



County of McHenry Request for Qualifications

RFQ #18-66

Inclusive Professional Forensic Pathologist to perform on site Autopsies, Examinations, and Consulting Services at the McHenry County Coroner Office

August 6, 2018

The County of McHenry, Illinois, hereby solicits qualified and interested individuals to submit statements of qualifications ("Qualifications") for providing all services, supervision, labor and equipment necessary to provide the County with Pathologist Services for the Coroner, 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 will be opened and evaluated in private and submittal information will be kept confidential until a selection is made. **One (1) original and One (1) copy of the complete Qualifications are to be submitted.**

DIRECTOR OF PURCHASING:

Adam M. Letendre

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

RFQ CONTACT:

Amy Burke 815-334-4821 or alburke@mchenrycountyil.gov

SUBMISSION DATE AND TIME:

2:00 PM (CST)—August 21, 2018

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

SCHEDULE OF EVENTS

August 6, 2018-----	RFQ Available
August 9, 2018-----	All Questions regarding RFQ faxed or email to Purchasing 815-334-4680 or email purchasing@mchenrycountyil.gov by 12:00PM (CST)
August 14, 2018-----	All Questions answered via Addendum posted after 4:00PM (CST)
August 21, 2018-----	RFQ due in Purchasing Office by 2:00PM (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. 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 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. 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 are applicable. The County may

conduct discussions with 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 select Professionals which it determines to be the most qualified to provide services regarding the specific project. The County shall then contact the Professionals meeting the desired qualifications 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.

Selection Procedure: Selection shall be made of the Professionals 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 Professionals who's 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 negotiate contracts with the Professionals 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.

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 August 1, 2014. If you desire a copy of the **McHenry County Purchasing Ordinance**, please visit the website at 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 Professionals who's Qualifications are 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 or email to Purchasing (815-334-4680 or purchasing@mchenrycountyil.gov) 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.

Compliance with Laws

The bidder hereto covenants and agrees to comply with all applicable federal, state, and local laws, codes, ordinances, rules and regulations. Failure to comply with the terms of this provision shall constitute a breach of contract and permit the County to terminate this (Request for Sealed Proposal/Bid) in accordance with the termination provisions stated herein.

References: A minimum of two (2) 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 one (1) copy of the completed Qualifications along with any support documentation in a sealed envelope to:

Adam M. Letendre
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 August 21, 2018**. 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.**

Scope of Work

The McHenry County Coroner's office is looking for inclusive Professional Forensic Pathologist Services to perform on site Autopsies, Examinations, and Consulting Services at the McHenry County Coroner office, date and time mutually agreed upon by the Coroner's office and Pathologist requested to perform the service.

Terms of this RFQ are for One (1) Base Year with two (2) optional Years. Base Year I beginning December 1, 2018 through November 30, 2019, Year II (Optional) beginning December 1, 2019 through November 30, 2020, and Year III (Optional) beginning December 1, 2020 through November 30, 2021.

This may be a multiple award.

Candidates shall provide the following:

Curriculum Vitae
Current Medical License(s)
Board Certification(s)
References
Resume

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: _____

THIS PAGE IS MANDATORY

SUBMITTER OF QUALIFICATIONS CERTIFICATION AND SIGNATURE PAGE

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 Name and Signature)

(Title)

(Telephone No)

(Fax No.)

(Date)

(Email)

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