

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
For  
Housing Opportunities for Persons with AIDS (HOPWA) Program  
RFP# DA-41-2932-09-2012-001**

**Key Dates and Times**

Release Date	October 31, 2012
Intent to Apply Form Due	November 9, 2012 – by 4:00 PM
Bidder's Conference	November 9, 2012 – 9:30 AM – 11:30 AM
Proposal Due	November 23, 2012 – by 4:00 PM
Contract Start Date	January 1, 2013

**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  
STI/HIV Division  
DePaul Center 2<sup>nd</sup> Floor  
333 South State Street  
Chicago, Illinois, 60604**

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

**Friday November 23, 2012**

**NO PROPOSALS WILL BE ACCEPTED FOR ANY REASON AFTER THIS DEADLINE**



Rahm Emanuel  
Mayor

City of Chicago  
Department of Public Health  
STI/HIV Division



Bechara Choucair, MD.  
Commissioner

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RFP# DA-41-2932-09-2012-001**

**I. Program Authority**

The Housing Opportunities for Persons with AIDS (HOPWA) program is administered by the U.S. Department of Housing and Urban Development (HUD). The Chicago Department of Public Health (CDPH) is the recipient of these funds for the Chicago Eligible Metropolitan Statistical Area (EMSA). The HOPWA program is authorized by the AIDS Housing Opportunity Act (42 U.S.C.12901), as amended and governed by Final Rule 24 CFR Part 574, as amended, and the Consolidated Submissions for Community Planning and Development Programs, Final Rule, 24, CFR Part 91. The CFDA Number for the HOPWA program is 14.241.

**II. Purpose**

The CDPH is releasing this Request for Proposals (RFP) to partner with community-based organizations to provide housing services for low-income People Living with HIV/AIDS (PLWHA) and low-income families in which at least one adult member has HIV/AIDS. The goal is for assisted households to be able to maintain a stable living environment in housing that is safe, decent, and sanitary; to reduce the PLWHA's risk of homelessness; and to improve access to HIV/AIDS treatment and other related healthcare services.

**III. Background**

**A. Chicago EMSA**

The Chicago EMSA consists of Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will counties. The City of Chicago is located in Cook County. More than 7.7 million people reside in the EMSA; 4.75 million outside of Chicago and 2.7 million within the City of Chicago. The EMSA contains approximately 61% of the entire population of the State of Illinois. The median household income is \$53,000 and 6% of the EMSA's residents live below the federal poverty level.

Over 12,000 HIV cases and nearly 28,000 AIDS cases have been reported in the Chicago EMSA through December of 2010. The EMSA accounts for 87% of the HIV/AIDS cases reported in Illinois, and the City of Chicago accounts for 79% of the HIV/AIDS cases reported within the EMSA.

**B. Overview**

Housing is a critical problem facing a growing number of PLWHA in the Chicago EMSA. Studies have shown that homelessness is a risk factor for HIV and HIV is a risk factor for homelessness. The prevalence of HIV/AIDS is up to nine times higher among persons who are homeless or unstably housed compared with persons having stable and adequate housing. Studies have shown 60% of PLWHA experience homelessness or housing instability. The need for stable and affordable housing is more urgent after becoming infected. Improved housing stability improves access to appropriate medical care and treatment adherence which is linked to lower viral loads and reduced mortality.

HOPWA is the only source of housing funds solely dedicated for PLWHA. HOPWA serves as an integral element of local and federal efforts to eliminate homelessness; in particular when utilized in combination with HUD's homeless programs under the McKinney Vento Act (Shelter Plus Care (SPC), Supportive Housing Program (SHP), and Single Room Occupancy Moderate Rehabilitation (SRO Mod Rehab)).

