**INTRODUCTION**

***Overview***

This Request for Proposals (“RFP”) is being issued by the Chatham Business Association, Small Business Development Inc. (CBASBDI)’ in its capacity as the managing Local Service Provider (“LSP”) of Special Service Area #51 (the “SSA”) for the City of Chicago. The purpose of this notice is to solicit qualified vendors for Holiday Decorations for the Special Service Area. The Contractor will manage the installation of Holiday Decorations, related materials, related equipment and vendor contracts for the duration of the contract period from November 1, 2024 to January 15, 2025.

Respondents with demonstrated experience in Holiday Decoration with an interest in making their services available to CBASBDI are invited to respond to this RFP. “Respondent” refers to the company or individual(s) who submits a proposal in response to this RFP. It is understood that the selected Respondent acting as an individual, partnership, corporation or other legal entity, is state-licensed, certified and capable of providing the specified services. The Respondent shall be financially solvent and each of its members, its employees, agents or sub-contractors (if a joint venture) of any tier shall be competent to perform the services required under this RFP document.

Nothing in this RFP shall be construed to create any legal obligation on the part of CBASBDI or any Respondent. CBASBDI reserves the right, in its sole discretion, to amend, suspend, terminate, or reissue this RFP in whole or in part, at any stage. In no event shall CBASBDI be liable to Respondents for any cost or damages incurred in connection with the RFP process, including but not limited to, any and all costs of preparing a response to this RFP or any other costs incurred in reliance on this RFP. No respondent shall be entitled to repayment from CBASBDI for any costs, expenses or fees related to this RFP. All supporting documentation submitted in response to this RFP will become the property of CBASBDI. Respondents may also withdraw their interest in the RFP, in writing, at any point in time or as more information becomes available.

***Term of Contract***

Any contract awarded pursuant to this RFP solicitation shall be for a contract period of 2.5 months.

**PROFESSIONAL SERVICE REQUIREMENTS**

***Scope of Services***

CBASBDI seeks sealed proposals from qualified Respondents to manage and complete Holiday Decorations in the specified service area. **See Appendix B – Special Service Area Boundaries and Map**.

The selected Respondent shall:

1. When requested provide a quote with a budget, timeline and if necessary suggested vendors for Holiday Decorations at locations chosen by CBASBDI.
2. Remove existing Holiday Decorations from storage, safely install them at the specified location for the annual tree-lighting ceremony, protect all electrical equipment in compliance with electrical code.
3. Take-down Holiday Decorations after the holiday period on a date specified by CBASBDI and return the items to storage in an orderly fashion.
4. Create or purchase and install any new decorations requested by CBASBDI.
5. All work performed shall be completed on the days indicated on the approved work schedule and may be changed with the approval of the SSA Program Manager.
6. Respondent shall respond as necessary to accommodate additional hours as may be requested by CBASBDI.
7. Respondent will pay wages in compliance with the City’s minimum wage ordinance.
8. Respondent should not exceed total budget allocated for services. Subcontractor agrees that any delay in receiving tax levy funds may delay payment until funds are received.
9. Provide an annual report to CBASBDI that includes:
	* An amended budget comparing the estimates to the actuals, with receipts.

The Respondent shall be solely responsible for the appropriate and necessary management, and supervision of all its employees, including but not limited to providing adequate uniforms and equipment needed to continuously meet and perform contract requirements. All equipment utilized by the Respondent in the execution of the agreement shall be maintained by the Respondent. In addition, the Respondent shall administer all cost accounting and billing relative to this contract. Respondent shall provide a 24-hour emergency phone number and name of contact person to CBASBDI.

***Special Service Area #51 Boundaries and Communities***

Communities

* Chatham/Cottage Grove

Boundaries

## Reporting Requirements

1. The Respondent is to report to the SSA Commissioners and CBASBDI, and will cooperate and confer as necessary to ensure work completed is satisfactory. All reports, estimates, memoranda and documents submitted by the successful Respondent must be dated and bear the successful Respondent’s name. All reports made in connection with these services are subject to review and final approval by the SSA Commissioners and CBASBDI. SSA Commissioners and CBASBDI may review and inspect the Respondent’s activities during the term of this contract. When applicable, the successful Respondent shall submit written reports to CBASBDI. After reasonable notice to the successful Respondent, CBASBDI may review any of the successful Respondent’s internal records, reports or insurance policies

## Additional Requirements

This proposal will comply with all codes, standards, regulations, and workers' safety rules that are administered by federal, state and city agencies (HUD, EPA, OSHA, DNR, DCH, and DOT) and any other local regulations and standards (i.e. local ordinance and building codes) that may apply.

This contract is binding with CBASBDI and the successful Respondent, their successors and assigns. Neither CBASBDI nor the successful Respondent will assign or transfer its interest in this contract without written consent of the other. Changes mutually agreed upon by CBASBDI and the successful Respondent will be incorporated into this contract by written amendments signed by both parties.

