



THE COMMUNITY AND ECONOMIC DEVELOPMENT
ASSOCIATION OF COOK COUNTY, INC

Request for Qualifications
Specification No. RFQ0242025
for
Energy Utility Bill Assistance Programs and Home Weatherization
PARTNER INTAKE SITES

Submittals from minority, women, and disadvantaged business enterprises are encouraged.

Late responses will not be accepted, no exceptions.

Questions

Questions are due by Friday, March 14, 2025 by 3:00 PM and should be sent to Procurement@cedaorg.net.

Submissions are due by Monday, April 7, 2025 by 3:00 PM

CEDA will accept electronic copies of the submittals however, if your submittal is too large to send electronically it is your responsibility to get it turned in by the submittal date. Electronic submissions should be sent to procurement_submission@cedaorg.net.

Pre-Proposal Meeting

There will be a Virtual Pre-Proposal Meeting on Tuesday, March 11, 2025, at 11:00 AM. CEDA will host the meeting via Microsoft Teams. Attendance is strongly encouraged. Email Procurement@cedaorg.net to obtain the link.

RFQ SUBMISSION CHECKLIST

Proposals submitted by Providers must contain the forms and items listed in order to be considered for a contract award. Please ensure that you have completed the forms and indicate such by placing an "X" next to each completed item: ***The following listed documents are required in the RFQ and must be fully completed and included:***

1. _____ Cover Letter
2. _____ Signed Acknowledgement
3. _____ Exhibit A Certificate of Insurance listing insurance currently maintained by the Provider
4. _____ Exhibit B The Providers Affidavit
5. _____ Exhibit C Certification of Anti-Lobbying
6. _____ Exhibit D Qualifications
7. _____ Exhibit D.1 Certification Regarding Facility, Technology, and Equipment
8. _____ Exhibit D.2 Certification Regarding No Direct or Indirect Charging Providers or Customers for LIHEAP, Fuel Funds or IHWAP Service
9. _____ Exhibit D.3 Certification Regarding Conflict-Of-Interest and Non-Disclosure of Customer Information
10. _____ Exhibit D.4 ADA Compliance
11. _____ Exhibit E Implementation Plan
12. _____ Federal 501(c)3 IRS Letter (if applicable). Proof that you are a community or faith based non-Profit organization or a local municipality or township
13. _____ A completed Internal Revenue Service W-9 form
14. _____ State of Illinois Certificate of Good Standing from the Illinois Secretary of State
15. _____ Organization Board of Directors or Governance list
16. _____ A brief statement describing the Provider's mission and role in the community
17. _____ Staff resumes or brief bios
18. _____ Three (3) current (not more than 1 year) letters of support from Customers, and/or community agencies with whom the provider has a linkage agreement, or other community partner.
19. _____ SAMS Cage Code Number

20. _____ Hours of Operation

SECTION 1 - INTRODUCTION

The Community and Economic Development Association of Cook County Inc. (CEDA) is one of the largest private not-for-profit community action agencies in the country. Our mission is empowering individuals, families, and communities experiencing or facing poverty to secure a better quality of life.

CEDA serves over 175,000 Cook County households annually, providing a range of assistance programs, including Women, Infants, and Children (WIC), Family Support and Community Engagement (FsACE), Low Income Home Energy Assistance (LIHEAP), Housing Services, and Home Weatherization.

We seek Partner Intake Sites to assist with application intake for the Energy Services and Weatherization Departments. The programs associated with these departments include:

Low Income Home Energy Assistance Program (LIHEAP) assists income-constrained households by offsetting the rising electric and home heating costs through direct financial utility bill assistance and heating system repair/replacement. There are multiple benefit options under **LIHEAP**:

- **PIPP (Percentage of Income Payment Plan)** Energy assistance benefits in the form of a monthly payment made directly to the applicable utility vendor(s) on behalf of the income-eligible household. The household is also responsible for making required on-time monthly payments towards their utility account(s) to receive the monthly PIPP benefit.
- **Cash Assistance** A one-time cash payment made directly to the eligible household.
- **DVP (Direct Vendor Payment)** Utility bill assistance benefit in the form of a one-time payment made directly to the applicable utility vendor(s), including delivered fuel vendor, on behalf of the eligible household.
- **RA (Reconnection Assistance)** Expedited utility bill assistance, in the form of a one-time payment made directly to the applicable utility vendor(s) or delivered fuel vendor, for eligible households that are disconnected or are in imminent threat of disconnection from one or both utilities.
- **Furnace Assistance** Provides repair or replacement of an existing heating system that is in disrepair or inoperable for eligible dwelling types.
- **Summer Cooling** Energy assistance benefits in the form of a one-time payment made directly to ComEd on behalf of the eligible household.

Utility Billing Relief Program (UBR) is a City of Chicago program that reduces an eligible utility customer's water rate, sewer rate, and water-sewer tax by approximately 50%. UBR enrollees are eligible to have past due balances forgiven. While enrolled, enrollees will be protected from collections and additional fees on the balance.

Peoples Gas Share the Warmth provides heating grants to limited and fixed-income customers. Eligible applicants can receive a grant of up to \$200 on their past due bill.

In addition to utility bill assistance, CEDA administers the **Illinois Home Weatherization Assistance Program (IHWAP)**. IHWAP, or Home Weatherization, is available to qualifying low-income homeowners and renters in Chicago and suburban Cook County.

Weatherization is a year-round program using state-of-the-art technology to make homes more energy efficient. It provides health and safety equipment, repairs or replaces heating systems, seals air bypasses, and other drafty areas, and increases attic, wall, and basement insulation. These measures will help homeowners save energy while keeping their homes warmer in winter and cooler in summer.

