



Delegate Agency Solicitation #8582,2 (RFP)

**National HIV Behavioral Surveillance Project: NHBS Transgender Women**

**Specification Number:1243477**

**Required for use by:** DEPARTMENT OF HEALTH

**Bid/Proposal Submittal Date and Time:** 12:00 PM Central Time, 13-JUN-2022

**Deadline for Questions:** 05:00 PM Central Time, 16-MAY-2022

**Buyer:** GARCIA, SARAH

**Email Address:** Sarah.Garcia@cityofchicago.org

**Phone Number:** 3127479397

**Pre-Solicitation Conference Date and Time:** 10:00 AM Central Time, 12-MAY-2022

**Pre-Solicitation Conference Location:**

[https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F\\_%23%2F1%2Fmeetup-join%2F19%3Ameeting\\_YTZIMTc1Y2UtOTUwNS00ZTkLWlXNjctZGMwOWY0ZmE1ZTJk%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%25227036cda9-062d-4151-8144-97ddc56e7027%2522%252c%2522Oid%2522%253a%2522b1d222cf-5c78-458e-b869-05294bc057ac%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=20c8ab13-54bc-477f-b658-2db6cd68709e&directDI=true&msLaunch=true&enableMobilePage=false&suppressPrompt=true](https://teams.microsoft.com/dl/launcher/launcher.html?url=%2F_%23%2F1%2Fmeetup-join%2F19%3Ameeting_YTZIMTc1Y2UtOTUwNS00ZTkLWlXNjctZGMwOWY0ZmE1ZTJk%40thread.v2%2F0%3Fcontext%3D%257b%2522Tid%2522%253a%25227036cda9-062d-4151-8144-97ddc56e7027%2522%252c%2522Oid%2522%253a%2522b1d222cf-5c78-458e-b869-05294bc057ac%2522%257d%26anon%3Dtrue&type=meetup-join&deeplinkId=20c8ab13-54bc-477f-b658-2db6cd68709e&directDI=true&msLaunch=true&enableMobilePage=false&suppressPrompt=true)

**Site Visit Date & Time:** N/A

**Site Visit Location:** N/A

*Please submit your response to:*

<http://www.cityofchicago.org/eProcurement>  
iSupplier vendor portal registration is required.  
Allow 3 business days to complete registration.

**LORI E. LIGHTFOOT**  
MAYOR

**Dr. Allison Arwady**  
Commissioner

**Specification Number:** 1243477

**Type of Funding:**

**Title:** National HIV Behavioral Surveillance Project: NHBS Transgender Women

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**1 Header Information**

**1.1 General Information**

Title **National HIV Behavioral Surveillance Project: NHBS Transgender Women**  
 Description **National HIV Behavioral Surveillance Project: NHBS Transgender Women**  
 Amendment Date **13-MAY-2022 14:32:17**  
 Amendment Description **Changing Supplier Response Due Date to June 13, 2022**

Preview Date **13-MAY-2022 14:32:17** Open Date **13-MAY-2022 14:32:17**  
 Close Date **12:00 PM Central Time, 13-JUN-2022** Award Date **Not Specified**

Time Zone **Central Time** Buyer **GARCIA, SARAH**  
 Quote Style **Blind** Email **Sarah.Garcia@cityofchicago.org**

Event **Delegate Agency** Outcome **Delegate Agency Blanket Agreement**

**1.2 Terms**

Effective Start Date **Not Specified** Effective End Date **Not Specified**  
 Ship-To Address **041- DEPAUL 2FL  
333 S. STATE ST.  
2ND FLOOR  
Chicago, IL 60604  
United States** Bill-To Address **041- DEPAUL 2FL  
333 S. STATE ST.  
2ND FLOOR  
Chicago, IL 60604  
United States**

Payment Terms **IMMEDIATE** Carrier  
 FOB Freight Terms  
 Currency **USD (US Dollar)** Price Precision **Any**  
 Total Agreement Amount (USD) **Not Specified** Minimum Release Amount (USD) **Not Specified**

**1.3 Requirements**

<p><b>RFP DEADLINE</b></p> <p><u>PLEASE NOTE:</u> Please do not wait until the RFP deadline time to submit your proposal. Proposals not submitted due to the system closing at the RFP deadline will not be accepted under any circumstances. Please allow enough time so that any technical issues can be addressed directly with the eprocurement help desk. The RFP will automatically close at the deadline regardless if you are working in the system.</p> <p>.....</p> <p>Type <b>No Response Required</b></p>
<p><b>CHARACTER LIMIT</b></p> <p>Responses to questions below are limited to 4,000 characters each. If your response requires more than 4,000 characters, please attach response.</p> <p>.....</p> <p>Type <b>No Response Required</b></p>
<p><b>Communication</b></p> <p>Please submit all communication via the Online Discussion option within eProcurement <u>only</u>. Emailed communication will be directed back to Online Discussion.</p> <p>.....</p> <p>Provide your answer below</p>

<b>Communication</b>
<b>Contact</b>
What is the First Name of the contact person for this RFP? ..... Provide your answer below
What is the Last Name of the contact person for this RFP? ..... Provide your answer below
What is the Title of the contact person for this RFP? ..... Provide your answer below
What is the Phone Number of the contact person for this RFP? ..... Provide your answer below
What is the Email of the contact person for this RFP? ..... Provide your answer below
<b>Organization Information</b>
What is your Legal Organization Name? ..... Provide your answer below

<b>Organization Information</b>
What is your Legal Organization Address? ..... Provide your answer below
What is your Legal Organization City? ..... Provide your answer below
What is your Legal Organization State? ..... Provide your answer below
What is your Legal Organization Zip Code? ..... Provide your answer below
What is your Legal Organization County? ..... Provide your answer below
What is your Legal Organization Telephone Number? ..... Provide your answer below

Organization Information
<p>Please enter your agency's Federal Employer Identification Number. Your Federal Tax ID number is a 9 digit number that contains only numbers. Acceptable formats for this number are 123456789 or 12-3456789. To find your Federal Tax ID number, try the following options: 1) Call the Internal Revenue Service Call Center at 877-829-5500 or Search for your Tax ID number at the IRS website: <a href="https://www.irs.gov/charities-non-profits/tax-exempt-organization-search">https://www.irs.gov/charities-non-profits/tax-exempt-organization-search</a>.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please enter the DUNS number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a DUNS number. You may search for your DUNS number or request one here - <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a>.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please enter the Unique Entity ID (SAM) number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a Unique Entity ID (SAM) number. You may search for your Unique Entity ID (SAM) number or request one here - <a href="http://SAM.gov">http://SAM.gov</a></p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide the name of your agency's chief executive.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide the official title for the chief executive of your agency.</p> <p>.....</p> <p>Provide your answer below</p>

<b>Organization Information</b>
Please provide the chief executive's contact telephone number, including area code. ..... Provide your answer below
Please provide your chief executive's e-mail address. ..... Provide your answer below
Please provide the name of your agency's chief financial officer. ..... Provide your answer below
Please provide the contact phone number for your agency's chief financial officer. ..... Provide your answer below
Please provide the e-mail address for your agency's chief financial officer. ..... Provide your answer below
<b>Community Reach</b>
Provide the name of the COMMUNITY AREA(s) where the services will be offered. ..... Provide your answer below

<p><b>Community Reach</b></p> <p>Provide the WARD(s) where the services will be offered.</p> <p>.....</p> <p>Provide your answer below</p>
<p><b>Agency Experience, Equity and Cultural &amp; Linguistic Competence</b></p> <p>Describe your organization’s history and experience working with transgender women.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Describe how your organization will incorporate racial and health equity to contribute to <i>Healthy Chicago 2025</i>, the City’s community health improvement plan. through integrating the following guiding principles:</p> <ul style="list-style-type: none"> <li>· Deconstructing racist systems – actively working to reframe and dismantle systems that perpetuate privilege.</li> <li>· Trauma prevention and trauma-informed services – ensuring services address trauma and healing.</li> <li>· Cultural responsiveness – ensuring services are culturally and linguistically appropriate.</li> <li>· Health equity in all communities – allocating resources and services to people and areas with the greatest need</li> </ul> <p>.....</p> <p>Provide your answer below</p>
<p>Describe how your frontline staff, management, and the Board of Directors are reflective of the population(s) your agency serves.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Describe any innovative or successful activities your organization has undertaken to improve cultural and linguistic capacity.</p> <p>.....</p> <p>Provide your answer below</p>



**Agency Experience, Equity and Cultural & Linguistic Competence**

Describe your organization’s presence, involvement, and collaboration with the community and community members of the transgender women population.

