



Delegate Agency Solicitation #9564 (RFP)

Downspout Disconnection Program for the Greater Albany Park Area (DDP)

Specification Number:1275065

Required for use by: DEPARTMENT OF WATER MANAGEMENT

Bid/Proposal Submittal Date and Time: 12:00 PM Central Time, 18-AUG-2023

Deadline for Questions:

Buyer: MCCLARN, GRAYLEN

Email Address: Graylen.McClarn@cityofchicago.org

Phone Number: 3127449745

Pre-Solicitation Conference Date and Time: N/A

Pre-Solicitation Conference Location: N/A

Site Visit Date & Time: N/A

Site Visit Location: N/A

Please submit your response to:

<http://www.cityofchicago.org/eProcurement>
iSupplier vendor portal registration is required.
Allow 3 business days to complete registration.

BRANDON JOHNSON
MAYOR

Andrea R. H. Cheng
Commissioner

Specification Number: 1275065

Type of Funding:

Title: Downspout Disconnection Program for the Greater Albany Park Area (DDP)

Table of Contents

1 Header Information.....3

 1.1 General Information.....3

 1.2 Terms.....3

 1.3 Requirements.....3

 1.4 Attachments.....12

 1.5 Response Rules.....12

2 Price Schedule.....13

 2.1 Line Information.....13

 2.2 Line Details.....13

 2.2.1 Line 1.....13

 2.2.2 Line 2.....13

 2.2.3 Line 3.....13

 2.2.4 Line 4.....13

 2.2.5 Line 5.....14

 2.2.6 Line 6.....14

 2.2.7 Line 7.....14

 2.2.8 Line 8.....14

 2.2.9 Line 9.....14

1 Header Information

1.1 General Information

Title	Downspout Disconnection Program for the Greater Albany Park Area (DDP)		
Description	Downspout Disconnection Program for the Greater Albany Park Area (DDP)		
Preview Date	Not Specified	Open Date	27-JUL-2023 09:00:00
Close Date	12:00 PM Central Time, 18-AUG-2023	Award Date	Not Specified
Time Zone	Central Time	Buyer	MCCLARN, GRAYLEN
Quote Style	Blind	Email	Graylen.McClarn@cityofchicago.org
Event	Delegate Agency	Outcome	Delegate Agency Blanket Agreement

1.2 Terms

Effective Start Date	Not Specified	Effective End Date	Not Specified
Ship-To Address	088-2005 COMM OFFICE 1000 E OHIO STREET Chicago, IL 60611 United States	Bill-To Address	088-2005 COMM OFFICE 1000 E OHIO STREET Chicago, IL 60611 United States
Payment Terms	IMMEDIATE	Carrier	
FOB		Freight Terms	
Currency	USD (US Dollar)	Price Precision	Any
Total Agreement Amount (USD)	Not Specified	Minimum Release Amount (USD)	Not Specified

1.3 Requirements

Contact Information
Contact First Name Provide your answer below
Contact Last Name Provide your answer below
Contact Telephone Number Provide your answer below

Contact Information
Contact E-mail Address Provide your answer below
Contact Title Provide your answer below
Organization Information
What is your Legal Organization Name? Provide your answer below
What is your Legal Organization Address? Provide your answer below
What is your Legal Organization City? Provide your answer below
What is your Legal Organization State? Provide your answer below

Organization Information
What is your Legal Organization Zip Code? Provide your answer below
What is your Legal Organization County? Provide your answer below
What is your Legal Organization Telephone Number? Provide your answer below
Please enter your agency's Federal Employer Identification Number. Your Federal Tax ID number is a 9 digit number that contains only numbers. Acceptable formats for this number is 12-3456789. To find your Federal Tax ID number, try the following options: 1) Call the Internal Revenue Service Call Center at 877-829-5500 or Search for your Tax ID number at the IRS website: https://www.irs.gov/charities-non-profits/tax-exempt-organization-search Provide your answer below
Please enter the Unique Entity ID (SAM) number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a Unique Entity ID (SAM) number. You may search for your Unique Entity ID (SAM) number or request one here - http://SAM.gov Provide your answer below
Head of Agency Name

Organization Information
..... Provide your answer below
Please provide the official title for the chief executive of your agency. Provide your answer below
Please provide the Chief Executive's contact telephone number, including area code. Provide your answer below
Please provide your Chief Executive's e-mail address. Provide your answer below
Please provide the name of your agency's chief financial officer. Provide your answer below
Please provide the official title of your agency's chief financial officer. Provide your answer below
Please provide the contact phone number for your agency's chief financial officer.