Termination shall be without cause. Either party may terminate the contract by giving forty-five (45) day written notice to the other party.

The successful Respondent is responsible for all applicable state and federal social security benefits and unemployment taxes and agrees to indemnify and protect CBASBDI against such liability.

# **EVALUATION CRITERIA**

In evaluating responses to this RFP, CBASBDI will take into consideration the experience, capacity, and costs that are being proposed by the Respondent. Respondents will also be evaluated based on their familiarity with the area, including knowledge of and experience working with the City of Chicago via its designated LSPs.

Additional consideration will be awarded to respondents for competitive pricing and innovative practices which include but are not limited to:

* Community hiring
* Engaging community stakeholders
* Building effective community partnerships and collaborations
* Utilizing local suppliers and retailers
* Sustainability/Green practices
* Experience in meeting MBE/WBE/DBE and BEPD certifications
* Effective scheduling and budget management throughout the Holiday Decoration contract. In evaluating responses to this RFP, CBASBDI will take into consideration the experience, capacity, and costs that are being proposed by the Respondent. The following Evaluation Criteria will be considered in reviewing submittals:

# **SUBMITTAL REQUIREMENTS**

RFP responses must be submitted both via hard copy and a scanned e-mail copy sent to jasonswan@cbaworks.org. Hard copies should be mailed to the address listed on page 6 of this RFP. Each respondent shall submit one (1) original and five (5) copies of the following documents in a clear, legible, 12-point font on a 8.5 by 11-inch paper format. Responses not submitted both via hard copy and e-mail will not be considered. Respondents are advised to adhere to the Submittal Requirements. Failure to comply with the instructions of this RFP will be cause for rejection of proposal submittal.

CBASBDI reserves the right to seek additional information to clarify responses to this RFP.

Each response must include the following:

## Letter of Interest

Please submit a Cover Letter of Interest signed by a duly, authorized officer or representative of the Respondent, not to exceed two pages in length. The Letter of Interest must also include the following information:

1. The principal place of business and the contact person, title, telephone/fax numbers and email address.
2. A brief summary of the qualifications of the Respondent and team.
3. Description of the organization (i.e. Corporation, Limited Liability Company, or Joint Venture).
4. The names and business addresses of all Principals of the Respondent. For purposes of this RFP “Principals” shall mean persons possessing an ownership interest in the Respondent.
5. If the Respondent is a partially-owned or fully-owned subsidiary of another organization, identify the parent organization and describe the nature and extent of the parent organization’s approval rights, if any, over the activities of the Respondent.
6. The Certification Form attached at the end of this RFP and incorporated herein by reference must be signed by Respondent and attached to the Letter of Interest.

## Threshold Requirements

These documents must be submitted and acceptable before CBASBDI will review the Experience and Capacity proposal:

1. Certificate of Good Standing (Corporation or Limited Liability Company) or Certificate of Existence (Sole Proprietorship): As issued by the Illinois Secretary of State (If Respondent is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
2. Evidence of Insurance:
	* + Commercial General Liability (Primary and Umbrella) with limits not less than $1,000,000 per occurrence for bodily injury, personal injury, and property damage
		+ Workers Compensation and Employers Liability with limits not less than $500,000 each accident, illness and/or disease
		+ Automobile Liability (Primary and Umbrella) with limits not less than $1,000,000 per occurrence for bodily injury and property damage.
		+ Professional Liability covering acts, errors, or omissions must be maintained with limits not less than $1,000,000.

The Special Service Area Commission, City of Chicago, and Chatham Business Association Small Business Development Inc. are to be named as additional insured on a primary, non-contributory basis for any liability arising directly or indirectly for work/services.

1. Evidence of Financial Stability: All Respondents shall include three (3) most recent financial statements or corporate tax returns. This information will assist the Chamber in determining the Respondent’s financial condition and ensure that the proposer has the financial stability and wherewithal to assure good faith performance.
2. Three (3) references of related projects, including date of project, contact person and phone number, and a brief description of the scope of services.
3. Conflict of Interest Statement & Supporting Documentation: Respondent shall disclose any professional or personal financial interests that may be a conflict of interest in representing the SSA and CBASBDI. In addition, all Respondents shall further disclose arrangement to derive additional compensation from various investment and reinvestment products, including financial contracts.

