.

18. TAXES

The LCHD/CHC is exempt from paying certain Illinois State Taxes.

19. TERMINATION

The LCHD/CHC reserves the right to terminate this contract, or any part of this contract, upon thirty (30) days written notice. In case of such termination, the Proposer shall be entitled to receive payment from the LCHD/CHC for work completed to date in accordance with the terms and conditions of this contract. If this Contract is terminated due to Proposers default, the LCHD/CHC shall be entitled to purchase substitute items and/or services elsewhere and charge the Proposer with any or all losses incurred, including attorney's fees and expenses.

20. INDEPENDENT CONTRACTOR

The Contractor is an independent contractor and no employee or agent of the Contractor shall be deemed for any reason to be an employee or agent of LCHD/CHC.

21. NON-DISCRIMINATION

The Proposer shall comply with the Illinois Human Rights Act, 775 ILCS 5/1-101 et seq., as amended and any rules and regulations promulgated in accordance therewith, including, but not limited to the Equal Employment Opportunity Clause, Illinois Administrative Code, Title 44, Part 750 (Appendix A), which is incorporated herein by reference. Furthermore, the Proposer shall comply the Public Works Employment Discrimination Act, 775 ILCS 10/0.01 et seq., as amended.

22. INDEMNIFICATION

The Proposer agrees to indemnify, save harmless and defend LCHD/CHC, its agents, servants, and employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses and expenses, including court costs and attorney's fees, for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of or in connection with the work covered by this contract. The foregoing indemnity shall apply except if such injury, death or damage is caused directly by the willful and wanton conduct of LCHD/CHC, its agents, servants, or employees or any other person indemnified hereunder.

23. INSURANCE

All Contracts may be subjected to change

The contractor must obtain, for the Contract term and any extension of it, insurance issued by a company or companies qualified to do business in the State of Illinois with an A.M. Best Rating of at least A-and provide the LCHD/CHC with a Certificate of Insurance 15 days before the start of the project, and thereafter annually for contracts/ projects that will last more than one year. Insurance in the following types and amounts is necessary and/or where applicable:

Workers Compensation (Coverage A) and Employers Liability (Coverage B)

Workers Compensation Insurance covering all liability of the Contractor arising under the Worker's Compensation Act and Worker's Occupational Disease Act at limits in accordance with the laws of the State of Illinois. Employers' Liability Insurance shall be maintained to respond to claims for damages because of bodily injury, occupational sickness, or disease or death of the Contractor's employees, with limits listed below:

Employers Liability a) Each Accident \$1,000,000

b) Disease-Policy Limit \$1,000,000

c) Disease-Each Employee \$1,000,000

Such Insurance shall contain a waiver of subrogation in favor of LCHD/CHC.

Commercial General Liability Insurance

In a broad form on an occurrence basis shall be maintained, to include, but not be limited to, coverage for property damage, bodily injury (including death), personal injury and advertising injury in the following coverage forms where exposure exists:

- Premises and Operations
- Independent Contractors
- Products/Completed Operations
- Liability assumed under an Insured Contract/ Contractual Liability
- Personal Injury and Advertising Injury

With limits of liability not less than:

\$ 1,000,000 Each Occurrence

\$ 1,000,000 Products-Completed Operations

\$ 1,000,000 Personal and Advertising injury limit

\$ 2,000,000 General aggregate; the CGL policy shall be endorsed to provide that the General Aggregate limit applies separately to each of the contractor's projects away from premises owned or rented to contractor.

Automobile Liability Insurance (if applicable)

Automobile liability insurance shall be maintained to respond to claims for damages because of bodily injury, death of a person, or property damage arising out of ownership, maintenance, or use of a motor vehicle. This policy shall be written to cover any auto whether owned, leased, hired, or borrowed.

The Contractor's auto liability insurance, as required above, shall be written with limits of insurance not less than the following:

\$ 1,000,000 Combined single Limit (Each Accident)

Professional Liability – Errors and Omissions (if applicable)

The Engineers/Architects/Consultants for the plans of the project shall be written with limits of insurance not less than the following:

\$ 1,000,000 per claim per policy year

Coverage shall be provided for up to three (3) years after project completion. Policy is to be on a primary basis if other professional liability is carried.

Excess/ Umbrella Liability (if applicable)

The Contractor's Excess/ Umbrella liability insurance shall be written with the umbrella follow form and outline the underlying coverage; limits of insurance will be based on size of project:

\$ 2,000,000 per occurrence limit (minimum, and may be higher depending on the project)

Liability Insurance Conditions

Contractor agrees that with respect to the above required insurance:

- a) The CGL policy shall be endorsed for the general aggregate to apply on a "per Project" basis;
- b) The Contractor's insurance shall be primary in the event of a claim.
- c) Contractor agrees that with respect to the above required insurance, LCHD/CHC, shall be named as additional insured, including its agents, officers, and employees and be provided with thirty (30) days' notice, in writing by endorsement, of cancellation or material change;
- d) LCHD/CHC shall be provided with Certificates of Insurance and endorsements evidencing the above required insurance, prior to commencement of this Contract and thereafter with certificates evidencing renewals or replacements of said policies of insurance at least thirty (30) days prior to the expiration of cancellation of any such policies.
- e) Any hard copies of said Notices and Certificates of Insurance shall be provided to:

LCHD/CHC
Materials Management Department
2400 Belvidere Road L-50
Waukegan, Illinois 60085
Attn: Materials Manager

Failure to Comply: In the event the Contractor fails to obtain or maintain any insurance coverage required under this agreement, LCHD/CHC may purchase such insurance coverage and charge the expense to the Contractor.

