City of Chicago Department of Public Health
Request for Proposals (RFP)
For
HIV Behavioral Surveillance Activities
RFP# DA-41-3009-07-2012-001

Key Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release Date</td>
<td>July 11, 2012</td>
</tr>
<tr>
<td>Intent to Apply Form Due</td>
<td>July 16, 2012</td>
</tr>
<tr>
<td>Bidder’s Conferences</td>
<td>July 18, 2012</td>
</tr>
<tr>
<td>Proposal Due</td>
<td>August 10, 2012</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>September 15, 2012</td>
</tr>
</tbody>
</table>

Submit one (1) original, five (5) complete copies, and a complete electronic copy on a CD of the proposal

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

PROPOSALS MUST BE RECEIVED NO LATER THAN 4:00 P.M. CENTRAL DAYLIGHT SAVINGS TIME ON
FRIDAY, AUGUST 10, 2012
NO PROPOSALS WILL BE ACCEPTED FOR ANY REASON AFTER THIS DEADLINE

City of Chicago
Department of Public Health
STI/HIV Division

Rahm Emanuel
Mayor

Bechara Choucair, MD.
Commissioner
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City of Chicago  
Department of Public Health, STI/HIV Division  
STI/HIV/AIDS Behavioral Surveillance Activities  

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City of Chicago
Department of Public Health, STI/HIV Division
STI/HIV/AIDS Behavioral Surveillance Activities

RFP# DA-41-3009-07-2012-001

I. Program Authority

This response comes from the Centers of Disease Control and Prevention (CDC) HIV/AIDS Surveillance Cooperative Agreement Grants U62PS001042-05 (Core Surveillance) and U1BPS003260-01 (National HIV Behavioral Surveillance)

II. Purpose

The Chicago Department of Public Health (CDPH) is releasing this RFP to partner with an organization or organizations to conduct behavioral surveys and HIV/Hepatitis Testing among various identified at-risk populations in Chicago as part of the HIV Behavioral Surveillance system. The purpose of these activities is to disseminate this information to community stakeholders, health planning groups to assist in HIV prevention efforts and to educate the citizens of Chicago about an epidemic of great public health importance.

III. Background

One of the goals of the Chicago Department of Public Health is to strengthen its capacity to monitor the HIV epidemic to better direct and evaluate prevention efforts. Each year, CDC awards funds to CDPH to implement a surveillance system to monitor behaviors that place members of various target adult populations at risk for HIV infection. This system is called the National HIV Behavioral Surveillance System (NHBS). NHBS was developed to help state and local health departments establish and maintain a surveillance system to monitor selected behaviors and prevention services among groups at highest risk for HIV infection.

A. Overview

Through a community-based behavioral survey, NHBS will provide data on the sexual and drug-use risk behaviors that put people at risk for HIV infection, as well as provide data on their use of HIV prevention services. Also, HIV and/or Hepatitis B and C prevalence, incidence rate and rate of undiagnosed infection will be ascertained for each population group. These data will provide valuable information for evaluating and guiding national and local HIV prevention efforts. NHBS data may be used by public health officials and researchers to identify HIV prevention needs, allocate prevention resources, and develop and improve prevention programs that target the appropriate subpopulations. As a result of these surveys, localities may obtain, allocate, or shift HIV prevention resources, as needed, to at-risk subpopulations.

Core NHBS activities are implemented in three major risk populations by year indicated: in 2012 and 2015, adult injecting drug users (IDU); in 2013 and 2016, adult heterosexuals at increased risk of HIV infection (HET); and in 2014, adult men who have sex with men (MSM). In 2012, MSM youth (males between 13 and 17 years of age) will be included as a population of interest as part of a supplemental project. For the purposes of this RFP, we will refer to two service categories: ‘CORE’ will refer the component which includes standard, ongoing HIV behavioral surveillance activities with the three major risk populations as described above; ‘YMSM’ will refer to the one-time 2012 component being
conducted as a supplemental project to conduct HIV behavioral surveillance with MSM youth (males between 13 and 17 years of age).

IV. Eligibility Requirements for Respondents

In order to be eligible for these funds, an agency must meet all the following criteria.

- Be a not-for-profit organization (including, but not limited to, community-based organizations, community-based advocacy groups, colleges, universities, and non-profit medical organizations)
- Be located in the City of Chicago.
- Have proven capacity and experience in systematically collecting demographic and behavioral characteristics and blood specimens from high-risk HIV populations (including, men who have sex with men (MSM), injection drug users (IDU), and at-risk heterosexuals (HET)) located in Chicago.
- Have proven capacity to conduct HIV and Hepatitis testing and counseling among high-risk HIV populations (including, men who have sex with men (MSM), injection drug users (IDU), and at-risk heterosexuals (HET)) located in Chicago.
- Have proven capacity to access MSM populations between 13 and 17 years of age in the city of Chicago (for applicants to the YMSM service category)
- Have proven capacity and experience with management and analysis of epidemiological data, writing reports and disseminating information to local HIV prevention and planning groups, community stakeholders, and HIV prevention and care providers.

Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to sub-contract with a third-party fiscal agent.

All successful Respondents must use a documented cost allocation methodology, approved by the agency’s accounting firm, for all shared costs like space/rent, utilities, telephone and general office supplies.