CDPH's STI/HIV Division (the Division) uses HOPWA resources to support community residences, tenant based rental assistance, housing information services, and transitional housing in the provision of its homeless assistance services. Additional information on the HOPWA program can be found at [www.hud.gov/offices/cpd](http://www.hud.gov/offices/cpd)

### **C. Program Changes**

All Respondents must be registered with System for Awards Management (SAM), formerly known as the Central Contractor Registration (CCR), the primary registrant database for the U.S. Federal Government. SAM collects, validates, stores, and disseminates data in support of agency acquisition missions, including Federal agency contract and assistance awards. Although recipients of direct federal contracts and grant awards have been required to be registered with CCR (now SAM) since 2003, this requirement is now being extended to indirect recipients of federal funds with the passage of ARRA (American Recovery and Reinvestment Act). Per ARRA and Federal Funding Accountability and Transparency Act regulations, all grantees and sub-grantees or subcontractors receiving federal grant awards or contracts must have a DUNS (Data Universal Numbering System) number. Both current and potential federal government registrants (grantees and sub-grantee) are required to register in CCR/SAM in order to be awarded contracts by the federal government. Registrants must update or renew their registration at least once per year to maintain an active status.

### **IV. Eligibility Requirements for Respondents**

All Respondents to this RFP must meet the following two criteria in order to be eligible to receive HOPWA funds:

- Not-for-profit, community-based organizations, located within the Chicago EMSA, which consists of Cook, DeKalb, DuPage, Grundy, Kane, Kendall, McHenry, and Will counties.; and
- At least one-year, documented, experience in providing direct services in the proposal response category.

Agencies located in areas with high HIV/AIDS morbidity outside the City of Chicago, within the EMSA, (e.g., south suburban Cook County, Elgin, Joliet and Aurora) are encouraged to apply.

Agencies specifically providing HIV housing services to youth, single mothers, veterans, and lesbian, gay, bisexual, transgender (LGBT) populations are encouraged to apply.

Successful Respondents will be required to participate in evaluation and quality assurance activities coordinated by the Division.

Programs funded under the Community Residence Operating Support category of this RFP will be required to use a fee-for-service basis for their contract budget. Fee-for-Service means a program for which payments are made on the basis of a rate, unit cost, or actual allowable cost incurred. For all fee-for-service requests, a detailed basis as to how the agency arrived at the unit rate or cost must be included.

Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to subcontract 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 such as like space/rent, utilities, telephones and general office supplies.

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

<https://webapps.cityofchicago.org/EDSWeb/appmanager/OnlineEDS/desktop>

All applicants must submit proof of insurance with completed proposal. For insurance requirements and sample certificate, see *Appendix E*.

## **V. Available Funding**

For 2013, an estimated \$5.5 million will be available through this RFP to fund three service categories:

	<b>Eligible Service Categories</b>	<b>Estimated Funds Available</b>	<b>Estimated Number of Awards</b>
1	Community Residence Operating Support	\$3,000,000	10 - 15
2	Housing Information Services	\$ 630,000	2 - 5
3	Tenant Based Rental Assistance (TBRA)	\$1,900,000	1 - 2

Awards will begin on or about January 1, 2013 and will be made for a 12-month budget period. The City may extend the terms of the agreement by up to two additional periods, each period not to exceed one year, based on the availability of funds and acceptable programmatic and fiscal performance.

Proposals may be submitted for one, two, or all three service categories and should be written separately.

Respondents with multiple sites within the same service category may submit one proposal, but must submit a separate budget for each site. However, Respondents must submit a separate and complete proposal for each service category for which they apply.

Funds may not be used to make payments to recipients of services. Funds may not be used to provide items or services for which payments have already been made, or could reasonably be expected to be made, by third-party payers, including private funders or other federal, state or local entitlement programs. Funds may not be used to supplement third-party reimbursement.

## **VI. Eligible Program Activities and Priorities**

### **A. Program Objectives**

The mission of the Division is to work in partnership with the community to use the best public health practices for the prevention and treatment of HIV and STIs and to promote the highest quality services for the health and well-being of those living with and impacted by STIs, HIV and AIDS. HUD's goals for the HOPWA program are that assisted households are able to: maintain a stable living environment in housing that is safe, decent, and sanitary; reduce their risk of homelessness; and improve their access to HIV/AIDS treatment and other related healthcare services.