SECTION 2 - SCOPE OF SERVICE

CEDA envisions supportive and resilient communities where individuals and families are healthy, economically secure, and can thrive. We are looking to partner with community-based organizations, faith-based organizations, villages, townships, municipalities, and other not-for-profit entities that share the same vision as CEDA.

The selected organizations will be considered Partner Intake Sites and provide intake services to Cook County residents for CEDA's utility assistance and Weatherization programs.

Partner Intake Sites must commit to gaining a clear understanding of the program offerings, including their purpose and benefits. They will be responsible for conducting outreach to ensure the community is aware of available programs and how to apply at their respective locations. Partner Intake Sites will also determine a household's eligibility for assistance and complete the intake process for all available programs.

By partnering with CEDA, your organization will play a critical role in connecting Cook County residents with essential resources and support.

2.1 Responsibilities

Selected Partner Intake Sites must provide the following services:

Provide energy counseling to help customers understand energy efficiency, utility bill assistance programs, and Weatherization services. Determine eligibility and complete the intake process for all utility bill assistance programs and Weatherization, including any new programs introduced during the contract term.

Determining eligibility includes, but is not limited to:

- A. Reviewing documents to assess household eligibility for utility bill assistance programs and Weatherization.
- B. Completing and uploading all necessary forms required for processing utility bill assistance program and IHWAP applications.
- C. Perform direct data entry and uploads into required databases, including but not limited to the Single Tracking and Reporting System (STARS), LIHEAP.net, and IWX (Weatherization).
- D. Conduct program outreach and education to inform residents about utility bill assistance programs and Weatherization.

2.2 Locations and Time Frame

Selected Partner Intake Sites must:

- Be able to conduct program intake for 40 hours per week. If operating for fewer than 40 hours per week, this must be disclosed in the RFQ response.
- Offer intake hours that include weekends and/or evenings. If unable to provide weekend and/or evening intake hours, this must be disclosed in the RFQ response.
- Be located within ½ mile of public transportation (CTA, Metra, or Pace), preferable, and provide free parking lot and/or free street parking.

2.3 Partner Site Qualifications

The selected Partner Intake Site **MUST**:

1. Be a 501(C)3 entity or a local municipality, village, or township.
2. Provide and maintain minimum insurance requirements, as shown in Exhibit A.
3. Have a minimum of two (2) years of experience operating a utility assistance and/or weatherization program or other types of programs that assist low-income residents.
4. Provide the organization's Board of Directors or Governance list, including the tenure and terms of office.
5. Operate in a non-residential location.
6. Ensure all locations comply with the Americans with Disabilities Act (ADA), with clear and visible signage posted.
7. Maintain a facility that is free of building code violations and that is clean, smoke-free, and organized.
8. Operate in a space with a fully functional HVAC system for year-round climate control. Space heaters and fans cannot be the sole sources of heating or cooling.
9. Implement a process for accepting customer applications via phone.
10. Offer a space that ensures customer privacy during individual intake sessions.
11. Have lockable file cabinets or a designated secure room with file cabinets to protect customer information and files,
12. Have an active business email account. Personal email accounts **cannot** be used.
13. Have the following equipment, software/applications, and technology:
 - a. Hardwired or wireless active broadband Internet access (DSL, Cable, 4G, 5G) with at least Internet Explorer 11.
 - b. Must have at least two (2) operating computers with Windows 10, or above, operating system.
 - c. Latest version Adobe Reader DC
 - d. Microsoft Office 365 or above.
 - e. Working telephone with active voice mail service
 - f. Printer, copier, and scanner
14. The ability to scan and upload documents using devices such as scanner, or work issued cell phone.
15. Provide a response to Implementation Plan Questions.
16. Hire competent staff, interns, or volunteers to administer the utility assistance and Weatherization programs at approved location(s).

17. CEDA strongly recommends that all staff and volunteers who will participate in the intake process for the utility bill assistance and Weatherization programs:
 - a. Submit to a criminal background check. The Partner Intake Site is solely responsible for the cost of the background checks and determination of employability.
 - b. Have experience conducting intake interviews, determining eligibility, as well as the ability to provide related counseling and referral services.
 - c. Have strong computer skills, including, but not limited to, using databases to collect and enter customer data, uploading and retrieving information, proficiently using MS Excel and Word, and using email and internet navigation.
18. All staff and volunteers that will participate in the intake process for the utility bill assistance and Weatherization programs **MUST**:
 - a. Attend all mandatory program training provided by CEDA, funders, and/or its affiliates.
 - b. Become certified as an Energy Services Technician to conduct application intake on behalf of the Utility Assistance Programs and Weatherization services.
 - c. The
 - d. Offer **ALL** utility bill assistance programs and Weatherization assistance to customers.

SECTION 3 - EVALUATION PROCESS

3.1 Responsiveness Review

CEDA will evaluate all proposals to ensure they meet the required submission criteria and are fully responsive to the outlined requirements.

3.2 Acceptance of Proposals

CEDA reserves the right to reject any or all Proposals or any part thereof, to waive informalities, and to accept the Proposal deemed most favorable to CEDA.

3.3 Evaluation Process

Proposals will be scored on a one hundred (100) point scale by an evaluation committee. The committee will evaluate all responsive proposals in accordance with the evaluation criteria detailed below.

This evaluation process may result in a short-list of proposals. The evaluation committee, at its option, may request that all or short-listed Providers make a presentation, offer customer testimonials or references, submit clarifications, or schedule a site visit of their premises (as appropriate).

3.4 Contract Award

The contract period for Partner Intake Sites runs through June 30, 2026. CEDA intends to award a one (1) year contract with up to two (2) optional one (1) year renewal periods to be exercised at the mutual agreement of CEDA and the Provider. All awards are contingent on the availability of funds for these programs.

