

City of Chicago



**Request for Proposals (RFP) for
Housing Opportunities for Persons with HIV/AIDS (HOPWA):
Facilities-Based Housing Assistance
RFP#56951**

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

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City of Chicago
Department of Public Health
Brandon Johnson, Mayor
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I. Purpose of this Request for Proposals

The City of Chicago (City), acting through the Chicago Department of Public Health (CDPH), seeks qualified organizations to provide **Housing Opportunities for Persons with HIV/AIDS (HOPWA): Facilities-Based Housing Assistance**. Funding for **Facility-Based Housing Assistance** may pay for community residential facilities – including community residences, single room occupancy (SRO) dwellings, short-term facilities, project-based rental units, and master leased units – serving low-income individuals with HIV and low-income families with at least one family member with HIV that are experiencing homelessness or are at risk of becoming homeless. **Facility-Based Housing Assistance** may include multiple apartments within the same building or building complex.

The HOPWA Facilities-Based Housing Assistance Program is a partnership between the Chicago Department of Public Health and HOPWA Project Sponsors to provide a range of housing options to individuals with HIV and their families who are experiencing homelessness or unstable housing. This partnership and these efforts are critical in advancing CDPH's vision where Chicagoans can achieve their optimal health and wellness. HOPWA operates on a housing-first model, meaning that individuals and families should be able to access housing without first needing to address any medical and/or behavioral challenges. Housing is a fundamental human right and the loss of housing must be an absolute last resort. HOPWA housing is intended to support individuals and families by providing them with stable housing from which they may access clinical and supportive services to achieve their desired health outcomes.

II. Background

A. Current Epidemiology

HIV: In Chicago, 633 individuals were newly diagnosed with HIV in 2022. Of all new diagnoses, 77.9% identified current gender as cisgender male, 47.7% were non-Hispanic Black, and 61.9% were among cisgender males who engage in male-to-male sexual contact, including those who use injection drugs. An estimated 18,900 people were living with HIV in 2022. Of those, 80.5% identified current gender as cisgender male, 46.9% were non-Hispanic Black, 60.7% were cisgender males who engage in male-to-male sexual contact, and 11.3% were persons who inject drugs, including those who also engage in male-to-male sexual contact.

Sexually transmitted infections (STI): In Chicago in 2022, 27,596 chlamydia cases, 12,382 gonorrhea cases, and 806 primary and secondary syphilis (P&S) cases were reported. Most chlamydia cases were diagnosed among persons who were born female (current gender unknown) (55.4%), and most gonorrhea and P&S cases were diagnosed among persons who were born male (current gender unknown) (71.0% and 81.9%, respectively). The number of reported STIs was highest among non-Hispanic Black residents (48.0% of reported chlamydia cases, 50.9% of reported gonorrhea cases, and 48.8% of reported P&S cases). Of P&S cases with known transmission (51.4% of total

cases), male-to-male sexual contact accounted for a plurality of cases (47.8%). In 2022, 5.7% of chlamydia cases, 12.5% of gonorrhea cases, and 25.2% of P&S cases were co-infected with HIV.

Monkeypox virus (mpox): In the City of Chicago in 2022, 1,116 confirmed and probable mpox cases were reported. Most cases were among diagnosed among persons who identify their current gender as male (92%), among non-Hispanic White persons (36.4%), and among cases with known sexual orientation, 65.0% identified as gay or lesbian. A total of 478 reported Mpox cases were co-infected with HIV (42.8%).

Hepatitis C virus (HCV): In the City of Chicago in 2022, 956 new HCV diagnoses were reported. A majority of newly reported cases were among persons born male (current gender unknown) (60.6%). Of cases with known race/ethnicity (89.5% of total cases), non-Hispanic Blacks represented 43.4%. An estimated 20,747 Chicago residents were living with HCV in 2022. Of all prevalent cases, nearly 60.5% were among persons born male (current gender unknown). Of all prevalent cases with known race/ethnicity (59.2%), 53.7% were among non-Hispanic Blacks. Among prevalent HCV cases, 4.6% were co-infected with HIV.

Hepatitis B virus (HBV): Current local HBV data are unavailable. Research estimates five to 10 percent of people living with HIV are co-infected with chronic HBV.¹

Tuberculosis (TB): In the City of Chicago in 2022, 111 new TB cases were reported. Most cases were among persons who were born male (current gender unknown) (63.1%). Hispanics represented most cases (42.3%), followed by non-Hispanic Blacks (24.3%), and non-Hispanic Asian/Pacific Islanders (23.4%). Sixty-eight percent of cases were among foreign-born residents, with Mexico being the most reported county of origin. Four percent of TB cases were co-infected with HIV in 2022.

B. Syndemic Infectious Diseases

In 2021, the CDPH HIV/STI Bureau (including lesbian-gay-bisexual-transgender-plus health) merged with the CDPH viral hepatitis and tuberculosis programs to form the Syndemic Infectious Disease (SID) Bureau. In 2022, Chicago's mpox response was integrated into the SID Bureau.