Programs selected for funding will provide housing services for low-income PLWHA and low-income families in which at least one adult member has HIV/AIDS. All housing rendered with HOPWA funds must provide safe and sanitary housing that meets applicable HUD-defined Safe, Decent and Sanitary Habitability Standards in addition to state and local requirements. Housing

quality standards include: sound structure and materials, accessibility, adequate space and security, interior air quality; water supply, adequate heating and cooling; adequate natural or artificial lighting, sanitary food preparation area and refuse disposal. These standards can be found at the following link:

[www.hud.gov/HOPWA](http://www.hud.gov/HOPWA)

## **B. Funding Requirements and Priorities**

### Category 1- Community Residence Operating Support:

Funds in this service category are for community residential facilities serving low-income individuals with HIV/AIDS and low-income families with at least one adult HIV/AIDS positive member, that are homeless or in imminent danger of becoming homeless.

HOPWA regulation 24 CFR 574.230 (a) defines communal settings and congregate living facilities as a multi-unit residence designed for eligible persons:

- To provide a lower cost residential alternative to institutional care and to prevent or delay the need for institutional care;
- To provide a permanent or transitional residential setting with appropriate services that enhances the quality of life for individuals who are unable to live independently;
- To prevent homelessness among eligible persons by increasing available suitable housing resources; and
- To integrate eligible persons into local communities and provide services to maintain the abilities of such eligible persons to participate as fully as possible in community life.

Community residences may also be multiple apartments within the same building, building complex, or building proximity housing individuals with HIV/AIDS and their families.

Appropriate supportive services, as defined below, must be provided or made available as part of any HOPWA funded housing. Supportive services include, but are not limited to: health care, mental health care, mental health assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, inpatient care when required, and assistance in gaining access to local, state, and federal government benefits and services, with the exception that healthcare services may only be provided to the adult living with HIV/AIDS or related diseases but not to family members.

Please note that termination of assistance for clients who violate program requirements or conditions of occupancy while residing in housing funded under this category must be executed via a formal process that meets city, state, and federal standards for due process of law. CDPH has developed comprehensive policies and procedures to provide guidance for funded programs when terminating assistance for clients.

### Category 2 – Housing Information Services:

Funds in this service category facilitate access to housing and supportive services for low-income PLWHA and families with at least one HIV positive adult that are homeless or in imminent danger of becoming homeless. These services are provided by housing advocates. Housing advocates must collaborate with consumers in the development of a long-term housing plan, educate consumers about available housing options, facilitate access to appropriate housing resources and supportive housing options that contribute to housing stability, assist in the development of a supportive housing service guide which identifies resources outside of

traditional HIV/AIDS service provider networks, and serve as a referral or collaboration resource for case managers.

HUD defines housing information as including, but not limited to: identification of housing resources; providing information and referral services to assist an eligible person to locate, acquire, finance and maintain housing; finding and linking clients not currently in case management to housing and legal services; facilitating linkages with other social and medical support providers; and identifying placements for special needs populations such as dual and triple diagnosed clients, women with children, non-English speaking clients, clients with physical disabilities, end stage clients and other underserved populations.

Category 3 – Tenant Based Rental Assistance (TBRA):

Funds in this service category are intended to provide long term housing stability for persons with HIV/AIDS. TBRA, as identified at 24 CFR 574.300(b) (5), is a rental subsidy program used to help low-income households obtain permanent housing in the private rental housing market that meets housing quality standards and is rent reasonable. The rent subsidy is not tied to a specific unit, so tenants may move to a different unit without losing their assistance, subject to individual program rules. The subsidy amount is determined in part based on household income and rental costs associated with the tenant’s lease.

HOPWA tenant-based assistance pays the difference between fair market rent or “reasonable rent”, and the tenant’s portion of the rent. The successful HOPWA Respondent makes rental payments directly to property owners. The program also provides very low income households with utility, rent deposit, and rent costs for up to two years.