<p>Organization Information</p> <p>Provide your answer below</p> <p>Please provide the contact e-mail address for your agency's chief financial officer. Provide your answer below</p>
<p>Additional Locations</p> <p>Does your organization operate additional sites outside of your corporate location? Circle one from the response values below: Yes No</p>
<p>Work Program</p> <p>Following these instructions, please complete and attach the Work-Program Form provided. Type No Response Required</p> <p>Please indicate how you will identify clients and retain them in the program, as appropriate. Provide an estimate of the number of clients to be served and describe them in terms of age, gender, ethnicity, income level, and other defining characteristics. Provide your answer below</p>
<p>Monitoring</p> <p>Please describe how you will measure the project's performance, collect data and track or verify outcomes? Discuss who will be responsible for monitoring and reporting program progress and their specific qualifications. Provide your answer below</p> <p>Please describe how your organization will monitor program expenditures and ensure that appropriate fiscal controls and records are in place. Provide your answer below</p>

Monitoring
Auditing Requirements
<p>What is your agency's fiscal year?</p> <p>.....</p> <p>Provide your answer below</p>
<p>When do you intend to conduct an audit of this contract?</p> <p>.....</p> <p>Provide your answer below</p>
<p>Will your audit be annual (once a year) or biennial (once every two years)?</p> <p>.....</p> <p>Circle one from the response values below:</p> <p> Biennial</p> <p> Annual</p>
<p>Does your agency anticipate receiving funding from any Federal or State agency for this program during 2023?</p> <p>.....</p> <p>Circle one from the response values below:</p> <p> Yes</p> <p> No</p>
<p>Please identify the Federal or State sources that will be funding your agency and the associated dollar values.</p> <p>.....</p> <p>Provide your answer below</p>
Proposed Program
<p>Please describe the proposed program. The narrative should include the need or problem to be addressed, as well as the population to be served or the area to benefit. Describe the work to be performed, including the activities to be undertaken or the services to be provided, the goals and the anticipated results and the implementation schedule. Make sure to address the required core elements identified in the Program Description section of the RFP.</p> <p>.....</p> <p>Provide your answer below</p>

Proposed Program
<p>Briefly describe the agency's existing staff positions and qualifications, its capacity to carry out the activity and state whether the agency has a personnel policy manual, affirmative action plan and grievance procedures.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please attach an up-to-date resume for the individual who will manage the program for which you are requesting funding.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Describe your past experience in managing the performance of home repairs or modifications in the area of flood mitigation through roof downspout disconnection.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please discuss your past experience in the execution of a construction bid and award process.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please discuss your experience in performing community outreach and ability to coordinate and collaborate with elected officials.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please discuss your experience with existing subcontractors or ability to subcontract with contractors that have appropriate licenses and certifications for work that will be performed.</p>

Proposed Program Provide your answer below
Organizational Capacity What is the mission of your organization and what are its major accomplishments in the last 12 months? Provide your answer below
Please provide a narrative overview of your agency. The narrative should, at a minimum, address the following items: the agency's philosophy; services or programs provided; the number of years that the agency has provided these services and current demographics regarding service area(s) including client populations served and geographic delivery area. Provide your answer below
Please attach your agency's organizational chart. An organizational chart must be provided that describes the agency's administrative framework and staff positions, indicating where the proposed project will fit into the organizational structure and identify any staff positions of shared responsibility. Provide your answer below
Identify and confirm number of qualified and adequate staff responsible for program oversight, management, fiscal oversight, evaluation and performance management methods, record keeping and reporting, and use of construction management software. Discuss successful past program performance and success in initiating, maintaining, and completing a similar program of size and scale. Provide your answer below
Confirm that subcontractor(s) is not an entity related to the Applicant. Provide a list of proposed/potential subcontractors that the Applicant may subcontract with in order to implement the services described in this RFP.

