City of Chicago
Request for Proposals (RFP)
For
Implementing a School-Based Mobile Vision Program for Chicago Public School Students

RFP # DA-41-3045-12-2012-001

Key Dates

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<tr>
<td>Release Date</td>
<td>Thursday, December 20, 2012</td>
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<tr>
<td>Bidders Conference</td>
<td>Monday, January 7, 2013</td>
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<tr>
<td>Letter of Intent Due</td>
<td>Friday, January 11, 2013</td>
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<tr>
<td>Proposal Due</td>
<td>Thursday, January 17, 2013</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>Friday, February 1, 2013</td>
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Submit one (1) original, five (5) complete copies, and a complete electronic copy on a CD of the proposal

All proposals must be addressed and delivered to:
Department of Public Health
DePaul Center—Room 200
333 South State Street
Chicago, Illinois, 60604

PROPOSALS MUST BE RECEIVED NO LATER THAN 4:00 P.M. CENTRAL ON

Thursday, January 17, 2013

NO PROPOSALS WILL BE ACCEPTED FOR ANY REASON AFTER THIS DEADLINE

City of Chicago
Department of Public Health
Office of Adolescent and School Health

Rahm Emanuel
Mayor

Bechara Choucair, M.D.
Commissioner
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City of Chicago  
Request for Proposals (RFP)  
For  
Implementing a School-Based Mobile Vision Program for Chicago Public School Students  

RFP # DA-41-3045-12-2012-001

I. Purpose

The purpose of this RFP is two-fold: (1) to engage qualified organizations/providers to develop and pilot a school-based mobile vision program through the delivery of high quality comprehensive eye exams and prescription eye glasses, as needed, for students that attend the Chicago Public Schools (CPS); and (2) to conduct a quality assurance program with those Respondents providing eye exams and glasses to assure high quality eye exams and eye glasses are being delivered to the CPS students. The Chicago Department of Public Health (CDPH) will reimburse Respondents for the services provided to Non-Medicaid students. Respondents providing eye exams and eye glasses will also be required to bill Medicaid for services rendered and utilize the Medicaid procedures for securing eye glasses as the sole source of payment. Respondents cannot bill CDPH for services provided to students with Medicaid.

Respondents can only submit a proposal for one of the two categories listed below:

Category I – Provision of Eye Exams and Prescription Eye Glasses, and Referrals for Follow-Up Care

Category II – Quality Assurance and Evaluation Services

II. Background

The Office of Adolescent and School Health at CDPH is committed to increasing access to health services for students through working in partnership with the CPS. In 2011, of the nearly 200,000 students provided a vision screening by CPS Audiometric and Vision Screening Technicians, more than 30,000 students failed. Those students who failed their screening were referred for a comprehensive eye exam, but most students did not follow-through due to a lack of information, limited access, or limited resources. Additionally, over 25,000 Kindergarten students are required, by law, to obtain a vision exam by October 15th annually. Last school year, only 9% of Kindergarten students reported receiving this important exam.

The new pilot program outlined in this RFP will allow students that fail their vision screening and/or are required to have a vision exam to have increased access through participation in this program. Students that fail their vision screening, and Pre-Kindergarten, Kindergarten and 1st grade students will be the primary target population for this new program.

In Illinois, vision screening is mandatory for all students entering Pre-Kindergarten, Kindergarten, second grade and eighth grade; all students who are new to a school district; students receiving Special Education and; students who are referred by their teachers. Vision screening is performed by technicians, certified by the Illinois Department of Public Health, who are employed by CPS.

CPS and CDPH have successfully partnered with private dentists to build a sustainable school-based mobile dental program that provides high quality preventative dental services at schools at no cost to CPS, CDPH or the parents. Last school year, over 119,000 students received a dental exam through this program. CDPH aims to replicate that model with this mobile vision services program (the “Program”) at CPS.
III. Eligibility Requirements for Respondents

Category I

To be eligible for Category I, Respondents must be an organization that employs Illinois licensed optometrists/ophthalmologists and support staff that are committed to working in collaboration with CDPH and CPS to develop and implement a school-based mobile vision program that will serve approximately 23,000 students in year one. The Respondents will need to obtain equipment necessary to complete a comprehensive eye examination. The Respondent must follow the requirements for the use and maintenance of the equipment under the grant agreement.

Respondents must also commit to providing evidence of Medicaid Provider status or registering with the State of Illinois to become an approved Medicaid Provider prior to submitting a proposal. Throughout the duration of the Program, Respondents must maintain their eligibility to be reimbursed by Medicaid. Respondents must commit to purchasing frames and prescription lenses fabricated in Illinois using the same materials as Medicaid for the Non-Medicaid students. Lastly, Respondent must commit to working with CDPH on developing a sustainable Program model.

The successful Respondents will be required to participate in evaluation and quality assurance activities coordinated by the selected Quality Assurance (QA) Provider.

Category II

Respondents for Category II will be required to directly observe a sample of the Category I Respondents and conduct chart reviews on 5% (of the total 23,000 examined) of all students examined per Optometrist/Ophthalmologist, perform environmental assessments of the CPS location where services are provided including the equipment being used, participate in CDPH quality improvement efforts, and provide technical support to CDPH and Category I Respondents. As such, to be considered for this category, Respondents must hold an Illinois license to practice Optometry/Ophthalmology and have at least 5 years of professional experience providing eye exams to children.

Respondents can only apply for one of the two Categories.

All Respondents must complete the City’s electronic Economic Disclosure Statement and Affidavit www.cityofchicago.org in the search button type in Economic Disclosure.

All Respondents must submit proof of insurance with completed proposal. Successful Respondents will be required to name the City of Chicago and CPS as additional insured.

All Respondents are strongly encouraged to complete an “Intent to Apply” form (see Appendix A) and submit it to Karen Ewing at Karen.Ewing@cityofchicago.org by Friday, January 11, 2013.

IV. Bidders Conference

An in-person Bidders Conference has been scheduled for this RFP. The purpose of the Bidders Conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective Respondents’ questions. Organizations planning to submit a proposal for funding are strongly encouraged to participate in a Bidders Conference. The Bidders Conference will be held at the following location and date:
V. Available Funding

Category I

A total of $1,000,000 is available using funds appropriated by the City of Chicago for the budget period beginning February 1, 2013 through December 31, 2013 for delivering the school-based vision services. Between one (1) and five (5) contracts will be awarded with awards ranging from a minimum of $200,000 to a maximum of $1,000,000 to organizations providing comprehensive eye exams and prescription eye glasses to CPS students. Contract renewal may be possible for up to two additional periods, each period not to exceed one year, contingent on funding availability and prior performance. The Respondent will bill Medicaid for all Medicaid eligible student services and cannot bill CDPH for these services.

