

# City of Oak Forest

## **REQUEST FOR PROPOSALS (RFP)** **Ambulance Billing & Payment Application** **Outsourcing**



**RFP Submittals are due October 19, 2020 by 5 p.m.**

City of Oak Forest Fire Department  
Attn: John F. Janozik  
5620 James Drive  
Oak Forest, Illinois 60452

For questions contact: John F. Janozik, Fire Chief  
[jjanozik@oak-forest.org](mailto:jjanozik@oak-forest.org) or (708) 687-6050 x 1900

**City of Oak Forest**  
**REQUEST FOR PROPOSALS (RFP)**  
*Ambulance Billing & Payment Application*  
*Outsourcing*  
**September 10, 2020**

The City of Oak Forest (City) is hereby soliciting proposals from qualified vendors for the purpose of outsourcing ambulance billing, including both transport and non-transport related charges. The City of Oak Forest is a municipality located about 25 miles southwest of downtown Chicago, Illinois with a population of 28,000. During 2019, the City had 3,696 total calls (of which 2,325 were ambulance, 16 were vehicle fire, and 311 involved motor vehicle accidents). OFFD regularly transports to the following medical facilities:

Advocate Christ Medical Center, Oak Lawn, IL  
 Advocate South Suburban Hospital, Hazel Crest, IL  
 Franciscan Health/St. James, Olympia Fields, IL  
 Palos Community Hospital, Palos Heights, IL  
 UChicago Medicine Ingalls Memorial, Harvey, IL

Effective in 2014, the City established user fees as follows:

<u>Description</u>	<u>Price</u>
<u>Ambulance Billing</u>	<u>Current</u>
Resident Base Rates:	
ALS Base Rate	\$900.00-\$1,100
BLS Base Rate	\$800.00
Loaded Mileage	\$ 20.00
Non-Resident Base Rates:	<u>Current</u>
ALS Base Rate	\$1,050-\$1,250
BLS Base Rate	\$900.00
Loaded Mileage	\$ 20.00
<u>Emergency Response Billing Rates</u>	
Resident Based Rates:	
Auto Extrication	\$500.00
Auto Fires	\$500.00
Non-Resident Based Rates:	
Auto Extrication	\$700.00
Auto Fires	\$950.00

**PROPOSAL SUBMISSION:**

Offerors are to submit proposals, which will be **opened and evaluated in private.**

**SUBMISSION LOCATION:**

City of Oak Forest Fire Department  
 5620 James Drive  
 Oak Forest, Illinois 60452  
 Attn: John F. Janozik

**SUBMISSION DATE:**

**October 19, 2020, 5:00 p.m. CST.**

Proposals received after the time specified  
will not be opened

**CONTACT:**

John F. Janozik, Fire Chief

Phone: (708) 687-6050 x1900

**CONTENTS:**

The following sections, including this cover sheet,  
shall be considered integral parts of this  
solicitation:

\*Cover Sheet

\*General Information

\*Specifications

\*Terms & Conditions

\*Reference Sheet

\*Contractor Qualifications Sheet

## **GENERAL INFORMATION**

### **INTENTION**

This initiative is to enhance customer service by providing customers with modern technology billing processes and procedures, filing with Medicare, Medicaid, and other private insurance carriers, processing payment of claims, account processing up until account submission to a collection agency and providing customer service. The qualified proposer is to provide a turnkey program that is seamless to customer, utilizes modern billing and payment application technology, and customer service practices while demonstrating compliance with the Health Insurance Portability and Privacy Act (HIPPA) requirements for privacy, security, and electronic data transmission standards.

### **NEGOTIATIONS**

The City of Oak Forest reserves the right to negotiate specifications, terms and conditions which may be necessary or appropriate to the accomplishment of the purpose of this RFP.

### **RESERVED RIGHTS**

The City of Oak Forest reserves the right at any time and for any reason to cancel this Request for Proposal or any portion thereof, to reject any or all proposals, or to accept an alternate proposal. The City reserves the right to waive any immaterial defect in any proposal. Unless otherwise specified by the offeror, the City has ninety (90) days to accept. The City may seek clarification from an offeror at any time and failure to respond promptly is cause for rejection.