A syndemic is made up of two or more synergistically interacting epidemics or clustering of two or more social and health problems within a population. Contextual and social factors create conditions for clustering, like those associated with social drivers of health. A syndemic results in adverse interactions between or among diseases and/or conditions that increase the health burden on affected populations.

¹ Spradling PR, Richardson JT, Buchacz K, Moorman AC, Brooks JT. Prevalence of chronic hepatitis B virus infection among patients in the HIV Outpatient Study, 1996-2007. *J Viral Hepat.* Feb 11 2010. Available at <https://www.ncbi.nlm.nih.gov/pubmed/20158604>.

HIV, STI, mpox, HBV, HCV, and TB are considered SID. According to the CDC:

- Similar behaviors (like sex and sharing injection equipment) and environmental conditions lead to risk for acquiring these diseases.
- These diseases have reciprocal and interdependent factors, including:
 - HIV, STI, mpox, HBV, and HCV share common risks/modes of transmission.
 - STI increase HIV infectiousness/susceptibility.
 - Advanced HIV disease increases risk for severe mpox.
 - HIV is a risk factor to TB progression.
 - TB is an HIV opportunistic infection.
 - TB accelerates HIV disease progression.
 - HBV/HCV co-infection makes HIV management more challenging.
- Common risks suggest the need for common solutions and enhanced collaboration among related programs. For example, 80% of persons newly diagnosed with HIV were linked to healthcare and supportive services within 30 days of diagnosis in Chicago in 2022, creating pathways for the delivery of other syndemic services, such as screening and treatment for STI, viral hepatitis, and TB and vaccination for mpox, Hepatitis A virus (HAV), HBV, and certain STI.
- Disease conditions are often managed by the same or similar institutions.²

Current epidemiological data reinforce the importance of syndemic approaches. See *Section II. Background, sub-section A. Current Epidemiology* for a summary of SID co-infection data and SID impact on specific population groups.

C. HIV Services Portfolio

In 2019, CDPH launched the HIV Services Portfolio (Portfolio), the status-neutral collection of CDPH-funded activities and services that work together to reduce new HIV infections and increase quality of life for those with and vulnerable to HIV. The Portfolio was developed in collaboration with hundreds of community partners and stakeholders over a 25-month planning period. The Portfolio is designed to increase access to and benefit from an interconnected and comprehensive system of clinical and supportive services, including healthcare and housing, and to promote desired HIV health outcomes.

In 2021, additional programs were added to the Portfolio including community responsive screening/linkage and innovative housing programs.

The Portfolio aligns with priorities set forth in Getting to Zero Illinois 2.0, the recently updated ending the HIV epidemic plan for the State of Illinois; the National HIV/AIDS Strategy; and the federal Ending the HIV Epidemic initiative. More information about these plans is provided in *Section II. Background, sub-section D. National Plans*.

² Milstein B. Introduction to the Syndemics Prevention Network. Atlanta, GA: Centers for Disease Control and Prevention; 2002. Available at: <http://www.cdc.gov/syndemics/>.

D. National Plans

The **Facilities-Based Housing Assistance** programs funded under this RFP will be expected to align, where appropriate, with relevant state and national infectious disease and other relevant public health plans.

The [Getting to Zero Illinois Plan 2.0](#) (GTZ plan 2.0) lays out an ambitious roadmap to end the HIV epidemic in Illinois. The GTZ plan 2.0 calls on partners to focus on two primary goals:

- Increasing the number of people with HIV who are virally suppressed.
- Increasing the number of people vulnerable to HIV infection who use HIV PrEP (Pre-exposure Prophylaxis).

These goals are organized into three overarching pathways:

- Improve quality of life for people with and vulnerable to HIV.
- Prevent and diagnose new HIV infections.
- Treat people living with HIV.

The [National HIV/AIDS Strategy \(2022-2025\)](#) (NHAS) (United States White House, 2022) updates prior NHAS versions by setting bold targets for ending the HIV epidemic in the United States by 2030. NHAS focuses on four goals:

- Prevent new HIV infections.
- Improve HIV-related health outcomes for people with HIV.
- Reduce HIV-related disparities
- Achieve integrated, coordinated efforts that address the HIV epidemic among all partners and stakeholders.

The [Ending the HIV Epidemic: A Plan for America](#) (United States Department of Health and Human Services (HHS), 2021) aims to end the HIV epidemic in the United States by 2030. The plan focuses on four key strategies:

- Diagnose all people with HIV as early as possible.
- Treat people with HIV rapidly and effectively to reach sustained viral suppression.
- Prevent new HIV transmissions by using proven interventions, including PrEP (Pre-exposure Prophylaxis) and syringe services programs.
- Respond quickly to potential HIV outbreaks to get needed prevention and treatment services to people who need them.