24. ASSIGNMENT

The Proposer may not reassign any award made, as the result of this RFP, without prior written consent from the LCHD/CHC.

25. JURISDICTION, VENUE, CHOICE OF LAW

This RFP and any contract resulting there from shall be governed by and construed according to the laws of the State of Illinois. Jurisdiction and venue shall be exclusively found in the 19th Judicial Circuit Court, State of Illinois.

26. CHANGE IN STATUS

The Proposer shall notify LCHD/CHC immediately of any change in its status resulting from any of the following: (a) Proposer is acquired by another party; (b) Proposer becomes insolvent; (c) Proposer, voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) Proposer ceases to conduct its operations in normal course of business. LCHD/CHC shall have the option to terminate its Agreement with the Proposer immediately on written notice based on any such change in status.

27. DISPUTE RESOLUTION

All issues, claims, or disputes arising out of this Agreement shall be resolved in accordance with the Appeals and Remedies Provisions in Article 9 of the LCHD/CHC Purchasing Ordinance.

28. NON-ENFORCEMENT BY THE LCHD/CHC

The Proposer shall not be excused from complying with any of the requirements of the Contract because of any failure on the part of the LCHD/CHC, on any one or more occasions, to insist on the Proposer performance or to seek the Proposers compliance with any one or more of said terms or conditions.

29. PRECEDENCE

Where there appears to be variances or conflicts, the following order of precedence shall prevail: LCHD/CHC General Terms & Conditions, LCHD/CHC Request for Proposal Terms and Conditions, and the Proposal Response.

30. PERSONAL EXAMINATION

Proposers are required to satisfy themselves, by personal examination of the site as to work involved and the difficulties likely to be encountered in the performance of work under this Agreement. No plea of ignorance of conditions that exist now or hereafter, or of any conditions of difficulties that may be encountered in the execution of the work under this Agreement will be accepted as an excuse for failure to or omission on the part of the Proposer to fulfill in every respect all the requirements and specifications, nor will same be accepted as a basis for any claim for extra compensation.

The Proposer is responsible to investigate and gather all relevant and pertinent information prior to submitting a proposal. By submitting a proposal, the Proposer affirms that they have performed all due diligence and are aware of all critical factors that may affect the provision of the services as described in the RFP. Such critical factors may include but are not limited to; location, space, utilities, scope of operations,

and any other conditions, which may affect the Proposer operations. No allowance will be made for not being familiar with existing conditions to be encountered.

31. PROGRESS PAYMENTS

LCHD/CHC shall make periodic payments to the proposer based upon actual progress within 30 days after receipt and approval of invoice. Said payments shall not exceed the amounts shown in the following schedule, and full payments for each task shall not be made until the task is completed and accepted by LCHD/CHC.

32. JOINT PURCHASING

The purchase of goods and services pursuant to the terms of this Contract shall also be offered for purchases to be made by other governmental units, as authorized by the Governmental Joint Purchasing Act, 30 ILCS 525/0.01, et seq. (the "Act"). All purchases and payments made under the Act shall be made directly by and between each governmental unit and the successful Proposer. The Proposer agrees that LCHD/CHC shall not be responsible in any way for purchase orders or payments made by the other governmental units. The Proposer further agrees that all terms and conditions of this Contract shall continue in full force and effect as to the other governmental units during extended terms. The credit or liability of each governmental unit shall remain separate and distinct. Disputes between Proposers and governmental units shall be resolved between the immediate parties.

The Proposer and the other governmental units may negotiate such other and further terms and conditions to this Contract ("Other Terms") as individual projects may require. To be effective, other terms shall be reduced to writing and signed by a duly authorized representative of both the successful Proposer and the other governmental unit.

The Proposer shall provide the other governmental units with all required documentation set forth in the solicitation including but not limited to performance and payment bonds, Certificates of Insurance naming the respective governmental unit as an additional insured, and certified payrolls to the other governmental unit as required.

33. SUSTAINABILITY STATEMENT

LCHD/CHC is committed to green and sustainable practices and good environmental stewardship. Consequently, we are asking Proposers to provide a Statement of Sustainability to ensure our Proposer are also incorporating sustainability into their firms' practices. Please complete the Sustainability Statement, included herein, and include it with the Proposer's response.