All Respondents must complete the City’s electronic Economic Disclosure Statement and Affidavit.

All Respondents must submit proof of insurance with completed proposal. For insurance requirements and certificate of coverage, see Appendix E

An Intent to Apply Form (Appendix A) or a reasonable facsimile that includes all the information requested on the form should be completed and returned by July 16, 2012. The form may be submitted via e-mail, fax, mail or in person to:

STI/HIV Division Attn: Thomas Clyde
Chicago Department of Public Health
333 South State Street, Room 200
Chicago, IL 60604
Telephone: 312-745-3205
Fax: 312-745-3923
E-mail: Thomas.Clyde@cityofchicago.org

The Intent to Apply Form is not mandatory; however, those organizations interested in responding to this RFP are strongly encouraged to submit the form as it assists CDPH in planning for proposal evaluation.
• **Bidders’ Conference**

An in-person Bidders’ Conferences have been scheduled for this RFP. The purpose of the Bidders’ Conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective Respondents’ questions. Organizations planning to apply for funding are strongly encouraged to participate in a Bidders’ Conference. The Bidders’ Conferences will be held at the following locations and dates:

**In-person Bidders’ Conference – July 18, 2012 10:00 am to 12 noon**

**Location:**
CDPH Training Center
1642 North Besly Court
Chicago, IL 60642

• **Available Funding**

In 2012, an estimated $760,456 will be available through this RFP to fund two service categories within the HIV Behavioral Surveillance program. Awards will begin on September 25, 2012. It is anticipated that the CORE Services category of the contract will be funded for a three year project period at $100,000 - $250,000 per year depending on funding availability with up to two extensions, each not to exceed one year. The 2012 YMSM Service category will be a 12-month, one-time funding at approximately $511,474.

The City intends to award grants to selected Respondents for the period beginning September 25, 2012 and ending December 31, 2015. Grant agreement extensions may be made by the City based on the availability of funds, the need to extend services, and the Respondent’s performance. By entering into this grant agreement with the City, the Respondent is obliged to accept and implement any recommended technical assistance. The grant agreement will describe the payment methodology. CDPH anticipates that payment will be conditioned on the Respondent’s performance in accordance with the terms of its grant agreement.

• **Eligible Program Activities and Priorities**

**A. Service Categories**

The service categories, estimated funding, and estimated number of awards are listed in the table below.

<table>
<thead>
<tr>
<th>Eligible Service Categories</th>
<th>Estimated Funds Available</th>
<th>Estimated Number of Awards</th>
</tr>
</thead>
<tbody>
<tr>
<td>1   CORE Behavioral Surveillance</td>
<td>$248,982</td>
<td>1</td>
</tr>
<tr>
<td>2   2012 YMSM Behavioral Surveillance</td>
<td>$511,474</td>
<td>1</td>
</tr>
</tbody>
</table>

**B. Funding Requirements and Priorities**
For Service Category 1 (CORE Behavioral Surveillance):

- Funds are available to systematically collect demographic and behavioral characteristics and blood specimens and conduct HIV and Hepatitis testing and counseling from a minimum of 500 high-risk HIV populations (including, men who have sex with men (MSM), injection drug users (IDU), and at-risk heterosexuals (HET)) located in Chicago.

- Funds are available to conduct the management and analysis of epidemiological data, writing reports and disseminating information to local HIV prevention and planning groups, community stakeholders, and HIV prevention and care providers.

During the award period for Service Category 1, the selected agency activities and priorities will include:

- The staff from grantee organization will conduct behavioral surveys, phlebotomy, pre-test counseling and blood collection for HIV and Hepatitis B and C testing at various CDPH-designated community-based locations where high-risk HIV populations congregate and/or seek services. Surveys and specimen collection should last no more than 6 months in each project year (July –December). All procedures must be in accordance with CDC-developed protocol.

- The staff from grantee organization will conduct all HIV test result disclosures and post-event blood specimen processing and shipping to testing laboratories according to CDPH procedures.

- The staff from grantee organization will survey and collect specimens for at least 500 high-risk individuals per year (IDU in 2012 and 2015, HET in 2013 and 2016, MSM in 2014).

- The grantee organization will provide cash stipends to distribute to project participants ($25 for completing survey and $25 for completing HIV test and $10 per participant referral in IDU and HET cycles).

- The staff from grantee organization will conduct all CDPH-required process documentation and follow all aspects of CDC-developed project plan.

- The staff from grantee organization will participate in all CDPH and CDC-required project trainings.

- The grantee organization will submit monthly reports to CDPH detailing the activities carried out under this grant.

- The grantee organization will submit all survey and specimen processing and testing data on a weekly basis to CDPH HIV Surveillance staff via a secure electronic data transfer and courier service.

- The staff from the grantee organization will manage and analyze epidemiological data, write reports and disseminate information to local HIV prevention and planning groups, community stakeholders, and HIV prevention and care providers along with CDPH project investigators.
For Service Category 2 (2012 YMSM Behavioral Surveillance):

- Funds will be available to systematically collect demographic and behavioral characteristics and conduct HIV testing and counseling from 600 MSM between 13 and 17 years of age in the city of Chicago.

