



Request for Proposal - Chatham Cottage Grove Special Service Area #51 Consultant

CBA, Small Business Development, Inc. 501c6 a non – profit organization seeks a consultant to assist with the successful reconstitution for and implementation of the Chatham Cottage Grove Special Service Area #51 as is required by the City of Chicago. Overall the Consultant will be responsible for managing aspects of the reconstitution of the SSA including, but not limited to, providing the legal description and mapping of the SSA boundary area, PIN database, and other technical aspects as needed.

Specific Duties:

The Consultant will be responsible for undertaking a number of key duties as outlined below:

- Preparing The Chatham Cottage Grove SSA boundary legal description
- Compiling The Chatham Cottage Grove taxpayer and parcel database
- Work with CBA's Administration to establish metrics and baseline data for:
 - Profitability and property value analysis
 - Other key data as identified by the advisory committee
- Collaborate with CBA SBDI's Program Manager to: Attend
- Public Hearings
- Drafting of Commission By-laws, Training, SSA Policies, Set up SSA Operations, SSA Service Provider Agency Training and necessary policies and procedures
- Assist with other duties as identified during the process of reconstitution & implementation of Chatham Cottage Grove SSA #51
- Refine SSA Boundaries
- Prepare a Map.
- Prepare a PIN Database.
- Conduct a needs assessment
- City and Other Government Services Inventory
- Draft the SSA District Plan

Time Frame:

The anticipated scope of the consulting period will begin in January 2019 and continue for the duration period as identified



Requirements:

Only complete proposals will be considered. A complete proposal must contain the following elements: Qualifications, Process, Budget, and any other supporting documentation that the applicant deems necessary for CBA Small Business Development, Inc. to make an informed decision.

Qualifications

Provide a description and history of your firm to include the resumes or CV for all parties that will be working on the project. The qualifications section should also specifically outline the specific experience the organization has in dealing with SSA's from application to implementation.

Process

Outline the specific steps and activities that our firm will undertake listing an estimated timeline for starting and completion of each of the outlined tasks.

Budget

A detailed budget outlining and explaining methodology for costs associated with completion of the project.

Proposal Due Date:

January 23, 2019

Please Direct Questions, Comments, and complete RFP submissions to:

Karletta Kelly
SSA #51 Program Manager
Chatham Business Association, Small Business Development, Inc
806 East 78th Street Chicago, Il 60619
KarlettaKelly@cbaworks.org
773.994.5006

Encl. – Certification of PIN sample form; Certification of Address sample form



CERTIFICATION AS TO ACCURACY OF PROPERTY ADDRESSES AND PIN LIST (sample)

(RE: DEMONSTRATION OF TAXPAYER SUPPORT FOR PROPOSED SSA)

Signatures of support from at least 20% of the taxpayers of record of taxable real property within the proposed boundaries of special service areas, other than special service areas initiated by the City of Chicago pursuant to the provisions of the Special Service Area Tax Law, 35 ILCS 200/27-5 et seq., are required by the City of Chicago to proceed with the establishment, extension or reconstitution of a Special Service Area.

I, _____ hereby declare and affirm that I am the duly authorized representative of _____ (the "Consultant") which has served as a consultant to _____ in connection with the SSA proposal application for an SSA to be known and designated as City of Chicago Special Service Area # _____ (the "Proposed SSA") to be located in an area approximately bounded by:

I further declare and affirm that as the _____ of such Consultant, I hereby certify that the attached PIN and taxpayer of record data have been reviewed, and I certify that, to the best of my knowledge, they are deemed accurate at the time the data was obtained from the Cook County Assessor's Office and, as may be applicable, at the time any corrections thereto were made by myself or the Proposed SSA following inquiry or receipt of additional information.

Signed: _____

Printed Name: _____

Title: _____

Date: _____



STATE OF ILLINOIS)
) SS.
 COUNTY OF COOK)

I, the undersigned, a Notary Public in and for the county and State aforesaid, do hereby certify that (PRINT NAME) _____, personally known to me to be the (PRINT TITLE) _____ of (PRINT NAME OF COMPANY) _____ (the "Consultant"), and personally known to me to be the same person whose name is subscribed to the foregoing Certification, appeared before me this day in person and acknowledged that they signed and delivered such Certification pursuant to authority properly given by the Consultant as their free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN under my hand and official seal this ___ day of _____, _____.

Notary Public

(SEAL)



EXHIBIT A

LIST OF PROPERTY ADDRESSES AND PINS

(See Attached)



CERTIFICATION AS TO ACCURACY OF SUPPORT SIGNATURES (sample)

(RE: DEMONSTRATION OF TAXPAYER SUPPORT FOR PROPOSED SSA)

Signatures of support from at least 20% of the taxpayers of record of taxable real property within the proposed boundaries of special service areas, other than special service areas initiated by the City of Chicago pursuant to the provisions of the Special Service Area Tax Law, 35 ILCS 200/27-5 et seq., are required by the City of Chicago to proceed with the establishment, extension or reconstitution of a Special Service Area.

I, _____, hereby declare and affirm that I am the duly authorized representative of _____ (the "Sponsor") which has sponsored an SSA proposal application for an SSA to be known and designated as City of Chicago Special Service Area # _____ (the "Proposed SSA") to be located in an area approximately bounded by:

I further declare and affirm that as the Chairman of such Sponsor, I hereby certify, to the best of my knowledge after reasonable inquiry, that the attached list of signatures of support represents _____% of the list of property addresses and PINS which constitute the taxpayers of record of the taxable real property within the boundaries of the Proposed SSA certified by _____ (the Consultant). I further certify, to the best of my knowledge after reasonable inquiry, that such signatures of support were made by individuals representing such taxpayers of record of the taxable real property within the boundaries of the proposed SSA or the duly authorized representative thereof, and, to the best of my knowledge with reasonable inquiry, that the signatures were not made by tenants, employees or any other individual, any of whom are not actually a taxpayer of record of such property or not authorized by the taxpayer of record to sign on his/her behalf.

The certifications set forth herein are made with respect to each signature as of the day the signature was obtained from such individual.

Signed: _____

Printed Name: _____

Title: _____

Date: _____



STATE OF ILLINOIS)
) SS.
 COUNTY OF COOK)

I, the undersigned, a Notary Public in and for the county and State aforesaid, do hereby certify that (PRINT NAME) _____, personally known to me to be the (PRINT TITLE) _____ of (PRINT NAME OF COMPANY) _____ (the "Sponsor"), and personally known to me to be the same person whose name is subscribed to the foregoing Certification, appeared before me this day in person and acknowledged that they signed and delivered such Certification pursuant to authority properly given by the Sponsor as their free and voluntary act and deed for the uses and purposes therein set forth.

GIVEN under my hand and official seal this ___ day of _____, _____.

Notary Public

(SEAL)



EXHIBIT A

SUPPORT SIGNATURES

(See attached)