

**AMENDMENT NO. 2 TO REQUEST FOR PROPOSALS (RFP) FOR  
INSTALLATION AND MAINTENANCE OF AN AUTOMATED RED-LIGHT  
ENFORCEMENT (“ARLE”) PROGRAM FOR  
THE TOWN OF CICERO**

**ISSUED ON MARCH 13, 2018**



All proposals and other communications must be addressed and returned to:

Town of Cicero  
Ms. Maria Medina, Office of the Town President  
4949 W. Cermak Road  
Cicero, Illinois 60804

**PROPOSALS MUST BE RECEIVED NO LATER THAN 3:00 PM LOCAL TIME,  
ON MARCH 27, 2018**

This Amendment No. 2 To The Request For Proposals (RFP) For the Installation and Maintenance of an Automated Red-light Enforcement (“ARLE”) Program For The Town Of Cicero (“Amendment No. 2”) amends Sections III and IV and Exhibits 2 and 3 of the RFP as set forth below and extends the due date of the RFP to **March 27, 2018**. *Please note that the Town’s administrative offices are closed on Fridays and schedule any delivery of RFP materials accordingly.*

**A public bid opening shall be held on March 28<sup>th</sup> at 11:00 a.m. at Town Hall, located at 4949 W. Cermak Road, Cicero Illinois.**

**A-1. Amendments to Sections I and II of the RFP.**

The RFP is hereby amended as follows:

**III. REQUESTS FOR CLARIFICATION; PRE-BID MEETING**

Respondents should address all communications to Maria Moreno, Office of the Town President. All questions or requests for clarification must be in writing, sent by mail, email to [mmoreno@thetownofcicero.com](mailto:mmoreno@thetownofcicero.com) or fax to (708) 222-8223 and must be received no later than 5:00 PM on ~~March 13, 2018~~ March 20, 2018. The Town shall not be responsible for the delay in the transmission of any request for clarification or other communication.

**There shall be a pre-bid meeting at Town Hall, located at 4949 W. Cermak Road, Cicero Illinois on March 7, 2018 at 11:00 a.m.** The Town recommends that Respondents attend this pre-bid meeting, but attendance is not mandatory.

**3.1 Deadline and Procedures for Submitting Proposals**

**A. Deadline**

Proposals must be received by Maria Moreno, Office of the Town President (addressed as set forth in Section 3.1(B)) no later than 3:00 PM, local time, on ~~March 20, 2018~~ March 27, 2018. **Late Proposals will not be considered.** The Town will not be responsible for any delays in the delivery, receipt or handling of Proposals.

**B. Procedures For Submitting Proposals**

Proposals must be delivered to the following address:

Town of Cicero  
Attn: Maria Moreno, Office of the Town President  
4949 W. Cermak Rd.  
Cicero, IL 60804

Respondent must submit six (6) sets of originals in hardcopy format. In addition, Respondent must submit six (6) copies of the Proposals on a CD-ROM or flash drive in .pdf format on a CD-ROM. The original documents must clearly be marked, and must bear the original signature of an authorized agent. Respondent must enclose all documents in a sealed container. **Proposals submitted via facsimile or electronic mail will not be accepted.**

**All submissions are subject to the Illinois Freedom of Information Act (5 ILCS 140/1, et seq.)**

### **3.2 Confidentiality**

To the extent allowed by applicable law, the Respondent may designate as confidential those portions of the Proposals that contain trade secrets or other proprietary data that must remain confidential.

## **IV. SUBMISSION REQUIREMENTS**

### **4.1 Required Content**

At a minimum, the following information must be included in all Proposals:

#### **A. Cover Letter**

The Respondent must submit a cover letter committing the Respondent to provide the desired services, in accordance with the terms and conditions of a contract that may be awarded subsequent to the RFP and in compliance with all applicable laws, orders, rules and regulations. The cover letter must also:

- (i) Outline the number of years the Respondent has been in business, provide an overview of the experience and background of the Respondent and the key personnel committed to this project; and
- (ii) Identify the legal name of the Respondent, the address of its headquarters, its principal place of business, its legal form (*e.g.*, corporation, joint venture, limited partnership, etc.), the names of its principal or partners and its authority to conduct business in Illinois; and
- (iii) Indicate the contact information (name and telephone number(s)) of the principal contact for oral presentation, interviews or negotiations; and
- (iv) The cover letter must be signed by an authorized representative of the Respondent.

**B. Executive Summary**

The Respondent must provide an executive summary that explains its understanding of the Town's intent and objectives. The summary must discuss the Respondent's plan for achieving and implementing the desired services.

**C. Professional Qualifications and Specialized Experience of Respondent**

(i) **Company Profile Information (See Form in Exhibit 1)**

The Respondent must complete the company profile information questionnaire that is attached hereto and incorporated herein as Exhibit 1.