Organizational Capacity
<p>.....</p> <p>Provide your answer below</p>
<p>Discuss your customer service capacity, including advertised business hours and accessible, easy-to-reach location(s), as well as virtually.</p> <p>.....</p> <p>Provide your answer below</p>
Reasonable Costs, Budget Justification and Leverage of Funds
<p>Using these instructions, please complete and attach the budget forms provided.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe your cash-flow and capacity to expend funds prior to reimbursement.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Why do you consider your program costs to be reasonable, given the nature of services provided and requirements for this program? (If desired, you are welcome to explain any key budgeting decisions you faced and the rationale for inclusion in your program costs.)</p> <p>.....</p> <p>Provide your answer below</p>
City of Chicago Compliance Acknowledgement
<p>Do you acknowledge the Compliance with Laws, Statutes, Ordinances and Executive Orders for the City of Chicago?</p> <p>.....</p> <p>Circle one from the response values below: Yes</p>

City of Chicago Compliance Acknowledgement
No
Conflict of Interest
Did you complete and attach the Conflict of Interest Questionnaire? Circle one from the response values below: Yes No

1.4 Attachments

Name	Data Type	Description
ATTACHMENT 01: Supplemental RFP	File	

1.5 Response Rules

- Solicitation is restricted to invited suppliers
- Suppliers are allowed to respond to selected lines
- Suppliers are allowed to provide multiple responses
- Buyer may close the solicitation before the Close Date
- Buyer may manually extend the solicitation while it is open

2 Price Schedule

2.1 Line Information

Display Rank As **No indicator displayed**
 Ranking **Price Only**
 Cost Factors **None**

Line	Item, Rev / Job	Target Quantity	Unit	Unit Price	Amount
1	0005 - Personnel	1	USD		
2	0044 - Fringe Benefits	1	USD		
3	0100 - Operating/Technical	1	USD		
4	0140 - Professional and Technical Services	1	USD		
5	0200 - Travel	1	USD		
6	0300 - Materials and Supplies	1	USD		
7	0400 - Equipment	1	USD		
8	0801 - Indirect	1	USD		
9	0999 - Other	1	USD		

2.2 Line Details

2.2.1 Line 1 0005 - Personnel

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.2 Line 2 0044 - Fringe Benefits

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.3 Line 3 0100 - Operating/Technical

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.4 Line 4 0140 - Professional and Technical Services

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.5 Line 5 0200 - Travel

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.6 Line 6 0300 - Materials and Supplies

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.7 Line 7 0400 - Equipment

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.8 Line 8 0801 - Indirect

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

2.2.9 Line 9 0999 - Other

Category	94855.DA.	Start Price (USD)	Not Specified
Shopping Category	Not Specified	Target Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		



Delegate Agency Solicitation #9564 (RFP)

Downspout Disconnection Program (DDP)

Specification Number:1275065

Required for use by: DEPARTMENT OF WATER MANAGEMENT

Bid/Proposal Submittal Date and Time: 12:00 PM Central Time, 26-JUN-2023

Deadline for Questions:

Buyer: MCCLARN, GRAYLEN

Email Address: Graylen.McClarn@cityofchicago.org

Phone Number: 3127449745

Pre-Solicitation Conference Date and Time: N/A

Pre-Solicitation Conference Location: N/A

Site Visit Date & Time: N/A

Site Visit Location: N/A

Please submit your response to:

<http://www.cityofchicago.org/eProcurement>
iSupplier vendor portal registration is required.
Allow 3 business days to complete registration.

Specification Number: 1275065

Type of Funding:

Title: Downspout Disconnection Program (DDP)

Table of Contents

1 Header Information.....3

 1.1 General Information.....3

 1.2 Collaboration Team.....3

 1.3 Terms.....3

 1.4 Requirements.....3

 1.5 Abstract and Forms.....5

 1.6 Response Rules.....5

2 Price Schedule.....6

 2.1 Line Information.....6

 2.2 Line Details.....6

 2.2.1 Line 1.....6

 2.2.2 Line 2.....6

 2.2.3 Line 3.....6

 2.2.4 Line 4.....7

 2.2.5 Line 5.....7

 2.2.6 Line 6.....7

 2.2.7 Line 7.....7

 2.2.8 Line 8.....7

 2.2.9 Line 9.....8

1 Header Information

1.1 General Information

Title **Downspout Disconnection Program (DDP)**
 Description **Downspout Disconnection Program (DDP)**
 Preview Date **Not Specified** Open Date **15-JUN-2023 09:00:00**
 Close Date **12:00 PM Central Time, 26-JUN-2023** Award Date **Not Specified**
 Time Zone **Central Time** Buyer **MCCLARN, GRAYLEN**
 Quote Style **Blind** Email **Graylen.McClarn@cityofchicago.org**
 Security Level **Public** Operating Unit **City Of Chicago**
 Approval Status **Requires Approval** Outcome **Delegate Agency Blanket Agreement**
 Sourcing Project **Not Specified** Event **Delegate Agency**
 Negotiation Style **Standard Negotiation**

