



Lake County

Purchasing Division

<http://doingbusiness.lakecountyil.gov/>

Lake County Libertyville Campus



1. Central Permit Facility
2. Winchester House
3. Lake County Public Works
4. Lake County Division of Transportation

Please note the submission location is:

Lake County Central Permit Facility

Attn: Purchasing Division

500 W. Winchester Road
Libertyville, IL 60048

Contact information for Lake County Purchasing is:

Purchasing Division

Phone 847-377-2992

Fax 847-984-5889

Email: purchasing@lakecountyil.gov

ALL SUBMITTALS SHOULD BE LABELED ACCORDINGLY. PLEASE USE BELOW LABEL FOR YOUR CONVENIENCE.



BID/RFP No. RFI 13155

Deliver to:

Bid/RFP Description:
RFI for Publication of Assessments

Lake County Central Permit Facility
ATTN: PURCHASING DIVISION
500 W. Winchester Road
Libertyville, IL 60048

BID/RFP Due Date:
June 6, 2013 at 2:00pm

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Lake County, Illinois
REQUEST FOR INFORMATION (RFI)
RFI # 13155
Publication of Assessments

Notice is hereby given that Lake County is seeking information from qualified firms interested in providing the Publication of Assessments for the Lake County Supervisor of Assessments. Interested firms must submit the **Request for Information** in a sealed package, including the questionnaire and conceptual proposal which will be opened and evaluated in private. **Submit one original and one electronic unprotected copy on a CD of the Request for Information** outlined herein, by **2:00 p.m. on June 6, 2013** to:

Lake County Central Permit Facility
Attn: Purchasing Division
500 W. Winchester Road
Libertyville, IL 60048

Submit questions via email to: purchasing@lakecountyiil.gov or via fax to Lake County Purchasing Division (847) 984-5889 no less than seven (7) days prior to the RFI opening date.

Background

Lake County, IL has a statutory obligation to publish for the County, a complete property assessment list under the Property Tax Code (**35 ILCS 200/**) with publication fees payable as follows pursuant to Property Tax Code (**35 ILCS 200/12-15**):

- (a) For a parcel listing including the name of the property owner, a property index number, and the total assessment @ \$.80 per parcel;
- (b) For the preamble, headings, and any other explanatory matter either required by law, or requested by the Supervisor of Assessments to be published, the rate shall be set according to the Legal Advertising Rate Act (P.A. 97-146, effective 7/14/11).

Scope of Work

Lake County is undertaking a pre-qualification process to determine potential and available firms to publish this information in one or more printed newspapers of general circulation for each township within Lake County and seeks information from prospective firms capable of publishing assessments for the term of **July 1, 2013 through June 30, 2015.**

A list of Lake County townships, municipalities within each township, and associated zip code for each municipality is attached as Attachment B.

REQUEST FOR INFORMATION # 13155 Attachment B
Township, Municipality/Zip Code list

<u>Township</u>	<u>Municipality</u>	<u>Zip Code</u>	<u>2012 or latest year Circulation</u>
Moraine	Highland Park	60035	
	Highwood	60040	
	Lake Forest	60045	
	Deerfield	60015	
West Deerfield	Bannockburn	60015	
	Deerfield	60015	
	Lake Forest	60045	
	Highland Park	60035	
Ela	Kildeer	60047	
	Lake Zurich	60047	
	Deer Park	60010	
	Hawthorn Woods	60047	
	Barrington	60010	
	Long Grove	60047	
	North Barrington	60010	
Vernon	Mettawa	60060	
	Vernon Hills	60061	
	Riverwoods	60015	
	Lincolnshire	60069	
	Long Grove	60047	
	Buffalo Grove	60089	
	Lake Forest	60045	
Cuba	Lake Barrington	60010	
	North Barrington	60010	
	Barrington Hills	60010	
	Barrington	60010	
	Tower Lakes	60010	
Wauconda	Island Lake	60042	
	Volo	60073	
	Wauconda	60084	
Fremont	Libertyville	60048	
	Round Lake Park	60071	
	Mundelein	60060	
	Wauconda	60084	
Libertyville	Waukegan	60085	
	Libertyville	60048	
	Mundelein	60060	
	Vernon Hills	60061	
	Mettawa	60060	
	Green Oaks	60048	
	Lake Forest	60045	
Shields	Lake Forest	60045	
	Lake Bluff	60044	
	North Chicago	60064	

Response to Request for Information

Interested firms are required to submit copies of the latest available, circulation information with their response. The response should indicate the basis for the circulation information; whether audited by a third party or self-certification or some other basis or method.