A contract will be awarded to the Provider whose proposal, in the sole judgment of CEDA most thoroughly meets the qualifications outlined in this document. CEDA reserves the right to review all proposals submitted for a maximum period of thirty (30) days after the date of submission, and by submitting a proposal, the Provider agrees that the amount specified in the proposal shall remain in full force and effect for the thirty (30) day period. The Provider shall not modify,

withdraw, or cancel its proposal or any part thereof for sixty (60) days after the date of submission.

The selected proposal(s) must enter into an Agreement with CEDA within fifteen (15) days following its notification of selection. CEDA, in its sole discretion, may extend the period up to a maximum 3-day period. CEDA may replace the selected proposal with a replacement if the selected Provider does not sign the Agreement with CEDA by the end of the 15th day or extended period.

3.5 Selection Process

Upon review of all information provided by the shortlisted Provider, the evaluation committee will make a recommendation for selection to the Procurement Manager for concurrence and submission to the CEDA Board of Directors. CEDA reserves the right to check references on any projects performed by the Provider whether provided by the Provider or known by CEDA. CEDA intends to select a proposal(s) that best meets the needs of CEDA and provides the best overall value.

3.6 Evaluation Criteria

The respondent must be compliant with all the submission requirements of the RFQ.

3.6.1 Responsiveness of Proposal. Proposal has met **ALL** the material submission requirements (ex. all exhibits, insurance, etc.). Missing documents may result in being non-responsive.

EVALUATION CRITERIA	POINTS
Qualifications (New & Returning) <ul style="list-style-type: none"> • Does the Provider have the structural capacity, experience, and proven approach in the not-for-profit sector to deliver the highest level of services CEDA needs? This includes having leadership staff that possess the experience and qualifications required to oversee a successful utility assistance and Weatherization intake site. 	35
Implementation Plan (New) <ul style="list-style-type: none"> • Does the Implementation Plan response illustrate the Provider's ability to implement a strategic rollout of a new program that includes staff training, conducting outreach, performing intake, and an internal QA process? Continuous Improvement (Returning) <ul style="list-style-type: none"> • Does the Implementation Plan response illustrate the Provider's ability to perform outreach, adhere to compliance requirements, and provide an exceptional customer experience? 	25
Intake Plan & Operating Hours (New & Returning) <ul style="list-style-type: none"> • Does the Provider illustrate how they will provide in-person and remote intake? • Can the Provider conduct intake 40 hours per week? 	20

<ul style="list-style-type: none"> Will the operating hours include evening and/or evening hours? 	
Other Resources (New & Returning) <ul style="list-style-type: none"> Does the organization provide programs that enhance or complement utility assistance and Weatherization services? 	15
References (New & Returning) <ul style="list-style-type: none"> Reference should include all of the below. <ul style="list-style-type: none"> References are based within the community/demographic the organization currently serves. References illustrate how the organization has helped the community. If the reference is a former customer, the timeframe of when the service(s) were provided must be included. The reference letters must be dated within one year of submission date. 	5
TOTAL POINTS	100

SECTION 4 - SUBMISSION INSTRUCTIONS and REQUIREMENTS

4.1 Pre-Proposal Meeting

A Pre-Proposal Webinar will be held on Tuesday, March 11, 2025 at 11:00AM Central Standard Time. If you would like to join the meeting, please email Procurement@cedaorg.net for the link.

4.2 Time for Submission

Proposals shall be submitted no later than the date and time indicated for submission in this RFQ. Late submittals will not be considered, with no exceptions.

4.2.1 Format

Proposals not containing the following submittal requirements may be deemed non-responsive to this RFQ.

Providers shall present their proposals which, if accepted by CEDA in its entirety, shall be binding between the parties. Each Provider is encouraged to organize their submittal in such a way as to follow the submittal requirements listed herein.

4.2.2 Complete Submission

Providers are advised to carefully review all the requirements and submit all documents and information as indicated in this RFQ. Incomplete proposals may lead to a proposal being deemed nonresponsive.

4.2.3 Timely Delivery of Proposals

The proposal must be received by the submittal date that is listed in this RFQ. If using an express delivery service, the package must be delivered to the designated building. **Providers are responsible for the on-time delivery no matter the method.**

4.2.4 Late Proposals

The Provider remains responsible for ensuring that its proposal is received at the time, date, place, and office specified. CEDA assumes no responsibility for any Proposal not so received, regardless of whether the delay is caused by the U.S. Postal Service, CEDA Postal Delivery System, package delivery company (ex. UPS) or some other act or circumstance.

4.3 Questions

Providers should submit questions to Shawnee Little via email at slittle@cedaorg.net. Questions will be accepted until March 14, 2025 by 3:00pm. Oral interpretations of this RFQ are not binding.

4.4 Ambiguities, Conflicts, or Other Discrepancies in the RFQ

If a Provider perceives any ambiguity, conflict, discrepancy, omission, or other uncertainty in the Request for Qualifications, they shall immediately notify the Department of Procurement of such uncertainty in writing and request clarification of the perceived uncertainty. Procurement will make all clarifications known by issuing a written notice to all parties who have received this RFQ from the Department of Procurement. The Provider is responsible for fully understanding any perceived ambiguity, conflict, discrepancy, omission, or other uncertainty in the Request for Proposals prior to submittal of the proposal.

4.5 Submission Requirements

Providers' proposal must contain the following:

4.5.1 Cover Letter

The cover letter shall be signed by an authorized representative of the Provider. The letter shall indicate the Providers commitment to provide the services proposed at the price and schedule proposed. This letter should be on the organization's letterhead.

4.5.2 A 501(c)3 IRS Letter

Able to show that you are a community or faith based non-profit organization or a local municipality or township.

