

**City of Chicago**  
**REQUEST FOR PROPOSALS (RFP)**  
**Protect Chicago Vaccine Equity / Healthy**  
**Chicago Equity Zone Regional Leads**  
**RFP# 8032**

**All Proposals must be submitted through eProcurement system**  
**<http://www.cityofchicago.org/eprocurement>**

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City of Chicago  
Department of Public Health  
Strategy, Development & External Affairs

## I. Purpose

The City of Chicago (“City”), acting through the Chicago Department of Public Health (CDPH), seeks qualified organizations that will lead local strategies to confront the social and environmental factors that contribute to health and racial equity through the Healthy Chicago Equity Zone program. Building on the successful Protect Chicago Plus vaccine equity pilot, these efforts will begin with community leadership of COVID-19 vaccination campaigns, including outreach and engagement during 2021.

Throughout the initial 4.5-year program span, Equity Zones will build regional and community capacity to conduct the following activities:

1. Collect and analyze local data to assess community needs.
2. Identify community health priorities and develop tailored action plans to address them.
3. Implement and evaluate the effectiveness of community-led solutions to promote public health.
4. Develop and disseminate culturally responsive public health messages and education, using trusted providers and community ambassadors.
5. Lead grassroots outreach and engagement to improve health awareness and decision-making, and to link community members with resources that meet a variety of health and social service needs.
6. Conduct community-based participatory research to answer questions of local concern.
7. Advance policy, system, and environmental changes to prevent disease and address the root causes of health, including structural and institutional racism.
8. Facilitate learning and sharing of best practices across neighborhoods.

This program is designed to foster community-level resilience, address COVID-19-related health disparities, and improve health and racial equity, particularly by fostering connections to high-quality neighborhood-based health and human services (e.g., chronic disease, behavioral health, maternal/child health), housing, food, and safe built and physical environments. It is an important step toward achieving the vision of [Healthy Chicago 2025](#): a city where all people and all communities have power, are free from oppression, and are strengthened by equitable access to resources, environments and opportunities that promote optimal health and well-being. When we work together to invest in building healthy, vibrant, and resilient communities, everyone in Chicago benefits.

## II. Background

### a. Protect Chicago Plus: Vaccine Equity Pilot

The impact of COVID-19 has not been shared evenly across racial and ethnic groups. While Latinx Chicagoans are 29% of the population, as of April 2021 they account for 34% of all COVID-19 cases. Together, Black and Latinx Chicagoans represent more than 3,715 deaths, or nearly

72% of the overall mortality citywide due to COVID-19, despite being just 59% of the population.

The immunization of Chicago residents with a safe and effective COVID-19 vaccine is a critical step to reduce COVID-19 transmission. To target vaccine delivery to the places it is needed most, CDPH developed a Chicago COVID-19 Community Vulnerability Index (CCVI) that identifies the communities that have been disproportionately impacted by COVID-19 and are uniquely vulnerable to barriers to COVID-19 vaccine uptake. For the CCVI, vulnerability is defined as a combination of:

- **Sociodemographic factors:** income, education, unemployment, housing, insurance, access to health care, etc.
- **Epidemiological factors:** age, medical conditions
- **Occupational factors:** industry, ratio of mobility
- **Cumulative COVID burden:** diagnosed cases, hospital admissions, deaths

CDPH applied the CCVI to all 77 of Chicago’s community areas, as shown in the Table 1 below. Vaccine supply and additional resources were dedicated to the neighborhoods with the highest COVID-19 vulnerability, to get these communities at or above the Citywide vaccination rate.

**TABLE 1: Chicago COVID Vulnerability Index (CCVI)  
Neighborhood Ranking**

High Vulnerability <small>high to low score</small>	Medium Vulnerability <small>high to low score</small>	Low Vulnerability <small>high to low score</small>
West Englewood New City Gage Park North Lawndale South Lawndale Chicago Lawn Burnside* Englewood Roseland Archer Heights Washington Heights Austin Montclare South Deering Belmont Cragin Humboldt Park Fuller Park* Hermosa West Pullman Garfield Ridge Lower West Side West Elsdon West Lawn Brighton Park Auburn Gresham East Garfield Park * population <2500	West Garfield Park Pullman Calumet Heights Greater Grand Crossing South Shore Ashburn Avalon Park East Side South Chicago Morgan Park Chatham Clearing Grand Boulevard Washington Park North Park Albany Park Woodlawn McKinley Park West Ridge Dunning Douglas Hegewisch Riverdale Portage Park Oakland Norwood Park	Rogers Park Armour Square Mount Greenwood Irving Park Avondale Logan Square Beverly Jefferson Park Kenwood Uptown Edison Park Bridgeport Near West Side O'Hare Forest Glen West Town Edgewater Hyde Park Near South Side Lincoln Square Near North Side Loop Lincoln Park Lake View North Center

In four neighborhoods – Austin, Belmont Cragin, Gage Park, and South Lawndale – the City worked closely with community-based organizations to conduct tailored vaccine outreach and education strategies, through an initiative called Protect Chicago Plus. With this RFP, CDPH will catalyze similar Protect Chicago vaccine equity efforts across all community areas that have been disproportionately impacted by COVID-19 and experience barriers to vaccine uptake.

#### b. Health & Racial Equity in Chicago

Long before COVID-19, there were deep racial inequities in health outcomes among Chicago residents. Today, a white Chicagoan lives 8.8 years longer on average than a Black Chicagoan. Between certain communities, the gap widens to 17 years.<sup>1</sup> That is unjust, unacceptable – and preventable. The primary drivers of the life gap – chronic disease, opioid overdose, gun-related homicide, infant mortality and HIV/infectious disease – broadly reflect the conditions in which people live and the policies and systems that determine them. Health starts with access to high-quality neighborhood health and human services, housing, food, safe built and physical environments, and business and employment opportunities. The COVID-19 pandemic not only illuminated inequities in many of these areas, but also created new challenges, particularly for Black and Latinx Chicagoans.

Every five years, CDPH and the local public health system review data and work with community members to assess the needs and strengths of our neighborhoods, then collaborate on a plan to improve community health and well-being. These plans guide action not just for CDPH, but for hundreds of partners – community groups, foundations, hospitals, public agencies and others. With the launch of *Healthy Chicago 2.0* in 2016, the public health system went beyond our usual focus areas like improving treatment or access to care and included objectives related to housing, education, public safety, economic development and the built environment. *Healthy Chicago 2025*, our current plan, goes a step further with strategies to remove social and institutional barriers to close Chicago's life expectancy gap. It recognizes that community members must have power to identify local assets and challenges, and to develop solutions that meet the community's most pressing needs.

