

County of McHenry  
Request for Qualifications

**RFQ#14-28**

***Wastewater and Water Treatment Services  
for Valley Hi Nursing Home***

March 5, 2014

The County of McHenry, Illinois, hereby solicits qualified and interested firms to submit statements of qualifications ("Qualifications") for providing all services, supervision, labor and equipment necessary to provide the County with a Service to provide Wasterwater and Water Treatment for Valley Hi Nursing Home in accordance with federal, state and local laws and regulations (both current and as amended).

**OVERVIEW OF THE COUNTY OF MCHENRY:** The County of McHenry is a unit of local government in the State of Illinois with a current population of 310,000 as estimated by the US Census Bureau, within its 611 square miles. It is ranked as being one of the fastest growing of Illinois' 102 counties. The governing body is the County Board, which is comprised of twenty-four elected members.

The County has thirteen (13) constructed facilities in various locations totaling approximately 688,000SF.

The County employs approximately 1,300 full and part-time employees in its twenty-eight departments, which are administrated by eight elected officials, and eighteen appointed department heads. McHenry County offers its citizens nursing home care, public health services, public safety through the Sheriff's Department and adult correctional facility, transportation planning, road improvement and maintenance by the Division of Transportation, administrative services available from various offices and a judicial system.

**GENERAL REQUIREMENTS:** This is a Request for Sealed Qualifications (see attached). Qualifications will be opened and evaluated in private and submittal information will be kept confidential until a selection is made. **One (1) original and Two (2) copies of the complete Qualifications are to be submitted.**

**SUBMISSION LOCATION:**

**MAILING ADDRESS:**

Purchasing Department  
McHenry County Administration Building  
2200 N. Seminary Avenue Room 200  
Woodstock IL 60098

**DROP OFF IN PERSON:**

Purchasing Department  
County Administration Building  
667 Ware Road Room 200  
Woodstock IL 60098  
Phone: (815) 334-4818  
Fax: (815) 334-4680

**CONTACT PERSON:**

Donald A. Gray, CPPB  
Director of Purchasing

**SUBMISSION DATE AND TIME:**

**2:00 PM (CST)—March 28, 2014**

Qualifications received after the submittal time will be rejected and returned unopened to the sender. (See attached schedule of events)

<b>SCHEDULE OF EVENTS</b>	
March 7, 2014-----	Bid Available
March 14, 2014-----	Vendors Questions Submitted via fax to 815-334-4680 by 4:00 P.M.(CST)
March 21, 2014-----	Vendors Questions Answered via fax and Posted on Website by 4:00 P.M.(CST)
March 28, 2014-----	Bid due in Purchasing at 2:00 P.M.(CST)

**GENERAL INFORMATION**

**Request for Qualifications**

**Definition:** Request for Qualifications (RFQ) is a method of procurement permitting discussions with responsible Professionals and revisions to Qualifications prior to negotiation of a contract. Qualifications will be opened and evaluated in private. Selection will be based on the criteria set forth herein.

**Receipt and Handling of Qualifications:** Qualifications shall be opened in private by the Evaluation Committee to avoid disclosure of contents to competing Professionals.

**Evaluation of Submittal:** The Qualifications submitted by Professionals shall be evaluated solely in accordance with the criteria set forth in the RFQ.

**Evaluation:** Evaluation of Qualifications will be done by the County staff. Qualifications will be evaluated on experience in doing projects of a similar nature and adherence to specifications. These criteria are to be utilized in the evaluation of qualifications for development of the short list of Professionals to be considered for interviews and/or potential negotiations. Individual criteria may in all probability be assigned varying weights at the County’s discretion to reflect relative importance. Professionals are required to address each evaluation criteria in the order listed and to be specific in presenting their qualifications.

1. Experience/qualifications of Professional: Professional’s abilities and specific experience; proposed staff and specific staff experience; years in business experience with contracts for services similar in scope. (This includes resumes of all staff to be assigned to County projects).
2. Proposed methodology to complete the services.
3. Capabilities features of the proposed services and the degree to which the services meet the needs of the County.
4. References of only similar contracts. The Professional must have a demonstrated history of professional, reliable and dependable service to governmental entities.
5. Demonstrated quality assurance procedures and schedule to ensure a timely, effective and professional provision of services.