A questionnaire is attached as Attachment A. A fillable form of this questionnaire is also included for your convenience. Interested firms may include either completed questionnaire with their submission.

In addition, please provide the following answers and information:

- 1) The location your publication is first published. _____
- 2) Attach a map which illustrates your distribution zones.

Award Criteria

The Chief County Assessment Officer will determine one or more firms to provide publication. The following criteria will be considered in the evaluation of proposal:

- Financial stability
- Ability to publish assessments in a newspaper of general circulation for the localities identified.
(See Attachment B)
- References
- Responses to Questionnaire (See Attachment A)

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Attachment A - Questionnaire

1. What is your publishing frequency? (e.g. weekday, daily, including Sunday, weekly, monthly)

Daily including Saturday and Sunday

Daily except Saturday

Daily except Sunday

2. What is the price per copy of edition in which assessment roll is published via mail ?

3. Explain your system(s) of circulation. e.g., paid prescription delivered to home subscriber, manual newsstand distribution, vended distribution, distribution at local places of business etc.

4. What method do you utilize to count circulation and track circulation data?

5. Does the method differentiate home subscription delivery from newsstand point-of-sale sales, vended sales and other distribution?

Yes No

Explain

6. Do you track circulation data by zip code?

Yes No

Explain

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Attachment A - Questionnaire

7. Do you track circulation data by township?

Yes No

Explain

8. Do you track circulation data by municipality? See Attachment B for the Lake County municipalities of interest.

Yes No

Explain

General Information Sheet

AUTHORIZED NEGOTIATORS:

Name: _____ Phone # _____

Name: _____ Phone # _____

Years in Business: _____ Number of Employees: _____

Annual Sales: \$ _____ Dunn & Bradstreet#: _____

BUSINESS ORGANIZATION: (check one only)

_____ Sole Proprietor: An individual whose signature is affixed to this proposal.

_____ Partnership: State full names, titles, and addresses of all responsible principals and/or partners on attached sheet.

_____ Corporation: State of incorporation: _____

_____ Non-profit Corporation

_____ 501c3-- U.S. Internal Revenue Code

By signing this document, the proposer hereby certifies that it is not barred from submitting a request on a future RFP as a result of a violation of either Section 33E-3 or 33E-4 of the Illinois Criminal Code of 1961, as amended.

Business Name

Signature

Print or Type Name

Title

Date

RECEIPT OF ADDENDA: The receipt of the following Lake County addenda is hereby acknowledged, should there be any Addendum's sent out or posted to Lake County's website after the Request for Information has been posted:

Addendum No. _____, Dated _____

Addendum No. _____, Dated _____

REFERENCES

(Attach additional pages as needed)

List below other organizations (users of similar size and structure to Lake County preferred)

Business Name: _____ Authorized Signature: _____
Date: _____ Title: _____

Entity: _____

Address: _____

City, State, Zip Code: _____

Name of Contact Person _____

Email Address: _____

Telephone Number: _____

Description of Services Provided: _____

Date of Service: ____/____/____ To ____/____/____

Entity: _____

Address: _____

City, State, Zip Code: _____

Name of Contact Person _____

Email Address: _____

Telephone Number: _____

Description of Services Provided: _____

Date of Service: ____/____/____ To ____/____/____

Entity: _____

Address: _____

City, State, Zip Code: _____

Name of Contact Person _____

Email Address: _____

Telephone Number: _____

Description of Services Provided: _____

Date of Service: ____/____/____ To ____/____/____

CONTRACTOR QUALIFICATIONS

(This section must be completed and returned with proposal. Attach additional pages as required to complete required documentation.)

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

Name: _____
Address: _____

Phone: _____ Fax: _____
Account Manager: _____

Years in Business: _____ Number of Employees: _____
Annual Sales: \$ _____ Dunn & Bradstreet #: _____

B. List Additional Employees Who Will be Dedicated to Lake County for the Administration of This Proposal (please include copies of resumes):
(Attach additional pages as necessary)

NAME	POSITION TITLE	NUMBER OF YEARS	AREA OF RESPONSIBILITY / EXPERIENCE	TASK
_____	Manager/ Site Representative	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

The undersigned hereby certifies that the answers to the foregoing questions and all statements therein contained are true and correct.

AUTHORIZED NEGOTIATORS:

Name: _____
Phone # _____

Name: _____
Phone # _____

Provide a description of your firm, including scope of operations (local, regional, national), number of locations, types of business activities and services, and other pertinent data:

List the name and nature of any affiliates. Business concerns are affiliates of each other when either directly or indirectly (a) one concern controls or has the power to control the other, or (b) a third party controls or has the power to control both.