This was apparent with the city's response to COVID-19. Community-based organizations have played an essential role in supporting health and well-being throughout this public health crisis. When data on cases and mortality showed that certain neighborhoods were disproportionately affected by COVID-19, the City and community partners came together to form Racial Equity Rapid Response (RERR) teams. These groups led local strategies around education, communication, testing, treatment, and social service support – tailored to the particular needs of area residents. This work demonstrated the effectiveness of place-based, community-driven strategies to address public health challenges, while also revealing the importance of additional resources to support coalition building, action planning, and implementation.

CDPH now seeks to formalize and directly support regional structures and community partnerships designed to solve long-standing health and racial equity issues in Chicago.

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<sup>1</sup> Healthy Chicago 2025. City of Chicago, September 2020.

Building on the work of the Protect Chicago Plus pilot and RERR teams, the change approach and guiding principles of *Healthy Chicago 2025*, and informed by nationally recognized models like the Rhode Island “Healthy Equity Zone” program<sup>23</sup>, the networks and infrastructure developed through this RFP will be applied first to meet the immediate needs of the City’s COVID-19 response, through the Protect Chicago vaccine equity initiative. Then by improving the resources and structures for community health, Equity Zones also have the potential to reduce the impact of socioeconomic vulnerability, and communicable and chronic diseases in the long term. Over the initial 4.5-year term, this program will serve as the foundation for local and regional leadership to ensure that all Chicagoans, no where they live, what they look like or who they love, have equitable access to the resources, environments, and opportunities they need to thrive.

### c. Alignment with CDPH Guiding Principles

CDPH investments are guided by the following principles. CDPH delegates and their sub-contractors are expected to integrate these principles into organization policy and practice:

- **Deconstructing racist systems** – actively working to reframe and dismantle systems that perpetuate privilege, including through hiring, contracting and purchasing.
- **Trauma prevention and trauma-informed services** – ensuring services address trauma and healing.
- **Cultural responsiveness** – ensuring services are culturally and linguistically appropriate.
- **Health equity in all communities** – allocating resources and services to people and areas with the greatest need.

Respondents are required to address these principles in their response to this funding opportunity, including how their organizational culture and operations are aligned and how the respondent will ensure these principles are carried forward through the work of Community Leads.

### III. Internet Access to this RFP

Respondents may download the RFP and any future addenda from the City’s Department of Procurement Services (DPS) website at the following URL: <https://www.chicago.gov/city/en/depts/dps/isupplier/current-bids.html>. Respondents are required to have Internet access and a email address. The City will not provide hardcopies of this RFP or clarifications and/or addenda. Respondents are required to submit responses via the City’s online purchasing system, eProcurement.

The City accepts no responsibility for the timely delivery of materials or for alerting Respondents on posting to the DPS website information related to this RFP.

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<sup>2</sup> Patriarca M, Ausura CJ. Introducing Rhode Island's Health Equity Zones. *R I Med J* (2013). 2016 Nov 1;99(11):47-48. PMID: 27801922.

<sup>3</sup> Amobi, Adaugo MD, MPH; Plescia, Marcus MD, MPH; Alexander-Scott, Nicole MD, MPH Community-Led Initiatives: The Key to Healthy and Resilient Communities, *Journal of Public Health Management and Practice*: May/June 2019 - Volume 25 - Issue 3 - p 291-293 doi: 10.1097/PHH.0000000000000999.

Under no circumstances shall failure to obtain clarifications and/or addenda relieve a Respondent from being bound by any additional terms and conditions in the clarifications and/or addenda, or from considering additional information contained therein in preparing a submittal. Furthermore, failure to obtain any clarification and/or addendum shall not be valid grounds for a protest against award(s) made under this RFP.

#### **IV. Available Funding**

##### **a. Total Funding**

A total of up to \$9,617,474 will be available through this RFP for the initial contract period beginning June 1, 2021 through December 31, 2021 with up to four extensions, each not to exceed one year, at the discretion of the City based on the availability of funds, the need to extend services, and the respondent's performance. This initial award shall be inclusive of all costs for the Protect Chicago vaccine equity initiative, described in Section V(c).

It is anticipated that six contracts will be awarded through this RFP, one for each of the six Healthy Chicago Equity Zones, defined below. CDPH may reallocate funding across selected respondents during contract extension negotiations based on funding, each respondent's performance and programmatic priorities.

It is estimated that up to \$10,000,000 annually may be available in subsequent periods to promote additional health and racial equity initial within the designated regions.

##### **b. Regional and Community Allocations**

By establishing Healthy Chicago Equity Zones, CDPH intends to foster long-term relationships with regional and community-based organizations to address health and racial equity. Funding will be allocated to Regional Leads through sequential rounds of awards, beginning in 2021 with awards to conduct the Protect Chicago vaccine equity initiative described in Section V(c). Guided by our equity principles, CDPH will use data on citywide and community needs to determine which community areas receive funding and the relative amount of these awards.

- i. Initial Regional Allocation:** Each Regional Lead will receive a base award of up to \$250,000 to carry out program coordination activities at the regional level, as described in Section V(b)(i). Respondents may subcontract with other organizations to build the capacity and regional reach necessary to fulfill their scope of work. These funds may be used for the Protect Chicago vaccine equity initiative as well as other foundational work to support Health Equity Zone development.
- ii. Initial Community Allocations:** In addition to the regional award, each of the Regional Leads will receive an allocation for activities to be carried out at the local level (see Table 2 below). This initial funding is targeted to areas ranked as High or Medium vulnerability by the Chicago COVID Vulnerability Index. These funds are for use as follows:

1. **Community Lead allocation:** to be sub-awarded to the Community Leads (and/or other subcontractors as agreed upon with Community Leads) to carry out program coordination activities as described in Section V(b)(ii). These funds may be used for the Protect Chicago vaccine equity initiative as well as other foundational work to support Health Equity Zone development.
2. **Vaccine Equity community activation:** to be sub-awarded to the Community Leads (and/or other subcontractors as agreed upon with Community Leads) to support the Protect Chicago vaccine equity initiative described in Section V(c).