34. LCHD/CHC OWNERSHIP OF INFORMATION

All information pertaining to records, property, financial or other information acquired under the scope of this contract shall be strictly confidential and the sole property of LCHD/CHC. The Proposer shall return all information to LCHD/CHC upon termination, and/or request and shall not utilize any of the information for purposes outside of the scope of this contract or without express approval of LCHD/CHC. Upon LCHD/CHC request, the Proposer must provide all LCHD/CHC data in a documented, standard format.

35. JOINT VENTURES & SUCCESSFUL PROPOSER MERGERS, ACQUISITIONS, DIVESTITURES OR CHANGE IN STRATEGY

In the event a joint venture is proposed, each party to the joint venture must meet all applicable requirements of the RFP. The party submitting the response shall be considered the sole contact for issues

relating to this RFP. In the event of a merger, acquisition, divestiture or change in strategy, the successful proposer will state its commitment to continue to provide services.

36. OUT OF POCKET EXPENSES

All out-of-pocket expenses paid by the Proposer during the project will be incurred solely at the Proposers expense.

37. SATISFACTION GUARANTEE

Contractor shall be responsible for and guarantee that cleaning services shall be performed in an acceptable manner each day at the highest quality required for a medical/clinical type facility. If performance is deemed to be below the LCHD/CHC expected standards, the LCHC/CHC Facility Manager and or designee will submit to the Contractor in writing the detailed non-performance/deficiencies within 48 hours of its findings. The Contractor will be required within 24 hours or sooner to submit in writing to LCHD/CHC Facilities Manager or Designee acknowledgement and provide a detailed action plan to rectify the deficiencies and the corrective action to be taken. The Facilities Manager and or Designee will review response and both parties will mutually agree upon the corrective action plan. If contractor shall fail to adhere to the agreed upon the corrective action plan, LCHD/CHC reserves the right to the following:

- LCHD make seek alternate Vendors to perform and complete deficient or unacceptable services and either bill the Contractor or will deduct in the form of a credit memo such costs from the Contractors future monthly invoices to cover the LCHD/CHC cost.
- LCHD reserves the right to deduct a minimum of \$25.00 per day per facility from the monthly invoice if daily services are deemed deficient.

Addendum Acknowledgement RFP #19098
Return this page with RFP Response

The undersigned acknowledges receipt of the following addendum(s):

ADDENDUM #	SIGNATURE

I have examined and carefully prepared the submittal documentation in detail before submitting my response to LCHD/CHC.

Submittal Number: 19098 _____

Company Name: _____

Authorized Representative: _____
Signature

Authorized Representative: _____
Print

Date: _____

It is the vendor's responsibility to check for addendums, posted on the website at <http://lakecountypurchasingportal.com> prior to the submittal due date. No notification will be sent when addendums are posted unless there is an addendum within three business days of the submittal due date.

If the submittal has already been received by LCHD/CHC, vendors are required to acknowledge receipt of addendum via email to purchasing@lakecountyil.gov prior to the due date.

Submittals that do not acknowledge addendums may be rejected.

All responses are to be submitted in a sealed envelope. Envelopes are to be clearly marked with required submittal information.

Return this page with RFP Response

Professional Janitorial and Housekeeping Services

PROPOSAL PRICE SHEET RFP 19098

August 2019

The price proposal shall include a total price as a fixed fee for all services delineated in this RFP. The proposer will consider all costs (labor, overhead, administration, profit, travel, etc.) associated with providing the services listed in this RFP. Any hourly rates for services that may not be included shall be provided with the corresponding service and rate. All additional services beyond the initial scope of the project, identified by the proposer as beneficial to the LCHD/CHC, shall be delineated separately for the LCHD/CHC to consider.

DEPT CODE	LOCATION NAME and ADDRESS	QUANTITY	UNIT	UNIT PRICE	EXTENSION
H01	Avon Township Center – 423 East Washington Street – Round Lake Park	12	1 month		
H02	Belvidere Health Center – 2400 Belvidere Road – Waukegan	12	1 month		
H03	Belvidere Annex – 2303 Dodge Avenue – Waukegan	12	1 month		
H06	Grand Health Center & Admin. Bldg. – 3010 Grand Avenue – Waukegan	12	1 month		
H08	Mid-Lakes Health Center – 224 W. Clarendon Ave. – Round Lake Beach	12	1 month		
H09	Zion Health Center – 1911 27 th Street – Zion	12	1 month		
H11	TB Clinic – 515 Keller – Waukegan	12	1 month		
H13	Animal Control – 18736 W. Peterson Rd. Libertyville	12	1 month		
H15 H15A	Women’s Residential Services – 24647 North Milwaukee Avenue – Vernon Hills	12	1 month		
H16	Group Home – 2410 Belvidere Road – Waukegan	12	1 month		
H21	Park City Apartments – 4122 Greenleaf Court – Park City (OPON REQUEST)	12	1 month		

H22	Zion Apartments – 2105 Hebron Avenue – Zion	12	1 month		
H23	BH 3002 – 3002 Grand Avenue – Waukegan	12	1 month		