### **CITY'S RIGHTS AND RESPONSIBILITIES**

The City reserves the right to reject any and all proposals. The City accepts no financial responsibility for cost incurred by any proposer in responding to this RFP. All responses to this RFP will become the property of the City and the City will take reasonable precautions to ensure the confidentiality of the material. Each proposer shall denote and clearly indicate any proprietary information that is submitted as part of their proposal. By responding to this RFP, the proposer agrees to not hold the City responsible if parties other than the City without consent of the proposer obtain material from responses. The successful proposal will become public information after selection.

### **INCURRED COSTS**

The City of Oak Forest will not be liable for any costs incurred by respondents in replying to this RFP.

### **DISCUSSION OF PROPOSALS**

The City of Oak Forest may conduct discussions with any offeror who submits a proposal. During the course of such discussions, the City shall not disclose any information derived from one proposal to any other offeror.

### **RESPONSIBILITY & DEFAULT**

The Contractor shall be required to assume responsibility for all items listed in this Request for Proposals. The successful offeror shall be considered the sole point of contact for purposes of this contract.

## **INTERPRETATION OR CORRECTION OF REQUEST FOR PROPOSALS**

Proposers shall promptly notify the City of Oak Forest Fire Department of any ambiguity, inconsistency or error which they may discover upon examination of the Request for Proposals. Interpretation, correction and changes to the Request for Proposals will be made by written addendum. Interpretation, corrections or changes made in any other manner will not be binding.

## **TAXES**

The City of Oak Forest is not subject to Federal Excise Tax. The City of Oak Forest is exempt from state and local taxes.

## **EQUAL EMPLOYMENT OPPORTUNITY**

Equal Employment Opportunity Clause, Section 6.1 of the Illinois Department of Human Rights Rules and Regulations shall be a material term of this contract.

## **SUBMITTAL INFORMATION AND SELECTION TIMEFRAME**

### **I. PROPOSAL SUBMITTAL**

Questions regarding this Request for Proposals should be referred to John F. Janozik ([jjanozik@oak-forest.org](mailto:jjanozik@oak-forest.org) OR 708-687-6050 x 1900 OR fax: 708-687-1424) at any time prior to October 19, 2020. Answers that are not contained in the RFP document will be sent to all proposers via an addendum.

**No direct verbal contact with the Finance or Fire Dept. may be made during the open solicitation period.**

Proposals are to be submitted no later than 5:00 p.m. on October 19, 2020, to John F. Janozik, Fire Chief, 5620 James Dr., Oak Forest, IL 60452.

Respondents shall submit one (1) loose unbound original document and one (1) USB flash drive in Microsoft Word or PDF form in a sealed envelope. On the outside of the envelope or package, write RFP-- Outsourced Ambulance Billing—Due October 19, 2020. Copies are neither required nor desired. Proposals will be submitted to the address listed below:

City of Oak Forest Fire Department  
5620 James Drive  
Oak Forest, IL 60452

**The proposal shall contain the following information, including but not limited to the Specifications listed herein:**

- (1) Title page showing the firm's name, headquarters address, contact person, and subject of the proposal.
- (2) Table of contents.
- (3) Transmittal letter signed by a partner or principal of the firm, stating the firm's understanding of the work to be done, the commitment to perform the work within the time period specified, and a statement that the proposal is a firm and irrevocable offer for a minimum of ninety days.
- (4) Signed Proposal Sheet.
- (5) Information regarding the size of the firm.

- (6) Number of years firm has offered medical billing services.
- (7) Information regarding the qualifications and experience of the Company (Contractor Qualifications Form attached).
- (8) Information regarding the qualifications and experience of the professional staff to be assigned to the engagement, including a breakdown of the work to be done by each level of professional staff (partner, manager, senior, staff accountant, etc.).
- (9) Information regarding the geographical boundaries of vendor headquarters.
- (10) Information and a minimum of 3 samples of reports that can be provided to the City. Following contract award, the exact style, type and frequency of report will be determined by the City, in conjunction with the Company.
- (11) At a minimum three (3) references of current and past contracts as specified below.

## **SCOPE OF SERVICES**

This Request for Proposal (RFP) identifies the requirements that are considered to be minimal by the City. This RFP attempts to provide the proposer with sufficient information to fully understand the City's requirements and the environment in which the proposal must be developed and operated. Notwithstanding any of the specific details described in this RFP, it will be the obligation of the proposer to provide a program that works as a complete functional entity in the accomplishment of the requirements identified in this document. This includes any equipment, hardware, software, and service programs or system deemed necessary. To aid the evaluation team in fully understanding each proposal submitted, and to ensure that full awareness is given to each aspect of the proposal, any deviation from the requirements specified in this document must be clearly noted and referenced to the subject area of the RFP.