Appropriate supportive services, as defined below, must be provided or made available as part of any HOPWA funded housing. Supportive services include, but are not limited to: healthcare, mental health care, mental health assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, inpatient care when required, and assistance in gaining access to local, state, and federal government benefits and services, with the exception that healthcare services may only be provided to the adult living with HIV/AIDS or related diseases but not to family members.

Please note that termination of assistance for clients who violate program requirements or conditions of occupancy while residing in housing funded under this category must be executed via a formal process that meets city, state, and federal standards for due process of law. CDPH has developed comprehensive policies and procedures to provide guidance for funded programs when terminating assistance for clients.

**C. Program and Fiscal Monitoring Standards**

Any awarded Respondent 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.

**VII. Bidders’ Conference**

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

Friday November 9, 2012  
9:30 am – 11:30 am  
CDPH Training Center  
1642 North Besly Court  
Chicago, IL 60642

## **VIII. Instructions for Completing a 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. Intent to Apply**

An Intent to Apply Form (*Appendix A*) should be completed and returned by Friday November 9, 2012. This form is for informational purposes only and will not be used to determine eligibility or funding. The form may be submitted via e-mail, fax, mail or in person to:

Chenise Payton  
Chicago Department of Public Health  
STI/HIV Division  
333 South State Street, DePaul Center, 2<sup>nd</sup> Floor  
Chicago, IL 60604  
Telephone: 312-745-0359  
Fax: 312-747-9664  
E-mail: [chenise.payton@cityofchicago.org](mailto:chenise.payton@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.

### **B. Proposal Guidelines**

Proposals may be submitted for one, two, or all three service categories and should be written separately. Page limits for each section are included and apply to each proposal. Respondents with multiple sites within the same service category may submit one proposal, but must submit a separate budget for each site. However, Respondents must submit a separate and complete proposal for each service category for which they apply. The following instructions and outline should be used in 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.
- Complete and submit an Economic Disclosure Statement and Affidavit. This document can be found at the following website:

<https://webapps.cityofchicago.org/EDSWeb/appmanager/OnlineEDS/desktop>

### **C. Proposal Outline**

1. Title Page

The Title Page must be completed and submitted as the first page of the proposal. Refer to *Appendix B* for a template.

2. Project Abstract (1 page limit)

- Name of Organization and address of all proposed service locations
- Organization's history and experience
- Describe the target population(s) and their HIV/AIDS related housing and direct service needs
- Describe the project for which funds are being requested
- Describe the project's measurable objectives and how the Respondent will assess client satisfaction with proposed services

3. Respondent Experience and Capacity (3 page limit, not including required supporting documentation)

- Describe Respondent's experience in providing the proposed housing services.
- Include information and/or documentation that supports the Respondent's programmatic and administrative abilities such as management staff resumes, certifications, licenses, in-house training, or other evidence
- Describe how Respondent will assure clients they will have access to HIV/AIDS supportive services
- Describe how Respondent will assure the quality of its services
- Describe how Respondent will assure the confidentiality of all client information and records

4. Target Population(s) (3 page limit)

- Identify and describe the characteristics of the target population(s) this project will serve. This should include race and ethnicity, gender, age, household/family size.
- Describe Respondent's experience providing services to the population(s) and describe how Respondent will assess the housing and other needs of the population(s)
- Describe Respondent's capability to provide services for the target population(s)
- Identify the geographic area(s) to be served by the proposed project
- Identify the housing and healthcare service needs of the target population(s)
- Discuss barriers to these services for the target population
- Describe how these barriers will be addressed by the proposed project

5. Cultural Competence (2 page limit)

Cultural competency is the ability of organizations and individuals to provide care to clients with diverse values, beliefs, and behaviors including tailoring service delivery to meet clients' social, cultural, and linguistic needs. Cultural competency is a vehicle to increase access to quality services for all target populations, address disparities in health care, and a strategy to attract and retain new clients. Demonstrate your agency's ability to provide culturally competent services to the target population(s).