During the award period for Service Category 2, the selected agency activities and priorities will include:

- Staff from grantee organization will lead and conduct the formative assessment of the YMSM (13 to 17 years of age) population in Chicago.

- The grantee organization will lead and conduct behavioral surveys and HIV testing at various CDPH-designated community-based locations where YMSM populations congregate and/or seek services. Surveys and specimen collection should last no more than 6 months.

- MSM youth should be recruited from the community using a minimum of 2 different evidence-based, systematic recruitment methods. (Respondent-driven sampling, venue-based time-space sampling or other recruitment methods can be proposed). 300 YMSM should be recruited and surveyed using each method.

- The grantee organization will conduct all post-event specimen (HIV confirmatory) processing and shipping to HIV testing laboratories.

- The staff from grantee organization will survey and collect HIV testing specimens for at least 600 YMSM.

- The grantee organization will provide cash stipends to distribute to project participants ($25 for completing survey and $25 for completing HIV test and $10 for each participant referral (when using any proposed chain-referral method).

- The staff from grantee organization will conduct all CDPH-required process documentation and follow all aspects of CDC-developed project plan.

- The staff from grantee organization will participate in all CDPH and CDC-required project trainings.

- The grantee organization will submit all survey and specimen processing and testing data on a weekly basis to CDPH HIV Surveillance staff via a secure electronic data transfer and courier service.

- The grantee organization will provide weekly reports to the CDPH detailing the activities carried out under this grant.

- The staff from the grantee organization will manage and analyze epidemiological data, write reports and disseminate information to local HIV prevention and planning groups, community stakeholders, and HIV prevention and care providers along with CDPH project investigators.
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 costs associated with grantee non-compliance.

- **Instructions for Completing an Proposal**

This section provides information on proposal requirements and submission guidelines. Each Respondent must be complete and narrative responses should be self-explanatory. Only documents requested in this RFP or directly related to the RFP should be submitted. Any unsolicited material submitted with a proposal will be discarded before review.

A. **Proposal Guidelines**

This section provides information on proposal requirements and submission guidelines. Proposals may be submitted to one or both service categories and should be written separately. Page limits for each section are included and apply to each proposal. Follow these instructions and outline when preparing and submitting proposal(s). Include a table of contents reflecting major categories and corresponding page numbers. Use headings and subheadings to ensure that your proposal(s) cover all the required elements. Use the Proposal Checklist in Appendix F to ensure that your proposals are complete.

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Note: All successful Respondents will be required to complete and submit an Economic Disclosure Statement and Affidavit. This document can be found at: [http://www.cityofchicago.org/content/dam/city/depts/dps/EDS/EDS11012005FINAL.pdf](http://www.cityofchicago.org/content/dam/city/depts/dps/EDS/EDS11012005FINAL.pdf).

*This note is included for informational proposes only and does not need to be submitted with this proposal.*

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**Required Documentation**
- Internal Revenue Service 501(c)3 tax exempt determination letter
- Copy of Respondent’s Articles of Incorporation
- Copy of the Respondent’s most recent Financial Statement and OMB Circular A-133 Audit
- List of Board of Directors (must include place of employment for each member)
- Insurance Certificate of Coverage

**Proposal Guidelines**

1. **Title Page** (Appendix B) to complete the Title Page. This page must be the first page of your proposal.

2. **Project Abstract** (1 page)

   The Project Abstract provides a brief description of the Respondent organization and its experience relevant to this proposal. The Project Abstract should include the following information.
   - Description of the organization’s history and experience working with relevant at-risk HIV population(s)
   - Description of the target populations for which funds are being requested
   - Description of the project(s) for which funds are being requested
   - Description of the project’s measurable objectives
3. **Agency Experience and Capacity (10 pages)**

Provide a narrative describing your experience in identifying, recruiting and conducting surveys and HIV/Hepatitis testing with relevant at-risk HIV populations in this proposal, and your experiences and linkages within the targeted geographic area. Identify the populations this agency has previously served and briefly discuss the demographic, social and behavioral characteristics of the population. Explain briefly how this experience is applicable to the proposed project.

- Provide a narrative describing your experience in providing the required services, and your experiences in identifying, accessing and collecting demographic and behavioral information and HIV and Hepatitis testing in each at-risk population (MSM, IDU, HET and/or YMSM).
- Describe the organization’s history and experience including proof of at least three years experience working with at-risk HIV populations in Chicago.
- Describe your organization’s experience in utilizing systematic methods to recruit a diverse group of at-risk populations relevant to the proposal.
- Describe your organization’s experience in managing and disbursing cash stipends to participants of similar activities as relevant to this proposal.
- Describe how your agency assures clients have access and referral to STI/HIV education and prevention services.
- Describe your agency’s collaborations with other community-based HIV prevention and care providers or other ancillary service providers relevant to the target populations of this proposal.
- Describe how your agency assures the quality of its services including a continuous quality improvement plan.
- Describe how your agency assures the anonymity of all client information and records.
- Describe your agency’s experience in analyzing, interpreting and disseminating results from community-based survey and testing efforts.
- Include supporting documentation that supports the agency’s programmatic and administrative abilities such as management staff resumes, certifications, licenses, in-house training, or other evidence.

