

# Attachment F

## Proposal Specification Checklist Table: Mandatory Requirements and Evaluation Criteria

Please indicate, utilizing the table below, the section and page number where the requested information is in your proposal. Respondent must complete this Proposal Specification Checklist Table provided as Attachment F to identify how their proposal meets the requirements of the solicitation.

<b>Mandatory Requirements</b>	<b>Vendor's Reference</b>	<b>Proposal</b>	<b>Page</b>
Name of vendor, vendor's address, and contact person, including work phone, cell phone, and email address.	Section		
	Page(s)		
Submission of Operational Plan.	Section		
	Page(s)		
Submission of separate a Pricing Plan distinct from the technical proposal submission materials.	Section		
	Page(s)		
Submission of plan to meet BEP requirement.	Section		
	Page(s)		
Vendor provides three (3) references with complete contact information.	Section		
	Page(s)		
Vendor must be able to legally provide clinical services under the supervision of a licensed medical provider in Illinois.	Section		
	Page(s)		
Vendor must be able to travel to long term care facilities across Illinois (outside of the City of Chicago) to deliver these services.	Section		
	Page(s)		

<b>Evaluation Criteria</b>	<b>Vendors Reference</b>	<b>Proposal</b>	<b>Page</b>
Provision of medical therapeutic and prophylactic interventions and infection prevention services:	Section		
	Page(s)		
Data collection and reporting.	Section		
	Page(s)		
Staffing Plan and logistics.	Section		
	Page(s)		

Quantity of services.	Section Page(s)
Internal Quality Assessment and Improvement process.	Section Page(s)