## **SPECIFICATIONS**

### **II. GENERAL REQUIREMENTS**

The ability of the Company, as a corporate entity, and identified key personnel, as individuals, to accomplish this task shall be described in the proposal, and will be considered in the process of proposal evaluation. The Company shall furnish written information that is necessary to determine its responsibility and competency to successfully accomplish this project. This description shall be in detail and include the following:

1. These are the minimum qualifications designed to identify the successful proposer. Please address each requirement individually. Qualified firms must be capable of meeting the following criteria:
  - Authorized to bill for EMS services in the State of Illinois;
  - Ability to electronically file directly with Medicare, Medicaid, and other public and private insurance carriers in a timely manner;
  - Ability to service the City with prompt billing, customer service and ongoing reporting as detailed herein;
  - Ability to provide customers with a timely, itemized bill, in a format and schedule approved by the City, including all relevant information for insurance filing purposes and to file all insurance claim forms for all patients based upon information received from the patient or obtained from referring and/or receiving health care facilities;
  - Process claims with the approved medical carrier through the first appeal stage;

- Ability to process payments accurately and timely, and work with and submit payment remittance information into the City's account through the City's existing processes;
  - Process customer inquiries with professional service by telephone, mail, fax, and Internet to customers at no charge to the customer;
  - Provide reports and feedback to City on documentation errors, customer compliments, complaints, and inquiries;
  - Ability to offer electronic data access to designated staff members;
  - Compliance with federal, state and local regulations regarding confidentiality of data;
  - Ability to offer secure transmission of data;
  - Ability to provide direct deposit of collected funds into the City's bank account;
  - Ability to process patient invoices within 10 days of receiving billing data;
  - Ability to safeguard revenues of the SFD through disaster recovery planning and internal controls;
  - Ensure the City is compliant with all local, state and federal regulations as it pertains to HIPAA and Red Flag Rules, billing and collection procedures;
  - Proposer will submit state required information, on behalf of City EMS;
  - The City plans to use an independent collection agency. All accounts must contain "biller's notes" showing reasonable attempts to collect and details of the claim progress, including noting conversations with patient, insurance company, etc.;
  - Provide a monthly income/write off/patient report to the fire chief.
2. These are the minimum requirements designed to identify the successful proposer. Please address each requirement individually. Qualified firms must be capable of meeting the following criteria:
- a) Proven municipal ambulance billing, collection; reporting and electronic data capture experience to execute the work proposed in this document.
  - b) Please provide a brief description of your complete billing process from the time of transport through completion of cash receipt and deposit. How long does the entire process take for you to process an invoice?
  - c) Must have remote access to face sheets and insurance information from our receiving hospitals: Advocate Christ Medical Center (Oak Lawn, IL), Advocate South Suburban Hospital (Hazel Crest, IL), Franciscan Health/St. James (Olympia Fields, IL), Palos Community Hospital (Palos Heights, IL), UChicago Medicine Ingalls Memorial (Harvey, IL). Do you have relationships with these facilities, which include remote access? Please provide your contacts' names and information.
  - d) Do you have a HIPAA Compliance Officer on staff? Please provide his/her name and contact info.
  - e) What controls do you utilize to insure the proper posting of payments?
  - f) Describe how your company can enhance the revenue collected by the City.

- g) Must have standard operating hours from 8:00am to 7:30pm Central Standard Time. Must have an (800) number in place with multilingual staff members who will handle all patient concerns and questions during these hours.
- h) Cash deposit is requested specifically; please indicate your ability to comply: Once per week, cash receipts are posted and the funds transferred directly to the City's bank account. EFTs should be posted weekly and reports supporting deposits (including non-ambulance EOB) must be sent via secure web messenger to the City prior to deposit.
- i) The City desires to having billing information, receivables, and statistical reports broken down in several ways:
  - a. By residents and non-residents
  - b. Please also provide samples of your reports.
- j) Ability to provide detailed reporting as requested by the City of individual customer billing, payment, customer service transactions, and insurance carrier explanation of benefits.
- k) The City requests the following reports on a monthly basis. Can you provide the following:
  1. Ticket Survey Detail (breakdown of trips in a given period)
  2. Collection Statistics
  3. ALS/BLS Spreadsheet
  4. A/R Check
  5. Cash Receipts Adjustment Recap
- l) Do you accept credit card payments and payment plans? Are there any restrictions? Are there fees associated with credit card payments?
- m) Can you provide a monthly report detailing the City's current bad debt accounts that remain uncollected after 180 days? How can this report be sorted?
- n) Has your company or any affiliated company (parent company, etc.) been involved in any pending or unresolved lawsuits in the last five years? If so, please list.
- o) Please provide a copy of your most recent financial statement.
- p) Please provide an organizational chart along with a brief description of your company (location, size, call volume, etc.).
- q) Provide a list of five Illinois clients similar in size and scope to the City and include contact name and telephone number. Show the number of bills processed in 2018 and 2019 for these clients, all write-offs, write-downs, and the gross and net collection percentages for each.
- r) Please describe your process/system for resolving billing disputes and/or denials.
- s) Please state your fees for service as an all-inclusive percentage of monies collected on a monthly basis. Is there a fluctuation in price after the initial two-year term?
- t) Define the security measures your Company has in place to protect confidential patient information.