4. **Cultural Competence (1 page)**

Describe the agency’s involvement and relationship with the target population(s) and within its geographic area.

- Discuss the extent to which the target population was involved in developing the proposed program or providing meaningful input into its development.
- Describe any innovative or successful activities your agency has undertaken in order to improve its cultural and linguistic capacity.

5. **Description of Proposed Project (10 pages maximum)**

The Project Description narrative describes the proposed project in detail, including the geographic area, target population(s) and methods that have been identified for implementation. This section explains how these elements come together to create the proposed project. Be specific about how the project will be able to describe the demographic, behavioral and serological characteristics of the target population(s). Include the evaluation plan for your proposed project. Focus on making your proposed goals and your targets in the work plan ambitious, yet reasonable. Consider the breadth of program implementation.
including, but not limited to, staffing levels and data collection requirements. Develop a work plan using the template in Appendix C to reflect the proposed projects description below.

a. **Target Population(s)**
   - Describe your agency’s history of serving this/these population(s).
   - Describe methods of ensuring demographic, geographic, and risk behavior diversity of the target population.
   - Describe challenges affecting recruitment of each target population and how they were identified.

b. **Recruitment and Survey Methods**
   - Describe how you will ensure that staff will be identified to accomplish recruitment and survey and specimen collection goals
   - For YMSM service category, propose 2 different recruitment methodologies

c. **Data Management and Security**
   - Describe how data will be collected and managed on a daily basis
   - Describe how staff will ensure the security of survey and specimen testing data

d. **Program Monitoring and Evaluation**
   - Discuss the proposed outcomes of the project. Describe how the process indicators will work together to create an effective behavioral surveillance project that meets the proposed outcomes.
   - Describe how the project will measure and report the proposed indicators and outcomes.
   - Describe how you will monitor your program for quality.
   - Describe how you will submit weekly reports to the Chicago Department of Public Health detailing the activities carried out under this grant

6. **Program Work Plan** (2-3 pages for the narrative, no page limit for the Program Work Plan form, Appendix C)

Describe the scope(s) of the proposed program, and identify activities that will be used to achieve the scopes(s). Activities indicate the tasks that must be completed to achieve the scope(s) and must be specific, measurable, realistic, and time-phased. Describe the basis for designing the proposed program(s)

   - Discuss the scope(s) of the program and describe in detail how it will be implemented. Identify activities that will be used to achieve the program scopes and overall goals
   - Describe the roles and responsibilities of staff as it relates to activities outlined in the narrative
   - Develop a work plan using the template in Appendix C

7. **Budget and Justification** (3 pages for justification, no limit for budget forms)

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

   - Describe the agency’s fiscal capacity and ability to manage the proposed project, including managing cash stipends
   - All contracts will be paid on a reimbursement basis. Describe your agencies demonstrated capacity to operate on a reimbursement basis
   - Describe and justify all costs proposed in the budget. The budget and narrative must meet all requirements set forth in this section
This section provides the format for the required 12-month item budget explaining how each line item will be expended. Refer to Appendix D for required budget forms.

Respondents may request funds through this RFP to support the following costs:

- Personnel Salaries and Fringe Benefits
- Operating Costs
- Professional/Technical Costs
- Materials and Supplies
- Equipment
- Transportation and Travel Expenses
- Administrative Expenses

A description of each expense category is presented below.

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

**Example**

<table>
<thead>
<tr>
<th>Position or Title and Name</th>
<th># Positions</th>
<th>Monthly Rate</th>
<th>How Paid (hourly, weekly, etc)</th>
<th>% Time Spent</th>
<th>CDPH Share</th>
<th>Other Share</th>
<th>In kind Share</th>
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<tr>
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<td>100</td>
<td>$57,200</td>
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<td>$57,200</td>
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<tr>
<td>Nurse</td>
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<td>Bi-weekly</td>
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<td>$13,000</td>
<td>$13,000</td>
<td>$26,000</td>
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<tr>
<td>Cook</td>
<td>1</td>
<td>$11.55</td>
<td>Hourly</td>
<td>1,040 hrs</td>
<td>$12,012</td>
<td>$12,012</td>
<td>---</td>
<td>$24,014</td>
</tr>
</tbody>
</table>

**Fringe Benefits:** For these costs, provide the following information: the amount of fringe benefits requested (which should also include the percentage rate for FICA); medical insurance; including dental and vision coverage, if applicable; worker's compensation and disability insurance; life insurance, if applicable; and, vacation and sick pay benefits, etc. Please include elements that are included in the fringe benefit amount. Fringe benefits must be based on the Respondent's established personnel policies. Show all calculations (formula used to determine final cost). Note: If a fringe benefit is not listed, you cannot be reimbursed for it.

**Stipend:** Respondent is allowed to provide cash stipends to distribute to project participants within the following limits: $25 for completing survey, $25 for completing HIV test, and $10 for each participant referral.

**Operating Costs:** Respondents must delineate expenditures for items related to any programmatic activities integral to this project (e.g. telephone, advertising, printing, duplication, equipment leasing/maintenance, insurance premiums, dues, subscriptions, memberships, messenger services, facility maintenance, technical meeting costs and postage).
Note: Agencies funded through this RFP will be required to comply with various insurance specifications established by the City of Chicago; these include workers' compensation, auto liability, commercial liability and professional liability. These requirements also apply to all subcontractors and consultants.