.....  
Provide your answer below

**Project Description**

Abstract: Please provide your organization's Project Abstract and its experience relevant to the proposal. The Project Abstract should be a brief summary of the proposed project including the purpose and outcomes that relate to the bolded outcomes found in the logic model of section V.b of the RFP.

.....  
Provide your answer below

**Background:** Applicants must provide a description of relevant background information that includes:

- how your organization fits into the context of HIV prevention, response, testing, and treatment services and ultimately aid in reducing HIV incidence among transgender women.
- the organization’s history and experience working with transgender women.

.....  
Provide your answer below

**Approach: Outcomes**

Applicants must clearly identify the outcomes they expect to achieve by the end of the period of performance. Outcomes are the results that the program intends to achieve. This section should include:

- proposed outcomes that are consistent with the period of performance outcomes described in the logic model in section V.b of the RFP.
- description of plans for conducting required strategies and activities that are consistent with the Project Description and logic model, including an appropriate plan to complete 300 surveys with eligible transgender women during data collection portion of cycle (Year 2).
- description of how your organization will measure and report the proposed outcomes.
- description of how your organization will monitor your program for quality.
- description of how you will submit monthly reports to CDPH detailing the activities carried out under this grant.

**Project Description**

Provide your answer below

**Approach: Strategies and Activities**

Applicants must provide a clear and concise description of the strategies and activities they will use to achieve the period of performance outcomes. Applicants must select existing evidence- based strategies that meet their needs or describe how these strategies will be evaluated over the course of the period of performance. This section should include:

- description of organization’s experience implementing recruitment strategies and activities to reach transgender women.
- description of methods of ensuring demographic, geographic, and risk behavior diversity of transgender women participants for project.
- description of experience conducting community-level surveys.
- description of how your organization will ensure that staff will be identified and/or hired and trained to accomplish formative assessment, recruitment, survey, and specimen collection goals for NHBS Transgender Women project.
- description of how data will be collected and managed, following data security and confidentiality protocols, daily during data collection period. Describe how staff will ensure the security of survey and specimen testing data.
- description of plans for linking participants to available care and other resources if needed including HIV care and treatment and/or viral hepatitis care and treatment.
- description of how data will be used to conduct data analysis and disseminate data to pertinent stakeholders and community partners by producing at least one data-related deliverable (report, abstract, presentation, fact sheet) to inform HIV prevention services planning and decision-making.

.....  
Provide your answer below

If applicable, please describe demonstrated previous experience with National HIV Behavioral (NHBS) surveillance, research, or programmatic activities among transgender women in Chicago.

.....  
Provide your answer below

**Staffing Plan**

Please attach your organizations staffing plan in response to this RFP and in accordance with Section VI. Staffing Plan of the RFP document.

.....  
Provide your answer below

<b>Staffing Plan</b>
<p>Describe the staffing plan for the program, including, relevant qualification and characteristics of the staff who will be working in the program.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe your organization's capacity to staff a Project Coordinator, Field Supervisor, and Coupon Manager.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe your organization's capacity to staff Field Staff including recruiters and interviewers.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe your organization's capacity to staff phlebotomists to collect blood-based specimen samples for HIV and viral hepatitis testing, as well as HIV and viral hepatitis test counselors.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe your organization's capacity to staff a data manager and/or data analyst to manage demographic, behavioral, and test result data.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please describe your organization's capacity to staff Spanish speaking staff for participant recruitment and interviewing.</p> <p>.....</p>

<p><b>Staffing Plan</b></p> <p>Provide your answer below</p>          <p>Please describe your organization’s capacity to staff a project ethnographer and social worker.  .....  Provide your answer below</p>
<p><b>Work Plan</b></p> <p>Applicants must prepare a work plan consistent with the RFP Project Description Scope of Services section (V.b). The work plan integrates and delineates more specifically how the recipient plans to carry out achieving the period of performance outcomes, strategies and activities, evaluation, and performance measurement.</p> <p>Provide a detailed work plan describing and identifying activities that will be used to achieve the proposed scope of services outlined in the RFP. Each detailed work plan must include discussion of the applicant’s approach to conduct the strategies and activities and their ability to meet each benchmark. Activities indicate the tasks that must be completed to achieve the scopes of services and must be specific, measurable, realistic. Include a timeline and person responsible for completing activities outlined. The subsequent subsections highlight, but are not limited to, priority activities of the strategies outlined in the scopes of services outlined in the RFP.  .....  Provide your answer below</p>
<p><u>Preparation:</u></p> <p>Provide a narrative of how your organization experience and capacity to conduct the formative assessment activities described in the Scope of Services, to identify interview locations around the City of Chicago.</p> <ul style="list-style-type: none"> <li>- Provide your organization’s experience in creating standard operating procedures to ensure activities are accurately completed for successful completion of project.</li> <li>- Describe your organization’s experience and capacity in conducting review of secondary data sources and qualitative data collection including key informant interviews and focus-groups.</li> </ul> <p>.....  Provide your answer below</p>
<p><u>Recruitment and Data Collection:</u></p> <p>Describe your organization’s experience and capacity:</p>

<b>Work Plan</b>
<ul style="list-style-type: none"> <li>- in recruiting participants, preferably through respondent-driven sampling.</li> <li>- in systematically collecting demographic and behavioral characteristics through conducting standardized surveys.</li> <li>- to collect blood specimen(s) for HIV and/or viral hepatitis testing as well as storing and shipment of collected blood-based specimens.</li> </ul> <p>.....</p> <p>Provide your answer below</p>
<p><u>Data Management and Dissemination:</u></p> <p>Describe your organization’s experience and capacity:</p> <ul style="list-style-type: none"> <li>- in ensuring HIV data security and confidentiality by adhering to all local, state, and national data security and confidentiality guidelines.</li> <li>- in managing, cleaning, and submitting survey data via a secure file transfer program (sFTP).</li> <li>- in disseminating data products (such as reports, presentations, fact sheet) to pertinent stakeholders and community partners to inform decision-making.</li> </ul> <p>.....</p> <p>Provide your answer below</p>
<p><u>Quality Assurance</u></p> <p>Describe your organization’s experience and capacity:</p> <ul style="list-style-type: none"> <li>- participating in required project trainings.</li> <li>- submitting monthly reports detailing the activities carried out under this grant.</li> </ul> <p>.....</p> <p>Provide your answer below</p>
<b>Budget and Justification</b>
<p>Respondent must submit a budget not to exceed the maximum amount quoted in Section IV. Available Funding of the RFP document. Failure to do so will result in deduction in points given.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Attach a completed budget and justification template per instruction.</p> <p>.....</p>

<b>Budget and Justification</b>
Provide your answer below
Describe your organization's capacity to operate on a reimbursement basis. ..... Provide your answer below
<b>Evaluation and Quality Improvement</b>
Please provide an evaluation and performance measurement plan that is consistent with the work plan. ..... Provide your answer below
Describe quality assurance activities consistent with the content proposed in the RFP Project Description (Section V). ..... Provide your answer below
Describe monitoring and evaluation procedures and how evaluation and performance measurement will be incorporated into planning, implementation, and reporting of project activities to CDPH. ..... Provide your answer below
Describe plans for monitoring recruitment and participation numbers for each data collection cycle. ..... Provide your answer below
Describe how performance measurement and evaluation findings will be reported to CDPH and used to