The [Sexually Transmitted Infections National Strategic Plan, 2021-2025](#) (HHS, 2020) aims to reverse the recent dramatic rise in STIs in the United States. The plan sets forth a vision and five high-level goals:

- Prevent new STIs.
- Improve the health of people by reducing the adverse outcomes of STIs.
- Accelerate progress in STI research, technology, and innovation.
- Reduce STI-related health disparities
- Achieve integrated, coordinated efforts that address the STI epidemic.

The [Sexually Transmitted Infections: Adopting a Sexual Health Paradigm](#) report (The National Academies of Science, Engineering, and Mathematics, 2021) examines the prevention and control of STIs in the United States and provides recommendations and advice on future public health programs, policy, and research. The report is organized under four action areas:

- Adopt a holistic sexual health paradigm.
- Broaden ownership and accountability for responding to STIs.
- Bolster existing systems and programs for responding to STIs.
- Embrace innovation and policy change to improve sexual health.

The [Viral Hepatitis National Strategic Plan for the United States: A Roadmap to Elimination \(2021-2025\)](#) (HHS, 2020) provides a framework to eliminate viral hepatitis as a public health threat in the United States. The plan sets forth a vision and five high-level goals:

- Prevent new viral hepatitis infections.
- Improve viral hepatitis-related health outcomes of people with viral hepatitis.
- Reduce viral hepatitis-related disparities
- Improve viral hepatitis surveillance and data usage.
- Achieve integrated, coordinated efforts that address the viral hepatitis epidemics among all partners and stakeholders.

See also [Division of Viral Hepatitis 2025 Strategic Plan](#) (Centers for Disease Control and Prevention (CDC), 2020), CDC Recommendations for [Hepatitis C Screening Among Adults, United States, 2020](#) (CDC 2020), and [Screening and Testing for Hepatitis B Virus Infection: CDC Recommendations – United States, 2023](#) (CDC 2023).

The [National Overdose Prevention Strategy](#) (HHS, 2023) provides a summary of current and past federal efforts to promote pragmatic approaches to reducing the harms associated with overdose. The strategy organizes information under four topic areas:

- Primary prevention.
- Evidence-based treatment.
- Harm reduction.
- Recovery support.

The [National Drug Control Policy](#) (United States White House, 2025) provides a comprehensive framework to reduce drug overdose deaths. The strategy organizes recommendations across eight focus areas:

- Prevention and early intervention.
- Harm reduction.
- Substance use disorder treatment.
- Building a recovery-ready nation.
- Reduce the supply of illicit substances through domestic collaboration.
- Reduce the supply of illicit substances through international engagement.
- Criminal justice and public safety.
- Data systems and research.

The [Program Collaboration and Service Integration: Enhancing the Prevention and Control of HIV/AIDS, Viral Hepatitis, Sexually Transmitted Diseases, and Tuberculosis in the United States](#) (CDC, 2009) white paper provides a roadmap for organizing comprehensive and coordinated health responses for HIV, STI, viral hepatitis, and TB.

E. Alignment with CDPH Guiding Principles

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

- **Trauma prevention and trauma-informed services** – ensuring services address trauma and healing for example, providing comprehensive training for staff on trauma-informed care, which includes understanding trauma's impact, avoiding re-traumatization, and promoting healing.
- **Cultural responsiveness** – ensuring services are culturally and linguistically appropriate for example, hiring and training staff from diverse cultural backgrounds to better understand and communicate with patients who may have different beliefs, values, and languages.
- **Health equity in all communities** – allocating resources and services to people and areas with the greatest need for example, utilizing internal data to identify inequities in health outcomes and tailoring policies to better address those disparities.

F. Alignment with CDPH Mission and Healthy Chicago 2025

The mission of CDPH is to work with communities and partners to create an equitable, resilient, safe, and healthy Chicago. Our efforts build toward a city where everyone thrives and achieves their optimal health and wellness.

CDPH's approach is guided by our community health improvement plan, [Healthy Chicago 2025](#) (HC2025), which is focused on racial and health disparities and eliminating the life expectancy gap between Black and non-Black Chicagoans. This RFP aligns with HC2025's Health and Human Services priority area and acknowledges that opioid overdose and infectious diseases, including HIV and viral hepatitis, among others, are two of the top five drivers of the racial life expectancy gap in Chicago. Other drivers include chronic disease, homicide, accidents, and infant mortality.

HC2025 calls on organizations and institutions of all kinds to actively contribute to mitigating harms caused by these drivers, from upstream actions that deconstruct the systems and policies to downstream programs that provide direct clinical care and supportive services to individuals. To this end, CDPH-funded syndemic infectious disease programs will be required, where appropriate, to provide complementary services that support city-wide goals and initiatives related to these drivers. See Section V. Project Description, sub-section C. Scope of Services and please see the [Healthy Chicago 2025 Strategic Plan](#)

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 an 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.