TABLE 2: INITIAL COMMUNITY ALLOCATIONS						
Health Equity Zone	Community Area	Number of Households	Maximum Community Lead Allocation	Maximum Vaccine Equity Community Activation	Maximum Neighborhood Total	Maximum Zone Total
Far South	Burnside	1,046	\$75,000.00	\$10,041.60	\$85,042	\$1,479,614
	Calumet Heights	5,248	\$75,000.00	\$50,380.80	\$125,381	
	East Side	6,897	\$75,000.00	\$66,211.20	\$141,211	
	Hegewisch	3,467	\$75,000.00	\$33,283.20	\$108,283	
	Morgan Park	8,094	\$75,000.00	\$77,702.40	\$152,702	
	Pullman	3,067	\$75,000.00	\$29,443.20	\$104,443	
	Riverdale	2,560	\$75,000.00	\$24,576.00	\$99,576	
	Roseland	14,164	\$75,000.00	\$135,974.40	\$210,974	
	South Deering	5,206	\$75,000.00	\$49,977.60	\$124,978	
	Washington Heights	9,485	\$75,000.00	\$91,056.00	\$166,056	
West Pullman	8,955	\$75,000.00	\$85,968.00	\$160,968		
North / Central	West Ridge	25,602	\$75,000.00	\$245,779.20	\$320,779	\$320,779
Near South	Auburn Gresham	16,967	\$75,000.00	\$162,883.20	\$237,883	\$2,364,405
	Avalon Park	3,884	\$75,000.00	\$37,286.40	\$112,286	
	Chatham	13,693	\$75,000.00	\$131,452.80	\$206,453	
	Douglas	9,625	\$75,000.00	\$92,400.00	\$167,400	
	Englewood	9,101	\$75,000.00	\$87,369.60	\$162,370	
	Fuller Park	1,097	\$75,000.00	\$10,531.20	\$85,531	

	Grand Boulevard	10,383	\$75,000.00	\$99,676.80	\$174,677	
	Greater Grand Crossing	12,230	\$75,000.00	\$117,408.00	\$192,408	
	Oakland	3,096	\$75,000.00	\$29,721.60	\$104,722	
	South Chicago	10,491	\$75,000.00	\$100,713.60	\$175,714	
	South Shore	23,078	\$75,000.00	\$221,548.80	\$296,549	
	Washington Park	4,538	\$75,000.00	\$43,564.80	\$118,565	
	West Englewood	9,521	\$75,000.00	\$91,401.60	\$166,402	
	Woodlawn	9,213	\$75,000.00	\$88,444.80	\$163,445	
<b>Northwest</b>	Albany Park	16,678	\$75,000.00	\$160,108.80	\$235,109	<b>\$1,371,509</b>
	Belmont Cragin	22,469	<i>Protect Chicago Plus pilot, not included</i>			
	Dunning	15,683	\$75,000.00	\$150,556.80	\$225,557	
	Hermosa	7,016	\$75,000.00	\$67,353.60	\$142,354	
	Montclare	4,603	\$75,000.00	\$44,188.80	\$119,189	
	North Park	6,557	\$75,000.00	\$62,947.20	\$137,947	
	Norwood Park	15,032	\$75,000.00	\$144,307.20	\$219,307	
	Portage Park	22,609	\$75,000.00	\$217,046.40	\$292,046	
<b>Southwest</b>	Archer Heights	3,930	\$75,000.00	\$37,728.00	\$112,728	<b>\$1,700,746</b>
	Ashburn	13,080	\$75,000.00	\$125,568.00	\$200,568	
	Brighton Park	12,492	\$75,000.00	\$119,923.20	\$194,923	
	Chicago Lawn	16,291	\$75,000.00	\$156,393.60	\$231,394	
	Clearing	8,880	\$75,000.00	\$85,248.00	\$160,248	
	Gage Park	9,800	<i>Protect Chicago Plus pilot, not included</i>			
	Garfield Ridge	12,229	\$75,000.00	\$117,398.40	\$192,398	
	McKinley Park	5,243	\$75,000.00	\$50,332.80	\$125,333	
	New City (Back of the Yards)	12,466	\$75,000.00	\$119,673.60	\$194,674	
	West Lawn	9,228	\$75,000.00	\$88,588.80	\$163,589	
	West Elsdon	5,197	\$75,000.00	\$49,891.20	\$124,891	
<b>West</b>	Austin	32,222	<i>Protect Chicago Plus pilot, not included</i>			<b>\$880,421</b>
	East Garfield Park	6,721	\$75,000.00	\$64,521.60	\$139,522	



Humboldt Park	17,141	\$75,000.00	\$164,553.60	\$239,554
Lower West Side (Pilsen)	12,259	\$75,000.00	\$117,686.40	\$192,686
North Lawndale	11,194	\$75,000.00	\$107,462.40	\$182,462
South Lawndale (Little Village)	17,796	<i>Protect Chicago Plus pilot, not included</i>		
West Garfield Park	5,333	\$75,000.00	\$51,196.80	\$126,197

- iii. **Healthy Chicago Equity Zones Allocations:** As the Healthy Chicago Equity Zones develop health and racial equity action plans and identify additional priority areas, CDPH expects to make subsequent regional and community allocations to improve health and racial equity beyond COVID-19, particularly by fostering connections to high-quality neighborhood health and human services (e.g., communicable disease, chronic disease, behavioral health, maternal/child health), housing, food, and safe built and physical environments.

c. **Funding Sources**

It is anticipated that funding for this program will come from one or more of the following sources:

- i. Centers for Disease Control (CDC) Immunization and Vaccines for Children Grant
- ii. CDC Epidemiology and Laboratory Capacity Grant
- iii. CDC National Initiative to Address COVID-19 Health Disparities Among Populations at High-Risk and Underserved, Including Racial and Ethnic Minority Populations and Rural Communities
- iv. Department of Health and Human Services, Office of Minority Health Advancing Health Literacy to Enhance Equitable Community Responses to COVID-19

However, CDPH reserves the right to change or add funding sources.

V. **Project Description**

a. **Healthy Chicago Equity Zone Collaboration Structure**

i. **Regional Leads**

The City will designate one Healthy Chicago Equity Zone lead organization (“Regional Lead”) in each of six regional areas that collectively encompass all the neighborhoods in Chicago. Regional Leads will oversee and coordinate Protect Chicago vaccine outreach and engagement in 2021, as well as neighborhood-level planning and implementation for other health and racial equity initiatives, as described in Sections V(b)(i) and (c). The zones are defined in the table below and shown in a map included as **Appendix**

A. An organization may apply to be a Regional Lead for up to two Healthy Chicago Equity Zones; however, the respondent must meet all the required competencies described in Section IX for both Healthy Chicago Equity Zones and submit a separate application for each.