<p><b>Evaluation and Quality Improvement</b></p> <p>demonstrate the outputs and outcomes of the RFP and for continuous program quality improvement.</p> <p>.....</p> <p>Provide your answer below</p>
<p><b>Statement of Assurance/ Confirmation of Required Documents</b></p> <p>Respondent must submit a budget not to exceed the maximum amount quoted in Section IV. Available Funding of the RFP document. Failure to do so will result in deduction in points given. Please acknowledge that you uploaded a completed budget outlining all details for the program in its entirety.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please acknowledge that you have read, completed and attach the Conflict of Interest Questionnaire.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please acknowledge that you have read the laws, statutes, ordinances and executive orders section of the RFP.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide your initials signifying that all required documents have been reviewed and submitted as required.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Provide the full name of the signatory.</p> <p>.....</p> <p>Provide your answer below</p>

Statement of Assurance/ Confirmation of Required Documents
<p>Please provide the title of the signatory.</p> <p>.....</p> <p>Provide your answer below</p>

**1.4 Attachments**

Name	Data Type	Description
ATTACHMENT 01: RFP Document	File	RFP Document
ATTACHMENT 02: BUDGET FORM INSTRUCTIONS	File	Budget Form Instructions
ATTACHMENT 03: CONFLICT OF INTEREST QUESTIONNAIRE	File	Conflict of Interest Questionnaire
ATTACHMENT 04: INSTRUCTIONS FORM SUBMITTING APPLICATION	File	INSTRUCTIONS FORM SUBMITTING APPLICATION
ATTACHMENT 05: Online Customer Support	File	Online Customer Support – please contact for all online technical support

**1.5 Response Rules**

- Solicitation is restricted to invited suppliers
- Suppliers are allowed to respond to selected lines
- Suppliers are allowed to provide multiple responses
- Buyer may close the solicitation before the Close Date
- Buyer may manually extend the solicitation while it is open



**2 Price Schedule**

**2.1 Line Information**

Display Rank As **No indicator displayed**  
 Ranking **Price Only**  
 Cost Factors **None**

Line	Item, Rev / Job	Target Quantity	Unit	Unit Price	Amount
1	0005 - Personnel	1	USD		
2	0044 - Fringe Benefits	1	USD		
3	0100 - Operating/Technical	1	USD		
4	0140 - Professional and Technical Services	1	USD		
5	0200 - Travel	1	USD		
6	0300 - Materials and Supplies	1	USD		
7	0400 - Equipment	1	USD		
8	0801 - Indirect	1	USD		
9	0999 - Other	1	USD		

**2.2 Line Details**

**2.2.1 Line 1 0005 - Personnel**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.2 Line 2 0044 - Fringe Benefits**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.3 Line 3 0100 - Operating/Technical**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.4 Line 4 0140 - Professional and Technical Services**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.5 Line 5 0200 - Travel**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.6 Line 6 0300 - Materials and Supplies**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.7 Line 7 0400 - Equipment**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.8 Line 8 0801 - Indirect**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.9 Line 9 0999 - Other**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**City of Chicago**



**REQUEST FOR PROPOSALS (RFP)  
National HIV Behavioral Surveillance  
Project  
Transgender Women  
RFP# 8582**

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

For further information:  
Irina Tabidze, MD MPH  
Chicago Department of Public Health  
Phone: (312) 747-9867  
[Irina.Tabidze@cityofchicago.org](mailto:Irina.Tabidze@cityofchicago.org)

City of Chicago  
Department of Public Health  
Syndemic Infectious Disease Bureau

## I. Purpose

The City of Chicago (“City”) acting through the Chicago Department of Public Health (CDPH) is releasing this Request for Proposal (RFP) to partner with an organization to conduct National HIV Behavioral Surveillance (NHBS) activities including bio-behavioral surveillance to monitor HIV-related behaviors, detect changes over time in HIV risk behaviors among populations via surveys and HIV testing among populations overburdened by HIV infection in Chicago. The NHBS project is funded by the Centers for Disease Control and Prevention (CDC) NHBS grant. NHBS activities aims to fill the gaps in knowledge regarding HIV prevention priorities among populations in geographic areas where current data are limited. Data from NHBS will be disseminated to community stakeholders and health planning groups to improve HIV prevention, response, and testing and treatment services, and to reduce HIV incidence among populations overburdened by HIV infections.

This RFP is for:

NHBS activities to be implemented among transgender women in the Chicago metropolitan statistical area (MSA).

Organizations are invited to apply for the award providing services for the NHBS Transgender Women service category. Organizations with demonstrated experience in working with transgender women and ability to provide the required services outlined in the Scope of Services are invited to apply to this RFP.

Transgender women (people assigned male sex at birth who identify as female, transgender female, or another identity on the male-to-female (MtF) spectrum) appear to be particularly vulnerable to HIV.<sup>1</sup> Many transgender women experience socioeconomic and structural barriers, including social and medical transphobia, which contribute to the elevated risk for HIV and poorer disease outcomes among those who are living with HIV.<sup>2</sup> Though racial inequity in health outcomes is a historic and ongoing problem in Chicago, the intensity of disparity in HIV rates among transgender women in Chicago calls for an urgent and forceful response from the city. This investment strategy unites Chicago’s commitment to sound public health with our city’s deep commitment in better understanding and addressing racial, ethnic, and gender disparities in HIV acquisition. CDPH’s mission is to promote and improve health by engaging residents, communities, and partners in establishing and implementing policies and services that prioritize residents and communities with the greatest need. CDPH’s work is guided by its community health improvement plan, [Healthy Chicago 2025](#), that is focused on racial and health equity. This RFP aligns with Healthy Chicago 2025’s assessment theme of *Improve systems of care for population most affected by inequities* and the *Health and Human Services* priority area, with the aim of increasing comprehensive and culturally appropriate healthcare including HIV prevention, care, and treatment among transgender women, particularly Black and Latinx transgender women in Chicago.

## II. Background

Chicago, like other large urban areas, continues to be disproportionately affected by HIV. CDPH’s 2020 HIV/STI Surveillance report shows more than 29,000 people are living with HIV (PLWH) in Chicago through the end of 2019<sup>3</sup>. Among those PLWH, 349 individuals identified as transgender

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<sup>1</sup> Centers for Disease Control and Prevention. HIV Surveillance Report, 2018 (Updated); vol. 31. <http://www.cdc.gov/hiv/library/reports/hiv-surveillance.html>. Published May 2020. Accessed [February 7, 2020].

<sup>2</sup> Poteat T, Reisner S, Radix A. HIV epidemics among transgender women. *Curr Opin HIV AIDS*; 2014; 9(2): 168-73.

<sup>3</sup> Chicago Department of Public Health. HIV/STI Surveillance Report, 2019. Chicago, IL: City of Chicago; December 2020.

with 86.8% identifying as transgender women. Among those newly diagnosed with HIV in the City of Chicago in 2019, most cases (89.5%) were identified as transgender women.

This RFP will improve HIV prevention, response, testing, and treatment services and ultimately aid in reducing HIV incidence among transgender women in Chicago through essential data obtained through the NHBS project, which is the only source of national data monitoring HIV-related behaviors among populations overburdened by HIV infections.

#### 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. Respondents will be asked to address these principles in their response to this funding opportunity:

- Deconstructing racist systems – actively working to reframe and dismantle systems that perpetuate privilege.
  - Providing professional and personal development particularity around the topic of racism, diversity, equity, and inclusion.
- 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

### **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 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 against award(s) made under this RFP.

### **IV. Available Funding**

One award will be available through this RFP, with a contract period of two calendar years.

A total of \$117,605 will be available through this RFP for the initial contract period beginning June 1 2022 through May 31, 2023, with up to one (1) extension, 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. It is anticipated that one (1) contract will be awarded through this RFP. CDPH may reallocate funding across selected respondents during contract extension negotiations based on funding, each respondent's performance, and programmatic priorities.

Please note, there might be additional funding to conduct Hepatitis B and C testing during Year 2 of the NHBS Transgender Women cycle. CDPH may reallocate funding during contract extension negotiations based on the following: funding, respondent’s performance, and programmatic priorities.