- u) Do you have Certified Ambulance Coders on staff certified by the National Academy of Ambulance Coding (NAAC)? If so, please list their names.
- v) Your policies and procedures must be audited by an outside firm. SOC I Type II Certification is required. Please provide a copy of the most recent report.
- w) A document management system must be used for all payments, correspondence, explanation of benefits, etc. Please describe the system and software programs utilized in detail.
- x) Do you have the ability to capture social security numbers that aren't listed on face sheets? Please specify the tools you use to locate patients with incorrectly listed addresses.
- y) Are you able to attend on-site meetings, if necessary?
- z) Are all business functions conducted in the state / country?
- aa) Must be able to directly and electronically integrate with and receive information from our ImageTrend patient care reporting system. Please describe this process and identify three of your customers that also send you their run reports electronically through ImageTrend.
- bb) Please describe your secure means of exchanging Protected Health Information.
- cc) Identify any subcontracted firms that will be utilized to fulfill the City's requirements. Provide scope of work to be performed by the subcontracted firm as well as information relative to experience and qualifications of the proposed company.
- dd) Provide a summary of all services provided by your company or any of its affiliates.
- ee) Please indicate any additional revenue-generating options or services that your company is able to provide that may interest the City.

## **TERMS AND CONDITIONS**

### **TERMS AND CONDITIONS**

The Proposer is directed to the RFP section "CITY OF OAK FOREST GENERAL INFORMATION AND TERMS AND CONDITIONS AND SPECIFICATIONS." Items in this section are in addition to those found in the general scope of services.

### **AWARD**

It is the intent of the City of Oak Forest to award a contract to the most suitable bidder meeting the City's needs. The City of Oak Forest reserves the right to determine the best responsible bidder on the basis of an individual item, groups of items, or in any way determined to be in the best interests of the City of Oak Forest. Award will be based on the following factors (where applicable): (a) adherence to all conditions and requirements of the RFP specifications; (b) price; (c) qualifications of the bidder including past performance, financial responsibility, general reputation, experience, service capabilities, and facilities; (d) delivery or completion date; (e) product appearance, workmanship, finish, overall quality, and results of product testing; (f) maintenance costs and warranty provisions; and (g) repurchase or residual value. The City of Oak Forest reserves the right to interview Bidders during the evaluation process.

**TERM**

This contract shall be in effect for a two (2) year period from the date of award. The City of Oak Forest reserves the right to renew this contract for three (3) additional one (1) year period(s), subject to acceptable performance by the Contractor. At the end of any contract term, the City of Oak Forest reserves the right to extend this contract for a period of up to sixty (60) days for the purpose of getting a new contract in place.

**TERMINATION**

The City reserves the right to terminate this contract, or any part of this contract, upon thirty (30) days' written notice. In case of such termination, the Contractor shall be entitled to receive payment from the City for work completed to date in accordance with the terms and conditions of this contract. In the event that this Contract is terminated due to Contractor's default, the City shall be entitled to purchase substitute items and/or services elsewhere and charge the Contractor with any or all losses incurred, including attorney's fees and expenses.

**PROPOSAL QUALIFICATIONS**

The ability of the proposer, as a corporate entity, and identified key personnel, as individuals, to accomplish this task shall be described in the proposal and will be considered in the process of proposal evaluation. This description shall be in detail as to the adequacy of finances, facilities, personnel and experience to execute the work proposed within this document. The proposer shall furnish such written information that is necessary to determine its responsibility and competency to successfully accomplish this project. The evaluation determination of the fulfillment of the above requirements will be determined by the City and its judgment shall be final.