<b>TABLE 3: Healthy Chicago Equity Zones</b>		
<b>HEALTHY CHICAGO EQUITY ZONE</b>	<b>COMMUNITY AREAS</b>	
<b>Far South</b>	Beverly Burnside Calumet Heights East Side Hegewisch Morgan Park Mount Greenwood	Pullman Riverdale Roseland South Deering Washington Heights West Pullman
<b>Near South</b>	Auburn Gresham Avalon Park Chatham Douglas Englewood Fuller Park Grand Boulevard Greater Grand Crossing	Hyde Park Kenwood Oakland South Chicago South Shore Washington Park West Englewood Woodlawn
<b>North / Central</b>	Edgewater Lake View Lincoln Park Lincoln Square Loop Near North Side	Near South Side North Center Rogers Park Uptown West Ridge
<b>Northwest</b>	Albany Park Avondale Belmont Cragin Dunning Edison Park Forest Glen Hermosa Irving Park	Jefferson Park Logan Square Montclare North Park Norwood Park Portage Park
<b>Southwest</b>	Archer Heights Armour Square Ashburn Bridgeport Brighton Park Chicago Lawn Clearing	Gage Park Garfield Ridge McKinley Park New City West Elsdon West Lawn
<b>West</b>	Austin East Garfield Park Humboldt Park	North Lawndale South Lawndale

	Lower West Side Near West Side	West Garfield Park West Town
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ii. Community Leads

Healthy Chicago Equity Zones also require the leadership of community-based organizations. Each Regional Lead must, in turn, **subcontract with at least one community-based organization for each of the community areas within their region** (the “Community Leads”) to guide Protect Chicago vaccine outreach and engagement in 2021, as well as neighborhood-level planning and implementation for other health and racial equity initiatives, as described in Sections V(b)(ii) and (c). Within these guidelines, regions may choose to organize as necessary to support the goals and activities of the Healthy Chicago Equity Zone program.

The Regional Lead will prioritize sub-contracting with Community Leads that have the following characteristics:

- A physical location with a history of providing services in the community they are representing, including a record of hiring from the community.
- Demonstrated ability to coordinate with local cross-sector partners, including other community groups, health providers, schools, faith-based organizations, and businesses.
- Successful leadership of community planning activities and community outreach, education, and engagement.
- Experience leading local policy, system, and environmental change strategies to address health and racial equity, and willingness to engage and organize community partners.
- Ability to reach and serve residents with limited access to healthcare and/or who have other needs that may compromise health, such as food and housing insecurity, chronic conditions, mental health conditions, and substance use disorders.
- Ability to interact effectively and sensitively with residents from diverse backgrounds.
- Interest in local data collection, analysis, interpretation and dissemination, and willingness to engage in community-based participatory research.
- Interest in knowledge sharing and community storytelling.

Regional Leads must identify an initial set of Community Leads at the time of application and describe how they were selected. Going forward, the Regional Leads will be expected to maintain collaborations and also grow partnerships within their identified zone.

Community-based organizations that are interested in serving as a Community Lead may choose to join one or more Regional Lead applications. If a Regional Lead respondent itself has locations in community areas within the region, it may additionally serve as the Community Lead organization for those neighborhoods. However, the Regional Lead respondent will be evaluated based in part on its ability to engage other local partners in its proposed scope of work.

## **b. Program Activities**

### **i. Regional Level Activities**

Throughout the initial 4.5-year program term, the Regional Lead is responsible for developing region-wide program management systems and infrastructure, and for subcontracting with and supporting Community Leads to carry out program activities in their neighborhoods. Specific activities include but are not limited to:

1. Establish a Regional Healthy Chicago Equity Zone collaboration, engaging Community Leads.
2. Execute and manage subcontracts with Community Leads that include budgets and scopes of work consistent with this RFP.
3. Support Community Leads to track expenses and submit required documentation to the Regional Lead. CDPH will not reimburse Community Leads; the Regional Lead will be required to make timely payments directly to Community Leads from their award.
4. Assist Community Leads to carry out all program activities described in Sections V(b)(ii) and (c). For 2021, the focus will be on the Protect Chicago vaccine equity initiative.
5. Provide fiscal and administrative support for Community Leads. Regional Leads will work with Community Leads to understand their own unique needs and provide capacity building/technical assistance services that are tailored to these needs, such as:
  - a. Establishing fiscal and human resources standards, policies, and procedures.
  - b. Strengthening existing organizational practices and systems, such as fiscal, human resources, development, and program planning, implementation and evaluation.
6. Deliver ongoing training and supportive learning to ensure all Community Leads follow program protocols, guidance, and standards.
7. Provide access to and encourage collaboration with cross-sector partners including but not limited to Federally Qualified Health Centers (FQHCs) and/ or other community-based health centers and health systems, businesses, faith-based organizations, and academic institutions.
8. Create communication systems and platforms that enable Community Leads to discuss topics of common interest and receive program updates.
9. Convene Community Leads in a learning cohort that shares practices and outcomes to foster cross-community collaboration.
10. Participate in cross-regional meetings hosted by the City.
11. Prepare and submit required program reports that summarize key performance indicators and activities.

12. Conduct site visits and audits, monitor performance against deliverables, ensure development of action plan to meet objectives, and assist with evaluation to strengthen the overall program.
13. Participate in program evaluation activities, serving as a regional lead.
14. With CDPH and Community Leads, complete a sustainability plan that blends public and private funding sources.
15. Work closely with CDPH to link these efforts to the broader Healthy Chicago movement and Healthy Chicago 2025 implementation.

## ii. [Community-Level Activities](#)

Throughout the initial 4.5-year program term, the Community Leads are responsible for conducting program activities within the neighborhood they serve, including but not limited to:

1. Participate in program orientation and onboarding activities to introduce the Healthy Chicago Equity Zone model as well as related planning tools and available resources.
2. Participate in Regional Healthy Chicago Equity Zone collaboration and support it through community organizing activities.
3. Build, expand, or maintain a neighborhood network that represents a broad range of stakeholders - including but not limited to faith partners, Federally Qualified Health Centers (FQHCs) and/ or community-based health centers and health systems, nonprofit organizations, school leaders, and others - that will identify local public health challenges and opportunities.
4. Using CDPH data as a baseline, develop assessments and measurements that will allow communities to understand challenges and opportunities in neighborhood health.
5. Establish, implement, and monitor the success of health and racial equity action plans that are responsive to the health assessment. CDPH will provide a menu of evidence-based interventions that communities may select from among to address priority public health issues through population-based as well as individual actions, social and environmental change, health-service delivery, community-clinical linkages, and policy interventions. This could include, for example, food access, behavioral health, maternal/child health, chronic disease, and/or other health issues identified through the community planning process.
6. Recruit, train, and deploy community members and trusted messengers to disseminate public health materials and messages, improve health literacy and health awareness, engage bilateral communication between community members and local community health organizations, and improve health care access for community members.
7. Coordinate outreach, education, and engagement strategies to link people to health and social services.
8. Build local systems to regularly collect, analyze, and interpret community health data.