**Professional/Technical Costs:** List and justify all fees to be paid to consultants and subcontractors, noting the number of hours to be devoted to the project and specific responsibilities. Consultant fees will be allowed on a limited basis only, and should not to be used in place of staff support. This category may include sub-contractual services that facilitate program delivery, as well as services that increase client access or to assess client satisfaction. However, regardless of the function, the consultant must not have been a member of the respondent's Board of Directors during the 12-month period preceding the date of the respondent's request for funding. Additionally, the consultant may not serve as a Board member during the 12-month period following the completion of the funded project period.

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

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

**Equipment:** Itemize and justify programmatic equipment (e.g., desks, chairs, computers, file cabinets) for $5,000 or less and normal life expectancy of one year.

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

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

**Local Travel:** Delineate amounts for public transportation and mileage reimbursement at the rate established in the agency's policies. If the agency does not have a mileage reimbursement rate established, use the current federal rate available at [http://www.gsa.gov/mileage](http://www.gsa.gov/mileage). Include here the expenses to operate agency-owned vehicles that are used in program delivery. All drivers and vehicles used for this program must have valid licenses and insurance. If an agency employee would like to request reimbursement for mileage, then the City of Chicago must be listed as an additional insured.

**Administrative Expenses:** Administrative expenses of up to 10% of direct costs are allowable, these must be specifically delineated and justified in the proposal. The respondent must provide a brief narrative justification for the amount requested. Example of administrative and indirect costs include; rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting and audit expenses. Administrative costs may also include partial salaries of administrative staff (e.g., executive director or office manager). Providers must retain records of the expenses actually charged against any contract that is awarded as a result of the RFP. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to subcontract with a third-party agent.
C. Proposal Checklist

The Proposal Checklist should be used to ensure that the proposal is complete. Include the Proposal Checklist with the proposal. Proposals that do not contain each of the items indicated in the checklist will be considered incomplete and will not be reviewed (See Appendix F for a copy of the Proposal Checklist).

- Submission Guidelines

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

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

Respondents wishing to drop off completed proposals prior to the deadline should contact Nikhil Prachand at 312-745-3204 or Nik.Prachand@cityofchicago.org to arrange for a drop off time.

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

Nikhil Prachand  
Chicago Department of Public Health  
Telephone: 312-745-3204  
Email: nik.prachand@cityofchicago.org

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

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

The proposal must be received by 4:00 p.m. Central Daylight Time on August 10, 2012. No extension will be permitted. No late proposals will be accepted.

A. Format Instructions

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

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

 Internal Revenue Service 501c (3) tax exempt determination letter.
 Copy of respondent’s Articles of Incorporation.
 Copy of the respondent’s most recent financial statement and the most recent audit including A-133, if applicable.
 Board of Directors List (must include place of employment for each member).

• Evaluation of Proposals

All proposals that are received on time will undergo a technical review to determine whether all required components have been addressed and included. Proposals that are determined by the City to be incomplete will not be further considered. The City reserves the right to waive irregularities that, within its sole discretion, determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived. Proposals that are determined to be complete will be forwarded to a Review Panel.

The Review Panel will evaluate and rate all remaining proposals based on the Evaluation Criteria listed below. The Review Panel forwards its recommendations and comments to the Program Manager/Assistant Commissioner of Chicago Department of Public Health. Past contractual performance may also be considered for respondents that have previously received funding. Final funding decisions are made by the CDPH program and Commissioner of Public Health. All respondents will be notified of the results in writing.

Evaluation Criteria

• Respondent’s relevant experience in providing the proposed service
• Understanding of and access to the relevant target populations and key stakeholders
• Documented capacity to implement community-based recruitment and data and specimen collection activities
• Respondent’s cultural competency and linguistic capacity
• Comprehensiveness and soundness of proposed program approach and work plan
• Soundness of proposed budget and respondent’s financial capacity and stability to manage a program of the size and scope contemplated

The City of Chicago reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution. If an insufficient number of qualified proposals are submitted in any particular service category, the City reserves the right to directly solicit and select appropriate organizations to fill the gaps.

• Reporting and Other Requirements for Successful Respondents

All successful respondents will be required to submit quarterly program reports, voucher on a monthly basis, and participate in all CDPH-sponsored site visits, evaluation and quality assurance activities.

• Compliance with Laws, Statutes, Ordinances and Executive Orders

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

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

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

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

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

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

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

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

7. Pursuant to Mayoral Executive Order No. 2011-4, from the date of public advertisement of this request for proposals through the date of award of an agreement pursuant to this request for proposals, the organization responding to this request for proposals (the “Respondent”), any person or entity who directly or indirectly has an ownership or beneficial interest in Respondent of more than 7.5 percent (“Owners”), spouses and domestic partners of such Owners, Respondent’s proposed subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any subcontractor of more than 7.5 percent (“Sub-owners”) and spouses and domestic partners of such Sub-owners (Respondent and all the other preceding classes of persons and entities are together, the “Identified Parties”) must not: (a) make a contribution of any amount to the Mayor of the City of Chicago (the “Mayor”) or to his political fundraising committee; (b) coerce, compel or intimidate its employees to make a contribution of any amount to the Mayor or to the Mayor’s political fundraising committee; (c) reimburse its employees for a contribution of any amount made to the Mayor or to the Mayor’s political fundraising committee; or (d) bundle or solicit others to bundle contributions to the Mayor or to his political fundraising committee.