Reimbursement Model

CDPH will reimburse Respondents for all Non-Medicaid prescription eye glasses purchased up to $85 per pair per student. In addition, Respondent will bill Medicaid for all services rendered for all students less Medicaid reimbursements billed. Respondents shall submit invoices to CDPH for all services rendered for all students less Medicaid reimbursements received, Respondent’s operating budget and start-up costs up to $306,000, and costs for Non-Medicaid prescription eye glasses. Respondent will receive reimbursement from CDPH not to exceed $200,000 per Team (It is estimated that a minimum of two optometrists and at least two opticians/optometry technicians will constitute a “Team). (See Appendix D – Sample Operating Budget and Start-Up Costs Template).

Category II

A total of $60,000 is available using funds appropriated by the City of Chicago for the budget period beginning February 1, 2013 through December 31, 2013 for one (1) qualified organization to conduct the quality assurance and evaluation services for this Program. Contract renewal may be possible for up to two additional periods, each period not to exceed one year, contingent on funding availability and prior performance.

VI. Project Description

Category I

Each Respondent must recruit and maintain a staff capable of providing comprehensive eye exams and prescription eye glasses for a minimum of 4,600 students annually in an effort for CDPH to reach its annual goal of 23,000 students. Respondent’s staff (“Staff”) may be comprised of Respondents’ employees, and subcontractors. Not more than 40% of the budget may be subcontractors. All subcontractors are subject to CDPH approval.

The comprehensive eye exams and prescription eye glasses shall occur at assigned CPS locations designated by CDPH. Eye glasses must be ordered using the Medicaid system and/or purchasing frames and lenses fabricated in Illinois using the same materials and standards as Medicaid for the Non-Medicaid
students. All glasses will be delivered to the schools. If a student needs glasses, immediately following a
child’s eye exam, Respondent must offer the child a minimum of 15 different Medicaid frames to make a
selection. Respondent must deliver the prescription eye glasses to each student who needs them within
eight (8) weeks of the date of their eye exam and ensure all students receive a fitting. Respondents will
need to notify CDPH if Medicaid ordering is taking longer than eight (8) weeks. In addition to providing
eye exams and prescription eye glasses to CPS students as specified in this paragraph, successful
Respondent will also be responsible for providing written and/or oral eye care information and education,
and making referrals to other community eye care providers for follow-up care, if required.

The Respondents must maintain above 60 percent Medicaid eligible students. If the payer mix for the
Respondent is below 60% during the contract period, the Respondent must meet with CDPH and CPS to
develop strategies to increase the number of Medicaid students participating in the program. Respondent
must receive pre-approval from CDPH prior to exceeding the annual 4,600 eye exam target. CDPH will
review approval requests to ensure that quality and financial stability will not be negatively impacted with
the increased number of exams. In addition, the Respondent must meet with CDPH and CPS if the
Respondent is having challenges meeting the annual 4,600 eye exam target.

1) **Staffing and Recruitment**
   a. Respondent shall promptly recruit and assign, and shall maintain a sufficient number of
      competent and qualified Staff to provide all services. It is estimated that a minimum of two
      optometrists and at least two opticians/optometry technicians will constitute a “Team.” Each
      Team should be able to serve 4,600 students annually.
   b. Respondent shall obtain current proof of licensure for all members of its professional staff and
      shall maintain evidence of such licensure in a binder that is available and clearly visible during
      any and all eye examinations. Licensure must be maintained throughout the duration of the
      Program.
   c. Respondent shall ensure all staff submit to a fingerprint and background check through the CPS.
      No Respondent shall be permitted to work in this Program if such person:
      i. Has been convicted of any of the enumerated criminal or drug offenses described in
         subsection (c) of 105 ILCS 5/34-18.5, or
      ii. Has been convicted, within the past 7 years of any other felony under the laws of the State
          of Illinois; or
      iii. Has been convicted, within the past 7 years of any offense committed or attempted in any
          other state or against the laws of the United States that, if committed or attempted in
          Illinois, would have been punishable as a felony under the laws of Illinois; or
      iv. Has been convicted of those offenses defined in the Cannabis Control Act, 720 ILCS 550/1
          et except 720 ILCS 550/4 (a), 550/4(b), and 550/5 (a); or
      v. Has been convicted of any offense defined in the Illinois Controlled Substances Act, 720
          ILCS 570/100 et seq.; or
      vi. Has been found to be the perpetrator of sexual or physical abuse of any minor less than 18
          years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987; or
      vii. Has been identified in the Sex Offender Database (SOD) or by other organized means as a
          sex offender.
      viii. Respondent shall require all persons assigned to perform services at any school to show
           evidence that they are free from communicable disease, including tuberculosis. Acceptable
           evidence is described in the Illinois School Code, 105 ILCS 5/24-5.
2) **Scheduling**
   a. Respondent shall recruit and utilize sufficient Staff to provide all services, deliverables and goods.
   
b. Respondent shall utilize sufficient Staff to support program implementation during school hours, Monday through Friday. Respondent must be familiar with the CPS calendar, http://www.cps.edu, which may be updated by the Board of Education from time-to-time. It is understood and agreed that the Respondent shall not operate when students are not in attendance, during State testing, or on school holidays. CDPH may adjust Respondent hours, with a two week notice to Respondent to accommodate additional testing dates, report card pick up dates, etc. Respondent shall utilize an adequate number of Staff who is able to work flexible hours to ensure that Respondent can complete the Program objectives and provide sufficient types and amounts of services to students.
   
c. CDPH will create a Google Calendar to determine the location of each team in the CPS system. Respondent must keep the Program Google Calendar up to date on a daily basis. This calendar will be used by CDPH, CPS and the Category II QA Respondents.
   
d. Respondent shall coordinate the delivery of Services (dates, time, location, etc.) with CPS and CDPH. Respondent will be responsible for scheduling all services directly with assigned school administration.

3) **Operations**
   a. Respondent shall establish a model capable of serving a minimum of 4,600 students per Team during the project year to assist in reaching the larger CDPH goal of 23,000 students during the project year. The goal of the model is to bill Medicaid for all eligible services which should offset all other costs of the Non-Medicaid students.
   
b. Respondent shall meet with designated CDPH and CPS staff to finalize a coordinated Service Delivery Plan. At least 4,600 students per Team must be examined during the project year to meet CDPH’s goal of providing services.
   
c. Respondent shall provide a comprehensive eye exam to all students that present with a signed parental consent form that includes the following components:
      i. Complete case history. A good case history includes status of general health, family history and known drug allergies.
      ii. Best corrected entering visual acuity at far and near monocularly using Snellen or Lea (if student does not know letters)
      iii. Dilated internal exam with an ophthalmoscope (unless contraindicated for medical reasons)
      iv. Retinoscopy
      v. Refractive status—subjective to best visual acuity at distance and subjective at near
      vi. Measurement of binocularity, including vergences, phoric and accommodative ability
      vii. External examination, including pupil responses, EOMs, confrontation fields, near point of convergences, cover test (far and near)
      viii. Color vision screening
      ix. Intraocular pressure screening (tonometry)
      x. Written prescription if indicated
   
d. Respondent shall record all exam information during the exam and furnish students with the State of Illinois Vision Exam Form that includes exam findings for their parent or guardian. If a prescription is required, a signed prescription must also be provided to the student.
   