9. In collaboration with academic partners and using the locally derived and collected data, develop and execute a community-based participatory research agenda to inform local strategies.
10. Assist in building support for City-wide efforts and initiatives.
11. Identify and propose policy and systems changes that address barriers to community health and well-being.
12. Participate in program evaluation activities.
13. Work closely with CDPH to link these efforts to the broader Healthy Chicago movement and Healthy Chicago 2025 implementation.

**c. Initial Scope of Services: Protect Chicago Vaccine Equity Initiative**

To meet immediate public health needs, the initial activation of the Healthy Chicago Equity Zone program in 2021 will focus on vaccine equity in High and Medium CCVI neighborhoods. Regional and Community Leads will coordinate with the City of Chicago, CDPH and the Vaccine Operations Center to conduct outreach and community engagement to promote vaccine uptake in neighborhoods covered by their respective geographies, with roles outlined in **Appendix B**. The following is an example of how a community might approach this initiative; however, respondents are encouraged to adapt this scope of work as needed.

- i. Identify and convene a community table that represents a broad range of stakeholders - including but not limited to faith partners, FQHC) and/or community-based health centers and health systems, nonprofit organizations, school leaders, and others.
- ii. Create a neighborhood profile that compiles information about the community to inform a tailored vaccine engagement strategy. The profile will identify populations that require special attention, communication channels and trusted ambassadors to convey key messages, and an inventory of current or potential vaccination sites.
- iii. Establish a neighborhood engagement plan that outlines tasks, owners, and timelines for all activities.
- iv. With support from CDPH, identify, track, and report measures to monitor local impact, which must include at minimum:
  1. Completion of activities defined in neighborhood engagement plan
  2. % of eligible residents vaccinated against COVID-19
  3. The ratio of COVID-19 vaccine available and vaccine distributed
  4. Changes in COVID-19 vaccination sentiment
- v. Recruit and deploy community volunteers to support vaccine outreach and education, registration, transportation, etc.
- vi. Tailor communication materials provided by CDPH and its contracted marketing agencies.
- vii. Conduct outreach activities such as door knocking, distribution of marketing materials and bags, neighborhood town hall, direct mail campaign, and peer-to-peer texting blitz.
- viii. Work with the City to organize community events to vaccinate neighborhood residents through community deployment teams, mobile/fixed vaccination sites, and other methods as available.

- ix. Identify community members who have received the vaccine that wish to be trained as community ambassadors to help others overcome vaccine hesitancy. (Training is available for free for all interested parties through the City.)
- x. Host "community convenor" events during which trusted community members will receive the vaccine and engage others in a conversation about why they chose to get vaccinated. Pending availability of vaccine supply and suitability of host facilities, the City will coordinate opportunities for vaccination deployment teams to attend these events and conduct live vaccinations on site.
- xi. Maintain and publicize a comprehensive list of neighborhood vaccination sites.
- xii. Respondents should also propose strategies that target high-risk populations throughout their region - including essential workers, people over the age of 65, and Black and Latinx Chicagoans.

The rapid-cycle learning from this initial activation will inform subsequent efforts to address other community priority health and racial equity issues through the Healthy Chicago Equity Zones program.

**d. Program Timeline**

At minimum, Regional Leads must be able to begin the initial Protect Chicago vaccine equity initiative described in Section V(c) in all targeted community areas within their region by June 1, 2021, unless otherwise agreed to by the City. The City will work with the Regional Leads on a specific timeline to launch subsequent Healthy Chicago Equity Zone program activations in their region.

Program and Fiscal Monitoring Standards

Any grantee found to be non-compliant with the standards at any time, will be held responsible and required by the City of Chicago to restore any damages and/or cost associated with grantee non-compliance

**VI. Staffing Plan**

Please describe how many staff (part time, full time, or hourly) will receive compensation from this grant. If one or more agencies will serve as subcontractors to the respondent, be specific in outlining staffing plans for each agency. Describe the role of all positions supported by this grant. Provide job descriptions and resumes of staff and explain time allocation for each person (full-time, part-time as well as hourly), as well as job descriptions for any vacant positions or new positions that will be created because of this funding opportunity. This MUST match the budget.

In addition to providing access to vaccine in underserved, high need areas, program activities are guided by an equity framework intended to correct long-standing structural inequities and discrimination. Respondents will be assessed on the strength of their strategies to hire from the communities they propose to serve. To ensure transparency, Regional Leads will be required to publish publicly, on a quarterly basis, detailed information about the workforce employed with these funds. Regional and Community Leads will prioritize for hiring the following population groups:

- Residents returning from incarceration and/or who have historic involvement in the justice system.
- Residents with demonstrated barriers to employment, including, but not limited to, disability, housing, and food and healthcare insecurity.

The wages of staff who are employed by the applicant and any agencies that will serve as subcontractors to the applicant must meet the City's minimum wage requirements found here: [https://www.chicago.gov/city/en/depts/bacp/supp\\_info/minimumwageinformation.html](https://www.chicago.gov/city/en/depts/bacp/supp_info/minimumwageinformation.html). CDPH strongly encourages applicants to pay all employees a fair living wage. More information about calculating living wages can be found here: <http://livingwage.mit.edu/4>.

Detailed staffing Plans for the Community Leads are not required at the time of application; however, please include a list of each proposed Community Lead organization (one per community area within the region served), including organization name and address, and contact person's name, email address and phone number. A letter of commitment from each prospective Community Lead organization is preferred.

## **VII. Budget and Justification**

The wages of the staff who are employed by the respondent and any agencies that will serve as subcontractors to the respondent must meet the City's minimum wage requirements found here: [https://www.chicago.gov/city/en/depts/bacp/supp\\_info/minimumwageinformation.html](https://www.chicago.gov/city/en/depts/bacp/supp_info/minimumwageinformation.html). Staff supported by this grant are NOT City of Chicago employees; they are employed by the agency/agencies. The respondent must list the salary and/or hourly rate of staff assigned to this grant. Staff are not permitted to serve as volunteers; they must be paid for their time worked, skill level, lived experience (if applicable), and their expertise in the field. The job description detailing the duties and responsibilities required will serve as guidance for the work flow and salary/hourly wage. Complete a program budget outlining all detailed expenses in its entirety for this proposal (e.g. salaries, program materials, travel reimbursement). Program budget cannot exceed the available funding amount indicated in Section III. Available Funding above.