**Discussion of Submittal:** The Evaluation Committee may conduct discussions with one or more Professionals with whom the County has a previous satisfactory relationship and/or those Professionals who submit acceptable or potentially acceptable Qualifications. Such Professionals shall be accorded fair and equal treatment with respect to any opportunity for discussion and revision of Qualifications. During the course of such discussions, the Evaluation Committee shall not disclose any information derived from one submittal to any other Professional. In the event that the County does not have a satisfactory relationship for services with one or more Professionals, the County shall evaluate the Professionals submitting Qualifications, taking into account qualifications, ability of professional personnel, past record and experience, performance data on file, willingness to meet time requirements, location, workload of the Professional, and such other qualification-based factors as the County may determine in writing are applicable. The County may conduct discussions with and require public presentations by Professionals deemed to be the most qualified regarding their qualifications, approach to the project, and ability to furnish the required services.

On the basis of the evaluations, discussions and presentations, the County shall, unless it has a satisfactory relationship for services with one or more Professionals, select no fewer than three Professionals which it determines to be the most qualified to provide services regarding the specific project. The County shall then contact the Professional ranked most preferred and attempt to negotiate a contract at a fair and reasonable compensation, taking into account the estimated value, scope, complexity, and professional nature of the services to be rendered. If fewer than three Professionals submit Qualifications and the County determines that one or both of those Professionals are so qualified, the County may proceed to negotiate a contract as set forth herein.

**Selection Procedure:** Selection shall be made of the Professional deemed to be fully qualified and best suited among those submitting Qualifications, on the basis of the factors involved in the RFQ.

**Selection:** It is the intent of the County of McHenry to select the Professional whose Qualifications meet or exceed the requirements as outlined herein. Information and/or factors gathered during interviews, negotiations and any reference checks, in addition to the evaluation criteria stated in the RFQ, and other information or factors deemed relevant by the County, shall be used in the final award decision.

**Negotiations:**

The County shall prepare a written description of the scope of the proposed services to be used as a basis for negotiations and shall negotiate a contract with the highest qualified Professional at compensation that the County determines in writing to be fair and reasonable. In making this decision the County shall take into account the estimated value, scope, complexity and professional nature of the services to be rendered.

If the County is unable to negotiate a satisfactory contract with the Professional which is most preferred, negotiations with that Professional shall be terminated. The County shall then begin negotiations with the firm which is next preferred. If the County is unable to negotiate a satisfactory contract with that Professional, negotiations with that Professional shall be terminated. The County shall then begin negotiations with the Professional which is next preferred.

If the County is unable to negotiate a satisfactory contract with any of the selected Professionals, the County shall re-evaluate the architectural, engineering or land surveying services requested, including the estimated value, scope, complexity, and fee requirements. The County shall then compile a second list of no fewer than three qualified Professionals and proceed in accordance with the foregoing procedures.

**Notice of Unacceptable Submittal:** When the Evaluation Committee determines a Professional's Qualification to be unacceptable, such Professional shall not be afforded an additional opportunity to supplement its Qualification.

**Authority:** This Request for Qualifications is issued pursuant to applicable provisions of the **McHenry County Purchasing Ordinance**, approved December 1, 2006 and the Local Government Professional Services Selection Act, 50 ILCS 510/1, et seq. If you desire a copy of the **McHenry County Purchasing Ordinance**, please visit the website at [www.co.mchenry.il.us](http://www.co.mchenry.il.us) (listed under BIDS/RFP Heading)

**Reserved Rights:** The County of McHenry reserves the right at any time and for any reason to cancel this Request for Qualifications, to reject any or all Qualifications, or to accept an alternate Qualification. The County reserves the right to waive any immaterial defect in any Qualification. ***Unless otherwise specified by the Professional, the County has no fewer than ninety (90) days to make a selection.*** The County may seek clarification from a Professional at any time and failure to respond promptly is cause for rejection.

**Incurred Costs:** The County of McHenry will not be liable in any way for any costs incurred by respondents in replying to this RFQ.

**Selection:** Selection shall be made by the McHenry County Board to the responsive, responsible Professional whose Qualification is determined to be the most advantageous to the County, taking into account the evaluation criteria set forth herein.