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 award(s) made under this RFP.

IV. Available Funding

Approximately \$6,000,000 in Housing and Urban Development (HUD) HOPWA funds will be available through this RFP per year. The initial contract period begins January 1, 2026 and runs through December 31, 2027. There will be up to two 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. CDPH will award as many contracts as possible based on the quality of applications, requested amounts to support programming, and geographic coverage. CDPH may reallocate funding across selected Respondents during contract and contract extension negotiations based on funding, each Respondent's performance, and programmatic priorities. CDPH reserves the right to add or change funding sources.

V. Project Description

A. Program Background

Housing Opportunities for People with HIV/AIDS (HOPWA) is the only source of housing funding solely dedicated to persons with HIV. HOPWA serves as an integral element of local and federal efforts to eliminate homelessness, in particular when utilized in combination with other housing programs, such as the Department of Housing and Urban Development programs funded under the McKinney Vento Act (Shelter Plus Care (SPC), Supportive Housing Program (SHP), and Single Room Occupancy Moderate Rehabilitation (SRO Mod Rehab)).

There are two basic eligibility requirements for HOPWA program participants:

- Household has at least one person who has been diagnosed with HIV. This includes households where the only eligible person is a minor. Medical verification of status is required.

- Total household income is less than [80% of the Area Median Income \(AMI\)](#), as defined by HUD³. HUD sets AMI levels for communities across the country.

Organizations who are awarded funds under this RFP are expected to work with CDPH and delegate agencies awarded to implement clinical and supportive services to people with HIV to coordinate service delivery, to support systemic/ structural/policy efforts related to the health and wellbeing of persons with HIV, submit programmatic data on a timely basis, and participate in evaluation of individual programs and services as well as the overall impact of all programs funded under this RFP.

B. FBHA Program Activities

Successful applicants will be required to submit programmatic data at the individual level through secure file transfer and to collaborate with CDPH on compiling and submitting aggregated programmatic data to HUD. Awarded organizations will submit client-level data sufficient to determine connections with other clinical and supportive services available for people with HIV and to create population-level aggregated analysis of HOPWA program accessibility and benefit. Awarded agencies will be expected to participate in monthly engagements with all Project Sponsors, and other engagements as needed by CDPH and/or HUD. FBHA Project Sponsors that own their buildings will also have the opportunity to access funds for capital improvements. Capital Improvement funds will be made available on a case-by-case basis based on the availability of funds and allowability of improvements.

C. Scopes of Services

Facility-Based Housing Assistance (FBHA)— is generally when subsidy assistance is attached to a specific project, property, or facility and does not move with a participant/tenant. HOPWA facility-based housing can be provided in a number of different housing types including community residences, Single Room Occupancy (SRO) dwellings, short-term facilities, project-based rental units, and master leased units. Households served in CPDH-funded FBHA must meet standard HOPWA eligibility requirements and may also need to meet specific priority population requirements such as experiencing homelessness or in imminent danger of becoming homeless. CDPH has only funded FBHA that is transitional housing or permanent housing as described below:

- Transitional Housing – Temporary housing that provides intensive support services, geared toward increasing a household’s self-sufficiency, intended to help the household move to permanent housing. Transitional housing is limited to a 24-month period.
- Permanent Housing – Long-term housing (including both independent and supportive housing) where households holds a lease and/or the legal right to

³ [Income Limits | HUD USER](https://www.huduser.gov/portal/dataset/fmr-api.html), <https://www.huduser.gov/portal/dataset/fmr-api.html>

reside in the unit renewable upon expiration and terminable only for cause. Permanent facility-based housing does not have time limits associated with how long a HOPWA eligible individual may reside in the facility.

An organization funded under **Facility-Based Housing Assistance** is required to provide housing services in community residential facilities – including community residences, single room occupancy (SRO) dwellings, short-term facilities, project-based rental units, and master leased units – serving low-income people with HIV and low-income families with at least one family member with HIV that are experiencing homelessness or in imminent danger of becoming homeless. Facility-Based Housing may include multiple apartments within the same building or building complex.

HOPWA Regulation *24 CFR 574.340 (a)*⁴ defines community residence as a multi-unit residence designed for eligible persons:

- To provide a lower cost residential alternative to institutional care and to prevent or delay the need for such care;
- To provide a permanent or transitional residential setting with appropriate services to enhance the quality of life for those who are unable to live independently; and/or;
- To integrate eligible persons into local communities and provide support services to maintain the abilities of such eligible persons to participate as fully as possible in community life.

Successful respondents are required to provide and/or make available to the clients in the HOPWA program appropriate supportive services. Supportive services include, but are not limited to, medical and mental health care, substance use disorder counseling and treatment, nutritional and food services, and assistance in gaining access to local, state, and federal government benefits and services. These supportive services may only be provided to the housed person with HIV, but not to the family members of these individuals.