**PROPOSAL EVALUATION**

Proposals shall be evaluated on criteria noted below. In performing the evaluation, only information within the proposal will be considered unless otherwise stipulated and/ or clarifying information is requested by the City.

Example:

Cost and Fees	- 30%
Integration and Technical Solution	- 30%
Experience and References	- 30%
Implementation and Timeline	- 15%
Proposal Content	- 5%

City staff will perform an evaluation of the proposals. The City reserves the right to conduct an interview (s) with proposers in person or by telephone and to have the proposers available for an on-site visit at the City to observe current processes as necessary. After review by City staff, a recommendation will be made to the City Administrator, Mayor and City Council for consideration.

**EVALUATION CRITERIA**

Proposals will be reviewed by a committee comprised of City of Oak Forest Fire Department officials and end users. This contract may be awarded based on but not limited to the following criteria:

- 1) Compliance with the requirements of the Request for Proposal.
- 2) Experience, reliability, and financial stability of proposer's organization, as well as qualifications of personnel proposed to service the City of Oak Forest.

- 3) Discount rate and proposed transaction fees.
- 4) Cost of processing equipment, software, and necessary supplies.
- 5) Speed of processing and depositing City receipts.
- 6) Value added services.
- 7) Similar services performed for other organizations of comparable size to the City of Oak Forest.
- 8) Reporting capabilities offered to the City of Oak Forest:
  - a) Daily Internet transaction reporting.
  - b) Charge back notification via the Internet.
  - c) Monthly detail statements as appropriate for each merchant and one total statement for the City.

### **COST AND FEES**

Each proposer shall provide detailed pricing or a commission rate for all start up, programming, operational, ongoing and future charges, maintenance charges and other fees pertaining to all aspects of this RFP. The selected vendor will be responsible for any necessary programming costs, and shall provide an hourly consulting fee for additional services that will be fixed during the term of the contract, should the City desire to obtain additional services.

### **IMPLEMENTATION AND TIMELINES**

Each proposer shall include a detailed timeline for the implementation of this RFP. This shall include, but not be limited to, a schedule of activities showing the implementation of any and all steps required for this proposal with a commitment to meet this timeline. The City prefers a start by November 2020 of the out sourcing program with ambulance customers.

### **CHANGE IN STATUS**

The Contractor shall notify the City of Oak Forest immediately of any change in its status resulting from any of the following: (a) vendor is acquired by another party; (b) vendor becomes insolvent; (c) vendor, voluntary or by operation law, becomes subject to the provisions of any chapter of the Bankruptcy Act; (d) vendor ceases to conduct its operations in normal course of business, (e) vendor moves headquarters outside of the geographical boundaries of the State of Illinois. The City of Oak Forest shall have the option to terminate its contract with the vendor immediately on written notice based on any such change in status.

### **METHODOLOGY**

Each proposer is to detail the method of sending and receiving data from the City. Proposers are to provide examples of correspondence with customers including billing statements, Medicare authorization requests, collection letters, and, if applicable, explanation of benefit statements. Detail the billing, explanation of benefits, and collection process with examples of customer service standards and adherences to Medicare and Public Aid filing, and provide examples of reports available to the City including detail listing of customers billed, penalties applied, payments received, and aging accounts. Proposers shall also provide methods and timeline of reporting delinquent accounts to the City's collection agency.

### **HOLD HARMLESS CLAUSE**

The Contractor agrees to indemnify, save harmless and defend the City of Oak Forest, its agents, servants, employees, and each of them against and hold it and them harmless from any and all lawsuits, claims, demands, liabilities, losses, and expenses; including court costs and attorney's fees for or on account of any injury to any person, or any death at any time resulting from such injury, or any damage to property, which may arise or which may be alleged to have arisen out of, or in connection with the work covered by this project. The foregoing indemnity shall apply except if such injury is caused directly by the willful and wanton conduct of the City of Oak Forest, its agents, servants, or employees or

any other person indemnified hereafter.

## **INSURANCE**

All insurance policies shall be issued from insurance companies holding at least an “A5” or better rating as rated by A.M. Best Company. All policies shall include a Breach of Warranty clause with the City named as additional insured.