e. For those students who require prescription eye glasses, Respondent shall write the prescriptions, assist students with selecting frames, and order prescription eye glasses at no cost to the family.
   
f. Respondent shall deliver the glasses back to the school no more than eight (8) weeks after date of service. Respondent shall provide a proper eye glass fitting and instruct students on their proper care and use.
g. Respondent shall furnish minor eyeglass repairs and adjustments upon request, at no cost to the student, CPS or CDPH for up to one year from the date of the eye glasses are delivered to the student.

h. Respondent shall educate the CPS students on eye health, using written and/or oral instructions.

i. Respondent shall give each student who may require additional eye care, a minimum of two (2) community eye care professionals for follow-up care. This list shall contain the following disclaimer:

“The name of the eye care providers on this referral slip are able to provide additional vision care and services and is being furnished for your convenience only. **Neither the City of Chicago nor the Board of Education warrants the vision care and services that these eye care providers offer.** You may choose to use these eye care providers or any other eye care provider for additional vision care and services. Neither the City of Chicago nor the Board of Education will pay for any additional vision care and services that you may seek. Payment for such additional vision care and services will be your responsibility.”

j. Respondent shall furnish CDPH with a copy of exam findings for each examined student using Excel, or agreed upon format, including: school, student name, birthdate, student ID number, eye exam date, name of exam provider, primary, secondary and tertiary diagnosis (if applicable), eye glasses required status, when to wear eye glasses instructions, date eye glasses received, referral needed (if applicable), and referral agency (if applicable).

k. Respondent shall attend monthly meetings with CDPH to review progress, challenges, and opportunities for improvement.

l. All invoices submitted by the Respondent must be received for all services, goods and deliverables provided by the Respondent by the 10th of every month for the previous month’s activities.

4) **Parent/Guardian Consent Form**
   a. Respondent shall provide eye exams only for students who have the signed Parent/Guardian Consent Form.

5) **Quality Control Procedure**
   a. Respondent shall maintain a **quality control procedure** at all times to ensure that the prescription eye glasses conform to the students’ prescriptions. In the event that a student/parent has a complaint concerning the vision derived from or comfort of a prescription, then the Respondent shall have the Student re-examined by the optometrist, at the student’s school, at no additional charge within 30 days of the request. If necessary and applicable, Respondent shall have a different optometrist on the Respondent’s staff re-examine the student at no additional charge. If there is a change in the student’s prescription due to such re-examination, Respondent shall replace the lenses at no additional charge to the student/family or the City. CDPH retains final authority with respect to all Program related decisions.

6) **Eye Glass Warranty**
   a. Respondent shall warrant that all frames and lenses shall be free from defects in material and workmanship for 12-months from the date of delivery and acceptance of prescription of eye glasses to the student. During the warranty period, damaged frames and lenses shall be repaired and/or replaced, at no additional charge. Any and all such repairs shall be completed within 30 days. This warranty shall cover normal wear and tear, but specifically excludes damage to the frames or lenses if such damage is willful or is attributed to negligent handling or care.

**Category II**

Respondents to Category II must recruit and maintain sufficient staff to conduct a minimum of 1,150 chart reviews, or 5% of the 23,000 students to be served in this program. Quality Assurance (QA)
Reviews which will include but are not limited to: chart reviews, environmental assessment, equipment review, OHSA standards compliance, and direct observation of eye care providers from Category I. In addition, Respondent will be required to participate and provide technical expertise in quality improvement efforts related to the Program with CDPH. Finally, Respondents to this category, or affiliates with Respondents in Category I, cannot also be Respondents in Category I.

1) Staffing
   a. Respondent shall promptly recruit and maintain a sufficient number of State of Illinois licensed optometrists/ophthalmologists to conduct the required QA activities.
   b. Respondent shall obtain current proof of licensure for all members of its professional staff and shall maintain evidence of such licensure in a binder that is available and clearly visible during any and all QA activities. Licensure must be maintained throughout the duration of the Program.
   c. Respondent shall ensure all staff submit to a fingerprint and background check through the CPS. No Respondent shall be permitted to work in this Program if such person:
      i. Has been convicted of any of the enumerated criminal or drug offenses described in subsection (c) of 105 ILCS 5/34-18.5; or
      ii. Has been convicted, within the past 7 years of any other felony under the laws of the State of Illinois; or
      iii. Has been convicted, within the past 7 years of any offense committed or attempted in any other state or against the laws of the United States that, if committed or attempted in Illinois, would have been punishable as a felony under the laws of Illinois; or
      iv. Has been convicted of those offenses defined in the Cannabis Control Act, 720 ILCS 550/1 et U, except 720 ILCS 550/4 (a), 550/4(b), and 550/5 (a); or
      v. Has been convicted of any offense defined in the Illinois Controlled Substances Act, 720 ILCS 570/100 et seq.; or
      vi. Has been found to be the perpetrator of sexual or physical abuse of any minor less than 18 years of age pursuant to proceedings under Article II of the Juvenile Court Act of 1987; or
      vii. Has been identified in the SOD Database or by other organized means as a sex offender.
   viii. Respondent shall require all persons assigned to perform Services at any school to show evidence that they are free from communicable disease, including tuberculosis. Acceptable evidence is described in the Illinois School Code, 105 ILCS 5/24-5.

2) Scheduling
   a. Respondent shall utilize the Google Calendar for the Program to determine where and who will receive QA. Each of the licensed optometrists/ophthalmologists in Category I must have a minimum of 5% of their student eye exam charts reviewed annually.
   b. Respondent shall be responsible for scheduling all QA visits and shall notify CDPH of all scheduled visits.
   c. Respondent shall not inform the optometrist/ophthalmologist that QA is scheduled. Visits shall be unannounced.

3) QA Program Responsibilities
   a. Respondent shall conduct QA on 5% of all optometrist/ophthalmologist charts in Category I.
   b. Respondent shall conduct environmental assessment including equipment review.
   c. Respondent shall conduct optometrist/ophthalmologist direct observations on a random sample of students receiving eye exams conducted by the Respondents in Category I.
   d. Respondent shall participate in monthly meetings with CDPH and CPS to review results of QA.
   e. Respondent shall participate in any and all quality improvement efforts associated with this Program.
   f. Respondent shall provide written reports to CDPH for each QA review conducted. Report template will be developed collaboratively with selected QA provider.
   g. Respondent shall develop and submit all tools to be used during QA visits for CDPH pre-approval.
h. Respondent shall submit monthly invoices for all services rendered no later than the 10th of every month for the previous month’s work.