**V. Project Description**

**a. Program Activities**

Through a community-based behavioral survey, NHBS will provide data on HIV-related behaviors, detect changes of HIV risk behaviors over time, inform and evaluate HIV prevention activities, including pre-exposure prophylaxis (PrEP), among adult transgender women, and to fill gaps in knowledge regarding HIV prevention priorities among this population where data are limited. Also, HIV prevalence, incidence rate, and rate of undiagnosed infection, and if funding is available, viral hepatitis (B & C) prevalence rate, incidence rate, and rate of undiagnosed infection will be ascertained for transgender women. These data will provide valuable information for evaluating and guiding national and local HIV prevention efforts. NHBS data will be used by public health officials and researchers to identify HIV prevention needs, allocate prevention resources, and develop and improve prevention programs that target transgender women in Chicago.

The transgender women cycle encompasses two calendar years (ex. June 1, 2022, to June 30, 2024).

**b. Scope of Services**

The selected grantee in collaboration with CDPH are expected to demonstrate measurable progress toward addressing short-term and intermediate outcomes that have an asterisk in the following logic model. There are 5 required strategies for NHBS Transgender Women service category. Throughout the entire funding period of performance, grantee will be required to implement all activities for the selected component as detailed below.

Strategies and Activities	Short-Term Outcomes	Intermediate Outcomes	Long-Term Outcomes
<p><b>NHBS Transgender Women</b></p> <p><b>1) Preparation:</b> Conduct formative assessment and pre-implementation activities</p> <p><b>2) Recruitment and Data Collection:</b> Recruit populations overburdened by HIV infections; conduct standardized</p>	<p><b>*Improved ability to measure prevalence of HIV-related behaviors, use of services, HIV infection, and other relevant health outcomes</b></p> <p><b>*High-quality locally and nationally relevant data for resource allocation and evaluation of HIV prevention, testing and treatment efforts</b></p> <p><b>*Increased dissemination of data and recipient-developed recommendations to key stakeholders</b></p>	<p><b>Improved monitoring of HIV-related behaviors through an ongoing and adaptable HIV bio-behavioral surveillance system</b></p> <p>Improved ability to detect changes over time in HIV risk behaviors among populations overburdened by HIV infections</p> <p>Increased use of data to develop effective HIV prevention, response, testing and treatment activities</p>	<p>Improved HIV prevention, response, testing and treatment services for populations overburdened by HIV infections</p> <p>Reduced HIV incidence among populations overburdened by HIV infections</p>

<p>surveys; and offer anonymous blood-based HIV testing.</p> <p><b>3) Data Management and Dissemination:</b> Ensure HIV and hepatitis data security and confidentiality and manage, submit, analyze and disseminate data.</p> <p><b>4) Quality Assurance:</b> Conduct quality assurance activities and evaluate NHBS strategies and methods</p> <p><b>5) Collaboration:</b> Collaborate with partners and stakeholders to conduct NHBS; share findings and promote data use; and ensure participant referrals to prevention, health, and social services</p> <p><b>Potential additional activities for Transgender Women Cycle:</b> Conduct anonymous Hep B &amp; Hep C testing</p>	<p><b>*Improved information on methods to reach populations overburdened by HIV infections</b></p> <p><b>*New or enhanced collaboration among federal, state, and local partners responsible for HIV prevention, response, testing and treatment</b></p>	<p>Increased use of data to evaluate HIV prevention, response, testing and treatment activities</p> <p>Improved ability to reach populations overburdened by HIV</p>	
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The selected grantee is expected to undertake the strategies and activities throughout the one 2-year NHBS Transgender Women cycle. Funds are available to systematically implement all activities for the five (5) required strategies listed in the logic model above.

Note all activities should be implemented according to CDC and CDPH-approved guidance including the provision of participant incentives for recruitment and data collection activities when indicated.

The following detailed activities for each of the strategies are expected to be conducted by the selected grantee with support from CDPH staff for 2-year NHBS Transgender Women cycle:

**Year 1:**

- Start-up
  - Apply for regulatory approvals to conduct extensive formative assessment among transgender women in Chicago.
  - Begin to engage community partners and to garner community support.
  - Review available data on transgender women and write and submit reports summarizing findings.
  - Collaborate with CDPH and CDC on the development of operational documents by providing input on all national operational documents and data collection instruments.
- Extensive formative assessment and pre-implementation activities
  - Conduct extensive formative assessment through key informant interviews, focus groups, and other activities to inform best operational procedures and identify interview locations. Reports summarizing findings from the formative assessment will be written and submitted.
  - Collaborate with partners and stakeholders to conduct NHBS activities among transgender women including collaborating on survey development, methods and implementation with community partners and stakeholders.
  - Collaborate with partners and stakeholders to ensure participant referrals to plan optimal methods and sources for referring participants to prevention, health, and social services and linking participants to HIV and viral hepatitis care.
  - Obtain regulatory approvals to conduct NHBS activities as required, including, but not limited to Institutional Review Board approval, approval to conduct NHBS activities under surveillance authority, or approvals to waive written consent.
  - Develop standard operating procedures.
  - Hire and train required staff to interview and conduct anonymous blood-based HIV and/or viral hepatitis testing, in accordance with CDC-developed protocol and timelines.
  - Set up interview locations and obtain all required equipment, supplies and other materials to conduct all activities.
  - Attend all CDC related meetings and trainings.

**Year 2**

- Recruitment and Data Collection
  - Assist CDPH in implementing respondent-driven sampling (RDS) or other CDC-approved strategies to recruit transgender women.
  - Conduct behavioral surveys, phlebotomy, pre-test counseling and blood collection for HIV testing and Hepatitis B and Hepatitis C testing. Surveys and specimen collection is expected to encompass the 12 months of Year 2. All procedures must be in accordance with CDC-developed protocol.
  - Survey and collect specimens for at least 300 transgender women.
  - Distribute incentives to project participants.
  - Link participants with preliminary positive test results to HIV treatment and care and/or hepatitis treatment and care.
  - Collect blood specimens for additional testing including detection of antibodies or virus, and for the presence of antiretroviral drugs (including PrEP) or fentanyl and fentanyl analogs.
  - Prepare frequent shipments of specimens to CDC or participating laboratories in compliance with CDC-approved guidance and timelines.



- Data Management and Dissemination
  - Ensure HIV and hepatitis data security and confidentiality by adhering to all local, state, and national data security and confidentiality guidelines including but not limited to the *Centers for Disease Control and Prevention’s Data Security and Confidentiality Guidelines for HIV, Viral Hepatitis, Sexually Transmitted Disease, and Tuberculosis Programs: Standards to Facilitate Sharing and Use of Surveillance Data for Public Health Action*.
  - Funded agency is required to conduct annual CDPH data security and confidentiality trainings.
  - Manage, clean, and submit all data collected throughout NHBS Transgender Women cycle to CDC according to CDC-approved guidance and timelines.
  - In collaboration with CDPH NHBS team, conduct data analysis and disseminate data to pertinent stakeholders and community partners by producing at least one data-related deliverable (report, abstract, presentation, fact sheet) to inform HIV and potentially viral hepatitis prevention services planning and decision-making.
- Quality Assurance
  - Conduct quality assurance activities: Conduct all required data quality assurance activities, including but not limited to field staff evaluations, as described in CDC-approved guidance documents.
  - Evaluate strategies and methods: Conduct ongoing formative assessment to improve operating procedures. Conduct evaluations of recruitment strategies and data collection methods to reach transgender women.
  - Conduct all CDPH-required process documentation and follow all aspects of CDC-developed project plan.
  - Participate in all CDPH and CDC-required project trainings and meetings.
  - Submit monthly reports to CDPH detailing the activities carried out under this grant.

### **Organizational Capacity**

The grantee must demonstrate the capacity to successfully implement the required strategies and activities and achieve the period of performance deliverables including but not limited to formative assessment report, survey and specimen collection from at least 300 transgender women during data collection period. Applicants should demonstrate experience administrating public health surveillance activities and conducting community-level surveys and must be able to conduct anonymous HIV testing and anonymous viral hepatitis testing. Applicants should also have experience collaborating with local organizations that work with populations overburdened by HIV infections.