Note Not Specified

1.2 Collaboration Team

Member	Position	Approver	Access	Task	Target Date
MCCLARN, GRAYLEN	005 0075 3935 0366 STAFF ASSISTANT - EXCLUDED 9A	Yes	Full		
RAWLINGS, FELICIA L	088 0200 3060 9679 DEPUTY COMMISSIONER 7A	No	Full		
SCAMARDI, SANDRA	088 0314 4004 1191 CONTRACTS ADMINISTRATOR 9A	No	Full		
VAUGHN, LATOYA M	005 0075 3935 9656 DEPUTY BUDGET DIR 9A	No	Full		

1.3 Terms

Global Agreement **Yes**
 Effective Start Date **Not Specified** Effective End Date **Not Specified**
 Ship-To Address **088-2005 COMM OFFICE
1000 E OHIO STREET
Chicago, IL 60611
United States** Bill-To Address **088-2005 COMM OFFICE
1000 E OHIO STREET
Chicago, IL 60611
United States**
 Payment Terms **IMMEDIATE** Carrier
 FOB Freight Terms
 Currency **USD (US Dollar)** Price Precision **Any**
 Total Agreement **Not Specified** Minimum Release **Not Specified**
 Amount (USD) Amount (USD)

1.4 Requirements

Display scoring criteria to Suppliers **No**
 Team Scoring enabled **Yes**

Contact Information
Maximum Score 0
Contact First Name

Contact Information
Maximum Score 0
.....
Scoring None , Maximum Score 0 , Knockout Score
Contact Last Name
.....
Scoring None , Maximum Score 0 , Knockout Score
Contact Telephone Number
.....
Scoring None , Maximum Score 0 , Knockout Score
Contact E-mail Address
.....
Scoring None , Maximum Score 0 , Knockout Score
Contact Title
.....
Scoring None , Maximum Score 0 , Knockout Score
Organization Information
Maximum Score 0
What is your Legal Organization Name?
.....
Scoring None , Maximum Score 0 , Knockout Score
What is your Legal Organization Address?
.....
Scoring None , Maximum Score 0 , Knockout Score
What is your Legal Organization City?
.....
Scoring None , Maximum Score 0 , Knockout Score
What is your Legal Organization State?
.....
Scoring None , Maximum Score 0 , Knockout Score
What is your Legal Organization Zip Code?
.....
Scoring None , Maximum Score 0 , Knockout Score
What is your Legal Organization County?
.....
Scoring None , Maximum Score 0 , Knockout Score
What is your Legal Organization Telephone Number?
.....
Scoring None , Maximum Score 0 , Knockout Score
Please enter your agency’s Federal Employer Identification Number. Your Federal Tax ID number is a 9 digit number that contains only numbers. Acceptable formats for this number is 12-3456789. To find your Federal Tax ID number, try the following options: 1) Call the Internal Revenue Service Call Center at 877-829-5500 or Search for your Tax ID number at the IRS website: https://www.irs.gov/charities-non-profits/tax-exempt-organization-search .
.....
Scoring None , Maximum Score 0 , Knockout Score
Please enter the Unique Entity ID (SAM) number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a Unique Entity ID (SAM) number. You may search for your Unique Entity ID (SAM) number or request one here - http://SAM.gov .
.....
Scoring None , Maximum Score 0 , Knockout Score
Head of Agency Name
.....
Scoring None , Maximum Score 0 , Knockout Score

Organization Information
Maximum Score 0
Please provide the official title for the chief executive of your agency.
Scoring None , Maximum Score 0 , Knockout Score
Please provide the Chief Executive's contact telephone number, including area code.
Scoring None , Maximum Score 0 , Knockout Score
Please provide your Chief Executive's e-mail address.
Scoring None , Maximum Score 0 , Knockout Score
Please provide the name of your agency's chief financial officer.
Scoring None , Maximum Score 0 , Knockout Score
Please provide the official title of your agency's chief financial officer.
Scoring None , Maximum Score 0 , Knockout Score
Please provide the contact phone number for your agency's chief financial officer.
Scoring None , Maximum Score 0 , Knockout Score
Please provide the contact e-mail address for your agency's chief financial officer.
Scoring None , Maximum Score 0 , Knockout Score