Respondents must describe the supportive services that will be provided directly, and which support services will be referred outside the organization. If a service is provided through referral, Respondents must clearly describe the referral process and include relevant Memoranda of Understanding (MOU).

Successful Respondents should not utilize HOPWA funds to provide supportive services available through other local service providers. Essentially, if there are other funding sources available to pay for supportive services, those funds should be used before HOPWA funding is considered.

Funded agencies must:

⁴ [https://www.ecfr.gov/current/title-24/part-574/section-574.340#p-574.340\(a\)](https://www.ecfr.gov/current/title-24/part-574/section-574.340#p-574.340(a))
[Code of Federal Regulations](#)

- Promote collaboration with existing housing programs, HIV-focused programs, healthcare providers, and funders;
- Maximize the number of people who are served annually; As housing is a resource-heavy program based around the availability of housing units in the Chicago Eligible Metropolitan Statistical Area, the number of individuals eligible for residing in HOPWA units is almost always greater than the number of units available. Organizations funded to implement HOPWA programming must work to support individuals who can transition out of HOPWA programming to do so, must support those who will need to reside in HOPWA units permanently, and must work to onboard individuals who are experiencing homelessness and newly diagnosed with HIV or previously diagnosed with HIV and newly homeless/unstably housed.
- Provide supportive services that cultivate residents' self-sufficiency and capacity for independence;
- Limit programmatic prerequisites for participation and create low-barrier policies for admission and expectations once a person is housed;
 - Note: termination of assistance to clients who violate program requirements or conditions of occupancy while residing in housing funded under this category must be executed via a formal process that meets city, state, and federal standards for due process of law. CDPH has developed comprehensive policies and procedures to provide guidance for funded programs when terminating assistance for clients. All successful respondents will be required to submit a copy of their Discharge Policy and Procedure to CDPH once funded.
- Provide directly or through referral to services to address the drivers of the life expectancy gap as described in Healthy Chicago 2025, where appropriate:
 - Recommended screening for chronic diseases/factors that contribute to chronic disease, including, but not limited to, cardiovascular disease, type 2 diabetes, high blood pressure/hypertension, tobacco use, renal disease, cancer, and osteopenia/osteoporosis.
 - Immunizations for vaccine-preventable diseases, such as HAV; HBV; HPV; meningitis; mpox; COVID-19; flu; measles, mumps, and rubella (MMR); varicella (VZV); pneumococcal infection; and tetanus, diphtheria, and pertussis (TDAP).
 - Screening for contraceptive needs and desires and counseling for reproductive healthcare needs, including birth control, pregnancy planning, and reproductive health services.
- For pregnant people, pre- and post-natal care.
 - Quality of life assessment, including self-rated health status, mental health, food insecurity, employment status, and housing stability⁵.
 - Recommended screening for geriatric issues, such as the "5Ms" – mind (mentation, dementia, delirium, depression), mobility (impaired gait/balance, fall risk), medications (polypharmacy, optimal pharmacy, adverse medication effects and burden), multi-complexity (multimorbidity, complex biopsychosocial

⁵ https://files.hiv.gov/s3fs-public/2022-09/NHAS_Federal_Implementation_Plan.pdf

situations), and matters most (individual meaningful health outcome goals and care preferences)⁶.

- All HOPWA Project Sponsors are required to align with Housing and Urban Development requirements for rent reasonableness in terms of neighboring units, rent standard in terms of proportion of income, occupancy standards for the appropriate number of beds/bedrooms/bathrooms, habitability standards, lead-based paint assessment, fire safety requirements, and carbon monoxide alarms or detectors.

Please see the accompanying draft HOPWA Policies and Procedures Manual for the Chicago Eligible Metropolitan Statistical Area for further detail of expectations and requirements for any and all Project Sponsors receiving HOPWA funds.

D. Additional Responsibilities

Employee hiring principles: Respondents will prioritize for hiring Chicago residents who:

- Represent the lived experiences of communities served by these funds.
- Reside in high economic hardship community areas.⁷
- Have demonstrated barriers to employment, such as carceral status, disability, and/or housing/food/healthcare insecurity.

Earn-as-you-learn: To support advancement and growth of the City's SID workforce, as well as longer term career advancement and income generation, Respondents must include in their budgets professional and personal development opportunities for employees hired through this RFP. CDPH may supplement these efforts with additional investments once programs have been established and employees on-boarded.

Fairness and Accountability: Resources made available through this RFP will promote economic development in high economic hardship community areas, among residents from these community areas, and among residents with demonstrated barriers to employment. To ensure accountability, successful Respondents will be required to publish publicly detailed information about the workforce employed with these funds. CDPH will provide a template after successful Respondents have been selected for funding.