Detailed budgets for the Initial Community Allocations described in Section IV(b)(ii) are not required at the time of application; however, Regional Leads will be required to submit budgets prior to requesting reimbursement for Community Lead activities.

## **VIII. Operational Plan**

The respondent should provide an operational plan that describes:

- How the respondent plans to approach the Protect Chicago vaccine equity initiative described in Section V(c) within their region in 2021.
- How Community Leads were selected and how the respondent will rapidly establish and support relationships with its subcontracted entities.
- Proposal for each of the functions described in Section V(b), including how the respondent will monitor the programmatic and fiscal performance of Community Leads.

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<sup>4</sup> Note that the Living Wage Calculator has not yet been updated for 2021.



- Timeline showing how the respondent and Community Leads can achieve the target start dates set in Section V(d), including plan for rapidly hiring/training staff and coordinating with Community Leads.
- How the respondent and Community Leads will collaborate with existing programs in areas such as chronic disease, HIV, behavioral health, and maternal/child/adolescent health.

## **IX. Required Competencies**

The respondent should include a description of how its previous work demonstrates competencies required for leading anti-racist, equity-driven approaches to systems improvement and a commitment to serving multicultural needs within a geographic region, including:

- Prior leadership of community-driven initiatives to address health and racial equity, with preference for previous experience working in coordination with local or state government entities.
- Physical location/site and history of delivering services in the region served.
- Demonstrated track record of successfully executing large-scale, multi-component programs, including a visible demonstration of having advanced outcomes in health, healthcare access, equity in systems thinking, or community engagement in system re-design. Highlight work the respondent and its Community Leads have done during the COVID response to support the covered communities.
- Experience serving as a community hub organization, including fiscal experience managing grants and distributing stipends/subawards.
- Ability to leverage existing relationships and partnerships in designated community area(s), including faith leaders, local businesses, health care providers, and other key community institutions and grassroots activist organizations.
- Demonstrated track record of providing learning and skill-building opportunities to smaller organizations through a cohort or learning collaborative model (or equivalent).
- Ability to interact effectively and sensitively with residents from diverse backgrounds, including various disability communities, people who speak languages other than English, individuals with criminal justice involvement and individuals with various immigration statuses.

## **X. Fiscal Capacity**

Payment for services will be made on a reimbursement basis. Respondents must demonstrate capacity to fund program expenditures from the start date until they are reimbursed by the City. If multiple agencies will be subcontractors of a lead agency, then the application must be submitted by the lead agency as the respondent. The lead agency must obtain all expenses from the agency/agencies and assume all reporting responsibilities for all the expenses for the award. If a lead agent applies, the budget for the total fiscal year must include all expenses for the award from the lead agency and all agencies to receive funds through this RFP.

An organization may use a fiscal agent to administer the grant. If a fiscal agent is used, provide the total budget for the agency that will serve as the fiscal agent. The fiscal agent must designate a staff person who will prepare and review all vouchers for accuracy before making monthly submissions. Please identify who will be responsible for financial reporting.

## XI. Eligibility Requirements

Respondents eligible for this funding opportunity must meet the following criteria:

- Be a not-for-profit agency with a 501(c) 3 status.
- Have an office located in the City of Chicago from which agency offers services.
- Be in good standing with the City of Chicago.
- Have the administrative, organizational, programmatic, information technology and fiscal capability to plan, develop, implement, and evaluate the proposed project. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs may choose to subcontract with a fiscal and reporting agency to provide administrative services.

Respondents that do not meet these eligibility requirements will **NOT** have their applications evaluated; incomplete applications will **NOT** be evaluated for this funding opportunity.

## XII. RFP and Submission Information

### a. e-Procurement system

***To complete an application for this RFP, RESPONDENTS will need to set up an account in the new eProcurement/iSupplier system.***

Registration in iSupplier is the first step to ensuring your agency's ability to conduct business with the City of Chicago and CDPH. ***Please allow three days for your registration to be processed. Respondents requiring access to eProcurement are encouraged to register immediately upon receiving the notice of this solicitation; customer support will be available to provide additional assistance as needed. Please see below for additional contact information.***

The Department of Procurement Services (DPS) manages the iSupplier registration process. All delegate agencies are required to register in the iSupplier portal at [www.cityofchicago.org/eProcurement](http://www.cityofchicago.org/eProcurement). All vendors must have a Federal Employer Identification Number (FEIN) and an IRS W9 for registration and confirmation of vendor business information.

1. **New Vendors** – Must register at [www.cityofchicago.org/eProcurement](http://www.cityofchicago.org/eProcurement).
2. **Existing Vendors** – You must request an iSupplier invitation via email if your organization does not have an account in the iSupplier system. Include your **Complete Company Name, City of Chicago Vendor/Supplier Number (found on the front page of your contract), and W-9** in your email to [customersupport@cityofchicago.org](mailto:customersupport@cityofchicago.org). You will then receive a response from DPS, which will allow the user to complete the registration process. Please check your junk email folder if you have made a request and have not received a response within 3 days of the request.

For further eProcurement help use the following contacts:

- **Questions on Registration:** [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org)
- **Questions on eProcurement for Delegate Agencies including:** [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or contact the Customer Support Center at 312-744-HELP
- **Online Training Materials:** <https://www.cityofchicago.org/city/en/depts/dps/isupplier/online-training-materials.html>

Respondents must submit an application for the request for proposal via eProcurement.

***For this application, all answers to application questions are limited to 4,000 characters, including spaces and punctuation.***

**b. For respondents who wish to submit more than one application to an RFP**

Organizations submitting more than one proposal (maximum of two) may do so by submitting each proposal by a separate, unique registered account user with online bidding responsibilities, using their individual login information.

If you are having difficulty registering additional people, please refer to this handout

[https://www.cityofchicago.org/content/dam/city/depts/dps/isupplier/training/Vendor Create New Address and Contact.pdf](https://www.cityofchicago.org/content/dam/city/depts/dps/isupplier/training/Vendor_Create_New_Address_and_Contact.pdf)

Here is a link to all additional technical assistance videos and handouts.

<https://www.cityofchicago.org/city/en/depts/dps/isupplier/online-training-materials.html>

Additionally, Respondents may contact [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or contact [the Customer Support Center at 312-744-HELP](mailto:CustomerSupport@cityofchicago.org) to receive more specific instructions and troubleshooting.