If Respondent violates this provision or Mayoral Executive Order No. 2011-4 prior to the award of an agreement resulting from this request for qualifications/proposals/ information, the Commissioner may reject Respondent’s proposal.

For purposes of this provision:

“Bundle” means to collect contributions from more than one source which are then delivered by one person to the Mayor or to his political fundraising committee.

"Contribution” means a "political contribution" as defined in Chapter 2-156 of the Municipal Code of Chicago, as amended.

For purposes of this provision only, individuals are “Domestic Partners” if they satisfy the following criteria: (A) they are each other's sole domestic partner, responsible for each other's common welfare; and (B) neither party is married, as marriage is defined under Illinois law; and (C) the partners are not related by blood closer than would bar marriage in the State of Illinois; and (D) each partner is at least 18 years of age, and the partners are the same sex, and the partners reside at the same residence; and (E) two of the following four conditions exist for the partners: (1) the partners have been residing together for at least 12 months; (2) the partners have common or joint ownership of a residence; (3) the partners have at least two of the following arrangements: (a) joint ownership of a motor vehicle, (b) a joint credit account, (c) a joint checking account, or (d) a lease for a residence identifying both domestic partners as tenants; and (4) each partner identifies the other partner as a primary beneficiary in a will.
"Political fundraising committee" means a "political fundraising committee" as defined in Chapter 2-156 of the Municipal code of Chicago, as amended.

Any agreement awarded pursuant to this solicitation will be subject to and contain provisions requiring continued compliance with Executive Order 2011-4.

8. False Statements

(a) 1-21-010 False Statements

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

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

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

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

(c) 1-21-030 Enforcement.

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

Intent to Apply for HIV Behavioral Surveillance Activities
City of Chicago
Department of Public Health,
STI/HIV Division
RFP# DA-41-3009-07-2012-001

Agencies interested in applying for funding under this RFP are asked to complete and submit this form or a reasonable facsimile by **4:00 pm on July 16, 2012**. The form may be e-mailed, mailed, faxed or delivered to:

Nikhil Prachand
Chicago Department of Public Health
333 South State Street, Room 200
Chicago, IL 60604
Telephone: 312-745-3204
Fax: 312-745-3923
E-mail: Nik.Prachand@cityofchicago.org

Agency Name: ________________________________________________________________

Site Address: ________________________________________________________________

Executive Director: ___________________________________________________________

Contact Person: ______________________________________________________________

Telephone Number: __________________________________________________________

Fax Number: ________________________________________________________________

Email Address: ______________________________________________________________

Please check all categories under which your agency intends to apply

**Service Categories**

- (1) CORE Behavioral Surveillance
- (2) 2012 YMSM Behavioral Surveillance
| **Agency Name:** |  |
| **Agency Administrative Mailing Address:** |  |
| **Agency Service Site Address:** |  |
| **Agency Tax Identification Number:** |  |
| **Service Category Applying for:** | **Total Amount Requested:** |
| **Executive Director:** | **President of the Board of Directors:** |
| **Executive Director’s Phone Number:** | **Executive Director’s Email Address:** |
| **Primary Program Contact Person:** |  |
| **Primary Program Contact’s Phone Number:** | **Primary Program Contact’s Fax Number:** |
| **Primary Program Contact’s Email Address:** |  |
| **Fiscal Agent Name (if applicable):** |  |
| **Fiscal Organization Mailing Address:** |  |
| **Fiscal Agent’s Phone Number:** | **Fiscal Agent’s Fax Number:** |
| **Fiscal Agent’s Email Address:** |  |
| **Signature of the Executive Director:** | **Date:** |
### Appendix C

**Program Work Plan**  
City of Chicago  
Department of Public Health, STI/HIV Division  
**HIV Behavioral Surveillance**  
**RFP# DA-41-3009-07-2012-001**  
*If additional space is needed, this page can be copied*

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<thead>
<tr>
<th>Agency</th>
<th>Service Category</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>SCOPES OF SERVICES</th>
<th>ACTIVITIES</th>
<th>WORKPLAN</th>
<th>STAFF</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What are we going to do?</strong></td>
<td><strong>How are we going to do this?</strong></td>
<td><strong>When are we going to do this?</strong></td>
<td><strong>Who will do this?</strong></td>
</tr>
<tr>
<td>Example 1: Provide 400 mental health visits to 30 clients</td>
<td>Establish care plans for each clients and ensure appointments are scheduled for each client</td>
<td>X X X X X X X X X X</td>
<td>Psychologist and program director</td>
</tr>
<tr>
<td>Example 2: Submit data reports to CDPH</td>
<td>Send an electronic file of the required data variables</td>
<td>X X X X X X X X X X</td>
<td>Program director</td>
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---