4.5.3 Qualifications

Does the Provider have the structural capacity, experience and proven approach in the not-for profit sector to deliver the highest level of services CEDA needs? See Exhibit D.

4.5.4 Implementation Plan

The implementation plan questions must be completed and submitted with this proposal. See Exhibit E.

4.5.5 Board of Directors or Governance Body

Provide a listing of the organization's Board of Directors or governance body. Provide Board approval or public resolution of approval to operate as a Partner Intake Site if proposal accepted by CEDA.

4.5.6 Mission Statement

A brief statement describing the Provider's mission and role in the community. Also, include other services that they the Provider provides.

4.5.7 Key Personnel

Provide a resume or bio for each of the key personnel that would be assigned to this project. Identify their specialized experience and professional qualifications as it relates to serving a nonprofit organization such as CEDA.

4.5.8 Letters of Support

Three (3) **current**, within one (1) year, letters of support from customers and/or community agencies with whom the Provider has a linkage agreement or other community partner. Letters of support must be legible, dated, and signed with contact information.

4.5.9 Answers to questions and submittals in Exhibit D which include:

- i. Listing of business equipment available by the Provider, ex. number of computers, copiers, fax machines, etc. (Include make and model) refer to Section 2.3 regarding equipment requirements.

4.5.10 Fully Executed Exhibits to this RFQ

Exhibits A-E

4.5.11 Rate Acknowledgement

Signed rate acknowledgment.

4.5.12 Certificate of Good Standing

This is from the Illinois Secretary of State; please refer to the following website: www.ilsos.gov

4.5.13 Legal Actions

Providers shall include a detailed description of any legal disputes they currently are involved in, as well as, a complete list of any lawsuits, judgments occurring within the last five (5) years, and all current liens pending, if applicable.

4.5.14 System for Award Management (SAM)

Provide a SAM number. For information on how to obtain a SAM number for your organization, please refer to the following website: www.sam.gov

4.5.15 Insurance

Provide proof of **current** liability insurance coverage.

4.5.16 W-9

A completed Internal Revenue Service W-9 form

4.5.17 Hours of Operation

Include hours of operation. Refer to Section 2.2.

4.6 Verification and Interviews

CEDA reserves the right to interview and inspect the proposed sites of all Providers. Providers agree to participate in any subsequent meetings or presentations requested by CEDA in the evaluation of this proposal. CEDA staff, prior to contract award, will verify information provided by the Provider regarding the facility, technology, equipment, and staffing. Verification will take place in the following manner:

- A) Once the submittal documents are reviewed, CEDA will contact all organizations via email informing them of their progress for consideration.
- B) Within four (4) weeks of the notification email, CEDA staff will do a site inspection of the Providers main site and any satellite sites listed.
- C) Upon completion of the equipment/technology verification and evaluation process, selected organizations will be contacted via an award letter and email.

SECTION 5 - PAYMENT TERMS

The rates listed below are for the provision of the following services:

5.1 LIHEAP

Organization agrees to accept the following rate plan:

\$18.00 per **DVP** application that successfully receives a LIHEAP grant

\$18.00 per **PIPP** application that is successfully enrolled in S.T.A.R.S

\$5.00 per **FURNACE** application approved for furnace assistance

\$8.00 per **Summer Cooling** application that successfully receives a LIHEAP grant

5.2 UBR

Organization agrees to accept the following rate plan:

\$12 per **UBR** application that is successfully enrolled

5.3 Peoples Gas Share the Warmth

Organization agrees to accept the following rate plan:

\$5 per **Peoples Gas Share the Warmth** application where a grant is applied by the utility company.

5.4 IHWAP (Weatherization) – Includes IHWAP and IHWAP/Furnace combination applications

Organization agrees to accept the following rate plan:

\$25.00 per “CEDA approved” **IHWAP** application.

5.5 Timing of Payments for Utility Assistance Program Applications

Final approval for individual applications takes place at CEDA’s Central Office. The Processing Unit can take up to thirty (30) days to initially process an application once received. Approval of each application is not guaranteed. It shall be determined based on the quality of the intake and documents submitted and will be subject to the availability of funding and a confirmation of approval by the utilities. Once the issuance of a grant has been confirmed, the invoicing process for payment to the site will occur the ensuing calendar month. **Payment for even perfect applications can, therefore, take up to ninety (90) days from the initial date of intake.**

5.7 Timing of Payments for IHWAP Applications

Payments are made for applications that were approved in the previous month. For example, in the month of August, payments will be made for applications that were approved in the month of July. Payments are usually made on or before the 20th of the month.

SECTION 6 GENERAL CONDITIONS

6.1 Insurance Requirements and Indemnification

Proposal must be accompanied by written evidence of the type and amount of insurance maintained by Provider. The Provider shall indemnify, keep and hold harmless its agents, officials, and employees, against all injuries, deaths, loss, damages, claims, patent claims, suits, liabilities, judgments, costs and expenses, which may in anyway accrue against CEDA in consequence of the granting of this contract, or which may in anyway result there from, whether or not it shall be alleged or determined that the act was caused through negligence or omission by the Provider or his employees, of a sub-Provider of his employees, if any, or of CEDA or its employees. The Provider shall, at his own expense, appear, defend and pay all charges of attorneys and costs and other expenses arising there from or incurred in connection therewith, and if any judgment shall be rendered against CEDA in any such action, the Provider shall, at his own expenses, satisfy and discharge them. The Provider expressly understands and agrees that any performance bond or insurance protection required by this contract, or otherwise provided by Provider, shall in no way limit the responsibility to indemnify, keep and hold harmless and defend the CEDA as herein provided.