H24	BH 3004 – 3004 Grand Avenue – Waukegan	12	1 month		
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H25	Facilities Garage – 3008 Grand Avenue – Waukegan	12	1 month		
H28	North Shore Health Center – 1840 Greenbay Road – Highland Park	12	1 month		
H29	North Chicago Health Center – 2215 14 th Street – North Chicago	12	1 month		
H33	Peterson Rd PC, BH 18698 W. Peterson Rd. Libertyville	12	1 month		
H35	Round Lake HS Clinic 800 High School Dr., Round Lake	N/A	N/A		
H36	Drop In 1022 27 th St., Zion	12	1 month		
		Total for Health Dept Sites \$			

Provide hourly rates for all positions (Hourly Rate)

Day Porter Hourly Pay Rate	Evening Janitorial Staff Hourly Pay Rate	If applicable, Supervisor Hourly Pay rate

Return this page with RFP Response

THIS SECTION IS TO BE USED TO PROVIDE REQUIRED INFORMATION, PLEASE INCLUDE THE PRODUCTION RATIO FORMULAS USED TO CALCULATE NUMBER OF STAFF, HOURS PER DAY AND HOURS PER MONTH ON PAGE 26

BLDG. CODE #	LOCATION NAME and ADDRESS	ENTER THE TOTAL NUMBER OF HOURS USED TO CLEAN EACH INDIVIDUAL LOCATION, DAILY and MONTHLY
H01	Avon Township Center – 423 East Washington Street – Round Lake Park	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H02	Belvidere Health Center – 2400 Belvidere Road – Waukegan	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H03	Belvidere Annex – 2303 Dodge Avenue – Waukegan	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H06	Grand Health Center & Admin. Bldg. – 3010 Grand Avenue – Waukegan	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H08	Mid-Lakes Health Center – 224 W. Clarendon Ave. – Round Lake Beach	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H09	Zion Clinic – 1911 27 th Street – Zion	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H10	Northwest Satellite – 121 East Grand Avenue – Lake Villa	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>
H11	TB Clinic – 515 Keller – Waukegan	<div>_____ # of Staff _____ Hours per Day</div> <div>_____ Hours per Month</div>

H13	Animal Control – 18736 W. Peterson Rd. Libertyville	_____ # of Staff _____ Hours per Day _____ Hours per Month
H15 H15A	Women's Residential Services – 24647 North Milwaukee Avenue – Vernon Hills	_____ # of Staff _____ Hours per Day _____ Hours per Month
H16	Group Home – 2410 Belvidere Road – Waukegan (SPECIAL SERVICES/twice a year)	NOT APPLICABLE
H22	Zion Apartments – 2105 Hebron Avenue – Zion	_____ # of Staff _____ Hours per Day _____ Hours per Month
H23	BH 3002 – 3002 Grand Avenue – Waukegan	_____ # of Staff _____ Hours per Day _____ Hours per Month
H24	BH 3004 – 3004 Grand Avenue – Waukegan	_____ # of Staff _____ Hours per Day _____ Hours per Month
H25	Facilities Garage – 3008 Grand Avenue – Waukegan	_____ # of Staff _____ Hours per Day _____ Hours per Month
H28	North Shore Health Center – 1840 Greenbay Road – Highland Park	_____ # of Staff _____ Hours per Day _____ Hours per Month
H29	North Chicago Health Center – 2215 14 th Street – North Chicago	_____ # of Staff _____ Hours per Day _____ Hours per Month
H33	Libertyville Outpatient BH mental health 18698 Peterson Rd. Libertyville	_____ # of Staff _____ Hours per Day _____ Hours per Month
H35	Round Lake Highschool 800 Highschool	
H36	Zion Drop-In Center 1022 27 th St. Zion	_____ # of Staff _____ Hours per Day _____ Hours per Month

	ENTER THE TOTAL # of Staff HOURS PER DAY AND TOTAL HOURS PER MONTH	_____ # of Staff	_____ Hours per Day
		_____ Hours per Month	

PRODUCTION RATIO FORMULA PAGE

Please provide information and return with your proposal.

Return this page with RFP Response

PRICE BREAK OUTS SPECIAL SERVICES FOR ALL LCHD/CHC SITES				GRAND TOTAL	
		UNIT PRICE ITEMS			
1		Unit Price for Floor Tile Stripping, Waxing, and Buffing, per specifications, per Square Foot	Square Ft		
2		Unit Price for Carpet Cleaning, per specifications, per Square Foot	Square Ft		
3		Unit Price to add or delete Janitorial Services, per Square Foot	Square Ft		
4		Unit Price for Supplemental Janitorial Services, on a special need's basis, per Hour	Per Hour		
5		Unit Price to Power-Wash all tiled areas in Group B, Health Dept. Bathrooms and Showers. Unit Price is to Power-Wash 1 room. Estimated total is 100 rooms per year.	Per Room		

Return this page with RFP Response
Professional Janitorial and Housekeeping Services
GENERAL INFORMATION SHEET

August 2019

AUTHORIZED NEGOTIATORS:

Name: _____ Phone # _____ Email Address: _____

Name: _____ Phone # _____ Email Address: _____

BUSINESS ORGANIZATION: (check one only)

_____ Sole Proprietor: An individual whose signature is affixed to this proposal.

_____ Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.

_____ Corporation: State of incorporation: _____

_____ Non-profit Corporation

_____ 501c3-- U.S. Internal Revenue Code

By signing this proposal document, the proposer hereby certifies that it is not barred from responding on this contract as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Business Name

Signature

Print or Type Name

Title

Date

Return this page with RFP Response

Professional Janitorial and Housekeeping Services

REFERENCES

August 2019

List below other similar size clients for who you have provided similar services.