Due to the sensitive nature of topics covered in the survey, applicants shall include dedicated staff, such as a social worker, responsible for providing support and applicable referrals to participants upon completion of the survey. This person should also train interviewers on principles of trauma informed care, vicarious trauma, and cultural sensitivity.

Applicants shall have a clear staffing plan and project management structure for the required strategies outlined section V.b. above. Staffing for each service category is suggested below:

<b>Role</b>	<b>NHBS Transgender Women</b>
Project Coordinator	X
Field Supervisor	X
Coupon Manager	X
Field Staff (recruiters and interviewers)	X

Phlebotomists (for <b>HIV and Hep B &amp; C</b> testing (should Hep testing be funded by CDC)	X
HIV Test Counselors	X
Hepatitis B & C Test Counselors	X
Data Manager	X
Spanish Speaking Staff	X
Project Ethnographer	X
Social Worker	X

### 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.

#### **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/provdrs/enforce/news/2019/july/minimumwage.html>. CDPH strongly encourages Respondents to pay all employees a fair living wage. More information about calculating living wages can be found using the [Living Wage Calculator](#).

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 workflow 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.

#### **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 who will be responsible for financial reporting.

## **IX. Eligibility Requirements**

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

- Be a not-for-profit agency with a 501(c) 3 agency (including, but not limited to, community-based organizations, community-based advocacy groups, colleges, universities, and non-profit medical organizations).
- Have a DUNS/Unique Entity ID.
- 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.

## **X. 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 three) 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.

**XI. 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
Agency Experience, Alignment with CDPH Guiding Principles, and Cultural & Linguistic Competence	15
Project Description	30
Staffing Plan	5
Work Plan	25
Budget and Justification	15
Evaluation and Quality Improvement	10
Total Points	100

**XII. 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.

**XIII. Additional Guidance**

**a. Bidders' Conference**

An online Bidders' Conference has been scheduled for this RFP for Thursday, May12, 2022, at 10:00 am Central Time. You can attend this meeting by using this [LINK](#). 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.

#### **XIV. Insurance Requirements**

##### **A. INSURANCE REQUIRED**

Consultant must provide and maintain at Consultant's own expense, during the term of the Agreement and during the time period following expiration if Consultant is required to return and perform any work, services or operations, the insurance coverages and requirements specified below, insuring all work, services, or operations related to the Agreement.

1) Workers Compensation and Employers Liability (Primary and Umbrella)

Workers Compensation Insurance, as prescribed by applicable law covering all employees who are to provide work, services or operations under this Agreement and Employers Liability coverage with limits of not less than \$1,000,000 each accident; \$1,000,000 disease-policy limit; and \$1,000,000 disease each employee, or the full per occurrence limits of the policy, whichever is greater.

Consultant may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent must be maintained with limits of not less than \$1,000,000 per occurrence, or the full per occurrence limits of the policy, whichever is greater, for bodily injury, personal injury, and property damage liability. Coverages must include but not be limited to the following: All premises and operations, products/completed operations, separation of insureds, defense, , and contractual liability (not to include Endorsement CG 21 39 or equivalent).

The City and other entities as required by City must be provided additional insured status with respect to liability arising out of Consultant's work, services or operations performed on behalf of the City. The City's additional insured status must apply to liability and defense of suits arising out of Consultant's acts or omissions, whether such liability is attributable to the Consultant or to the City on an additional insured endorsement form acceptable to the City. The full policy limits and scope of protection also will apply to the City as an additional insured, even if they exceed the City's minimum limits required herein. Consultant's liability insurance must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

Consultant may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with work, services, or operations to be performed, Automobile Liability Insurance must be maintained by the Consultant with limits of not less than \$1,000,000 per occurrence or the full per occurrence limits of the policy, whichever is greater, for bodily injury and property damage. The City is to be added as an additional insureds on a primary, non-contributory basis.

Consultant may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

4) Excess/Umbrella

Excess/Umbrella Liability Insurance must be maintained with limits of not less than \$4,000,000 per occurrence, or the full per occurrence limits of the policy, whichever is greater. The policy/policies must provide the same coverages/follow form as the underlying Commercial General Liability, Automobile Liability, Employers Liability and Completed Operations coverage required herein and expressly provide that the excess or umbrella policy/policies will drop down over reduced and/or exhausted aggregate limit, if any, of the underlying insurance. The Excess/Umbrella policy/policies must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

Consultant may use a combination of primary and excess/umbrella policies to satisfy the limits of liability required in sections A.1, A.2, A.3 and A.4 herein.

5) Professional Liability

When any professional consultants perform work, services, or operations in connection with this Agreement, Professional Liability Insurance covering acts, errors, or omissions must be maintained with limits of not less than \$5,000,000. Coverage must include, but not be limited to, technology errors and omissions and pollution liability if environmental site assessments are conducted when applicable. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede start of work on the Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

Miscellaneous Medical Professional Liability

Miscellaneous Medical Professional Liability Insurance must be maintained or cause to be maintained, covering acts, errors, or omissions related to the supplying of or failure to supply medical services or health care services by paramedics with limits of not less than \$5,000,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede commencement of medical services under this Contract. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

6) Cyber Liability (Primary and Umbrella)

If any personally identifiable information or protected health information is collected and maintained by Vendor, Cyber Liability must be maintained with limits of not less than

\$5,000,000 for each occurrence or claim. Coverage must be sufficiently broad to respond to the duties and obligations as is undertaken by Consultant in this Agreement and must include, but not be limited to, the following: invasion of privacy violations, information theft, release of private information, extortion and network security, breach response coverage and cost, regulatory liability including fines and penalties and credit monitoring expenses, denial or loss of service, unauthorized access to or use of computer systems, no exclusion/restriction for unencrypted portable devices/media may be on the policy and introduction, implantation, and/or spread of malicious software code and property damage liability in an amount sufficient to cover the full replacement value of damage to, alteration of, loss of, or destruction of electronic data and/or information property of the City that will

be in the care, custody, or control of Consultant must also be included. The City must be named as an indemnified party or additional insured. Should the City be named as an additional insured and the policy contains an insured vs insured exclusion, the exclusion must be amended and not be applicable to the City.

**B. Additional Requirements**

Evidence of Insurance. Consultant must furnish the City, Chicago Department of Procurement Services, 121 N. LaSalle Street, Room 806, Chicago, IL 60602, original certificates of insurance and additional insured endorsement, or other evidence of insurance, to be in force on the date of this Agreement, and renewal certificates of Insurance and endorsement, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. Consultant must submit evidence of insurance prior to execution of Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in the Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all requirements of Agreement. The failure of the City to obtain, nor the City's receipt of, or failure to object to a non-complying insurance certificate, endorsement or other insurance evidence from Consultant, its insurance broker(s) and/or insurer(s) will not be construed as a waiver by the City of any of the required insurance provisions. Consultant must advise all insurers of the Agreement provisions regarding insurance. The City in no way warrants that the insurance required herein is sufficient to protect Consultant for liabilities which may arise from or relate to the Agreement. The City reserves the right to obtain complete, certified copies of any required insurance policies at any time.

Failure to Maintain Insurance. Failure of the Consultant to comply with required coverage and terms and conditions outlined herein will not limit Consultant's liability or responsibility nor does it relieve Consultant of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of the Agreement, and the City retains the right to suspend this Agreement until proper evidence of insurance is provided, or the Agreement may be terminated.

Notice of Material Change, Cancellation or Non-Renewal. Consultant must provide for sixty (60) days prior written notice to be given to the City in the event coverage is substantially changed, canceled or non-renewed and ten (10) days prior written notice for non-payment of premium.

Deductibles and Self-Insured Retentions. Any deductibles or self-insured retentions on referenced insurance coverages must be borne by Consultant.