VII. Instruction for Completing a Proposal

This section provides information on proposal requirements and submission guidelines. Only documents requested in this RFP or directly related to the RFP should be submitted. Any unsolicited material submitted with the proposal will not be considered.

A. Intent to Apply

All Respondents are encouraged to complete and submit the Intent to Apply Form by **4:00 p.m., Friday, January 11, 2013.** This form is for informational purposes only and will not be used to determine eligibility or funding.

The form may be emailed or delivered to:

Karen Ewing  
Chicago Department of Public Health  
333 South State Street  
Chicago, IL 60604  
Email: Karen.Ewing@cityofchicago.org

B. Proposal Guidelines

**Category I: Provision of Eye Exams and Prescription Eye Glasses, and Referrals for Follow-Up Care**

**Title Page** (see Appendix B)

This page must be the first page of your proposal.

**Project Abstract** (No more than one page)

The Project Abstract provides a brief description of your organization and its experience relevant to this proposal and category. The Project Abstract should include the following information:

- Name of organization and address(es)
- Description of the organization’s history and experience
- Description of the project for which funds are being requested
- Description of the organization’s experience working with the target populations
- Description of the organization’s commitment to working within schools and among school communities to service student needs

**Organization Experience and Target Population** (No more than two pages)

Provide a narrative describing your organization’s experience providing vision services to children, particularly children in low-income and limited access communities.

- Include experience providing school-based services
• Include experience providing vision education to students and families
• Include experience and ability to provide vision services to meet the needs of students with disabilities
• Include specific experience and ability providing services to children under the age of 6

**Cultural and Linguistic Capacity** (No more than 1 page)

• Describe your organization’s ability to meet the cultural and linguistic needs of the diverse CPS population
• Describe any innovative or successful activities your organization has undertaken in order to improve its cultural and linguistic capacity

**Staffing and Recruitment** (No more than 2 pages)

• Describe the method in which the Respondent shall recruit and hire qualified staff for the Program, including timely and efficient hiring relative to the anticipated date of contract award and to provide a minimum of 4,600 eye exams annually. If staff are in place, complete the Key Personnel Form in Appendix F.
• Describe Respondent’s ability to ensure all eye care providers possess appropriate State of Illinois licenses and Medicaid billing authority.
• Provide a description of how staff will be compensated by the Respondent.

**Program Implementation** (No more than 5 pages)

For all of the below, provide a narrative describing the activities and personnel responsible for each (Appendix E can be used for this section but is not required, however any substitute shall contain the same components):

• Describe, in detail, how your organization intends to schedule vision services at CPS.
• Describe, in detail, how your organization will execute vision services within the CPS.
• Describe, in detail, how students requiring glasses will select a frame and how those frames will be purchased. Also, describe how those frames meet the Medicaid standard.
• Describe how you will ensure Non-Medicaid eye glasses (frames and lenses) meet Medicaid standards and who you will have manufacture the glasses.
• Describe, in detail (including the personnel or type of personnel responsible for this activity), the process by which glasses will be delivered to and fitted for each student that requires glasses and how students will be instructed on proper wear and care.
• Describe, in detail, how equipment will be purchased. Include a quote from equipment supplier(s) for all equipment to be purchased. Provide a list of Respondent-owned equipment that will be used if not needing purchased.
• Describe, in detail, how student records will be maintained and how data will be delivered to CPS as described in Section VI of this RFP.

**Budget and Justification** (see Appendix D)

Provide a narrative description of the proposed project budget and complete all forms in Appendix D. Your narrative must address the following questions:

• Describe your organization’s fiscal capacity and stability to manage the proposed project.
• All contracts will be paid on a reimbursement basis for equipment and glasses for Non-Medicaid students only. Respondents will be expected to bill Medicaid for all services for all students that are eligible. Describe your organization’s demonstrated capacity to operate on a reimbursement basis and your ability and eligibility to bill Medicaid on a timely basis.
• Describe and justify all costs proposed in the budget. The budget narrative should make the distinction between the start-up costs and the operating costs. The budget and narrative must meet all requirements set forth in this section.

Category II: Quality Assurance and Evaluation

Title Page (see Appendix B)

This page must be the first page of your proposal.

Project Abstract (No more than one page)

The Project Abstract provides a brief description of your organization and its experience relevant to this proposal and category. The Project Abstract should include the following information:

• Name of organization and address(es)
• Description of the organization’s history and experience
• Description of the project for which funds are being requested
• Description of the organization’s commitment to working within schools and among school communities to service student needs

Organization Experience and Target Population (No more than two pages)

Provide a narrative describing your organization’s experience providing QA for vision services and participating in quality Improvement activities.

Cultural and Linguistic Capacity (No more than 1 page)

• Describe your organization’s ability to meet the cultural and linguistic needs of the diverse CPS population
• Describe any innovative or successful activities your organization has undertaken in order to improve its cultural and linguistic capacity

Staffing and Recruitment (No more than 2 pages)

• Describe the method in which the organization shall recruit and hire qualified staff for the Program, including timely and efficient hiring relative to the anticipated date of contract award and to provide a minimum of 1,150 QA visits annually. If staff is in place, complete the Key Personnel Form in Appendix F.
• Describe the organization’s ability to ensure all organization employees, agents, and subcontractors possess appropriate State of Illinois licenses.
• Provide a description of how staff will be compensated by the organization.
Program Implementation (No more than 5 pages)

For all of the below, provide a narrative describing the activities and personnel responsible for each (Appendix F can be used for this section but is not required):

- Describe, in detail, how your organization intends to schedule QA services at CPS.
- Describe, in detail, how your organization will execute QA services within the CPS.
- Describe, in detail, how the environmental assessment will be conducted.
- Describe, in detail, how QA records will be maintained and how data will be delivered to CPS as described in Section VI of this RFP.

Budget and Justification (see Appendix D)

Provide a narrative description of the proposed project budget. Your narrative must address the following questions:

- Describe your organization’s fiscal capacity and stability to manage the proposed project.
- All contracts will be paid on a reimbursement basis, describe your organization’s demonstrated capacity to operate on a reimbursement basis.
- Describe and justify all costs proposed in the budget. The budget and narrative must meet all requirements set forth in this section. If a specific section is not applicable, simply state “not applicable.”

Budget Category Descriptions and Examples (for both Category I and II): This guide is provided for budget calculations only. Funds available under this opportunity will only be used to reimburse: (1) eye exams and eye glasses for Non-Medicaid students; (2) equipment costs approved by CDPH; and (3) QA and evaluation visits. A description of each expense category is presented below.