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
E-Mail _____
Contact Person _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
E-Mail _____
Contact Person _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
E-Mail _____
Contact Person _____
Dates of Service _____
of Employees _____

Agency Name: _____
Address _____
City, State, Zip Code _____
Telephone Number _____
E-Mail _____
Contact Person _____
Dates of Service _____
of Employees _____

LCHD/CHC is committed to green and sustainable practices and good environmental stewardship. Consequently, we are asking proposers to provide a Statement of Sustainability to ensure our proposers are also incorporating sustainability into their firms' practices.

INSTRUCTIONS

On the following Sustainability Statement form, provide a clear description of your firm's sustainable practices, policies, or procedures. These practices may include, but may not be limited to, the following categories and examples:

Waste Minimization within your office or facilities, such as a recycling programs, double-sided copying, electronic internal communications (i.e. memos), use of recycled-content materials and reusable cups, limiting printing, electronic document management, instituting green purchasing policies, using green cleaning supplies and practices, or reducing packaging in materials you procure or supply.

Energy Efficiency within your office, facilities, or firm, such as lighting retrofits, photo-sensor switches for lighting, effective use of daytime lighting, using Energy Star rated appliances or equipment, using an alternative fuel or having efficient fleet policies, an anti-idling policy, or indoor temperature management (i.e. turning the thermostat up in the summer and down in the winter).

Water Efficiency within the office, facilities, or firm, such as faucet or fixture retrofits, switching from individual bottled water to office water coolers or drinking fountains, and installing drought-tolerant landscaping.

Staff encouraged to adopt sustainable practices and supported by your firm through public transit benefits, bicycle accommodations, telecommuting options, support for green seminar attendance, becoming US Green Building Council LEED accredited, or creating an internal "green team."

Education of your staff about green practices, education of your business peers about your green accomplishments, education of your community by your sustainability, or notice of any environmental awards your firm has achieved.

CONTINUE TO NEXT PAGE

Waste Minimization

Energy Efficiency

Water Efficiency

Staff

Education

CONTRACTOR QUALIFICATIONS Return this page with RFP Response

(This section must be completed and returned with proposal. Attach additional pages as required to complete required documentation.)

A. Name and Address of Office from which this contract will be administered

Name: _____

Address: _____

Phone: _____ Fax: _____

Project Manager: _____

Email: _____

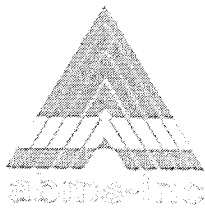
Years in Business: _____ Number of Employees: _____

Annual Sales: \$ _____ Dunn & Bradstreet #: _____

B. List Additional Employees Who Will be Dedicated to Lake County for the Administration of This Contract:

(Attach additional pages as necessary)

NAME	POSITION TITLE	NUMBER OF YEARS	AREA OF RESPONSIBILITY / EXPERIENCE	TASK
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____



Alpha Building Maintenance Services

15429 W. 139th St.
Homer Glen, IL 60491
815-485-8800

7549 W. 99th Place, Unit A
Bridgeview, IL 60455
708-233-1948

August 21, 2018

Lake County Government
Attn: Mr. Efren Heredia, Buyer
2400 Belvidere Road - L50
Waukegan, IL 60085

Re: RFP 10098 - Housekeeping Services for the Lake County Health Department and Community Health Center Facilities

Dear Mr. Heredia,

Thank you for the opportunity to provide you with a proposal for cleaning your facilities. Alpha Building Maintenance Services (ABMS) has proudly served the Lake County Government, either directly or indirectly, for the past 16 years. We are particularly proud of receiving Lake County's "Partners in Excellence" award in 2002. I know that 2002 was a long time ago, but our standards of excellence are still the same.

We are a local, medium-sized, family-owned business. We have enjoyed steady growth in our 50+ years of existence because of our ability to thrill our customers with exceptional service. We specialize in servicing school districts, **municipalities**, and medical facilities. I am proud to say that our financial health is strong; despite the various market challenges that exist in our economy today.