## Main Proposal

Please provide the following information:

1. Years of experience and detailed qualifications in performing the range of requested services on various areas.
2. Include a staffing plan indicating the number of employees, job titles, responsibilities for the contract work, tasks, full/part time employment status, and the number of hours per week they would be assigned to perform the work.
3. Narrative examples of three (3) projects that are similar in nature to projects described in this RFP.
4. If you engage independent contractors, how many do you intend to hire? List the areas that will be subcontracted. Do you intend to cover them with worker’s compensation? *(All independent contractors will be required to have worker’s compensation coverage, which will be the responsibility of the Respondent.)*
5. Pricing proposal should include the hourly and/or unit rates for different categories of work. List the new cost to the Chamber. New cost to the Chamber should include all labor and materials needed to complete the scope of services. Labor should include payments of prevailing wage rates as determined by the Department of Labor. The Respondent should sign a fixed price contract to include all work and services as identified in the scope of services.
6. State MBE/WBE/DBE and BEPD certifications, if any. If so, please provide a copy of a current MBE/WBE/DBE and BEPD certification letter(s).

# **SELECTION PROCESS**

The Selection Committee, comprised of the SSA Commissioners and CBASBDI staff, will review qualifications in accordance with the evaluation criteria set forth herein and the SSA objectives and policies. Proposals that are submitted timely and comply with the mandatory requirements of this RFP will be evaluated in accordance with the terms of this RFP. The contract resulting from this RFP may not necessarily be awarded to the vendor with the lowest price. Instead, the contract shall be awarded to the vendor whose proposal received the most points in accordance with criteria set forth in the RFP.

# **QUESTIONS**

Questions regarding this RFP should be submitted via email to **jasonswan@cbaworks.org** with “RFP for Holiday Decorations Questions” in the subject line. Other inquires will not be accepted.

# **SUBMITTAL DUE DATE**

Responses to this RFP are due by 12:00 p.m. on July 1, 2024. Responses to this RFP must be e-mailed to: Jason Swan at **jasonswan@cbaworks.org.** Each Respondent is responsible for labeling the exterior of the sealed envelope containing the proposal response with the proposal number, proposal name, proposal due date and time, and LSP’s name. Hard copies must be delivered to:

Chatham Business Association, SBDI

800 E. 78th Street

Chicago, IL 60619

ATTN: Jason Swan

SSA #51 Program Manager

#

# **CERTIFICATION FORM**

THIS PAGE MUST BE COMPLETED AND INCLUDED WITH THE SUBMITTAL CERTIFICATION

The undersigned hereby certifies, on behalf of the Respondent named in this Certification that the information provided in this RFP submittal to CBASBDI is accurate and complete, and I am duly authorized for its submittal. I hereby certify that the Respondent has reviewed this RFP in its entirety and accepts its terms and conditions.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name of Respondent)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Typed Name of Authorized Representative)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Title)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Date)

# **RFP SUBMITTAL REQUIREMENTS CHECKLIST**

Please provide Checklist with response to RFP

* Cover Letter of Interest
* Certification
* Certificate of Good Standing (Corporation) or Certificate of Existence (Limited Liability Company) issued by the Illinois Secretary of State (If Respondent is a joint venture, a Certificate of Good Standing or Certificate of Existence, as applicable, must be submitted for each entity comprising the joint venture.)
* Evidence of Insurance
* State License and/or Certification
* Evidence of Financial Stability
* Proof of Valid City of Chicago Business License
* References
* Conflict of Interest Statement & Supporting Documentation
* Description of Company
* Capacity of Company
* Pricing Proposal
* MBE/WBE/DBE and BEPD certifications, if applicable
* RFP Submittal Requirements Checklist

# **APPENDIX A: CONFLICT OF INTEREST STATEMENT**

#### [Respondent] Conflict of Interest Statement

The owner(s), corporate member(s) or employee(s) of [Respondent], shall not derive any personal profit or gain, directly or indirectly, by reason of his or her participation with CBASBDI. Each individual shall disclose to CBASBDI any personal interest or direct relationship which he or she may have and shall refrain from participation in any decision making in related manners.

Any owner, corporate member or employee of [Respondent] who is an officer, board member, committee member or staff member of a related organization shall identify his or her affiliation with such agency or agencies; further, in connection with any policy committee or board action specifically associated with CBASBDI, he/she shall not participate in the decision affecting that entity and the decision must be made and/or ratified by the full board.

At this time, I am a Board member, a committee member, or an employee of the following organizations/companies:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This is to certify that I, except as described below, am not now nor at any time during the past year have been:

1) A participant, directly or indirectly, in any arrangement, agreement, investment, or other activity with any vendor, supplier, or other party doing business with CBASBDI which has resulted or could result in personal benefit to me.

2) A recipient, directly or indirectly, of any salary payments or loans or gifts of any kind or any free service, discounts or other fees from or on behalf of any person or organization engaged in any transaction with CBASBDI.

Any exceptions to 1 or 2 above are stated below with a full description of the transactions and of the interest, whether direct or indirect, which I have (or have had during the past year) in the persons or organizations having transactions with CBASBDI.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Respondent:**

**Address:**

**Telephone:**