(ii) **Optional: Company References (See Form in Exhibit 2)**

If possible, The the Respondent should provide at least two (2) one (1) or more client references for services substantially similar to the desired services. Client references from municipalities or large employers or other governmental units are preferred. All client reference information must be verified and supported. References must be aware that they are being used and agreeable to an interview by the Town. This information shall be provided by completing the form attached hereto and incorporated herein as Exhibit 2.

**No Proposer shall be penalized for omitting this Exhibit 2.**

(iii) **Municipal Client References (See Form in Exhibit 3)**

(a) The Respondent must provide contact information for a minimum of three (3) Illinois municipalities to which the Respondent currently provides the desired services. All municipal client reference information must be verified and supported. Municipal client references must be aware that they are being used and agreeable to an interview by the Town. This information shall be provided by completing the form attached hereto and incorporated herein as Exhibit 3.

(b) Respondent shall also provide the Town with a list of all Illinois municipalities to which it currently provides services similar to those sought in this RFP.

(iv) **Business License/Authority to do Business in Illinois**

The Respondent must provide copies of appropriate licenses or certifications required of any individual or entity performing the desired services. The Respondent must provide evidence that it is authorized to do business in Illinois.

**D. Professional Qualifications and Experience of Key Personnel**

**(i) Key Personnel**

The Respondent must provide a list of the individuals who will be dedicated to perform the desired services.

**(ii) Areas of Expertise**

The Respondent must indicate each person's areas of expertise, as well as which person will have primary responsibility for various tasks or aspects of the desired services.

**(iii) Resumes**

The Respondent must submit resumes or corporate personnel profiles with past experience for each of the key personnel. This must include a description of each individual's role and responsibilities on recent projects similar in scope, type and magnitude to the desired services.

**(iv) Revocation or Suspension of License or Certification**

The Respondent must disclose whether Respondent has had any business license or certification revoked or suspended in any state within the last ten (10) years.

**E. Project Management/Implementation Plan**

The Respondent must provide a detailed summary of its plan for implementing the desired services.

**F. Compensation Proposal**

The Respondent must provide an explanation of its proposed compensation model by addressing, at a minimum, the topics indicated on Exhibit 4, attached hereto and incorporated herein. The Respondent must disclose any charges or fees not included in its base price that the Town would incur. Proposals that fail to include the compensation information requested in Exhibit 4 will be deemed non-responsive and rejected as incomplete.

**G. Certification**

Each Respondent must certify on Exhibit 5, attached hereto and incorporated herein, that the Proposal is true and accurate, and that to the best of Respondent's knowledge, the Proposal is not misleading or fails to include relevant information.

**F. Non-Collusion Affidavit**

A Respondent must submit a notarized Non-Collusion Affidavit, attached hereto and incorporated herein as Exhibit 6, certifying that the Respondent has not colluded with any other entity in the submission of the Proposal.

**EXHIBIT 2  
COMPANY REFERENCES**

**If possible, submit a completed client profile information sheet for each company reference. Provide a minimum of two (2) references. No Respondent shall be penalized for omitting this Exhibit 2 from its Response.**

(1) Client Name: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) City, State, Zip Code: \_\_\_\_\_

(4) Project Manager: \_\_\_\_\_

(5) Telephone Number: \_\_\_\_\_

(6) E-mail: \_\_\_\_\_

(7) Number of Employees in Client Organization: \_\_\_\_\_

(8) Project Scope of Services/Goals: \_\_\_\_\_

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

(9) Contract Award Date: \_\_\_\_\_

(10) Initial Contract Amount: \$\_\_\_\_\_      Final Contract Amount: \$\_\_\_\_\_

(11) Describe the project, its similarity to the services requested herein, and how goals were met:

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

(12) You may attach any reports or studies completed for the project.

**EXHIBIT 3  
MUNICIPAL CLIENT REFERENCES**

**Submit a completed municipal client profile information sheet for each at least three (3) Illinois municipalities ~~municipality or other unit of government~~ for which the Respondent currently provides ARLE related services.**

**Please attach a list to this Exhibit 3 of all Illinois municipalities to which the Respondent currently provides services similar to those sought in this RFP.**

(1) Client Name: \_\_\_\_\_

(2) Address: \_\_\_\_\_

(3) City, State, Zip Code: \_\_\_\_\_

(4) Project Manager: \_\_\_\_\_

(5) Telephone Number: \_\_\_\_\_

(6) E-mail: \_\_\_\_\_

(8) Scope of Services/Goals: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(9) Contract Award Date: \_\_\_\_\_

(10) Fees/ Hourly Rate for Services \$ \_\_\_\_\_