I am also pleased to provide you with the following information:

- **Business Address:** 15429 W. 139th Street, Homer Glen, IL 690491
- **Legal Name:** Alpha Building Maintenance Services, Inc. (an Illinois corporation)
- **Officers:** Ms. Lorraine Grab, President (100% shareholder); Mr. Wayne Baxtrom, GM
- **Site Supervisor:** Mr. Tim Taylor, Vice President of Sales, (708) 878-0353 (resume enclosed)

At ABMS, we are proud to say that we do our job extremely well! Our caring, professional employees are directly responsible for this success. I **guarantee** that, through efficient procedures and well-defined processes, we are the best-qualified contractor for your maintenance needs. Please give us a chance to prove it! I am available to answer any questions that you may still have.

Sincerely,

Wayne Baxtrom
General Manager



Alpha Building Maintenance Services, Inc.

New Employee Learning Matrix

STEP	DESCRIPTION	SUMMARY
1	Safety Policy and Work Rules	<ul style="list-style-type: none"> * Hazard Communication * Personal Protective Equipment * Bloodborne Pathogens Awareness * Asbestos Awareness * Reporting Injuries / Emergency Evacuation * Back / Lifting Safety * Harassment Free Workplace * Workplace Violence Prevention * Work Rules Review * New Employee Learning Assessment
2	Site Specific Procedures	<ul style="list-style-type: none"> * Client and site specific rules * Ladder safety (if applicable) * Periodic schedules (as available) * Other topics covered as needed
3	Restroom Cleaning	<ul style="list-style-type: none"> * Standardized Six Step Method * Procedure explanation * Hands-on practice
4	Office Cleaning and / or Classroom Cleaning	<ul style="list-style-type: none"> * Standardized Six Step Method * Procedure explanation * Hands-on practice
5	Common Area Cleaning or other skills topics	<ul style="list-style-type: none"> * Standardized Six Step Method * Other procedures per service contract * Other procedures determined by local need
6	Miscellaneous (as applicable)	<ul style="list-style-type: none"> * Green Cleaning Procedures * Team Cleaning Procedures * Clean Room Procedures * Customer Care Techniques

Knowledge is Safety



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

08/14/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS 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, the policy(ies) must have ADDITIONAL INSURED provisions or 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 endorsement(s).

PRODUCER	CONTACT NAME: Jay Barasch
BARASCH INSURANCE SERVICES	PHONE (A/C, No, Ext): (847) 676-4242 FAX (A/C, No): (847) 677-1955
5200 Golf Road	E-MAIL ADDRESS: jbarasch@baraschins.com
Skokie IL 60077	INSURER(S) AFFORDING COVERAGE
	INSURER A: Security National Insurance Co NAIC # 19879
INSURED	INSURER B: Wesco Insurance Co 25011
Alpha Building Maintenance Services, Inc.	INSURER C: AmTrust Insurance Co 15954
C/O Wayne Baxtrom	INSURER D:
15429 West 139th St.	INSURER E:
Homer Glen IL 60491	INSURER F:

COVERAGES

CERTIFICATE NUMBER: CL1981403156

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:			SPP1110714 03	07/25/2019	07/25/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Expanded Cov \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY			WPP1151623 03	07/25/2019	07/25/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$ 5,000
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			SMB1334522 03	07/25/2019	07/25/2020	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	KWC1179467	07/25/2019	07/25/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

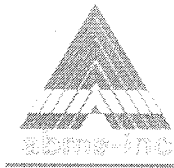
Janitorial Services

CERTIFICATE HOLDER

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



Alpha Building Maintenance Service

15429 W. 139th St.
Homer Glen, IL 60491
815-485-8800

7549 W. 99th Place, Unit A
Bridgeview, IL 60455
708-233-1948

Memorandum

To: Mr. Efren Heredia, Buyer

From: Mr. Wayne Baxtrom, General Manager, baxtromwayne@aol.com

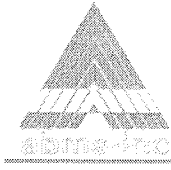
Date: August 21, 2019

Re: **Statement of Qualifications**

I hereby submit the following responses as evidence of our experience in providing quality cleaning services and management thereof:

- a. **Mr. Timothy Taylor**, Alpha Building Maintenance Services' VP of Sales, has personal responsibility for the training of all new personnel. His email address is taylortimothy88@gmail.com. The topics covered are shown in the attached New Employee Training Matrix. He also periodically conducts in-service professional development offerings that include such topics as "Blood-borne Pathogen Training."
- b. In addition to founding Alpha Building Maintenance Services (ABMS) in 1968, I am an author and active contributor to an organization called the Cleaning Biz Center. The organization operates a website, www.cleaningbizresourcegroup.org. All of our customers and employees are encouraged to visit the site. Among the various topics is a tab dedicated specifically to motivational videos and articles.
- c. ABMS supervisors inspect the quality of their team members' work on a routine basis. Samples of the OrangeQC inspection forms are included. Our Operations Manager and his supervisors act quickly to remediate any deficiencies that are noted.
- d. **Alpha Building Maintenance Services is a proud certified-member of The Green Clean Institute.** We always make a conscious effort to meet or exceed the requirements of the Green Cleaning Schools Act [105 ILCS 140] in any school district or college that we support.
- e. We are proud to have received the following awards:

- i. In 2002, Alpha Building Maintenance Services was the only janitorial service recognized by the **Lake County Government** as one of the recipients for its **Partners in Excellence Award**. We were specifically cited for our quality, service, and competitive pricing.
- ii. In 2012, ABMS was award the **Certificate of Excellence from America's Best Janitorial Services**. The award was in recognition of our high standards of excellence.