⁶ [Optimizing geriatric care with the GERIATRIC 5Ms](#)

⁷ <https://greatcities.uic.edu/2024/12/17/great-cities-institute-releases-updated-hardship-index-for-chicago-community-areas-with-newly-released-data/>

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 will receive compensation from this grant. Describe the role of all positions supported by this grant. Provide job descriptions and resumes of staff, as well as job descriptions for any vacant positions or new positions that will be created because of this funding opportunity. The staffing plan must match the budget developed for this funding opportunity.

VII. Budget and Justification

Agencies are encouraged to use funds available through this RFP in combination with other funding sources to provide holistic care and supports services for persons who use drugs. Services described in *Section V. Program Description, sub-section C. Scope of Work*, may be supported in total or in part through these funds.

Staff supported by this grant are NOT City of Chicago employees; they are employed by the agency/agencies. Staff are not permitted to serve as volunteers; they must be paid for their time worked, skill level, lived experience (if applicable), and expertise in the field. The job description detailing the duties and responsibilities required will serve as guidance for the workflow and wage. Complete a program budget outlining all detailed expenses in its entirety for this proposal (e.g. salaries, program materials, travel reimbursement). The applicant's proposed program budget cannot exceed the available funding amount provided in *Section IV. Available Funding* above.

CDPH is committed to ensuring employees receive a fair salary and benefits for their work. To that end, CDPH requires successful Respondents and sub-contractors to hire employees funded under this announcement as part-time, full-time or hourly and offer competitive benefits. Further, CDPH requires all employees funded under this announcement be paid, at minimum, the equivalent of \$50,000 annually for full-time employment (or approximately \$24.04/hour). If successful Respondents propose salary and benefits that do not meet these requirements, they must submit written justification which will be considered as part of the competitive review process.

As described in *Section V. Program Description, sub-section D. Additional Responsibilities*, successful Respondents are required to include costs associated with professional and personal development opportunities for employees hired through this RFP in their budgets.

For year one, Respondents must submit a detailed budget including line items for personnel and non-personnel costs following the guidance provided below. The year-one budget must specify the share of total cost that will be charged to CDPH and the share charged to other

funding sources. A thorough narrative budget justification must accompany the budget forms. The budget narrative must clearly describe and justify all costs proposed in the budget. The budget must include:

- Salaries and wages.
- Fringe benefits.
- Consultant costs.
- Equipment (e.g., computers, printers, mobile devices).
- Supplies (e.g., meeting supplies, office supplies).
- Travel costs (program staff only).
- Other categories (e.g., operating costs, customer expenses (including travel/transportation), training, or outreach/recruitment).
- Contractual costs.
- Total direct costs.
- Indirect costs.

Salaries and Wages: For each requested position, provide the following information: name of team member occupying the position, if available; annual salary; how the employee is paid (e.g., hourly, weekly, bi-weekly, monthly); percentage of time budgeted for this program; total months of salary budgeted; and total salary requested. Also, provide a justification and describe the scope of responsibility for each position, relating it to the accomplishment of program objectives outlined in the work plan. If the Respondent has not yet identified individuals to fill positions, indicate these positions are yet to be hired.

Fringe Benefits: Fringe benefits are usually applicable to direct salaries and wages. Provide information on the rate of fringe benefits used and the basis for their calculation. If a fringe benefit rate is not used, itemize how the fringe benefit amount is calculated.

Consultant Costs: This category is appropriate when hiring an individual to give professional advice or services (e.g., training, expert consultation) for a fee. Written approval must be obtained from CDPH prior to establishing a written agreement for consultant services. Approval to initiate program activities through the services of a consultant requires submission of the following information to CDPH:

- Name of consultant.
- Organizational affiliation (if applicable).
- Nature of services to be rendered. Relevance of service to CDPH-funded project.
- Basis for the consultant's fee (e.g., number of days of consultation, hours of consultation).
- Expected rate of compensation (including travel, per diem, and other related expenses).

Include this information in the body of the budget justification and summarize in the line-item budget. If the above information is unknown for any consultant at the time of the application is submitted, the information may be submitted later as a revision to the budget.

Equipment: Provide justification for the use of each piece of equipment and relate it to specific program objectives. Maintenance or rental fees should be included in the *Other* category.

Supplies: Individually list each supply item requested. Show the unit cost of each item, number needed, and total amount. Provide justification for each item and relate it to specific program objectives. If appropriate, “general office supplies” may be shown by an estimated amount per month multiplied by the number of months in the budget category.

Travel: Funding requested in the travel category should include staff travel only. Travel for consultants should be shown in the *Consultant* category. Travel for program customers, advisory committees, review panels, etc. should be itemized in the same way specified below in the *Other* category.