Waiver of Subrogation. Consultant hereby waives its rights and agrees to require their insurers to waive their rights of subrogation against the City under all required insurance herein for any loss arising from or relating to this Agreement. Consultant agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City received a waiver of subrogation endorsement for Consultant's insurer(s).

Consultants Insurance Primary. All insurance required of Consultant under this Agreement must be endorsed to state that Consultant's insurance policy is primary and not contributory with any insurance procured or maintained by the City.



No Limitation as to Consultant's Liabilities. The coverages and limits furnished by Consultant in no way limit or restricts the Consultant's liabilities and responsibilities specified within the Agreement or by law.

No Contribution by City. Any insurance or self-insurance programs maintained by the City do not contribute with insurance provided by Consultant under this Agreement.

Insurance not Limited by Indemnification. The required insurance to be carried is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in this Agreement given as a matter of law.

Insurance and Limits Maintained. If Consultant maintains higher limits and/or broader coverage than the minimums shown herein, the City requires and must be entitled the higher limits and/or broader coverage maintained by Consultant. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage must be available to the City.

Joint Venture or Limited Liability Company. If Consultant is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a Named Insured.

Other Insurance obtained by Consultant. If Consultant desires additional coverages, the Consultant will be responsible for the acquisition and cost.

Insurance required of Subcontractors. Consultant must name the Subcontractor(s) as a named insured(s) under Consultant's insurance or Consultant will require each Subcontractor(s) to provide and maintain Commercial General Liability, Commercial Automobile Liability, Worker's Compensation and Employers Liability Insurance and when applicable Excess/Umbrella Liability and Professional Liability Insurance with coverage at least as broad as in outlined in Section A, Insurance Required. The limits of coverage will be determined by Consultant and may be subject to approval by the City. Consultant must determine if Subcontractor(s) must also provide any additional coverage or other coverage outlined in Section A, Insurance Required. Consultant is responsible for ensuring that each Subcontractor has named the City as an additional insured where required on an additional insured endorsement form acceptable to the City. Consultant is also responsible for ensuring that each Subcontractor has complied with the required coverage and terms and conditions outlined in this Section B, Additional Requirements. When requested by the City, Consultant must provide to the City certificates of insurance and additional insured endorsements or other evidence of insurance. Failure of the Subcontractor(s) to comply with required coverage and terms and conditions outlined herein will not limit Consultant's liability or responsibility.

City's Right to Modify. Notwithstanding any provisions in the Agreement to the contrary, the City, Department of Finance, Risk Management Office maintains the right to modify, delete, alter or change these requirements.

**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:

**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.

**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.

**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.

**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.

**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).

**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.

**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.

(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 69C 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.

## 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)

## Budget Form Instructions

### Budget Summary Form

The attached form should be used to (1) track the expenditures of a program based on the type or category of expenditure (e.g., personnel, materials and supplies, equipment, etc.) and (2) identify all other program costs charged to other funding sources. Follow these instructions to accurately complete the form.

**A1. Department:** Please identify the City department.

**A2. Program:** Please identify the name of the City program.

**B1. Agency Name:** Please identify the name of the Delegate Agency.

**B2. FEIN:** The Internal Revenue Service (IRS) assigns a 9-digit federal employer identification number (FEIN) to every organization employing one or more individuals. Please indicate the delegate agency's FEIN in the space provided. Should an agency have questions concerning its identification number, call the IRS at (800) 829-1040.

**C1. Program Name:** Please identify the Delegate Agency Program name.

**C2. Phone Number:** Please identify the employee contact and phone number for the Program

**C3. Email Address:** Please identify the contact email address for the Program.

**D. Program Budget Year: 2022**

**D1. Type of Expenditure**  
**D2. Account number:** *The necessary information has already been provided for rows 18-24. In exceptional cases, departments may obtain approval to use "other" accounts. If you are unsure how to categorize a specific cost, please contact your department program contact. Please note: For local transportation costs, the automobile allowance for staff is the same as the allowance for City employees. In 2020, the standard mileage rate is 57.5 cents per mile.*

**D3. City Share:** *This column will be automatically populated by formulas based on the information entered into the "City Share" columns in the Personnel & Non-Personnel forms.*

**D4. Other Share** *This column will be automatically populated by formulas based on the information entered into the "Other Share" columns in the Personnel & Non-Personnel forms.*

**D5. Total Cost** *This column will be automatically generated by formulas based on the information entered into (D3) and (D4).*

**E. Percentage of Total Program Costs Paid by Other Share:** *This column will be automatically generated by formulas based on the information entered into (D4) and (D5).*

## Budget Form Instructions

### Personnel Budget Form

This form should be used to estimate or project a delegate agency's anticipated personnel costs for fiscal year 2021 and provide a summary of the job responsibilities for each budgeted position.

**Personnel Budget Allocation:** 2022

- A1. Position Title:** List all positions that will be funded under this program during fiscal year 2019. This should include salaries that will be paid exclusively by funding sources other than the City.
- A2. Number of Employees:** For each position listed in column (A1), indicate the number of employees to be funded.
- A3. Salary Rate:** For each position listed in column (A1), indicate the corresponding salary rate(s) (either annually or hourly) for each employee. If there are different rates for the same position, list the rates one under another.
- A4. Time Spent on Program:** Please indicate the percentage (%) of time that this employee is anticipated to spend on this program.
- A5. Pay Periods:** List the number of pay periods per year.
- A6. City Share:** For each position listed, please indicate what amount of salary will be paid with City funds.
- A7. Other Share** *This information will be automatically generated by formulas.*  
Other Share is generated by subtracting column (A6) from column (A8).
- A8. Total Cost:** *This information will be automatically generated by formulas.*  
Total Cost is generated by multiplying columns (A2), (A3), and (A4).
- A9. Summary of Job Responsibilities:** Describe briefly the duties and responsibilities associated with each position listed in column (A1).
- A10. Personnel Totals:** *This information will be automatically generated by formulas.*  
Personnel Totals indicates subtotals for columns (A2), (A6), (A7), and (A8).

## Budget Form Instructions

### B. Fringe Benefits and Total Personnel Costs:

Both the federal government and the State of Illinois require employers to pay various employee taxes and contributions<sup>1</sup>. These taxes and contributions, along with certain fringe benefits that a delegate may wish to offer its employees, are eligible expenses. The City's share of fringe costs must be reasonably proportional to the City's share of salary costs. Please estimate these various costs on the form where indicated.

**B1a. Social Security:** The employer and employee tax rate for social security is 6.2%. The wage base limit is \$128,400. This should be computed every payroll period.

**B1b. Medicare:** The employer and employee tax rate for Medicare tax is 1.45%. There is no wage base limit for Medicare tax; all covered wages are subject to Medicare tax. This should be computed every payroll period.

**B2. State Unemployment Insurance<sup>2</sup>:** Identify the City's share and total cost of State Unemployment Insurance in columns G and I, respectively. It is likely that your organization is liable for State Unemployment Insurance. For further information contact the Illinois Department of Employment Security hotline at (800)247-4984.

**B3. State Worker's Compensation:** Identify the City's share and total cost of State Worker's Compensation Insurance in columns G and I, respectively. This insurance is computed at a rate determined by the employee's type of business or organization. How often an employer must pay worker's compensation is based on the size of the insurance premium. All applicants are encouraged to call the National Council of Compensation Insurance (NCCI) at (800) 622-4123 for technical assistance in this matter.

**B4-B5. Other:** Please list any other employer expenses or benefits the agency will or must offer its employees. Please identify the City Share and the Total Cost in columns G and I.

**B6. Fringe Benefits Total:** *This information will be automatically generated by formulas.*  
Fringe Benefits Totals indicates subtotals for Fringe Benefits columns G-I.

**B7. Personnel Costs Total:** *This information will be automatically generated by formulas.*  
Personnel Costs Totals are generated by adding Personnel Totals (A10) and Fringe Benefits Totals (B6).

### ***Please Note: Regarding Insurance***

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.

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<sup>1</sup>The Federal Insurance Contributions Act (FICA) tax includes two separate taxes. One is social security tax and the other is Medicare tax. Different rates apply for each of these taxes. [www.irs.gov](http://www.irs.gov).