**XIII. Evaluation of Proposals**

**a. Selection/Review Criteria:**

An Evaluation Committee made up of representatives from the Chicago Department of Public Health, other City, County or State Departments, and/or other community members may review and evaluate the proposals in accordance with the evaluation criteria. The Evaluation Committee will review the Respondent's Proposal to determine

overall responsiveness and completeness of the Proposal with respect to the components outlined as follows recommend either:

i. Phase I: Technical and Eligibility Review

CDPH will assess a Respondent's compliance with and adherence to the stated submission requirements in the RFP. Respondents that do not meet these eligibility requirements will **NOT** have their applications evaluated; incomplete applications will **NOT** be evaluated for this funding opportunity.

Respondents found to be compliant and adherent to the RFP and without issues that would cause them to be ineligible from entering into an agreement will move to Phase II.

ii. Phase II: Proposal Evaluation

Phase II will include a detailed analysis of qualifications, experience, strength of proposed plans for service deliver and other factors based on the Evaluation Criteria and points allocated to sections of the RFP, as well as the eProcurement RFP Requirements/Questions found in Section 1.3.

The Evaluation Committee will recommend either:

1. A short list of potential awardees from whom it needs clarification of RFP response; or
2. A list indicating recommended awardees. All recommendations are presented for approval to the Commissioner of Public Health.

The City reserves the right to accept or reject any or all proposals; take exception to parts of proposals, request written or oral clarification of proposals and supporting materials or cancel this Request for Proposals process if it is in the City's best interest to do so. A respondent may be asked to clarify their proposal by making a presentation, performing a demonstration, or hosting a site visit. CDPH reserves the right to negotiate separately with competing respondents for all or any part of the services described in this RFP.

b. Evaluation Criteria

Category	Available Points
Staffing Plan	15
Budget and Justification	10
Operational Plan	35
Required Competencies	15
Alignment with CDPH Principles	5
Fiscal Capacity	20
<b>Total Points</b>	<b>100</b>

**XIV. Compliance with Laws, Statutes, Ordinances and Executive Orders**

## **XV. Reporting and Other Requirements for Successful Respondents**

All successful respondents will be required to submit monthly program reports, voucher on a monthly basis, and participate in all DOH-sponsored site visits, evaluation, and quality assurance activities. Vouchers must be accompanied by appropriate documentation and contain adequate details for all expenses for which reimbursement is requested.

## **XVI. 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.

If any Respondent has provided any services for the City in researching, consulting, advising, drafting, or reviewing of this RFP or any services related to this RFP, such Respondent may be disqualified from further consideration.

- 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 MCC Sect. 2-156-030(b), it is illegal for any elected official, 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 any business relationship that creates a financial interest on the part of the official, or the domestic partner or spouse of the official, or from whom or which he has derived any income or compensation during the preceding twelve months or from whom or which he reasonably expects to derive any income or compensation in the following twelve months. In addition, no elected official may participate in any discussion in any City Council committee hearing or in any City Council meeting or vote on any matter involving the person with whom the elected official has any business relationship that creates a financial interest on the part of the official, or the domestic partner or spouse of the official, or from whom or which he has derived any income or compensation during the preceding twelve months or from whom or which he reasonably expects to derive any income or compensation in the following twelve months. Violation of MCC Sect. 2-156-030 by any elected official with respect to this contract will be grounds for termination of this contract. The term financial interest is defined as set forth in MCC Chapter 2-156.
5. **Compliance with Federal, State of Illinois and City of Chicago** regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the MCC); the State of Illinois - Certification Affidavit Statute (Illinois Criminal Code); State Tax Delinquencies (65ILCS 5/11-42.1-1); Governmental Ethics Ordinance (Chapter 2-156 of the MCC); Office of the Inspector General Ordinance (Chapter 2-56 of the MCC); Child Support Arrearage Ordinance (Section 2-92-380 of the MCC); and Landscape Ordinance (Chapters 32 and 194A of the Municipal Code).
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 successful respondents.
7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** No Contractor or any person or entity who directly or indirectly has an ownership or beneficial interest in Contractor of more than 7.5% ("**Owners**"), spouses and domestic partners of such Owners, Contractors, 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 (Contractor 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 this Contract or Other Contract, including while this Contract or Other Contract is executory, (ii) the term of this Contract or any Other Contract between City and Contractor, and/or (iii) any period in which an extension of this Contract or Other Contract with the City is being sought or negotiated.

Contractor represents and warrants 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 the Contractor or the date the Contractor approached the City, as applicable, regarding the formulation of this Contract, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

Contractor shall not: (a) coerce, compel or intimidate its employees to make a contribution of any amount to the Mayor or to the Mayor's political fundraising committee; (b) reimburse its 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 this Contract, 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 this Contract, under Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

If Contractor violates this provision or Mayoral Executive Order No. 2011-4 prior to award of the Contract resulting from this specification, the Commissioner may reject Contractor's bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between the Contractor and the City that is (i) formed under the authority of MCC 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 MCC Ch. 2-156, as amended.

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

8. (a) The City is subject to the June 16, 2014 "City of Chicago Hiring Plan" (the "2014 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 2014 City Hiring Plan prohibits the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.

(b) Contractor is aware that City policy prohibits City employees from directing any individual to apply for a position with Contractor, either as an employee or as a

subcontractor, and from directing Contractor to hire an individual as an employee or as a Subcontractor. Accordingly, Contractor must follow its own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by Contractor under this Contract are employees or Subcontractors of Contractor, not employees of the City of Chicago. This Contract 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 Contractor.

(c) Contractor will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under this Contract, or offer employment to any individual to provide services under this Contract, 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 this Contract, 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 Contractor by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, Contractor will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General, and also to the head of the relevant City Department utilizing services provided under this Contract. Contractor will also cooperate with any inquiries by the City's Office of the Inspector General Hiring Oversight.