In-State Travel – Provide a narrative justification describing the travel staff members will perform. List where travel will be undertaken, number of trips planned, who will be making the trip, and approximate dates. If mileage is to be paid, provide the number of miles and the cost per mile. If the agency does not have a mileage reimbursement rate established, use the current federal rate. Include here the expenses to operate agency-owned vehicles that are used in program delivery. All drivers/vehicles used for this program must have valid licenses and insurance. If travel is by air, provide the estimated cost of airfare. If per diem/lodging is to be paid, indicate the number of days and the amount of daily per diem as well as the number of nights and estimated cost of lodging. Include the cost of ground transportation when applicable.

Out-of-State Travel – Provide a narrative justification describing the same information requested for in-state travel. Include national out-of-state meetings, conferences, and workshops. Itemize out-of-state travel in the format described above.

Other: This category contains items not included in the previous budget categories. Individually list each item requested and provide appropriate justification related to the program objectives. Some items are self-explanatory (e.g., telephone, postage). Where they are not, include additional information. For printing costs, identify the types and number of copies of documents to be printed (e.g., procedure manuals, program reporting forms, materials for marketing/recruitment).

Contractual Costs: CDPH contractors must obtain approval from CDPH prior to establishing a third-party contract to perform program activities. Approval to initiate program activities requires the submission of the following information to CDPH:

- Name of Contractor.
- Method of Selection.
- Period of Performance.
- Scope of Work.
- Method of Accountability.
- Itemized Budget and Justification.

Include this information in the body of the budget justification and summarize in the line-item budget. If the above information is unknown for any contractor at the time the application is submitted, the information may be submitted later as a revision to the budget. Copies of the actual contracts should not be sent to CDPH but must be available for review.

Total Direct Costs: Total direct costs include totals for each of the previous budget categories.

Indirect Costs: If available, Respondents must use their agency's current approved federally negotiated indirect cost rate agreement. A copy of the cost rate agreement must be provided with the application. Agencies with no approved indirect cost rate agreement may charge for costs normally identified as indirect costs (overhead costs) up to 15 percent of direct costs. Indirect costs can be expressed as a single line item in the line-item budget. However, Respondents must provide narrative justification for the amount requested. Examples of indirect costs include a portion of rental costs and utilities for administrative office space, payroll, voucher processing and financial reporting, and audit expenses.

Additional Budget Requirements:

Multiple locations – If proposing to provide services at more than one program site, a complete and separate budget and budget justification is required for each site.

Cost allocation – There must be a documented cost allocation methodology, approved by the agency's accounting firm, for all shared costs, including, but not limited to, space/rent, utilities, telephones/internet, and general office supplies. This information and supporting documentation do not need to be submitted as part of the application but may be requested from successful applicants at any time at the City's discretion.

VIII. 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 the individual who will be responsible for financial reporting at the fiscal agent.

IX. Eligibility Requirements

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

- Be a not-for-profit agency including nonprofits and government-run entities.
- Have an office located in the Chicago Eligible Metropolitan Statistical Area (EMSA), which includes Cook, DuPage, Grundy, Kendall, McHenry, and Will Counties.
- 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.

X. RFP and Submission Information

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. All vendors must have a Federal Employer Identification Number (FEIN) and an IRS W9 for registration and confirmation of vendor business information.

- **New Vendors** – Must register at www.cityofchicago.org/eProcurement.
- **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. 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

- **Questions on eProcurement for Delegate Agencies including:**
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 RFP via eProcurement.

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

For Respondents who wish to submit more than one application to an RFP, please submit 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.

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 or contact the [Customer Support Center at 312-744-HELP](tel:312744HELP) to receive more specific instructions and troubleshooting.

XI. **Evaluation of Proposals**

A. **Selection/Review Criteria**

An Evaluation Committee made up of representatives from the CDPH; 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:

Phase I: Technical and Eligibility Review – CDPH will assess a Respondent's compliance with and adherence to the stated requirements in the RFP, including review of all required documents. 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 will move to Phase II.

Phase II: Proposal Evaluation – Phase II will include a detailed analysis of qualifications, experience, strength of proposed plans for service delivery, 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 6-10.(Section XI Evaluation of Proposals, sub-section B Evaluation Criteria).

The evaluation committee will recommend either:

- A short list of potential awardees from whom it needs clarification of RFP response or
- A list indicating recommended awardees. All recommendations are presented for approval to the Commissioner of Health, Dr. Olusimbo (Simbo) Ige (the “Commissioner”).

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
Alignment with CDPH Guiding Principles	10
Community Reach	10
Agency Background	10
Organizational Infrastructure	30
Facility-Based Housing Assistance	40
Total Points	100

XII. Reporting and Other Requirements for Successful Respondents

All successful Respondents will be required to submit monthly program reports; submit data, as required, through CDPH data management systems; voucher monthly; and participate in all CDPH-sponsored site visits, evaluation, quality assurance, training, technical assistance, and capacity building activities. Vouchers must be accompanied by appropriate documentation and contain adequate details for all expenses for which reimbursement is requested.