Personnel: For these costs, provide the following information: the name of the employee and job title, number of positions, monthly salary, number of pay periods, percent of time to be charged to this project, and the amount of the CDPH share, other share, and in-kind share, and the total cost. Provide a brief budget justification explaining the duties of each employee assigned to the project. If the Respondent has not yet identified individuals to fill salaried positions, indicate that these individuals are yet to be hired (TBD). In the summary section, make sure to show your calculations, indicate if staff is paid weekly, biweekly, monthly.

Fringe Benefits: For these costs, provide the following information: the amount of fringe benefits requested (which should also isolate FICA and Medicare costs at 7.65%); medical insurance including dental and vision coverage, if applicable; worker's compensation and disability insurance; life insurance, if applicable; vacation time; and sick pay benefits, etc. Please include elements that are included in the fringe benefit amount. Fringe benefits must be based on the Respondent's established personnel policies. Show all calculations (formula used to determine final cost).

Note: If a fringe benefit is not listed, you cannot be reimbursed for it.

Operating Expenses: Respondents must delineate expenditures for items related to any programmatic activities integral to this project (e.g., telephone, advertising, printing, duplication, equipment leasing/maintenance, dues, subscriptions, memberships, messenger services, facility maintenance, technical meeting costs and postage).
Professional/Technical Services: List and justify all fees to be paid to consultants and subcontractors, noting the number of hours to be devoted to the project and specific responsibilities. Consultant fees will be allowed on a limited basis only, and should not to be used in place of staff support.

Note: The City of Chicago will require all successful Respondents to identify any consultants and subcontractors that will be part of the proposed program. If they are not yet been identified indicate that in the budget and budget justification. They must be identified and pre-approved by the project officer before they begin any services to be funded through this proposal.

Transportation and Travel Expenses: Funding for transportation should be requested only as appropriate for program needs. Program-specific transportation expenses may include travel vouchers, or expenses incurred in operating organization-leased/owned vehicles. Out-of-town travel is not an allowable expense.

Local Travel: Delineate amounts for public transportation and mileage reimbursement at the current federal rate available at http://www.gsa.gov/mileage. Include here the expenses to operate agency-owned vehicles that are used in program delivery. All drivers and vehicles used for this program must have valid licenses and insurance. If an employee would like to request reimbursement for mileage, then the City of Chicago and CPS must be listed as an additional insured.

Materials and Supplies: Itemize and justify programmatic materials, include office supplies that will be used by program staff in service delivery.

Equipment: Itemize and justify programmatic equipment such as those listed in Appendix D. Equipment purchased with Program funds may need to be surrendered to CDPH upon expiration or termination of the agreement.

Note: CDPH must approve and catalogue all equipment purchases of $5,000 or greater.

Administrative/Indirect Costs: Administrative/indirect costs up to 10% of direct costs must be specifically delineated and justified in the proposal. The Respondent must provide a brief narrative justification for the amount requested. Examples of administrative and indirect costs include: rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting, costs to bill Medicaid including billing services and audit expenses. Administrative costs may also include partial salaries of administrative staff (e.g., executive director or office manager). Respondents must retain records of the expenses actually charged against any contract that is awarded as a result of the RFP.

Note: Agencies funded through this RFP will be required to comply with various insurance specifications established by the City of Chicago: these include workers' compensation, auto liability, commercial liability and professional liability. These requirements also apply to all subcontractors and consultants.

VIII. Proposal Checklist

The Proposal Checklist (see Appendix C) should be used to ensure that the proposal is complete. Include the Checklist with the proposal. Proposals that do not contain each of the items indicated in the checklist will be considered incomplete and will not be reviewed.
IX. Submission Guidelines

Failure to follow any of the instructions related to content will result in the proposal being eliminated from consideration. Other than late delivery, the most common reasons that proposals are rejected include: inadequate number of copies, missing sections of the proposal, and failure to include requested documents.

It is the responsibility of the Respondent to ensure delivery of the proposal to CDPH by the designated deadline. All proposals will be date and time stamped upon receipt and the receipt will be given to the person delivering the package at the time of receipt. Respondents using a messenger service to deliver their proposals should advise the messenger service of the 4:00 pm deadline and make sure the messenger knows to wait for a receipt.

Respondents wishing to drop off completed proposals prior to the deadline of Thursday, January 17, 2013 should contact Karen Ewing to arrange for a drop off time. Contact information is Karen.Ewing@cityofchicago.org.

All programmatic questions regarding this RFP (i.e., objectives, review criteria, work plan, budget components, etc.), and assistance with the proposal guidelines should be referred to:

Jaime Dircksen
Chicago Department of Public Health
Telephone: 312-747-9435
Email: Jaime.Dircksen@cityofchicago.org

Submit one (1) original and five (5) complete copies, six (6) in total, and a CD with an electronic version of the proposal to:

Department of Public Health
DePaul Center – Room 200
333 South State Street
Chicago, Illinois, 60604

The proposal must be received by 4:00 p.m. Central Standard Time on Thursday, January 17, 2013. No extension will be permitted. No late proposals will be accepted.

A. Format Instructions

Follow these instructions in completing your proposal.

- Use at least 1.5 line spacing and at 11-point font size
- Proposals should have margins of at least ¾ inch on all sides
- Submit only unbound proposals (i.e., no staples, ring binders, covers)
- All documents should be on 8 ½”x11” paper
- Print double-sided
- Include a table of contents reflecting major categories and corresponding page numbers
- Attach only supporting documentation requested or directly related to the proposal
- Sequentially number the entire proposal including all the attachments
- No faxes will be accepted
B. Required Documentation

Please submit the following as attachments in the completed proposal. Clearly mark each as separate appendices.

- Internal Revenue Service 501c(3) tax exempt determination letter as applicable
- Copy of Respondent’s Articles of Incorporation.
- Copy of the Respondent’s most recent financial statement.
- If Respondent received $500,000 or more in federal funds during fiscal year, submit a copy of an audit conducted in accordance with OMB Circular A-133.
- Copy of the completed City of Chicago Economic Disclosure Statement.
- List of Board of Directors (must include place of employment for each), as applicable.
- Proof of insurance.
- Proof of Medicaid billing authority.
- Reference letters for any and all community eye care referral sources Respondent intends to use.

X. Evaluation of Proposals

All proposals that are received on time will undergo a technical review to determine whether all required components have been addressed and included. Proposals that are determined by the CDPH to be incomplete will not be considered. Proposals that are determined to be complete will be forwarded to a Review Panel.

The Review Panel will evaluate and rate all remaining proposals based on the Evaluation Criteria listed below. The Review Panel forwards its recommendations and comments to the CDPH Executive Committee. Final funding decisions are made by the CDPH program and Commissioner of Public Health. All Respondents will be notified of the results in writing.