<sup>2</sup> Most non-profit agencies do not have to pay the Federal Unemployment Tax. Check with the IRS at (800) 829-1040 to determine if your agency is exempt. An agency should also check with the lead City department to determine whether additional benefit(s) it wishes to offer are City eligible expenses.



## Budget Form Instructions

### Non-Personnel Budget Form

This form should be used to estimate and justify the non-personnel line item amounts shown on the Budget Summary.

**Non-Personnel Budget Allocation:** 2022

- A1. Type of Expenditure:** *The necessary information has already been provided for Rows 9-13. Delegate budgets are limited to the accounts listed on the Non-Personnel Budget.*
- A2. Account Number:** *For any "Other" approved type(s) of expenditure, list the account description(s) and the corresponding account number(s) which are applicable to this program. Do not include the personnel account.*
- A3. City Share:** *For each type of expenditure and account number, please indicate how much will be paid with City funds.*
- A4. Other Share:** *This information will be automatically generated by formulas. Other Share is generated by subtracting (A3) from (A5).*
- A5. Total Cost:** *Indicate the total amount budgeted for each expenditure type and account number.*
- A6. Description and Justification:** *All funds listed in (A5) must be justified for City Share and Total Cost. Please show all calculations. Include quantities and unit costs wherever possible.*
- A7. Non-Personnel Totals:** *This information will be automatically generated by formulas. Non-Personnel Totals indicates totals for (A3), (A4), and (A5).*

**CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State and City law prohibits employees and public officials of the City of Chicago from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Councilperson?

Yes \_\_\_ No\_\_\_

If yes, please list the names(s) below:

\_\_\_\_\_

\_\_\_\_\_

On a separate sheet of paper, please indicate the job title or role each person listed above has with respect to the applicant; state whether each person listed above is a City employee, consultant, or City Councilperson; and identify the City Department in which he/she is employed.

2. Will the funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, or a City Councilperson?

Yes \_\_\_ No\_\_\_

If yes, please list the name(s) below:

\_\_\_\_\_

\_\_\_\_\_

On a separate sheet of paper, please state whether each person listed above is a City employee, consultant, or City Councilperson,; and identify the City Department in which he/she is employed.

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or City Councilperson,?

Yes \_\_\_ No \_\_\_

If yes, please identify on a separate sheet of paper, the City employee, consultant, or Councilperson with whom each individual has family or business ties.

---

Name of Applicant: \_\_\_\_\_

---

Signature of Applicant's Representative

---

Title

Date: \_\_\_\_\_

# How to Submit an Application in the eProcurement System

When you are ready to submit, start by saving your draft one last time. Then click Continue.

Create Quote: 235163 (RFQ 6952)

Title: DESS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)

Supplier: DEBORAH'S PLACE

RFQ Currency: USD

Quote Currency: USD

Price Precision: Any

Quote Valid Until: 31-Jul-2019 (example: 27-Jun-2019)

Reference Number: [input field]

Note to Buyer: [input field]

Time Left: 19 days 2 hours

Bid Opening Date/Supplier Response Due Date: 16-Jul-2019 12:00:00

Buttons: Cancel, Revert to Active Quote, View RFQ, Quote By Spreadsheet, Save Draft, Continue

Attachments

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
Budget	File		From Supplier	KBWILSON	20-Jun-2019	One-Time	[pencil icon]	[trash icon]

Requirements

Expand All | Collapse All

Focus Title: [input field] Requirements

Buttons: Cancel, Revert to Active Quote, View RFQ, Quote By Spreadsheet, Save Draft, Continue

Navigation: Home, Learn, Performance, Help

If you are missing information, you will be given an error message on the top of the page.

**3 Error**  
You must quote on at least one line in the RFQ.

Create Quote: 235163 (RFQ 6952)

Negotiations > Active Solicitations > RFQ: 6952 >

DERORAH'S PLACE

Supplier: DERORAH'S PLACE  
RFQ Currency: USD  
Quote Currency: USD  
Price Precision: Any

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update
Budget	File		From Supplier	KEWILSON	20-Jul-2019	One-Time	

Requirements

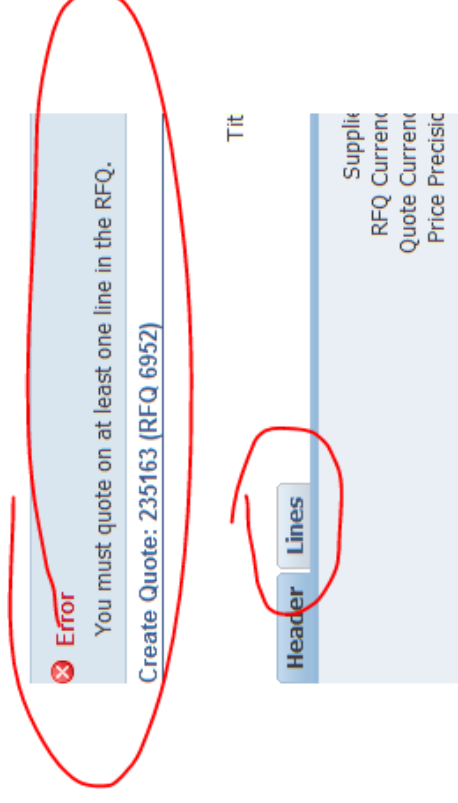
Expand All | Collapse All

Focus Title

Requirements

Cancel | Revert to Active Quote | View RFQ | Quote By Spreadsheet | Save Draft

Usually the error messages direct to something left undone in the application.  
In the last example, the error message indicated that the lines (found under the lines tab) had not been filled out.



In this example, the error is about an unanswered question in the application (or Requirements section). The Quote Value refers to your (in this case, missing) answer.

The screenshot displays a software interface with an error message at the top left: "Error: A quote value is required for requirement First Name. Create Quote: 236154 (RFQ 6952)". The interface includes a header section with the title "DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)", a "Cancel" button, and a "Revert to Active Quote" button. Below the header, there are fields for "Supplier: DEBORAH'S PLACE", "RFQ Currency: USD", "Quote Currency: USD", and "Price Precision: Any". A table with columns "Title", "Type", "Description", "Category", and "Last Updated By" is shown, with a note "No results found." Below the table, there is a "Requirements" section with a "Focus Title" and a "First Name" field. The "Quote Value" field in the table is circled in red, and the "First Name" field is also circled in red.

Title	Type	Description	Category	Last Updated By	Last Updated
No results found.					

Quote Value	Quote Value



Once your application is free from errors, you are ready to proceed and submit! At this point, clicking “Continue” should put your application into the “Review and Submit” phase.

The screenshot shows a software interface with a blue header bar. The header bar contains the following elements from left to right: a 'Negotiations' tab, a breadcrumb trail 'Home > Navigator > Favorites', and a 'Home' button. Below the header bar, there is a main content area with a light blue background. At the top of this area, there is a link 'Create Quote 236154; Review and Submit (RFQ 6952)' which is circled in red. Below this link, there is a 'Header' section with the following information: Title: DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math); Supplier: DEBORAH'S PLACE; RFQ Currency: USD; Quote Currency: USD; Price Precision: Any. To the right of this information, there is a 'Time Left' section with the following information: Time Left: 19 days 2 hours; Close Date: 16-Jul-2019 12:00:00; Quote Valid Until: Reference Number; Note to Buyer. Below the 'Header' section, there is an 'Attachments' section with the text 'No results found.' and a 'Requirements' section. At the bottom of the page, there is a footer with the text 'Show All Details | Hide All Details' and a 'Details Section' link. On the right side of the page, there is a vertical toolbar with the following buttons: Cancel, Back, Validate, Save Draft, Printable View, and Submit.

This is your last chance to review all your data and confirm that it is accurate. Check your attachments and scroll to the bottom of the screen to see all your responses.