**ADDENDUM:** Should the Professional require any additional information about this RFQ, please fax to Purchasing (815-334-4680) any questions by the deadline as outlined in the schedule of events. ANY AND ALL changes to these specifications are valid only if they are included by Written Addendum to All Professionals. NO interpretation of the meaning of the plans, specifications, or other contract documents will be made orally. If required, all addenda will be faxed to Professional if a Notice of Intent to Submit Qualifications has been completed and faxed to the Purchasing Office. In addition, all addenda are posted on the County of McHenry's website. Failure of the Professional to receive any such addendum or interpretation shall not relieve the Professional from obligations under this RFQ as submitted. All addenda so issued shall become part of the Qualification. Failure to request an interpretation constitutes a waiver to a later claim that ambiguities or misunderstandings caused a Professional to improperly submit Qualification.

**Rejection Of Qualifications/RFQ's, Waiver Of Irregularities:** McHenry County reserves the right to reject any or all Qualifications, to waive irregularities, and to accept that Qualification which is considered to be in the best interest of the County. Any such decision shall be considered final.

**References:** A minimum of three (3) references where services of a similar nature have been provided must be listed as required herein.

### **DIRECTIONS FOR SUBMISSION:**

Qualified individuals or firms are to **submit one (1) original and two (2) copies** of the completed Qualifications along with any support documentation in a sealed envelope to:

Donald A. Gray, CPPB  
Director of Purchasing  
McHenry County Administration Building  
2200 N. Seminary Avenue, Room 200  
Woodstock, Illinois 60098

All data and documentation submitted as part of this RFQ shall become the property of McHenry County, Illinois. After a contract is executed, all Qualifications, responses, documents, and materials contained in the RFQ shall be considered public information and will be made available for inspection in accordance with the Illinois Freedom of Information Act.

All Qualifications must be received by **2:00 p.m. (CST) on March 28, 2014**. Absolutely no Qualifications will be accepted after the time specified. Late Qualifications shall be rejected and returned unopened to the sender. The County of McHenry does not prescribe the method by which Qualifications are to be transmitted; therefore, it cannot be held responsible for any delay, regardless of reason, in the transmission of Qualifications.

**QUALIFICATIONS ENVELOPES ARE TO BE CLEARLY MARKED WITH THE RFQ TITLE,  
TIME & DATE OF OPENING.**

## **SPECIFICATIONS**

### **Project Understanding**

The Contractor is to provide contract operations and maintenance services for the wastewater/water treatment plant. Contractor assumes responsibility for operating the treatment facility and providing a complete operations and maintenance accountability.

### **Scope of Services**

Contractor to provide the following services for this project:

- A. Contract Operations and Maintenance would consist of:
  - All managers and staff required to operate and maintain the facility within regulatory agency requirements. Minimum one site visit per week
  - Preventative Maintenance Program; maintain required operations records. Create a Preventative Maintenance Program on treatment system units as required by the manufacturer's specifications and implement program
  - Operation and maintenance of pumping and chemical feed equipment
  - Ordering of chemicals and supplies
  - Safety program
  - Emergency Response Program; 24 hour/7 days/week availability at hourly rates
  - Regulatory Agency Liaison
  - Monthly DMR report preparation and submittal with a copy to the Client
- B. Sample and analyze four groundwater monitoring wells quarterly for the following parameters:
  - Nitrate/Nitrite
  - Ammonia Nitrogen
  - Chloride
  - Sulfate
  - pH
  - Total Dissolved Solids
  - Fecal Coli form (during irrigation period as needed)
- C. Monthly written report on system operation and maintenance;
- D. Regulatory agency compliance;
- E. Project Manager ensures that concerns are addressed and that all operation and maintenance services are implemented.
- F. Make recommendations to improve system operation;
- G. All laboratory analyses will be performed using Standard Methods or IEPA approved testing methods; and

### **Responsibilities of the Owner**

- A. The Owner's Representative will be available within a reasonable time for meetings and/or site visitation, and shall have the authority to transmit instructions, receive information, interpret and define Client policy and make decisions with respect to contractor's services under this Agreement;
- B. Payment of all electrical costs associated with the water system and well house;
- C. Responsible for securing liability and property insurance
- D. Capital cost improvements;

- E. Spare parts inventory and preventive maintenance inventory;
- F. Chemical and supply costs; and
- G. Sewage collection system repair and associated costs.
- H. Any additional laboratory analyses required by the IEPA above and beyond groundwater testing.