6.2 Investigations Prior to Proposal Award

CEDA may make such investigations as are deemed necessary to determine the ability of the Provider to perform the work. The Provider shall furnish all such information and data for this purpose as CEDA may request. CEDA reserves the right to reject any proposal if the evidence submitted by, or investigation of such Provider, fails to satisfy it that such Provider is properly qualified to carry out the obligations of the contract.

6.3 Conflict of Interest

No member of the Board of Directors, officer, employee or agent of CEDA who exercises any functions or responsibilities in connection with the carrying out of the project will have any personal or financial interest, direct or indirect, in the AGREEMENT.

The Provider represents that they presently have no interest and will not acquire any interest, direct or indirect, in the project to which this AGREEMENT pertains which would conflict in any manner or degree with the performance of their work hereunder. The Provider covenants that in their performance of the AGREEMENT, no person having any such interest shall be employed.

To the best of our knowledge, the undersigned company has no potential conflict of interest due to any other Customers, contracts, nepotism or property interest for this project.

OR

The undersigned company, by attachment to this form, submits information which may be a potential conflict of interest due to other Customers, contracts, nepotism or property interest for this project.

Failure to check the appropriate blocks above and failure to provide documentation of a possible conflict of interest may result in termination of the AGREEMENT.

6.4 Cost/Ownership of Proposals

CEDA owns all Proposals. Proposals will not be returned to Providers. CEDA shall not be responsible for expenses incurred in preparing and submitting the Proposal. Such costs shall not be included in the Proposal.

6.5 Confidentiality

The Provider agrees to keep the information related to all contracts in strict confidence. The Provider agrees not to publish, reproduce or otherwise divulge such information in whole or in

part, in any manner or form or authorize or permit other to do so, taking such reasonable measures as are necessary to restrict access to the information in the Provider possession, to those employees on the Provider staff who must have the information on a "need-to-know" basis. The Provider agrees to immediately notify, in writing, CEDA's authorized representative in the event the Provider determines or has reason to suspect a breach of this requirement.

SECTION 7 – ACKNOWLEDGEMENT OF RATES FOR LIHEAP, IHWAP, UBR, PGSTW & IHWAP

On behalf of _____ I submit this qualifications document to _____ (Organization Name) CEDA to provide outreach and intake for LIHEAP, LIHWAP, UBR, PG STW, IHWAP as described in this document and exhibits for reimbursement at:

LIHEAP

Organization agrees to accept the following rate plan:
\$18.00 per **DVP** application that successfully receives a LIHEAP grant
\$18.00 per **PIPP** application that is successfully enrolled in S.T.A.R.S
\$5.00 per **FURNACE** application approved for furnace assistance
\$8.00 per **Summer Cooling** application that successfully receives a LIHEAP grant

UBR

Organization agrees to accept the following rate plan:
\$12 per **UBR** application that is successfully enrolled

Peoples Gas Share the Warmth (PGSTW)

Organization agrees to accept the following rate plan:
\$5 per **Peoples Gas Share the Warmth** application where a grant is applied by the utility company.

IHWAP

\$25.00 per "CEDA approved" **IHWAP** application.

Signature of President or Authorized Officer

Title

Date

For questions regarding this response, please contact:

Name

Title

Telephone Number

Email Address

Mailing Address, City, State, Zip Code

**EXHIBIT A
INSURANCE REQUIREMENTS**

Providers must meet the CEDA standards and maintain at a minimum the types and amounts of insurance coverage set forth below and must provide CEDA with the certificates evidencing such coverage. CEDA reserves the right to ask for higher levels of coverage.

CEDA must be named as additional insured on all coverages noted above. Providers' policies must include Primary and Noncontributory status in favor of CEDA. Provider must name the following as additional insured on all certificates of insurance:

CEDA, its board members, officers, employees, agents, and consultants

All insurance companies must be rated A-VIII or better by the A. M. Best Company.

Provider's assumption of liability is independent from, and not limited in any manner by, the Provider's insurance coverage obtained pursuant to this proposal, or otherwise. All amounts owed by Provider to CEDA as a result of the liability provisions of the Contract shall be paid on demand.



CERTIFICATE OF LIABILITY INSURANCE

COMMU53 OP ID: 5R

DATE (MM/DD/YYYY)
04/08/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

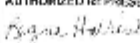
PRODUCER <p style="text-align: center; font-size: 24px;">SAMPLE CERTIFICATE</p>	CONTACT NAME: Insurer Contact PHONE (A/C, No, Ext): _____ FAX (A/C, No): _____ E-MAIL ADDRESS: _____ ADDRESS: _____	
	INSURER(S) AFFORDING COVERAGE INSURER A: A-VIII OR BETTER CARRIER INSURER B: _____ INSURER C: _____ INSURER D: _____ INSURER E: _____ INSURER F: _____	
INSURED: Named Insured Insured Address		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDRESS (INSR, W/O)	POLICY NUMBER	POLICY EFF. DATE (MM/DD/YYYY)	POLICY EXP. DATE (MM/DD/YYYY)	UNITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS MADE <input checked="" type="checkbox"/> OCCUR (LIMIT APPLICABLE LIMIT APPLIES PER POLICY) <input checked="" type="checkbox"/> PROTECT LOC		A-VIII OR BETTER CARRIER			EACH OCCURRENCE \$ 1,000,000 TRANSIT/RENTED PREMISES (E&O, auto, non-acc) \$ 100,000 MED EXP (Any one person) \$ 6,000 PERSONAL & AUTO INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> Hired Autos SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		A-VIII OR BETTER CARRIER			COMBINED SINGLE LIMIT (per accident) \$ 1,000,000 BODILY INJURY (per person) \$ BODILY INJURY (per accident) \$ PROPERTY DAMAGE (per accident) \$
	UMBRELLA LIAB EXCESS LIAB OCCUR CLAIMS MADE COV. RETENTIONS					EACH OCCURRENCE \$ AGGREGATE \$
B	WORKERS COMPENSATION AND EMPLOYERS LIABILITY ANY EMPLOYEE OR PART-TIME/EXECUTIVE (Mandatory in NH) (If not applicable under DESCRIPTION OF OPERATIONS below)	Y/N N/A	A-VIII OR BETTER CARRIER			<input checked="" type="checkbox"/> NO STAT J. (NORTH DAKOTA) E - EACH ACCIDENT \$ 500,000 F - DISEASE - EA EMPLOYEE \$ 500,000 G - DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 931, additional Remarks Schedule, if more space is required)
 CEDA, its board members, officers, employees, agents, and consultants are named as additional insured on a primary and noncontributory basis on all coverages. Waiver of subrogation in favor of CEDA on General Liability and Workers Compensation.