1.5 Abstract and Forms

Name	Version
Abstract	1

1.6 Response Rules

- Solicitation is restricted to invited suppliers
- Suppliers are allowed to respond to selected lines
- Best price is displayed to suppliers
- Suppliers are allowed to provide multiple responses
- Buyer is required to obtain approval of award decisions
- Buyer may close the solicitation before the Close Date
- Buyer may manually extend the solicitation while it is open

2 Price Schedule

2.1 Line Information

Display Rank As **No indicator displayed**
 Ranking **Price Only**
 Cost Factors **None**

Line	Item, Rev / Job	Number of Units	Unit
1 0005 - Personnel		1	USD
2 0044 - Fringe Benefits		1	USD
3 0100 - Operating/Technical		1	USD
4 0140 - Professional and Technical Services		1	USD
5 0200 - Travel		1	USD
6 0300 - Materials and Supplies		1	USD
7 0400 - Equipment		1	USD
8 0801 - Indirect		1	USD
9 0999 - Other		1	USD

2.2 Line Details

2.2.1 Line 1 0005 - Personnel

Line Type **Services**
 Category **94855.DA.** Start Price (USD) **Not Specified**
 Shopping Category **Not Specified** Target Price (USD) **Not Specified**
 Minimum Release **Not Specified** Current Price (USD) **Not Specified**
 Amount (USD)
 Estimated Total **Not Specified**
 Amount (USD)

Note Not Specified

2.2.2 Line 2 0044 - Fringe Benefits

Line Type **Services**
 Category **94855.DA.** Start Price (USD) **Not Specified**
 Shopping Category **Not Specified** Target Price (USD) **Not Specified**
 Minimum Release **Not Specified** Current Price (USD) **Not Specified**
 Amount (USD)
 Estimated Total **Not Specified**
 Amount (USD)

Note Not Specified

2.2.3 Line 3 0100 - Operating/Technical

Line Type **Services**
 Category **94855.DA.** Start Price (USD) **Not Specified**
 Shopping Category **Not Specified** Target Price (USD) **Not Specified**
 Minimum Release **Not Specified** Current Price (USD) **Not Specified**
 Amount (USD)
 Estimated Total **Not Specified**
 Amount (USD)

Note Not Specified

2.2.4 Line 4 0140 - Professional and Technical Services

Line Type	Services	Start Price (USD)	Not Specified
Category	94855.DA.	Target Price (USD)	Not Specified
Shopping Category	Not Specified	Current Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

Note Not Specified

2.2.5 Line 5 0200 - Travel

Line Type	Services	Start Price (USD)	Not Specified
Category	94855.DA.	Target Price (USD)	Not Specified
Shopping Category	Not Specified	Current Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

Note Not Specified

2.2.6 Line 6 0300 - Materials and Supplies

Line Type	Services	Start Price (USD)	Not Specified
Category	94855.DA.	Target Price (USD)	Not Specified
Shopping Category	Not Specified	Current Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

Note Not Specified

2.2.7 Line 7 0400 - Equipment

Line Type	Services	Start Price (USD)	Not Specified
Category	94855.DA.	Target Price (USD)	Not Specified
Shopping Category	Not Specified	Current Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

Note Not Specified

2.2.8 Line 8 0801 - Indirect

Line Type	Services	Start Price (USD)	Not Specified
Category	94855.DA.	Target Price (USD)	Not Specified
Shopping Category	Not Specified	Current Price (USD)	Not Specified
Minimum Release Amount (USD)	Not Specified		
Estimated Total Amount (USD)	Not Specified		

Note Not Specified

2.2.9 Line 9 0999 - Other

Line Type	Services	Start Price (USD)	Not Specified
Category	94855.DA.	Target Price (USD)	Not Specified
Shopping Category	Not Specified	Current Price (USD)	Not Specified
Minimum Release	Not Specified		
Amount (USD)			
Estimated Total	Not Specified		
Amount (USD)			

Note Not Specified

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