### **Maintenance and Repair**

Due to the enormous capital investment involved, maintenance and repair of equipment is a sensitive issue, develop an approach to these activities that will maintain equipment.

#### **Maintenance**

Defines "Maintenance" as those routine and repetitive activities required or recommended by the equipment manufacturer to maximize the service life of the equipment, vehicle, facility or any component thereof. Contractor will provide the labor for preventative maintenance items. The Owner will be responsible for preventative maintenance supply cost.

#### **Repair**

Contractor defines "Repair" as those non-repetitive activities required for operational continuity, safety and performance, generally due to failure of the equipment, facility, or any component thereof. Contractor will provide management of all repair activities associated with lift station operation and would assist in the management of any repair/replacement for the purpose of process control and system continuity. Labor for this work would be considered extra work. Contractor will provide the Owner with cost estimates to complete the repair and secure prior approval before purchase is made or work is initiated. Owner will be responsible for the cost of repair.

### **Wastewater Operation**

Wastewater treatment plant operations assistance in connection with Valley Hi Nursing Home in Woodstock, IL

- Routine wastewater system check
- Monthly report
- Preventative maintenance
- Cleaned all irrigation sprinkler heads
- Quarterly ground water samples
- Renewal of NPDES Permit for Valley Hi wastewater irrigation site; forward to IEPA

### **Water Operation**

Contractor is to provide water treatment plant operations assistance. Water treatment plant operations assistance in connection with Valley Hi Nursing Home in Woodstock, IL

- Routine water system check
- Bacteria sample
- Fluoride sample
- Preventative maintenance program update
- Prepare and submit 2012 CCR
- Post Consumer Confidence Report at site
- Lab testing
- Field supplies

## **Minimum Requirements**

### **Wastewater System**

- Minimum 5 years operation of a spray irrigation facility
- Payment of all laboratory fees for regular monthly and quarterly samples
- Must include a certificate of liability insurance, with General Liability \$1,000,000; Automobile Liability \$1,000,000; Umbrella Liability \$10,000,000; Worker's Comp \$1,000,000; and Professional Liability \$2M per claim/\$4M Aggregate with a deductible of \$100,000 (this is for water and wastewater).
- Class K Wastewater Industrial License (provide license number)

### **Water System**

- Minimum Class B State of Illinois Water Certification (provide copy of certificate)
- Payment of all regular monthly and IEPA special samples (VOCs, SOCs, Lead/Copper, Nitrates, Radium, etc.)

## **Extra Work**

Any work required but not included as part of this contract shall be considered extra work.



***THIS PAGE IS MANDATORY.***

**REFERENCES**

List three (3) references that you have done similar work, service or supplied similar products to within the last twelve (12) months (Only correct contact names and phone numbers will be acceptable).

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

---

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

---

Entity:

Address:

City, State, Zip Code:

Telephone Number:

Contact Person:

AUTHORIZED NEGOTIATORS:

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Title: \_\_\_\_\_

Name: \_\_\_\_\_

Phone # \_\_\_\_\_

Title: \_\_\_\_\_

**SUBMITTER OF QUALIFICATIONS CERTIFICATION**

I have carefully examined the Request for Qualifications, and any other documents accompanying or made a part of this Request for Qualifications.

I verify that all information contained in this Qualification is truthful to the best of my knowledge and belief. I further certify that I am duly authorized to submit this Qualification on behalf of the firm as its act and deed, and that the firm is ready, willing, and able to perform if awarded the contract.

I further certify, under oath, that this submittal of Qualification is made without prior understanding, agreement, connection, discussion, or collusion with any other person, firm or corporation submitting a submittal for the same product or service. No officer, employee or agent of the County of McHenry or any other Professional is interested in this Qualification and that the undersigned executed this Certification with full knowledge and understanding of the matters therein contained and was duly authorized to do so.

\*\*State of Incorporation \_\_\_\_\_

\_\_\_\_\_  
(Individual - Partnership - Company - Corporation)

\_\_\_\_\_  
(Business Address)

\_\_\_\_\_  
(City, State and Zip Code)

\_\_\_\_\_  
(By Printed Name and Signature) (Title)

\_\_\_\_\_  
(Witness Signature) (Title)

\_\_\_\_\_  
(Telephone No) (Fax No.)

\_\_\_\_\_  
(Date)

*End of Document*