CERTIFICATE HOLDER CEDA 567 W Lake Street, Suite 1200 Chicago, IL 60661	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**EXHIBIT B
THE PROVIDER'S AFFIDAVIT**

The Provider Name

The Provider Address

The Provider Telephone Number

Instructions:

FOR USE WITH ALL CONTRACTS. Every The Provider submitting a bid/proposal to CEDA must complete this Affidavit. Please note that in the event the Provider is a joint venture, the joint venture and each of the joint venture partners must submit a separate and completed The Provider's Affidavit. In the event the Provider is unable to certify any of the statements contained herein, the Provider must contact CEDA and provide a detailed factual explanation of the circumstances leading to the Provider's inability to so certify.

I certify that I am authorized to execute this The Provider's Affidavit on behalf of the Provider set forth above, that I have personal knowledge of all the information set forth herein and that all statements, representations, information and documents provided in or with this Affidavit and attachments hereto are true and accurate.

The Provider may report any change in any of the facts stated in this Affidavit within fourteen (14) days of the effective date of such change by completing and submitting a new Affidavit.

Company Name

Signature of Authorized Officer

Name of Authorized Officer (Print or Type)

Title

All Providers shall provide the following information with their proposal. Complete all blanks by entering the requested information, or, if the question is not applicable, answer with "N/A". If the answer is other, please identify.

Company: _____

Parent Company: _____

Contact Name: _____

Primary Street Address:

1. Satellite Street Address:

2. Satellite Street Address:

Mailing Address [if different]:

Telephone (1): _____

Telephone (2): _____

Fax Number: _____

Website Address:

Employer's Federal ID No.: _____

SAMS Cage Code No.: _____

The Provider is a	<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Sole Proprietor
	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Not-For-Profit
	<input type="checkbox"/>	Joint Venture	<input type="checkbox"/>	LLC

Date Business Started:

Based on the selection above, complete the corresponding section below:

SECTION 1 - For Profit Corporations, Limited Liability Corporations, or Not-For-Profit Corporations

D) Incorporated in _____

E) Authorized to do business in the State of Illinois Yes No

F) Names of all officers and directors of corporation (or attach a list)

Name and Title

SECTION 2 - Partnership

If the Provider is a partnership, indicate the name of each partner or attach a list and the percentage of interest of each therein.

<i>Name of Partners Interest</i>	<i>Percentage of</i>
--------------------------------------	----------------------

_____	%
_____	%
_____	%
_____	%
_____	%

SECTION 3 - Sole Proprietorships

a. The Provider is a sole proprietor and is not acting in any representative capacity on behalf of any beneficiary:

[] Yes [] No *If "No," complete items b and c.*

b. If an agent(s) or a nominee holds the sole proprietorship, indicate the principle(s) for which the agent or nominee holds such interest. Please add names below.

c. If the interest of a spouse or any other party is constructively controlled by another person or legal entity, state the name and address of such person or entity possessing such control and the relationship under which such control is being or may be exercised:

SECTION 4 – Joint Venture

If the Provider is a joint venture, indicate the name of each partner or attach a list and the percentage of interest of each therein.

Name of Partners *Percentage of*
Interest

%

%

%

%

%

SECTION 5 - Certification Regarding Suspension and Disbarment

The Provider certifies to the best of its knowledge and belief, that it and its principles are not presently debarred, suspended, proposed for debarment, ineligible or voluntarily excluded from transactions by any Federal, State or local government the Provider and have not within a (3) year period preceding this proposal been convicted of or had a civil judgment rendered against them for the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or Local) transaction or contract under a public transaction, a violation of Federal or State antitrust statues, or the commission of embezzlement, theft forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property. Further, The Provider certifies it is not presently indicted for or otherwise criminally or civilly charged by a government entity (Federal, State or Local) with commission of any of the offenses enumerated in Section 2(a) above and have not within a (3) year period preceding this agreement had one or more public transactions (Federal, State or Local) terminated for cause or default.

SECTION 5 - Verification

Under penalty of perjury, I certify that I am authorized to execute this The Provider's Affidavit on behalf of the Provider set forth on this page, that I have personal knowledge of all the certifications made herein and that the same are true.

Signature of President or Authorized Officer

Title

Date

NOTARY PUBLIC

On this day, _____ personally appeared before me to me known to be the person(s) described in and who executed the within and foregoing instrument and acknowledged that he/she signed the same as his/her voluntary act and deed for the uses and purposes therein mentioned.

Witness my hand and official seal hereto affixed

This _____ day of _____, _____.

Notary Public in and for the State of _____, County of _____.

My commission expires _____.

Notary Signature _____

AFFIX NOTARY SEAL:

EXHIBIT C
CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an the Provider, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any the Provider, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any the Provider, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, ``Disclosure Form to Report Lobbying," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Authorized Officer Signature

Title

Organization

**EXHIBIT D
QUALIFICATIONS**

1. Which communities in Cook County does your organization serve, and how long have you been providing services to these communities?