## **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 makes a false statement of material fact to the City in connection with any application, 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; Amend Coun. J. 3-18-09, p. 56013, § 1)

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

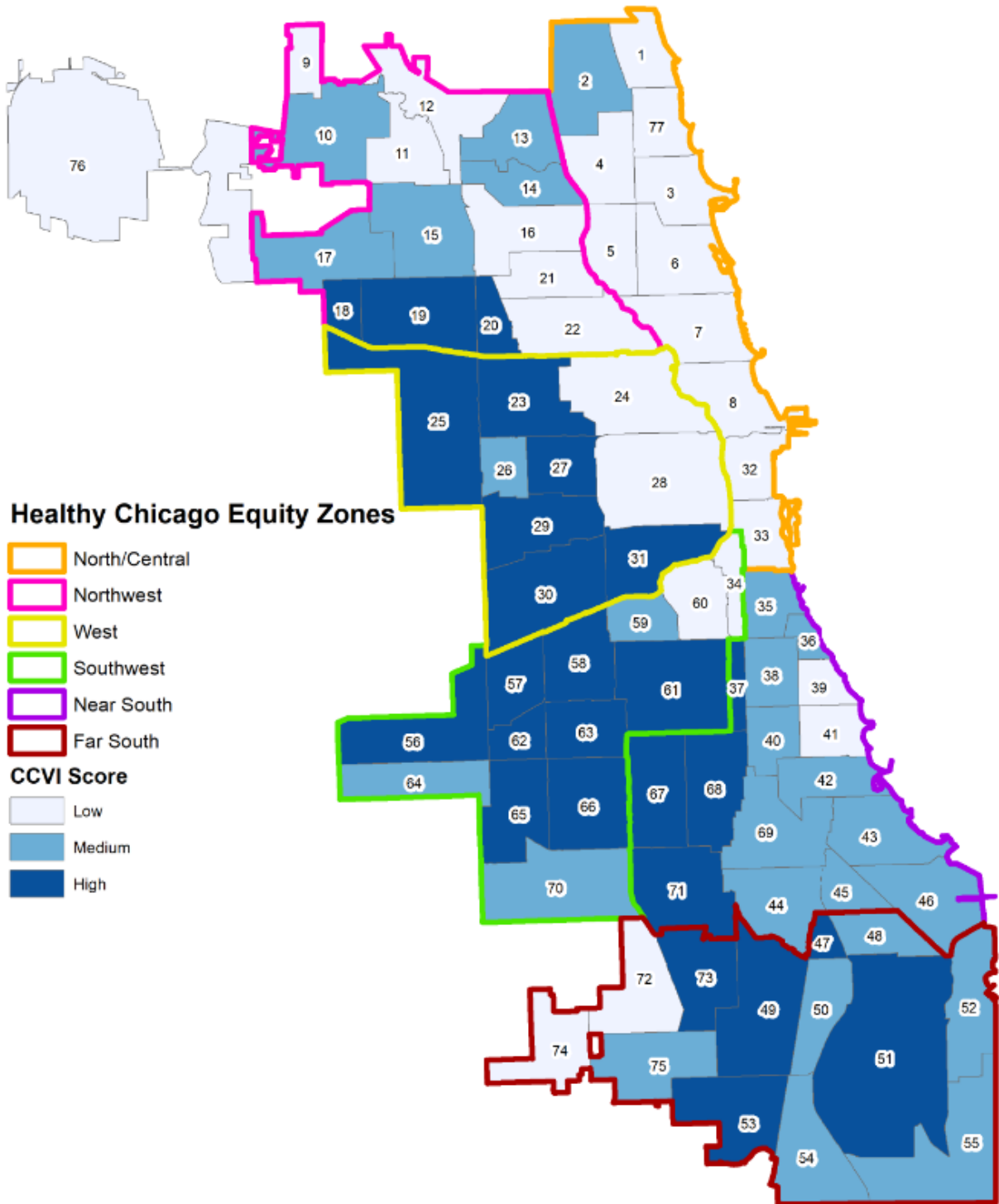


Any person who aids, abets, incites, compels, or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation. (Added Coun. J. 12-15-04, p. 39915, § 1)

(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 – Healthy Chicago Equity Zones Map



## APPENDIX B – Vaccine Equity Initiative Roles

	<b>CITY/ CONTRACTORS</b>	<b>REGIONAL LEAD</b>	<b>COMMUNITY LEAD</b>
<b>Planning</b>	<ul style="list-style-type: none"> <li>-Provide program orientation</li> <li>-Provide templates/materials for planning process</li> </ul>	<ul style="list-style-type: none"> <li>-Support onboarding of dedicated staff</li> <li>-Develop regional strategy to support program implementation</li> <li>-Assist with volunteer recruitment</li> </ul>	<ul style="list-style-type: none"> <li>-Establish community table</li> <li>-Lead creation of neighborhood profile</li> <li>-Recruit community volunteers to support vaccine outreach and operations</li> </ul>
<b>Outreach &amp; Education</b>	<ul style="list-style-type: none"> <li>-Establish ambassador training program</li> <li>-Provide lists/maps of key community-based groups (businesses, daycares, senior centers)</li> <li>-Co-host community town hall (provide tech, shell presentation, city presenters)</li> <li>-Support development of registration strategies</li> </ul>	<ul style="list-style-type: none"> <li>-Ensure community-level activities are implemented successfully</li> <li>-Support development of registration strategies at regional or community level (in partnership with providers)</li> </ul>	<ul style="list-style-type: none"> <li>-Augment identified community-based groups</li> <li>-Develop and execute outreach strategies specific to target groups</li> <li>-Co-plan and promote community town hall, 10 community convenor events (provide speakers, conduct all outreach)</li> <li>-Develop registration strategy</li> </ul>
<b>Marketing &amp; Communications</b>	<ul style="list-style-type: none"> <li>-Design and produce branded flyers, bags</li> <li>-Design and provide social media assets</li> <li>-Produce hyperlocal assets for use in promotions (e.g. portraits)</li> <li>-Provide training for trusted messengers</li> <li>-Coordinate media</li> </ul>	<ul style="list-style-type: none"> <li>-Oversee creation of communications plans</li> <li>-Convey common marketing/communication needs to the City</li> <li>-Assist with recruitment of trusted messengers</li> </ul>	<ul style="list-style-type: none"> <li>-Provide input to adapt communication materials for local audience</li> <li>-Develop and execute door-to-door strategy for marketing materials and bag distribution</li> <li>-Develop and execute social media strategy</li> <li>-Recruit trusted messengers for communications and outreach activities</li> </ul>
<b>Vaccine Deployment &amp; Logistics</b>	<ul style="list-style-type: none"> <li>-Scope out sites to determine feasibility for clinics and events</li> <li>-Manage execution of agreements for City-connected locations (e.g. schools, parks, libraries)</li> <li>-Coordinate City partners (e.g. police, transportation, etc.)</li> <li>-Identify and contract with providers</li> <li>-Manage provision of doses</li> </ul>	<ul style="list-style-type: none"> <li>-Oversee creation of vaccine deployment plans</li> <li>-Support coordination with City</li> <li>-Maintain regional event calendar</li> <li>-Manage appointment registration hotline (as needed)</li> </ul>	<ul style="list-style-type: none"> <li>-Assist with site selection</li> <li>-Conduct registration</li> <li>-Create local event calendar</li> <li>-Identify potential sites for clinics and events</li> <li>-Accompany City team on site visits when possible</li> <li>-Suggest possible providers</li> </ul>