21
### Delegate Agency Budget Summary

A. Agency Name: 
B. Program 
C. Contract Number: 
D. Release Number: 
E. Vendor Code/Supplier No. 
F. IRS Number: 
G. Funding String: 
H. Contract Period: 
I. Contract Amount: 
J. (C.F.D.A. Number)

#### PROJECT BUDGET SUMMARY

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<thead>
<tr>
<th>Item of Expenditure</th>
<th>Account #</th>
<th>Budget ($)</th>
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<tbody>
<tr>
<td>Personnel</td>
<td>220005</td>
<td></td>
</tr>
<tr>
<td>Fringes</td>
<td>220044</td>
<td></td>
</tr>
<tr>
<td>Stipends</td>
<td>220050</td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>220100</td>
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<tr>
<td>Professional/Technical Services</td>
<td>220140</td>
<td></td>
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<tr>
<td>Transportation</td>
<td>220200</td>
<td></td>
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<tr>
<td>Materials and Supplies</td>
<td>220300</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>220400</td>
<td></td>
</tr>
<tr>
<td>Administrative Cost (10%)</td>
<td>220801</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
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<td></td>
</tr>
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<tr>
<th>Authorization</th>
<th>City Authorization</th>
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<td>Signatory of Agency Official</td>
<td>Date</td>
</tr>
<tr>
<td>Signature of Department or Official</td>
<td>Date</td>
</tr>
<tr>
<td>Name &amp; Title (Type or Print)</td>
<td>Name &amp; Title (Type or Print)</td>
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### CONTRACTS UNIT
### NON-PERSONNEL BUDGET

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<tr>
<th>Item of Expenditure</th>
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<th>CDPH Share Of Cost ($)</th>
<th>Description &amp; Justification</th>
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<td>Stipends</td>
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<td>Operating Expenses</td>
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<td>Professional and Technical Services</td>
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<tr>
<td>Transportation Expenses</td>
<td>220200</td>
<td></td>
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<tr>
<td>Materials and Supplies</td>
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<td>Equipment</td>
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<tr>
<td>Administrative/Indirect Costs (10%)</td>
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</table>

**TOTAL NON PERSONNEL COSTS**

**TOTAL PERSONNEL AND FRINGE COSTS**

**TOTAL BUDGET**

Total of this page

From previous page
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<thead>
<tr>
<th>(1) Position/Title</th>
<th>(2) No.</th>
<th>(3) Mthly/Hrly Rate ($)</th>
<th>(4) % of Time Spent</th>
<th>(5) CDPH Share ($)</th>
<th>Brief Summary of Job Responsibilities</th>
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| (9) Totals |          |            |            |            |                        |

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<th>Type of Fringe Benefit</th>
<th>CDPH Share ($)</th>
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<tr>
<td>(10) FICA and Medicare</td>
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<td>(11) State Unemployment Insurance</td>
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<tr>
<td>(12) State Workers Compensations</td>
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<td></td>
</tr>
<tr>
<td>(13) Other (please list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Other (please list)</td>
<td></td>
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<tr>
<td>(15) TOTAL FRINGE BENEFITS (Add lines 10-14)</td>
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<td></td>
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</table>

**TOTAL PERSONNEL AND FRINGE COSTS (LINE 9 PLUS LINE 15)**

*Must Match Budget Sum-Form 1, Acct# 220044*
Appendix E: Insurance Requirements

INSURANCE REQUIREMENTS

A. The kinds and amounts of insurance required are as follows:

1) Workers Compensation and Employers Liability

Workers Compensation as prescribed by applicable law covering all employees who are to provide a service under this Agreement and Employers Liability coverage with limits of not less than $100,000 each accident, illness or disease.

2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than $500,000 per occurrence for bodily injury, personal injury, and property damage liability. Coverages must include 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 of Chicago is to be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly from the work or Services.

3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with work or Services to be performed, Subgrantee must provide Automobile Liability Insurance with limits of not less than $300,000 per occurrence for bodily injury and property damage.

4) Professional Liability

When any professional consultants perform work or Services in connection with this Agreement, Professional Liability Insurance covering errors, omissions, or negligent acts, must be maintained with limits of not less than $500,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of work or Services on this Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of 2 years.

5) Medical/Professional Liability

When any medical Services are performed in connection with this Agreement, Medical/Professional Liability Insurance must be provided to include coverage for errors, omissions and negligent acts related to the rendering or failure to render professional, medical or health Services with limits of not less than $500,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of work or Services on this Agreement. A claims made policy which is not renewed or replaced must have an extended reporting period of 2 years.

6) Builders Risk

When any Subgrantee performs any construction, including improvement, betterments, and/or repairs, Subgrantee must provide All Risk Builders Insurance to cover materials, supplies, equipment, machinery and fixtures that are part of the structure.
B. Related Requirements

If the coverages have an expiration or renewal date occurring during the time for performance of this Agreement, Subgrantee must furnish renewal certificates to the Federal Funds Insurance Unit at the address listed in Section 3.5 of this Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in this Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all Agreement requirements. The failure of the City to obtain certificates or other insurance evidence from Subgrantee is not a waiver by the City of any requirements for Subgrantee to obtain and maintain the specified coverages. Subgrantee must advise all insurers of the Agreement provisions regarding insurance. Non-conforming insurance does not relieve Subgrantee of your obligation to provide insurance as specified here. Nonfulfillment of the insurance conditions may constitute a violation of this Agreement, and the City retains the right to stop work or Services or terminate this Agreement until proper evidence of insurance is provided.