XIII. Additional Guidance

A. Bidders’ Conference

A 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 apply for funding are strongly encouraged to participate in a Bidders' Conference. The Bidders' Conference will be held via webinar on August 11, 2025 at 12 PM CST. Webinar information will be uploaded to eProcurement/i-Supplier.

XIV. Insurance Requirements

The Chicago Department of Finance (Finance) has established minimum insurance requirements for applicants awarded federal or state funds. The types of insurance required include worker's compensation; general liability; a fidelity bond (if applicable); automobile liability; and professional liability. Finance reserves the right to require additional types of insurance.

Respondent, if selected, shall register with the City's online insurance certificate portal using the designated email registration link provided at <http://www.cityofchicago.org/COI> and as specified in Exhibit 122123. Respondent shall provide a current and valid email address for both the contractor and the contractor's insurance agent or provider, as described in further detail in Exhibit 122123. The Selected Respondent is responsible for ensuring the submission of a certificate of insurance (COI) through the City's online insurance certificate portal prior to award of a contract.

A Respondent selected for contract negotiation and award who fails to fulfill the requirement to register and submit a COI through the City's online insurance certificate portal may be deemed nonresponsive and the City may choose to instead engage a different Respondent for contract negotiation. If a Respondent is unable to register and submit the COI through the City's online insurance certificate portal and instead submits a printed insurance certificate prior to contract award, the City may accept a paper COI provided that written justification is provided explaining the Respondent's good faith efforts to comply with the terms of this section and the reasons why the submission could not be completed. Instructions for registering and submitting COIs are available at the following URL: <http://www.cityofchicago.org/COI>

XV. 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 (Title 17 and Chapter 10-32 of 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)

10. Labor Peace Agreement Ordinance (MCC 2-112-205)

All respondents must agree to comply with the requirements of Section 2-112-205, *Essential service contracts*, of the Municipal Code of Chicago, as provided below in part:

(a) *Definitions.* For purposes of this section, the following definitions shall apply:

"Commissioner" means the Commissioner of Public Health, or the Commissioner's designee.

"Contract" means an agreement entered into between the City, through the Department of Public Health, and a Contractor to perform Essential Services.

"Contractor" means a person, as defined by Section 1-4-090(e), contracting directly with the City through the Department of Public Health to perform Essential Services, where the Contractor has 20 or more employees. "Contractor" does not include hospitals licensed pursuant to the Illinois Hospital Licensing Act, 210 ILCS 85, or any hospital affiliate as defined by the Illinois Hospital Licensing Act, 210 ILCS 85/10.8(b), or any hospital licensed pursuant to the University of Illinois Hospital Act, 110 ILCS 330.

"Employee" means those employees directly performing Essential Services under a Contract. The term "Employee" excludes employees who work for the Contractor, but do not provide Essential Services under the Contract, management or supervisory or other employees who do not enjoy a right to engage in strikes, work stoppages, or other concerted activities.

"Essential Services" means health and social services.

"Labor Peace Agreement" means an agreement between a Contractor and a labor organization that

(i) prohibits the labor organization and its members from engaging in work stoppages, boycotts, or any other activity that may interfere or hinder the performance of a Contract for the duration of the Contract; and

(ii) contains a means of resolving disputes between the Contractor and the labor organization.

(b) *Terms of Contracts.*

(1) The Commissioner, in the interest of preventing a disruption of Essential Services and protecting the City's financial and proprietary interest in the provision of such Essential Services, shall ensure that all Contracts that are entered into after the effective date of this section shall require:

- (A) written notice be provided by the Contractor to the Commissioner administering the Contract, or the Commissioner's designee, within 72 hours of when the Contractor:
 - (i) becomes aware of any threatened, imminent, or actual strike, work stoppage, or other concerted activity that may interfere or hinder the work performed by Employees;
 - (ii) is informed that Employees seek to be represented by a labor organization, join a labor organization, or otherwise elect to self-organize for the purpose of engaging in concerted activity;
 - (iii) receives a notice or announcement from a labor organization that it represents or seeks to represent the Employees; or
 - (iv) enters into a Labor Peace Agreement, Collective Bargaining Agreement, or the expiration or breach of any such agreement.

(B) that the Contractor shall not prohibit, retaliate, or otherwise coerce Employees with respect to rights guaranteed by the First Amendment of the United States Constitution or any other rights afforded by federal or state laws.

(2) Within 90 days of subsection (b)(1)(A)(ii) or subsection (b)(1)(A)(iii) occurring, that the Contractor enter into a Labor Peace Agreement with the labor organization.

(c) The provisions of subsection (b) shall be material terms of any Contract entered into by the City, the breach of which by a Contractor shall be grounds to terminate or decline to renew the Contract.

(d) A Contractor is in compliance with this Section 2-112-205 if (1) the Contractor remains in compliance with subsection (b), or (2) the Contractor and the Employees have a collective bargaining agreement with a labor organization, or (3) no labor organization represents or seeks to represent the Employees.