- Describe Respondent's efforts to integrate the values, attitudes, beliefs, and languages of the community Respondent proposes to serve into its services
- Describe the involvement of PLWHA in the governance, staffing, Board of Directors, and program planning and development of Respondent's activities

- Describe the involvement of homeless or formerly homeless people in the governance, staffing, Board of Directors, and program planning and development of the Respondent activities

6. Client Eligibility (2 page limit)

Describe how Respondent's program assures its clients meet HOPWA eligibility requirements, including the methods used to screen clients for financial eligibility. HUD defines low income as 80% or below area median income (AMI) which is the regulatory threshold income for HOPWA households. HUD defines very low income as 50% AMI, and extremely low income as 30% AMI. Guidelines on household income limits are available at:

<http://www.hud.gov/offices/cpd/affordablehousing/programs/home/limits/income/>

- Describe the Respondent's methods to assess and document its clients' HIV status
- Address the Respondent's ability to serve individuals who have substance use and mental health issues
- Describe the Respondent's intake process, including medical, psychosocial, and behavioral assessments

7. Work Plan, Goals and Objectives (3 page limit for narrative, no limit for the work plan – See *Appendix C*)

The HOPWA program's overall outcome goal is that assisted households are able to: maintain a stable living environment in housing that is safe, decent, and sanitary; reduce the risk of homelessness; and improve access to HIV/AIDS treatment and other related healthcare services.

- Describe the basis for designing the proposed program
- Describe the major goal(s) of the proposed program, and identify the objectives and activities that will be used to achieve the goal(s). The objectives and activities must be specific, measurable, realistic, and time-phased. These items will be used to assist in the development of the scopes of services for the Respondent's if the proposed program is funded. The job position(s) responsible for each activity must be identified.
- Describe how the Respondent's program monitors client satisfaction and program effectiveness (e.g., focus groups, questionnaires, group sessions, interviews, surveys) and how the information is used to improve programs
- Develop a work plan using the template in *Appendix C*.

8. Budget and Justification (3 page limit for the narrative justification, no page limit for the budget forms in *Appendix D*)

Applicants must submit a complete and separate budget for each proposal. Provide a narrative description of the proposed project budget. If using a fiscal agent, provide the name and all contact information for that agency. If you have more than one program site/program, a separate budget for each site/program is required.

A project budget summary of the proposed program or project to be funded in whole or in part by HOPWA funds must be completed for each category Respondent is seeking funding, specifying the share of the total cost that will be charged to HOPWA and the share charged to other matching or supplemental funding sources.

For all shared costs, such as space/rent, utilities, telephones, general office supplies, and etc., there must be a documented cost allocation methodology approved by the Respondent's accounting firm. There are several methods to determine cost allocation which include by number of FTEs and by square footage used by program. This information and supporting documentation need not be submitted as part of this proposal, but may be requested from Respondents funded under this RFP at any time at the City's discretion.

The budget narrative should include:

- A description of the Respondent's fiscal structure and experience
- A description of how accounting and payroll processes are organized and identify who is responsible for those processes
- A description of the Respondent's ability to operate on a reimbursement basis and to begin services before reimbursement is provided (e.g., line of credit, cash flow, etc.)
- A brief explanation of the duties of each position in the budget

This section also provides the format for the required 12-month line item budget and budget narrative explaining how each line item will be expended (*refer to Appendix D* for required budget forms). The activities described and amounts associated with these descriptions will be used to reconcile to invoices submitted. The policies, guidelines, and requirements of 24 CFR part 85 (codified pursuant to OMB Circular No. A-102) and applicable OMB Circulars A-21, A-87, A-110, A-122 and A-133 apply with respect to the acceptance and use of funds under this program. It is the Respondents responsibility to review and operate in accordance with these circulars. In general, the following items may be included in the Respondent's funding request(s):