- A. Worker’s Compensation and Employer’s Liability with limits not less than:
- (1) Worker’s Compensation: Statutory
  - (2) Employer’s Liability:
    - a. \$1,000,000 injury – per occurrence
    - b. \$ 500,000 disease – per employee
    - c. \$ 500,000 disease – policy limit

Such insurance shall evidence that coverage applies in the State of Illinois.

- B. Comprehensive General Liability in a broad form, to include coverage for the following where exposure exists:
- (1) General Aggregate: \$2,000,000
  - (2) Bodily Injury:
    - a. \$2,000,000 per person
    - b. \$2,000,000 per occurrence
  - (3) Property Damage:
    - a. \$2,000,000 per occurrence
    - b. \$2,000,000 aggregate

All employees shall be included as insureds.

## **LAW GOVERNING**

This bid and any contract resulting therefrom shall be governed by and construed according to the laws of the State of Illinois.

## **PRECEDENCE**

Where there appear to be variances or conflicts, the following order of precedence shall prevail: City of Oak Forest Request for Proposals General Information, Request for Proposals Terms and Conditions, Request for Proposals Specifications, and the Contractor’s Bid Response.

## **BIDDER QUALIFICATIONS**

Bidders must be engaged in providing the services as outlined in these specifications, and must have been engaged in this field for a period of no less than five (5) years. Bidders headquarters must be located within the geographical boundaries of the State of Illinois. Bidder must possess all required state and local licenses. The Bidder personnel and management to be utilized in this service requirement shall be knowledgeable in their areas of expertise. The City reserves the right to check references to insure that competent persons will be utilized in the performance of the contract.

## **EXPERIENCE AND REFERENCES**

Proposers are to provide a minimum of three (3) active client references with similar programs to this RFP from comparable municipal organizations or similar emergency medical service programs. Describe in

detail what the proposer did, what the organization completed in order to activate the program, and how long the proposer has provided services to the organization. The proposer shall identify the company or government by name, city, state, population (if a government agency), name and telephone number of contact person. The City reserves the right to contact references and establish an interview(s) with references in person or by telephone. The City reserves the right to request additional information from the proposer.

### **CONTRACT REPORTING**

Contractor shall furnish a monthly report summarizing all the transactions for the period. The report is to include number and dollar amounts of all transactions. The report is to be submitted to John F. Janozik, Fire Chief, City of Oak Forest, 5620 James Drive, Oak Forest, Illinois 60452. Failure to submit the required reports may be cause for disqualification of the contractor for future contracts.

### **WARRANTY**

Any and all equipment included in this bid shall be warrantied for one year, 100% parts and labor, or for the manufacturer's standard warranty, whichever is longer.

### **PAYMENT**

The contractor shall submit invoice(s) to Accounts Payable, City of Oak Forest, 15440 S. Central Avenue, Oak Forest, Illinois 60452 for payment.

### **ADDITIONAL INFORMATION**

Should the bidder require additional information about this bid, please email to [jjanozik@oak-forest.org](mailto:jjanozik@oak-forest.org). ANY and ALL changes to these specifications are valid only if they are included by written Addendum to All Bidders. No interpretation of the meaning of the plans, specifications or other contract documents will be made orally. Failure of any bidder to receive any such addendum or interpretation shall not relieve the bidder from obligation under this bid as submitted. All addenda so issued shall become part of the bid documents. Failure to request an interpretation constitutes a waiver to later claim that ambiguities or misunderstandings caused a bidder to improperly submit a bid.

## REFERENCES

List below other organizations (users of similar size and structure to the City of Oak Forest preferred) for which these or other similar services have been provided:

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
Project Description \_\_\_\_\_

Agency Name \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
Project Description \_\_\_\_\_

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Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Contact Person \_\_\_\_\_  
Dates of Service \_\_\_\_\_  
Project Description \_\_\_\_\_

# CONTRACTOR QUALIFICATIONS

(ATTACH ADDITIONAL PAGES AS NEEDED)

## Name and Address of Office from which this contract will be administered

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

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Project Manager: \_\_\_\_\_

# Years in Business: \_\_\_\_\_

Number of Employees: \_\_\_\_\_

Annual Sales: \$ \_\_\_\_\_

Dunn & Bradstreet #: \_\_\_\_\_

List Employees Who Will be Dedicated the City of Oak Forest: (Attach additional pages as necessary)

<u>NAME</u>	<u>POSITION</u>	<u># YEARS EXPERIENCE</u>	<u>RESPONSIBILITY/ TASK</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