2. Does your organization serve a specific demographic? If so, please describe the population you serve, including factors such as age group, ability level, community, or other relevant characteristics.

3. What languages can your organization directly assist customers in, without relying on a language interpretation service?

4. What are your organization's standard days and hours of operation?

5. List the current services and programs offered by your organization, along with a brief description of each. Please include a flyer, pamphlet, and/or a URL that provides additional information about your organization.

6. Does your organization charge a fee for any of its services or programs? Yes ___ No ___
If yes, please provide details, including the services/programs that require a fee and the associated costs.

7. List all leadership or executive staff who will be overseeing work under this contract and attach their resumes or a brief bio.

8. Who will be the primary contact person for this program? Please provide their name, title, work telephone number, and email address.

9. How many of your staff, both permanent and volunteer, will be dedicated to working on the Utility Assistance and IHWAP programs? Please indicate the number of staff and the percentage of their time that will be allocated to this contract.

10. Will any of your staff work from home? Yes ___ No ___ If yes, please attach your work-from-home policy and explain the measures in place to protect customers' personally identifiable information (PII).

11. List the number, make, and model of functioning business equipment that you have.

	<u>How Many</u>	<u>What Type(s)</u>
a. Computers	_____	_____
b. Laptops	_____	_____
c. Tablets	_____	_____
d. Fax Machines	_____	_____
e. Printers	_____	_____
f. Copiers	_____	_____
g. Scanners	_____	_____

12. List the software you currently use.

	<u>Name</u>	<u>Version</u>
a. Internet Browser	_____	_____
b. Operating System	_____	_____
c. Microsoft Office	_____	_____
d. Adobe Reader	_____	_____
e. Other Software	_____	_____
f. Other Software	_____	_____
g. Other Software	_____	_____

13. How and where will your customers' physical and digital files/documents be stored? Please describe the security measures in place to ensure confidentiality and data protection.

14. Is your location(s) compliant with the Americans with Disabilities Act (ADA)? Yes__ No_

15. Does your location(s) have visible signage indicating ADA compliance? Yes ___ No ___

16. Does your building have any building code violations? Yes ___ No ___.

If yes, attach a separate document listing the violations and describe your plan for addressing them.

17. Does your building have any health code violations? Yes ___ No ___

If yes, attach a separate document listing the violations and describe your plan for addressing them.

**EXHIBIT D.1
CERTIFICATION REGARDING FACILITY, TECHNOLOGY and EQUIPMENT**

I, _____, certify that
(Print Name)

_____ at
(Name of Organization)

(Location Address)

has the following facility, technology and equipment outlined in Section 2.3 of this RFQ in working condition and available for use.

- The Provider has the minimum Site facility requirements:
 - Organization must have at least one physical, non-residential location. The facility **must** be approved by CEDA **before** intake operations can begin.

- 19. The Provider has the minimum technology and equipment requirements to provide intake at physical location and remotely, if applicable. Have the following equipment, software/applications, and technology:
 - Hardwired or wireless active broadband Internet access (DSL, Cable, 4G, 5G) with at least Internet Explorer 11.
 - Must have at least two (2) operating computers with Windows 10, or above, operating system.
 - Latest version Adobe Reader DC
 - Microsoft Office 365 or above.
 - Working telephone with active voice mail service
 - Printer, copier, and scanner
 - The ability to scan and upload documents
 - An active business email account
 - Applications taken at outreach locations will require at least one laptop with a wireless internet connection and the ability to scan, upload, and print.

Certified by:

Authorized Officer Signature

Title

Date

**EXHIBIT D.2
CERTIFICATION REGARDING NO DIRECT OR INDIRECT CHARGING PROVIDERS OR
CUSTOMERS FOR LIHEAP, LIHWAP, UBR, PGSTW or IHWAP SERVICES**

I, _____, certify that
(Print Name)

_____ at
(Name of Organization)

(Location Address)

will not permit or authorize the charging of any monetary or non-monetary fee by the Board, staff, employees, volunteers, or any persons affiliated with the above-named organization on the premises or grounds of any of its facilities to any Providers or customers of LIHEAP, UBR, PGSTW or IHWAP Services. Such action(s) subjects the Provider to suspension and/or removal from partnership with CEDA, and may result in investigation by CEDA, State, or Federal regulatory the Provider(s).

Certified by:

Authorized Officer Signature

Title

Date

**EXHIBIT D.3
CERTIFICATION REGARDING CONFLICT-OF-INTEREST and NON-DISCLOSURE OF
CUSTOMER INFORMATION**

I, _____, certify that
(Print Name)

_____ at
(Name of Organization)

(Location Address)

Will not participate in any activity or engage in a contractual relationship with another party that offers products or services that are, or have the appearance of, a conflict of interest with the mission of CEDA and/or the utility assistance and weatherization programs offered. The organization will not permit or authorize the employment of any individual who has an economic interest in the contracting of the Low Income Home Energy Assistance Program (LIHEAP), Utility Billing Relief (UBR) Program, Peoples Gas Share the Warmth (PGSTW), or the Illinois Home Weatherization Assistance Program (IHWAP), and will certify that Provider information is confidential and will be obtained **ONLY** for use by these programs.

Certified by:

Authorized Officer Signature

Title

Date

**EXHIBIT D.4
ADA COMPLIANCE**

After June 2, 1980, agencies/services must be accessible to the handicapped to be eligible for federal funding. This regulation applies to both service and employment opportunities. Therefore, the Provider must be in compliance with Section 504 of the Rehabilitation Act of 1973.

Provider is compliant with ADA standards. My organization has the required signage posted within the organization.