Evaluation Criteria

Category I

- Respondent’s relevant experience in providing the proposed service.
- Respondent’s ability to hire staff.
- Respondent’s ability to provide eye exams and eye glasses in the required timeframe and within the required specifications.
- Respondent’s ability to bill Medicaid and deliver services based on a reimbursement model.
- Respondent’s ability to maintain student records and deliver data to CDPH in the required timeframe.
- Respondent’s cultural capability and linguistic capacity
- Soundness of proposed budget and delegate agency’s financial capacity and stability to manage a program of the size and scopes contemplated
- Past contractual performance for the City of Chicago or the Board of Education.

Category II

- Respondent’s relevant experience in providing the proposed service.
- Respondent’s ability to hire staff.
- Respondent’s ability to conduct all required components of the QA.
- Respondent’s ability to maintain QA records and deliver data to CDPH in the required timeframe.
- Respondent’s cultural capability and linguistic capacity
- Soundness of proposed budget and delegate agency’s financial capacity and stability to manage a program of the size and scopes contemplated
- Past contractual performance for the City of Chicago or the Board of Education.

The City of Chicago reserves the right to directly solicit and select appropriate community-based providers to fill in the gaps should an insufficient number of qualified proposals be submitted.

XI. Reporting and Other Requirements for Successful Respondents

All successful Respondents will be required to submit monthly program reports, monthly invoices and participate in all CDPH-sponsored or other City-sponsored site visits, evaluations and quality assurance activities.

XII. Compliance with Laws, Statutes, Ordinances and Executive Orders

Grant awards will not be final until the City and the respondent have fully negotiated and executed a grant agreement. All payments under grant agreements are subject to annual appropriation and availability of funds. The City assumes no liability for costs incurred in responding to this RFP or for costs incurred by the respondent in anticipation of a grant agreement. As a condition of a grant award, respondents must comply with the following and with each provision of the grant agreement:

1. Conflict of Interest Clause: No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the grant agreement.

   The Respondent covenants that he/she presently has no interest, and shall not acquire any interest, direct, or indirect, in the project to which the grant agreement pertains which would conflict in any manner or degree with the performance of his/her work hereunder. The respondent further covenants that in the performance of the grant agreement no person having any such interest shall be employed.

2. Governmental Ethics Ordinance, Chapter 2-156: All respondents agree to comply with the Governmental Ethics Ordinance, Chapter 2-156 which includes the following provisions: a) a representation by the respondent that he/she has not procured the grant agreement in violation of this order; and b) a provision that any grant agreement which the respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.

3. Selected respondents shall establish procedures and policies to promote a Drug-free Workplace. The selected respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.

4. Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago, as amended (the "Municipal Code") it is illegal for any elected
official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council committee hearing or to vote on any matter involving the person with whom an elected official has a business relationship. **Violation of Section 2-156-030(b) by any elected official with respect to the grant agreement shall be grounds for termination of the grant agreement.** The term business relationship is defined as set forth in Section 2-156-080 of the Municipal Code.

Section 2-156-080 defines a “business relationship” as any contractual or other private business dealing of an official, or his or her spouse or domestic partner, or of any entity in which an official or his or her spouse or domestic partner has a financial interest, with a person or entity which entitles an official to compensation or payment in the amount of $2,500 or more in a calendar year; provided, however, a financial interest shall not include: (i) any ownership through purchase at fair market value or inheritance of less than one percent of the share of a corporation, or any corporate subsidiary, parent or affiliate thereof, regardless of the value of or dividends on such shares, if such shares are registered on a securities exchange pursuant to the Securities Exchange Act of 1934, as amended; (ii) the authorized compensation paid to an official or employee for his office or employment; (iii) any economic benefit provided equally to all residents of the City; (iv) a time or demand deposit in a financial institution; or (v) an endowment or insurance policy or annuity contract purchased from an insurance company. A “contractual or other private business dealing” shall not include any employment relationship of an official’s spouse or domestic partner with an entity when such spouse or domestic partner has no discretion concerning or input relating to the relationship between that entity and the City.


6. If selected for grant award, respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful respondents.

7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% ("Owners"), spouses and domestic partners of such Owners, your Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("Sub-owners") and spouses and domestic partners of such Sub-owners (you and all the other preceding classes of persons and entities are together, the "Identified Parties"), shall make a contribution of any amount to the Mayor of the City of Chicago (the "Mayor") or to his political fundraising committee during (i) the bid or other solicitation process for the grant agreement or Other Contract, including while the grant agreement or Other Contract is executory, (ii) the term of the grant agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the grant agreement or Other Contract with the City is being sought or negotiated.
You represent and warrant that since the date of public advertisement of the specification, request for qualifications, request for proposals or request for information (or any combination of those requests) or, if not competitively procured, from the date the City approached you or the date you approached the City, as applicable, regarding the formulation of the grant agreement, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

You shall not: (a) coerce, compel or intimidate your employees to make a contribution of any amount to the Mayor or to the Mayor’s political fundraising committee; (b) reimburse your employees for a contribution of any amount made to the Mayor or to the Mayor’s political fundraising committee; or (c) bundle or solicit others to bundle contributions to the Mayor or to his political fundraising committee.

The Identified Parties must not engage in any conduct whatsoever designed to intentionally violate this provision or Mayoral Executive Order No. 2011-4 or to entice, direct or solicit others to intentionally violate this provision or Mayoral Executive Order No. 2011-4.

Violation of, non-compliance with, misrepresentation with respect to, or breach of any covenant or warranty under this provision or violation of Mayoral Executive Order No. 2011-4 constitutes a breach and default under the grant agreement, and under any Other Contract for which no opportunity to cure will be granted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under the grant agreement, under any Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

If you violate this provision or Mayoral Executive Order No. 2011-4 prior to award of the Agreement resulting from this specification, the Commissioner may reject your bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between you and the City that is (i) formed under the authority of Municipal Code Ch. 2-92; (ii) for the purchase, sale or lease of real or personal property; or (iii) for materials, supplies, equipment or services which are approved and/or authorized by the City Council.

"Contribution" means a "political contribution" as defined in Municipal Code Ch. 2-156, as amended.

"Political fundraising committee" means a "political fundraising committee" as defined in Municipal Code Ch. 2-156, as amended.

8. (a) The City is subject to the May 31, 2007 Order entitled "Agreed Settlement Order and Accord" (the "Shakman Accord") and the June 24, 2011 "City of Chicago Hiring Plan" (the "City Hiring Plan") entered in Shakman v. Democratic Organization of Cook County, Case No 69 C 2145 (United States District Court for the Northern District of Illinois). Among other things, the Shakman Accord and the City Hiring Plan prohibit the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.

(b) You are aware that City policy prohibits City employees from directing any individual to apply for a position with you, either as an employee or as a subcontractor, and from directing you to hire an individual as an employee or as a subcontractor. Accordingly, you must follow
your own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by you under the grant agreement are employees or subcontractors of you, not employees of the City of Chicago. The grant agreement is not intended to and does not constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by you.