- Direct program salaries and fringe benefits (Note: FICA must be calculated at 7.65% and administrative staff can only be included in the program administrative/indirect budget)
- Subcontractor and consultant costs – each subcontractor or consultant must be named and the services provided and costs must be outlined. No subcontractor or consultant may be hired without pre-approval from CDPH
- Programmatic materials and supplies (e.g., specific written or audiovisual materials, personal computers (tablets are not allowable), printers, kitchen equipment, staff and client furniture costing \$5,000 or less per individual item)
- Equipment costs (e.g. personal computers (tablets are not allowable), printers, kitchen equipment, staff and client furniture costing more than \$5,000 per individual item that CDPH must pre-approve and catalogue)
- Client costs including food, linens, furnishings
- Local program-related transportation for project staff, volunteers, and clients
- Programmatic outreach efforts (e.g., advertising, brochures, newsletters, telephone)
- Operating costs and other program-specific expenses (e.g., rent, utilities, and insurance)
- Administrative and/or indirect costs up to 7% of the total direct cost (less direct costs for approved equipment purchased for \$5,000 or greater with HOPWA grant funds)

*Refer to Appendix G for a detailed list of Allowable Cost under the HOPWA program.*

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, salary, percent of time to be charged to this project, the amount of HOPWA share, other and in-kind salary share, and the total cost. For each salary, state how paid, e.g., hourly, weekly, bi-weekly, monthly, number of pay periods per year, etc. If

the Respondent has not yet identified individuals to fill positions, indicate that these individuals are yet to be hired. Also, provide a brief budget justification explaining the duties of each employee assigned to the project. Refer to the example listed below:

<b>Position or Title and Name</b>	<b># of Positions</b>	<b>Rate</b>	<b>How Paid (Hourly, Weekly, etc.)</b>	<b>% of Time Spent</b>	<b>HOPWA Share (\$)</b>	<b>Other Share (\$)</b>	<b>In-Kind Share (\$)</b>	<b>Total Cost (\$)</b>
House Manager I, John Smith	1	\$2,200	Bi-Weekly	100%	\$57,200	\$ ---	\$ ---	\$57,200
House Manager II, Jane Doe	1	\$2,000	Bi-Weekly	50%	\$13,000	\$13,000	\$ ---	\$26,000
Cook, Bill Smith	1	\$11.55	Hourly	1,040 hrs	\$12,012	\$12,012	\$ ---	\$24,024

*Fringe Benefits:* Provide the amount of fringe benefits requested which should also include the percentage rate for FICA (FICA must be calculated at 7.65%), 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. Fringe benefits must be based on the Respondent’s established personnel policies. All components of a Respondent’s fringe benefits must be listed as separate items. Please note if a fringe benefit is not listed, you cannot be reimbursed for it.

*Operating Costs:* Under HOPWA regulations 24 CFR 574.320 (8) the following operating expenses for community residences are allowable, including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs; these costs may include waste removal services, minor repairs, appliances, service contracts for equipment and appliances, cleaning and laundry supplies, food staples for residents, provision of prepared meals for residents, and other on-site staffing costs for management and maintenance of the facility. Expenses for home health and hospice care for residents of the community residences are also allowable.

Respondents must outline expenditures for programmatic activities integral to this project (e.g., telephone, advertising, printing, duplication, equipment leasing/maintenance, insurance premiums, dues, subscriptions, memberships, messenger services, facility maintenance, meeting costs and postage). Expenses for rent and utilities for the program are allowed, however they must be sufficiently justified. Mortgage payments and interest payments are not allowable expenses. A copy of all lease agreements will be required of successful Respondents before contracts are executed. In addition, before a contract is executed, Respondent must deliver to the City an affidavit stating whether the landlord is a Related Party, and with respect to any insurance, utility or other costs not based on Respondent’s actual use, documentation satisfactory to the City in its sole discretion supporting the allocation of these costs to the Respondent. “Related Party” means any board members, officers or employees, and any relative of any of the Respondent’s board members, officers or employees.