Provider is not compliant with ADA standards. I understand that by checking this box my organization will not be offered a contract at this time.

I have carefully examined and read this form and understand that providing false information may result in denial, suspension, or termination of this contract. I solemnly affirm under the penalties of perjury and upon personal knowledge that the contents of the foregoing document are true.

The Provider

Executive Director Signature

Print Name

Date

**EXHIBIT E.1
IMPLEMENTATION PLAN (FOR NEW RESPONDENTS ONLY)**

**RFQ FOR UTILITY BILL ASSISTANCE PROGRAMS
AND
HOME WEATHERIZATION PARTNER INTAKE SITES**

Program Year 2026
July 1, 2025 – June 30, 2026

Organization's Name:	
Executive Director:	
Phone Number:	Email Address:
Implementation Plan Prepared By:	
Phone Number:	Email Address:

IMPLEMENTATION PLAN QUESTIONS (FOR NEW RESPONDENTS ONLY)

All the following questions must have a response. Answers should be typed on a separate document and submitted with the proposal. Please make sure to label the response "Implementation Plan 2026" and use a copy of Page 29 as the Cover Page.

1. Describe how serving as a Partner Intake Site aligns with your organization's mission and goals. Explain how this partnership supports your commitment to the community, enhances your existing programs, and contributes to the well-being of the residents you serve.
2. The average time to take a utility assistance program application is approximately 30 minutes, while an IHWAP application takes about 15 minutes. Based on your staffing and operational capacity, please estimate the number of applications your organization can take monthly.
3. Describe your proposed intake process for all Utility Assistance Programs and IHWAP. Your response should detail how your organization will conduct intake both face-to-face and via phone. If your staff works remotely, explain how your organization ensures regular communication and coordination with remote staff to maintain efficiency and program integrity.
4. Describe how your organization will accommodate customers who face barriers such as literacy challenges, physical limitations, language barriers, or mobility impairments. Include specific strategies, resources, or services that will be used to ensure accessibility and equitable assistance for all customers.
5. Describe the outreach activities your organization will conduct to raise awareness about the Utility Assistance Programs and IHWAP available at your location(s). Include specific strategies for reaching seniors, individuals with disabilities, and families with children under the age of six. Outline the methods you will use, such as community events, partnerships, social media, direct mail, or other engagement efforts.
6. Describe how regular program updates will be communicated to all staff involved with the Partner Intake Site contract. Include the methods your organization will use, such as meetings, email updates, training sessions, or internal memos. Additionally, specify the key staff positions responsible for disseminating updates and implementing program changes.
7. Describe how your organization provides training and support to ensure staff can successfully navigate and utilize online portals, Microsoft Office Suite, SharePoint, and other relevant software. Include details on training methods, ongoing support, and resources available to staff for skill development.
8. Due to processing times and the payment schedule, even perfectly completed applications from your organization may not be paid for up to 90 days from the intake date. Can your organization financially sustain the Utility Assistance and IHWAP program intake requirements given these payment timelines? Additionally, can your organization budget accordingly to ensure staff retention throughout this period? Please explain how your organization will manage operations within this payment schedule.
9. Securing a customer's Personally Identifiable Information (PII) is of the utmost importance. PII includes but is not limited to, date of birth, Social Security number, and address. What measures will your organization implement to ensure that customers' PII remains secure and protected from unauthorized access or breaches? Please describe your policies, procedures, and security protocols for safeguarding both physical and digital records.

**EXHIBIT E.2
IMPLEMENTATION PLAN (FOR RETURNING* PARTNER INTAKE SITES ONLY)**

**RFQ FOR UTILITY BILL ASSISTANCE PROGRAMS
AND
HOME WEATHERIZATION PARTNER INTAKE SITES**

Program Year 2026
July 1, 2025 – June 30, 2026

Organization's Name:	
Executive Director:	
Phone Number:	Email Address:
Implementation Plan Prepared By:	
Phone Number:	Email Address:

- A **Returning Partner Intake Site** is defined as an organization with a currently active contract that has been actively performing intake on behalf of CEDA for at least **90% of the current contract period**. This includes both voluntary and involuntary closures within the evaluation period.

IMPLEMENTATION PLAN QUESTIONS (FOR RETURNING* PARTNER INTAKE SITES ONLY)

All the following questions must have a response. Answers should be typed on a separate document and submitted with the proposal. Please make sure to label the response "Implementation Plan 2026" and use a copy of Page 31 as the Cover Page.

1. How many individuals/families did your organization serve through LIHEAP and weatherization programs in PY2025? What are your application intake projections for PY2026?
2. What percentage of your clients successfully received assistance through these programs?
3. Can you provide examples of how your organization has adjusted its services or programs to meet the evolving needs of low-income families in the communities you serve?
4. What challenges have you faced in managing high volumes of applicants, and how have you overcome those challenges?
5. How do you maintain consistency and quality in service delivery when handling large numbers of intake requests?
6. How does your organization educate clients about available services, and what resources are available to help them navigate the application process?
7. How do you assist clients who face technological or digital barriers to applying for assistance online (e.g., lack of internet access or digital literacy)?
8. Can you describe any outreach efforts you undertake to reach vulnerable or hard-to-reach populations, such as elderly individuals, individuals with disabilities, or non-English speakers?
9. How does your organization measure the success of the LIHEAP and weatherization programs in terms of client satisfaction and tangible outcomes?
10. Can you share any client success stories that highlight the positive impact of your programs?
11. Securing a customer's Personally Identifiable Information (PII) is of the utmost importance. PII includes but is not limited to, date of birth, Social Security number, and address. What measures will your organization implement to ensure that customers' PII remains secure and protected from unauthorized access or breaches? Please describe your policies, procedures, and security protocols for safeguarding both physical and digital records.