**Header**

Title Chicago Early Learning Community Based Programs RFP #2

Supplier Clarifigm Inc

RFQ Currency USD

Quote Currency USD

Price Precision 400

Time Left 20 days 3 hours

Close Date 13-Jul-2019 12:00:00

Quote valid Until

Release to Buyer

Note to Buyer

**Attachments**

No results found.

**Requirements**

Show All Details | Hide All Details

**Details Section**

Hide Contact Information

Requirement	Target Value	Quote Value	Usage	Last Updated	Update	Delete
<p>First Name John</p> <p>Last Name Doe</p> <p>Task Name TheBestAgency</p> <p>Phone Number 845-251-0000</p> <p>Email Address TheBestAgency@childcare.com</p> <p>Contact Type Email Applicant</p>						
<b>Organization Information</b>						
<p>Legal Organization Name Super Leaders Academy /Nabon</p> <p>Address 4555 E. 53rd St</p> <p>City Chicago</p> <p>State IL</p> <p>Zip 60699</p> <p>Telephone Number 845-251-XXXX</p> <p>Federal Employer Identification Number 84-992289</p> <p>DUNS Number 92-8992-5110</p> <p>Head of Agency Name Jane Doe</p> <p>Head of Agency Title Executive Director</p> <p>Head of Agency Contact Telephone 845-251-XXXX</p> <p>Head of Agency Email Contact JaneDoe@superleadersacademy.com</p> <p>Chief Finance Officer Name Terry Doe Jr.</p> <p>Chief Finance Officer Telephone 845-251-XXXX</p> <p>Chief Finance Officer Email terri@superleadersacademy.com</p> <p>Website Address NA</p> <p>Year Org. Established 2008</p>						

Did you attach the following in your Admin. section? \*Liability Insurance \*Board Member Identification \*IRS Determination Letter \*SAM Certificate \*Certificate of Good Standing \*Bylaws and Articles of Incorporation \*Financial Statement

Show Geographic Area(s) Served Yes

At the bottom of the screen you will be asked to provide an electronic signature. Be sure to fill in the signature before checking the box!

Item	Description	Unit	Quantity	Unit Price	Total Price	Category	Last Updated By	Last Updated	Usage	Update	Delete
<input type="radio"/> 11.0100 - Admin - Op...		USD	1	7,400.00	7,400.00						
<input type="radio"/> 12.0140 - Admin - Pr...		USD	1	25,000.00	25,000.00						
<input type="radio"/> 13.0200 - Admin - Tr...		USD	1	1,500.00	1,500.00						
<input type="radio"/> 14.0300 - Admin - Ma...		USD	1	6,000.00	6,000.00						
<input type="radio"/> 15.0400 - Admin - Eq...		USD	1	1.00	1.00						
<input type="radio"/> 16.0601 - Admin - In...		USD	1	1.00	1.00						
<input type="radio"/> 17.0599 - Admin - Ot...		USD	1	2,500.00	2,500.00						
<input type="radio"/> 18.1240 - Program - ...		USD	1	19,500.00	19,500.00						

**Line 1: 0005 - Program - Personnel**

Notes  
Note to Buyer

Attachments  
No results found.

**Electronic Signature**

By submitting a bid/proposal/application and inputting his/her name and title, the person signing below certifies that he/she is authorized to submit this bid/proposal/application on behalf of the submitting party and warrants that all certifications and statements contained in the bid/proposal/application are true, accurate and complete as of the date furnished to the City. The person signing below understands that the submission will be binding on the submitting party.

\* Name:   
\* Title:   
\* Indicates required fields. Before submitting the response please enter Name and Title and accept the disclaimer by checking the box above.

Then click "Submit".

Item	Description	Unit	Quantity	Unit Price	Total Price
111000 - Admin - Ob...		USD	1	7,400.00	7,400.00
121040 - Admin - Pr...		USD	1	25,000.00	25,000.00
131020 - Admin - Tr...		USD	1	1,500.00	1,500.00
141030 - Admin - M...		USD	1	6,000.00	6,000.00
151040 - Admin - Eg...		USD	1	1.00	1.00
161031 - Admin - In...		USD	1	1.00	1.00
171059 - Admin - Ot...		USD	1	2,500.00	2,500.00
181240 - Program - ...		USD	1	19,500.00	19,500.00

**Line 1: 0005 - Program - Personnel**

Notes

Note to Buyer

Attachments

No results found.

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
-------	------	-------------	----------	-----------------	--------------	-------	--------	--------

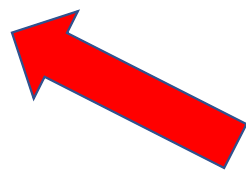
**Electronic Signature**

By submitting a bid/proposal/application and inputting his/her name and title, the person signing below certifies that he/she is authorized to submit this bid/proposal/application on behalf of the submitting party and warrants that all certifications and statements contained in the bid/proposal/application are true, accurate and complete as of the date furnished to the City. The person signing below understands that this submission will be binding on the submitting party.

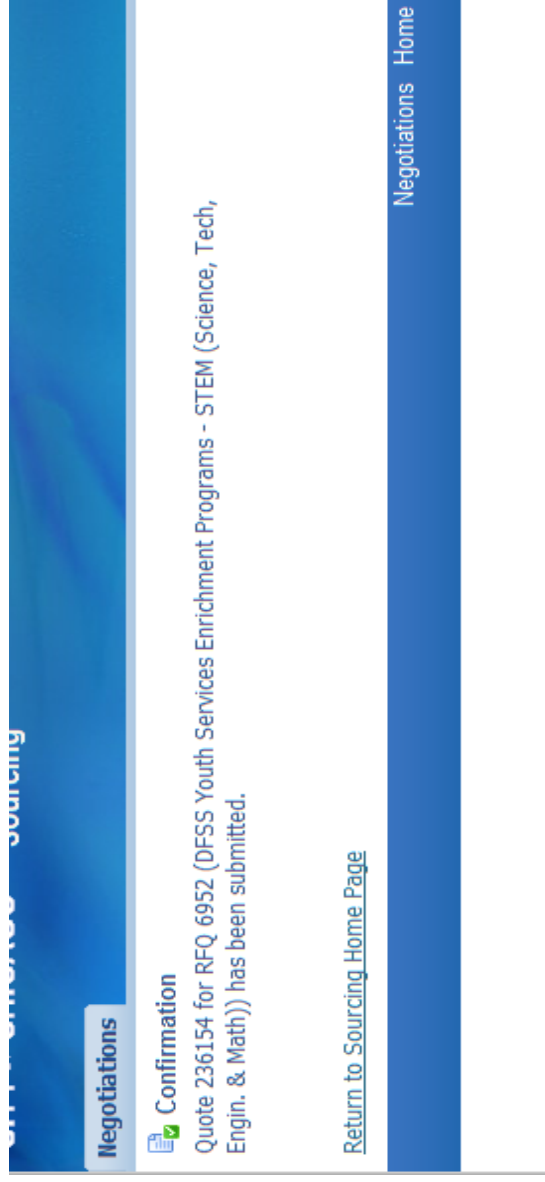
\* Name: [OMA]  
\* Title: [President/ Test]

\* Indicates required field. Before submitting the response please enter Name and Title and accept the disclaimer by checking the box above.

Cancel Back Validate Save Draft Printable View **Submit**



Make sure that you see this submittal confirmation screen. The eProcurement system will not send a confirmation email so it is critical that you see this screen.





## NEW ONLINE ISUPPLIER CUSTOMER SUPPORT CENTER

**EFFECTIVE: DECEMBER 1, 2019**

Office Days/Hours: Monday – Friday from 8:30am to  
4:30pm

**Customer Support Center Telephone Number:**

(312) 744-HELP (4357)

**Customer Support Center Email Address:**

[CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org)

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The New iSupplier Customer Service Support Center (**Help Desk**) will provide assistance in the following areas:

- \* **Registration and Login Assistance**
- \* **Contact and Address Update Assistance**
  - \* **Solicitation Assistance**
  - \* **Invoicing Assistance**
- \* **Training Dates and Training Material**

All previous contact information will be forwarded to the new Help Desk at [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or (312) 744-HELP (4357).