Alpha Building Maintenance Services

15429 W. 139th St.
Homer Glen, IL 60491
815-485-8800

7549 W. 99th Place, Unit A
Bridgeview, IL 60455
708-233-1948

Memorandum

To: Mr. Efren Heredia, Buyer

From: Mr. Wayne Baxtrom, General Manager

Date: August 21, 2019

Re: **Scope of Services**

Alpha Building Maintenance Services is pleased to say that we once provided services to the **Lake County Health Department and Community Health Center**. Unfortunately, we failed to retain your business. Rest assured that we understand and will meet or exceed your cleaning expectations, as we did in the past.



Alpha Building Maintenance Services

15429 W. 139th St.
Homer Glen, IL 60491
815-485-8800

7549 W. 99th Place Unit A
Bridgeview, IL 60455
708-233-1948

Memorandum

To: Mr. Michael Schieve, Purchasing Officer

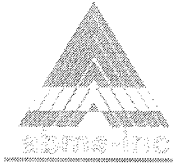
From: Mr. Wayne Baxtrom, General Manager

Date: April 4, 2018

Re: Customer Contact Procedures and Implementation

The following actions would be taken by Alpha Building Maintenance Services (ABMS) to insure the orderly assumption of responsibility for execution of the proposed services for **Government of Lake County:**

1. When ABMS is awarded the contract, we propose that a joint meeting with the school district be conducted to review the deadlines and specifications. The topics to be addressed include the contract specifications, transfer of keys, security considerations, and fulfillment of the contract. The proposed summer break and winter break cleaning schedules will be shared with the team.
2. Key personnel, including the Janitorial Crewmembers will be hired before June 1, 2018. All employees will be subject to background checks and drug tests. No convicted felons will be hired.
3. Once staffing is set, all employees will receive the New Employee Training. The Training would be conducted by Timothy Taylor, our VP of Sales.
4. All equipment and chemicals will be ordered and stocked at the school. **EnvirOx** dispensers would be mounted at various facilities. All necessary material safety data sheets (MSDS) would be kept on file.
5. **ABMS proposes that joint leadership meetings between ABMS and Lake County Government take place once a week for the first four weeks. Adjustments to the frequency of the meeting will be made and agreed upon by both parties.**



Alpha Building Maintenance Services

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Memorandum

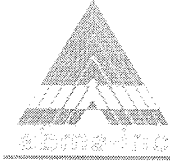
To: Mr. Efren Heredia, Buyer

From: Mr. Wayne Baxtrom, General Manager

Date: August 21, 2019

Re: **Quality Control**

Since our last engagement at Lake County, we have introduced the use of a **state-of-the-art digital software system** called **OrangeQC**. I have included samples of the inspection forms that we used at Huntley Consolidated Unit School District 158. The forms can be customized for any environment. We propose to use this system at the **Lake County Health Department and Community Health Center**. All stakeholders would receive a copy of the results each day. I would be happy to answer any other questions you may have about the tool and its implementation.



Alpha Building Maintenance Services

15429 W. 139th St.
Homer Glen, IL 60491
815-485-8800

7549 W. 99th Place, Unit A
Bridgeview, IL 60455
708-233-1948

Memorandum

To: Mr. Efren Heredia, Buyer

From: Mr. Wayne Baxtrom, General Manager

Date: August 21, 2019

Re: References

References were provided in the RFP documents. I would be happy to submit more references, if necessary.



VENDOR DISCLOSURE STATEMENT

Vendor Name:	Alpha Building Maintenance Services, Inc.		
Address:	15429 W. 139th Street, Homer Glen, IL 60491		
Contact Person:	Wayne Baxtrom	Contact Phone #:	(708) 774-7203
Bid/RFP/SOI/Contract/Renewal:	RFP 19098 (LCHD Housekeeping)		

Vendors wishing to contract with Lake County for goods and services in an amount greater than \$30,000 shall submit this form in advance of award. Vendors shall disclose:

- A familial relationship between a Lake County elected official, department director, deputy director and manager and owners, principals, or officers of the vendor's company. Familial relationship is defined as a spouse (including civil partner), child, stepchild, parent, stepparent, grandparent, in-laws (including parent, grandparent, sibling, or child), relatives and non-relatives living in the same residence, and offspring born to any aforementioned person.
- All political campaign contributions made by the vendor or an owner, principal, officer, manager, lobbyist, agent, consultant, counsel, subcontractor or corporate entity under the control of the vendor to any county board member, county board chair, or countywide elected official as well as contributions to any political action committees within the last five years.

FAMILIAL RELATIONSHIPS

List below the names and departments/agencies of Lake County employees or public officials with whom owners, principals, or officers of the vendor's company have a familial relationship and the nature of the relationship. Please attach additional pages as necessary.