(c) You will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under the grant agreement, or offer employment to any individual to provide services under the grant agreement, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of the grant agreement, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.

(d) In the event of any communication to you by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, you will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General (“IGO Hiring Oversight”), and also to the head of the Department. You will also cooperate with any inquiries by IGO Hiring Oversight or the Shakman Monitor’s Office related to the grant agreement.

9. False Statements

(a) 1-21-010 False Statements

Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an proposal, report, affidavit, oath, or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than $500.00 and not more than $1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

The penalties imposed by this section shall be in addition to any other penalty provided for in the municipal code. (Added Coun. J. 12-15-04, p. 39915, § 1)

(b) 1-21-020 Aiding and Abetting.

Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation. (Added Coun. J. 12-15-04, p. 39915, § 1)

(c) 1-21-030 Enforcement.
In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings. (Added Coun. J. 12-15-04, p. 39915, § 1)
Appendix A

Intent to Apply

City of Chicago
Request for Proposals (RFP)
For
Implementing a School-Based Mobile Vision Program for Chicago Public School Students

RFP # DA-41-3045-12-2012-001

Organizations interested in applying for funding under this RFP are asked to complete and submit this form **4:00 p.m., Friday, January 11, 2013**. The form may be e-mailed, mailed, faxed or delivered to:

Karen Ewing
Chicago Department of Public Health
333 South State Street
Room 200
Chicago, IL 60604
Email: Karen.Ewing@cityofchicago.org

Organization Name: ____________________________________________________________

Address: ___________________________________________________________________

Executive Director: ____________________________________________________________

Contact Person: __________________________________________________________________

Telephone Number: ____________________________________________________________

Fax Number: __________________________________________________________________

Email Address: __________________________________________________________________

Applying for:  □ Category I
or
□ Category II
## City of Chicago Request for Proposals (RFP) For Implementing a School-Based Mobile Vision Program for Chicago Public School Students

**RFP # DA-41-3045-12-2012-001**

<table>
<thead>
<tr>
<th>Organization Name:</th>
<th>DUNS Number: <em>(if applicable)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td><strong>Tax Identification Number:</strong></td>
<td><strong>Total Amount Requested:</strong></td>
</tr>
<tr>
<td><strong>President of the Board of Directors:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Category:</strong></td>
<td><strong>Executive Director’s Email Address:</strong></td>
</tr>
<tr>
<td><strong>Executive Director:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Executive Director’s Phone Number:</strong></td>
<td><strong>Primary Contact Person:</strong></td>
</tr>
<tr>
<td><strong>Primary Contact Person:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Primary Contact’s Phone Number:</strong></td>
<td><strong>Primary Contact’s Fax Number:</strong></td>
</tr>
<tr>
<td><strong>Primary Contact’s Email Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fiscal Agent Name (if applicable):</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fiscal Organization Mailing Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Fiscal Agent’s Phone Number:</strong></td>
<td><strong>Fiscal Agent’s Fax Number:</strong></td>
</tr>
<tr>
<td><strong>Fiscal Agent’s Email Address:</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Signature of the Executive Director:</strong></td>
<td><strong>Date:</strong></td>
</tr>
</tbody>
</table>
Appendix C
Proposal Checklist

City of Chicago
Request for Proposals (RFP)
For
Implementing a School-Based Mobile Vision Program for Chicago Public School Students

RFP # DA-41-3045-12-2012-001

The proposal checklist should be used to ensure that the proposal is complete. Include the checklist with the proposal. Proposals that do not contain each of the items below will be considered incomplete and will not be reviewed.

- Title Page (using Appendix A)
- Proposal Checklist
- Table of Contents

Proposal Narrative
- Project Abstract (No more than one page)
- Organization Experience/Target Population (No more than two pages)
- Cultural and Linguistic Capacity (No more than one page)
- Staffing and Recruitment Plan (no more than 2 pages)
- Implementation Plan (No more than 5 pages)
- Budget Narrative Justification (no more than 2 pages)
- Budget Forms (using Appendix D)

Required Documentation
- Internal Revenue Service 501(c)3 tax exempt determination letter, if applicable
- Copy of Articles of Incorporation
- Copy of the most recent Financial Statement
- OBM Circular A-133 Audit if Respondent received $500,000 or more in federal funds during fiscal year
- Copy of the completed City of Chicago Economic Disclosure Statement
- Proof of insurance
- Proof of Medicaid billing authority, if applicable
- Licensure of all Key Personnel listed, as applicable
- Reference letters for any and all community eye care referral sources Respondent intends to use
- List of Board of Directors (must include place of employment), if applicable

One (1) original, five (5) complete copies and one (1) electronic copy of the proposal are submitted
Appendix D  
Sample Operating Budget and Start-Up Costs Template

City of Chicago  
Request for Proposals (RFP)  
For  
Implementing a School-Based Mobile Vision Program for Chicago Public School Students

RFP # DA-41-3045-12-2012-001

<table>
<thead>
<tr>
<th># of Exams</th>
<th>1Team</th>
<th>2 Teams</th>
<th>3 Teams</th>
<th>4 Teams</th>
<th>5 Teams</th>
</tr>
</thead>
<tbody>
<tr>
<td>(1 Packet= 4,600 Students)</td>
<td>4,600</td>
<td>9,200</td>
<td>13,800</td>
<td>18,400</td>
<td>23,000</td>
</tr>
</tbody>
</table>

**Personnel**

* Salaries

- Optometrist ($60/hour for 8 hours/day for 117 days) x 2  
  $112,320

- Ophthalmologist $ ---

- Optician $ ---

- Clerical $ ---

- Technician ($13/hour at 8 hours/day for 117 days) x 3  
  $ 36,504

- Other $ ---

Salaries Sub-Total  
$148,824

* Fringe Benefits

- FICA and Medicare (7.65% of Salaries)\(^1\)  
  $ 11,385

- Workers Compensation $ 1,500

- Other Benefits (20% of Salaries)  
  $ 29,765

Fringe Benefits Sub-Total  
$ 42,650

Total Personnel  
$191,474

**Non-Personnel**

* Operating Costs

- Malpractice Insurance ($1,500/Optometrist)  
  $ 3,000

- Phones ($50/month)  
  $ 600

- Xeroxing  
  $ 1,200

- File Storage ($100/month)  
  $ 1,200

Operating Costs Sub-Total  
$ 6,000
Appendix D  
Sample Operating Budget and Start-Up Costs Template  

City of Chicago  
Request for Proposals (RFP)  
For  
Implementing a School-Based Mobile Vision Program for Chicago Public School Students  

RFP # DA-41-3045-12-2012-001

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<td>9,200</td>
<td>13,800</td>
<td>18,400</td>
<td>23,000</td>
</tr>
</tbody>
</table>