The insurance must provide for 30 days prior written notice to be given to the City in the event coverage is substantially changed, canceled or non-renewed.

All deductibles or self insured retentions on referenced insurance coverages must be borne by Subgrantee.

Subgrantee hereby waives and agrees to require their insurers to waive their rights of subrogation against the City of Chicago, its employees, elected officials, agents or representatives.

The coverages and limits furnished by Subgrantee in no way limit Subgrantee's liabilities and responsibilities specified within this Agreement or by law.

Any insurance or self insurance programs maintained by the City of Chicago do not contribute with insurance provided by Subgrantee under this Agreement.

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.

If Subgrantee is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured.

Subgrantee must require all Subcontractors to provide the insurance required in this Agreement or Subgrantee may provide the coverages for Subcontractors. All Subcontractors are subject to the same insurance requirements of Subgrantee unless otherwise specified in this Agreement.

If Subgrantee or Subcontractors desire additional coverages, the party desiring additional coverages is responsible for the acquisition and cost of such additional protection.

Notwithstanding any provisions in this Agreement to the contrary, the City of Chicago’s Risk Management Department maintains the right to modify, delete, alter or change these requirements.

C. If you need additional information related to insurance, please call the office of the City Comptroller, at (312)744-7923.
## INSURANCE CERTIFICATE OF COVERAGE

<table>
<thead>
<tr>
<th>Type of Insurance</th>
<th>Insurer Name</th>
<th>Policy Number</th>
<th>Effective Date</th>
<th>Expiration Date</th>
<th>Limits of Liability All Limits in Thousands</th>
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<td>General Liability</td>
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<td>CML Per Occurrence $</td>
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<tr>
<td>- Claims Made</td>
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<td>General Aggregate $</td>
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<tr>
<td>- Premises-Operations</td>
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<td></td>
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<td>Products/Completed Operations Aggregate $</td>
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<tr>
<td>- Personal Injury</td>
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<td>- Pollution</td>
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<td>Automobile Liability (Any Auto)</td>
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<td>CML Per Occurrence $</td>
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<td>- Excess Liability</td>
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<td>Each Occurrence $</td>
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<tr>
<td>- Umbrella Liability</td>
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<td>Workers' Compensation and Employer's Liability</td>
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<td>Statutory/Nontaxable Employees Liability $</td>
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<tr>
<td>Builders' Risk/Course of Construction</td>
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<td></td>
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<td>Amount of Contract $</td>
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<td>Professional Liability</td>
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</tr>
<tr>
<td>Owner Contractors Protective</td>
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</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

a) Each insurance policy required by this agreement, excepting workers' compensation and professional liability, will read:
   "The City of Chicago is an additional insured as respects operations and activities of, or on behalf of the named insured, performed under contract or permit from the City of Chicago".
b) The General, Automobile and Excess/Umbrella Liability Policies described provide for severability of interest (cross liability) applicable to the named insured and the City.
c) Workers Compensation and Property insurance shall waive all rights of subrogation against the City of Chicago.
d) The receipt of this certificate by the City does not constitute agreement by the City that the insurance requirements in the contract have been fully met, or that the insurance companies indicated by this certificate are in compliance with all contract requirements.

### Name and Address of Certificate Holder and Recipient of Notice

<table>
<thead>
<tr>
<th>Certificate Holder/Additional Insured</th>
<th>Signature of Authorized Rep.</th>
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</thead>
<tbody>
<tr>
<td>City of Chicago</td>
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<tr>
<td>Dept. of Purchasing</td>
<td></td>
</tr>
<tr>
<td>1211 W. Lake St., #408</td>
<td></td>
</tr>
<tr>
<td>Chicago, IL 60660</td>
<td></td>
</tr>
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</table>

For City Use Only: c/Attn 12/30/1942

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Appendix F

Proposal Checklist
City of Chicago
Department of Public Health, STI/HIV Division
HIV Behavioral Surveillance Activities
RFP# DA-41-3009-07-2012-001

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

☐ Title Page using Appendix B (1 page)
☐ Proposal Checklist
☐ Table of Contents

Proposal Narrative (for each proposal)
☐ Project Abstract (1 page limit)
☐ Agency Experience and Capacity (10 page limit for the narrative)
☐ Cultural Competency (1 page limit)
☐ Description of Proposed Project (10 page limit)
☐ Program Work Plan (3 page limit on the narrative, there is no page limit for the Work Plan form)
☐ Budget Justification (3 page limit for narrative)
☐ Budget (There is no page limit for the Budget forms)

Required Documentation
☐ Internal Revenue Service 501(c)3 tax exempt determination letter
☐ Copy of Articles of Incorporation
☐ Copy of the most recent Financial Statement and OMB Circular A-133 Audit (if applicable)
☐ Board of Directors List (Must include place of employment)
☐ Insurance Certificate of Coverage

☐ One (1) original, five (5) complete copies and one (1) electronic copy of the proposal are submitted