Name and Department/Agency of Lake County Employee/Public Official	Familial Relationship
None	

CAMPAIGN CONTRIBUTIONS

List below the campaign contributions that have been made within the last five years. Please attach additional pages as necessary.

Recipient	Donor	Description (e.g., cash, type of item, in-kind service, etc.)	Amount/Value	Date Made
None				

Continuing disclosure is required if information changes. This Vendor Disclosure Statement form is available at www.lakecountyil.gov.

The full text of the County's Ethics and Procurement policies and ordinances are available at www.lakecountyil.gov.


I hereby acknowledge that the information above is accurate and complete, that I am an authorized signer on behalf of the vendor, that I have read and understand these disclosure requirements, and that I agree to update this information if there are any related changes by submitting a new Vendor Disclosure Statement.

Authorized Signature:		Title:	General Manager
Printed Name:	Wayne Baxtrom	Date:	August 13, 2019

Failure to complete and return this Disclosure may result in delay or cancellation of the County's Contractual Obligation.

Search

[Procurement Opportunities \(/\)](#)
[Vendor Registration & Login \(/vendor-registration-and-login/\)](#)
[Awarded Contracts \(/awarded-contracts/\)](#)
[A&E Consultant Pool \(/ae-consultant-pool/\)](#)
[Purchasing \(http://www.lakecountyil.gov/2615/Doing-Business\)](#)

 (<https://www.lakecountypurchasingportal.com/addendums/rfp-19098-housekeeping-services-lchd/addendum-rfp-19098/?print=y>)
 Home (<https://www.lakecountypurchasingportal.com/>) / Lake County Addendum Forum

Lake County Addendum Forum

RFP 19098 HOUSEKEEPING SERVICES LCHD

AUGUST 1, 2019 4:00PM

NO QUESTIONS HAVE YET BEEN PRESENTED AS OF DATE AND TIME ABOVE.

PLEASE CHECK BACK PERIODICALLY FOR UPDATES.

AUGUST 2, 2019 11:33AM

QUESTION: Is the Pre-Proposal conference on August 8th and/or the site tour on August 9th mandatory?

RESPONSE: NO

AUGUST 7, 2019 4:00PM

On AUGUST 9TH all those who wish to see the rest of the LCHD buildings please meet STARTING AT 8:00 AM

PLEASE NOTE THIS IS NOT MANDATORY. HOWEVER, NO SPECIAL CONSIDERATIONS WILL BE GIVEN TO THOSE CONTRACTORS THAT ARE UNFAMILIAR WITH THE LCHD SITES IN WHICH YOU WILL BE PROPOSING ON.

1. LCHD 1911 27th Street Zion, IL
2. LCHD 1022 27th Street Zion, IL
3. LCHD 224 W. Clarendon Round Lake Beach, IL
4. LCHD 423 E. Washington Round Lake Park, IL
5. LCHD 18736 W. Peterson Libertyville, IL
6. LCHD 18698 W. Peterson Libertyville
7. LCHD 24647 Vernon Hills, IL
8. LCHD 1840 Greenbay Rd. Highland park, IL

AUGUST 13, 2019 11:00 AM

QUESTION: For the Belvidere Health Center (H02) it states "Sat Cleaning, 9:00 AM to 5:00 PM." Do you need a porter on-site for those hours or is that just the time frame we have to clean?

RESPONSE : The 9-5 Sat cleaning at BMB is Porter Service only

QUESTION: Do you have the number of exam rooms per building? If this is asking too much, can you just let me know which buildings do not have any exam rooms?

RESPONSE: The only facilities that do not have them exam rooms are ACC, Annex, Drop in, Group Home and Avon.

AUGUST 14, 2019 3:45PM

QUESTION: Are the windows bid out separately?

RESPONSE: YES

QUESTION: What is the current vendor receiving for the contract?

RESPONSE: Please reference Lake County website for 2019 Budget information and or submit FOIA request to obtain information.

AUGUST 16, 2019 1:30PM

Question: H02 - Belvidere HC - is the after hours cleaning Sunday through Friday nights or Monday through Friday nights?

RESPONSE: M-Fri Day Porter 8 AM to 4 PM, After Hours Cleaning M-Thu 9: PM to Finish and after Hours on Friday 8: PM to Finish

Question: H09 - Zion HC - is the every 2nd Saturday cleaning after 1 pm in addition to the Monday through Friday service?

RESPONSE: Day porter M-F Noon to 1 PM, After Hours M-F 8 PM to Finish and every Second Saturday After Hours Cleaning 1: PM to Finish

Question: On the Proposal Price Sheet, does the Unit Price equal the price per month? Does the Extension equal the price per year?

RESPONSE: Yes The unit price is the monthly Price Extension is the yearly for that facility.

ADDENDUM RFP 19098

[Next Blog Posting » \(/addendums/rfp-19098-housekeeping-services-lchd/addendum-rfp-19098/\)](#)

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