Non-Personnel (Cont’d)

<table>
<thead>
<tr>
<th>Professional/Tech Services</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Medicaid Billing Agent ($10/claim @ 3,800 claims)</td>
<td>$ 38,000</td>
</tr>
<tr>
<td>Professional/Tech Services Sub-Total</td>
<td>$ 38,000</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Transportation and Travel</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>- Local Travel ($0.50/mile x 50 miles/month/staff)</td>
<td>$ 1,500</td>
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<tr>
<td>Transportation and Travel Sub-Total</td>
<td>$ 1,500</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>* Materials and Supplies</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>- Office Supplies</td>
<td>$ 1,630</td>
</tr>
<tr>
<td>- Medical Supplies</td>
<td>$ 1,200</td>
</tr>
<tr>
<td>Materials and Supplies Sub-Total</td>
<td>$ 2,830</td>
</tr>
</tbody>
</table>

| Total Non-Personnel | $ 48,330 |

| Total Operating Budget (Personnel and Non-Personnel) | $239,804 |

| Administrative/Indirect Costs (Up to 10% of Operating Budget) | $ 23,980 |

| Total Operating Budget and Administrative/Indirect Costs | $263,784 |

Note:  (1) Respondents can apply for as more than one Team, however, if the Respondent applies for more than one Team, fewer Teams may be awarded. As such, all Respondents must complete the column showing the costs associated with one Team.  

(2) Costs for eye glasses for Non-Medicaid students will be reimbursed separately and the costs should not be reflected in the Operating Budget.
### Appendix D

**Sample Operating Budget and Start-Up Costs Template**

City of Chicago  
Request for Proposals (RFP)  
For  
Implementing a School-Based Mobile Vision Program for Chicago Public School Students  
RFP # DA-41-3045-12-2012-001

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<td>9,200</td>
<td>13,800</td>
<td>18,400</td>
<td>23,000</td>
</tr>
<tr>
<td><strong>Start-Up Costs</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Laptops (2)</td>
<td>$ 2,400</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Carrying Case</td>
<td>$ 500</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>* Optical Screwdriver</td>
<td>$ 5</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>* PD Ruler</td>
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<td>* Mirror</td>
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<td>* Occluder</td>
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<td>* Pinhole</td>
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<td>* Pocket Leah Symbol Chart</td>
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<td>* Near Fixation Target</td>
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<td>* 8 Well Lensholder</td>
<td>$ 23</td>
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<td>* Worth 4-Dot with Glasses</td>
<td>$ 28</td>
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<td>* Near Point Cards</td>
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<td>* Repair Supplies (Screws, Nosepads)</td>
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<td>* Sphygmanometer</td>
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<td>* Transilluminator</td>
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<td>* Skiaskapy Bars</td>
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<td>* Pediatric Trial Frame</td>
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<td>* Color Vision Test</td>
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<td>* Stereo Test</td>
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<td>* Rolling Carrying Cart</td>
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<td>* Accommodative Lenses</td>
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<td>* Chargers</td>
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<td>* Ophthalmoscope</td>
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<td>* Foreign Body Kit</td>
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<td>* Indirect Lens (20D)</td>
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<td>$ 257</td>
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<td>* Retinoscope</td>
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<td>* Back-Up Bulbs</td>
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<td>* Gonioscopy Lens</td>
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<td>* Battery Handle (2)</td>
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<td>* Trial Lens Set with Case</td>
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<td>* Lensometer</td>
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Appendix D  
Sample Operating Budget and Start-Up Costs Template  

City of Chicago  
Request for Proposals (RFP)  
For  
Implementing a School-Based Mobile Vision Program for Chicago Public School Students  

RFP # DA-41-3045-12-2012-001  

<table>
<thead>
<tr>
<th># of Exams (1 Packet= 4,600 Students)</th>
<th>1 Team</th>
<th>2 Teams</th>
<th>3 Teams</th>
<th>4 Teams</th>
<th>5 Teams</th>
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<tbody>
<tr>
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<td>4,600</td>
<td>9,200</td>
<td>13,800</td>
<td>18,400</td>
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</table>

Start-Up Costs (Cont’d)

<table>
<thead>
<tr>
<th>Item</th>
<th>1 Team</th>
<th>2 Teams</th>
<th>3 Teams</th>
<th>4 Teams</th>
<th>5 Teams</th>
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</thead>
<tbody>
<tr>
<td>* Binocular Indirect Ophthalmoscope</td>
<td>$ 2,180</td>
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<tr>
<td>* Visual Acuity LCD Chart with Remote</td>
<td>$ 2,295</td>
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<td>* Tonometer</td>
<td>$ 3,495</td>
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<tr>
<td>* Phoropter</td>
<td>$ 3,405</td>
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<tr>
<td>* Phoropter Stand</td>
<td>$ 3,995</td>
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<tr>
<td>* Portable Slit Lamp</td>
<td>$ 3,995</td>
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<tr>
<td>* Portable Auto Refractor</td>
<td>$ 12,390</td>
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</table>

Start-Up Costs Total  
$ 40,583  

Total Operating Budget and Start-Up Costs  
$304,367
Appendix E
Program Work Plan

City of Chicago
Request for Proposals (RFP)
For
Implementing a School-Based Mobile Vision Program for Chicago Public School Students

RFP # DA-41-3045-12-2012-001

(If additional space is needed, this page can be copied)

<table>
<thead>
<tr>
<th>SCOPES OF SERVICES</th>
<th>RESOURCES</th>
<th>ACTIVITIES</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we going to do?</td>
<td>Who will do this?</td>
<td>How are we going to do this?</td>
<td>Include start and end dates, specified to the day and month. Year is assumed to be 2013, unless otherwise specified.</td>
</tr>
<tr>
<td>Example 1: Submit data reports to CDPH.</td>
<td>Project Director</td>
<td>Send electronic file of the required data variables.</td>
<td>Beginning July 15th, and the 15th day of each subsequent month until the end of the contract term, data for the preceding month will be forwarded to CDPH.</td>
</tr>
</tbody>
</table>
Appendix F
Key Personnel Form

City of Chicago
Request for Proposals (RFP)
For
Implementing a School-Based Mobile Vision Program for Chicago Public School Students

RFP # DA-41-3045-12-2012-001

☐ Staff ☐ Agent ☐ Subcontractor

Title: ☐ Optometrist ☐ Ophthalmologist ☐ Optician ☐ Other:

Name: ________________________________________________________________

Address: ________________________________________________________________________________

City: ___________________________ State: ___________ Zip__________________________

Email Address: ____________________________________________________________________________

Professional License Number: _____________________________________________________________

Specialty Certification: _____________________________________________________________________

Signature: ___________________________ Date: ____________________________

Chicago Department of Public Health Vision Program Rev. 11/15/2012

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