Funding for transportation should be requested only as appropriate for program needs and must delineate amounts for public transportation and mileage reimbursement at the rate established under the current federal rate available at <http://www.gsa.gov/mileage>. The

expenses to operate Respondent-owned vehicles that are used in program delivery should also be included in this category. All drivers and vehicles used for this program must have valid licenses and insurance. Out of State travel is not an allowable expense.

*Professional/Technical Costs:* List and justify all costs associated with consultants and subcontractors.

Consultants: Consultant fees will be allowed on a limited basis and cannot be used in place of staff support and must be pre-approved by the City. The number of hours to be devoted to the project and specific responsibilities must be listed and justified. 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.

Subcontractors: Subcontracted services that facilitate program delivery, as well as services that increase client access or assess client satisfaction, are allowable costs. Subcontractors must be identified and specific scopes must be delineated.

In Respondent's justification, please include:

- The name of the consultant or subcontractor
- The consultant's or subcontractor's organizational affiliation (if applicable)
- A justification for using a consultant or subcontractor including their relevance of service to the project
- The specific services to be rendered by the consultant or subcontractor, including measurable scopes
- The number of days or period of performance of the consultant or subcontractor
- The consultant's or subcontractor's expected rate of compensation
- The method for ensuring accountability of the consultant's or subcontractor's work

*Note: The City of Chicago requires all applicants to identify in the City of Chicago Economic Disclosure Statement and Affidavit any consultants and subcontractors that will be part of the proposed program. In addition to the City of Chicago requirements, HOPWA agencies are bound to the requirements of the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282), which requires that information be reported for each organization with a contract/agreement of \$25,000 or greater that assists agencies in carrying out project functions, such as organizations involved in an aspect of service delivery for beneficiaries. Agreements include: grants, sub-grants, contracts, subcontracts, loans, awards, cooperative agreements, purchase orders, task orders, delivery orders and other forms of financial assistance/compensation. This does not apply to Respondents designated or selected to serve as project sponsors, defined by HOPWA regulations 574.3, in providing housing and other support to beneficiaries.*

If the above information is unknown for any consultant or subcontractor at the time of proposal submittal, the information must be submitted at a later date as a revision to the budget. In the body of the budget request, a summary should be provided of the proposed consultants or subcontractor and amounts for each.

*Materials and Supplies:* Itemize and justify programmatic materials. Include gas, food, drug/medical supplies, office supplies, and books and related materials that will be used by program staff in service delivery.

*Equipment:* Itemized and justified programmatic equipment (e.g., desks, chairs, computers (laptops and tablets are not allowed), file cabinets, client furniture, kitchen equipment, washing machines and dryers, chairlifts) worth \$5,000 or less with normal life expectancy of one year or more are permitted through this RFP. Wherever possible, all equipment and products purchased with this grant should be American-made.

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

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*Administrative or Indirect Costs:* These costs may not exceed 7% of the direct cost amount requested. Although these expenses can be expressed as a single line item, the applicant must provide a brief narrative justification for the amount requested. Examples of administrative and indirect costs include: rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting, 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 this RFP. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to subcontract with a third-party fiscal agent.

*Fee-for-service method is required for Community Residence Operating Support (CRO) programs that are selected to be funded:* Fee-for-Service means a program for which payments are made on the basis of a rate, unit cost, or actual allowable cost incurred. *For all fee-for-service, a detailed basis as to how the agency arrived at the unit rate or cost must be included.* Unit costs or per diem rates should include all aspects of a budget as detailed above. Respondent's unit cost or rate should include all costs associated with the program including all administrative and indirect costs.

### **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, ).*

## **IX. Submission Guidelines**

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

It is the responsibility of the Respondent to ensure delivery of the proposal to CDPH by the designated deadline. All proposal will be date and time stamped upon receipt and the receipt will 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 Chenise Payton at 312-745-0379 or [chenise.payton@cityofchicago.org](mailto:chenise.payton@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:

Evelyn Vazquez  
Chicago Department of Public Health  
Telephone: 312-747-8853  
Email: evelyn.vazquez@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:

**Chicago Department of Public Health  
STI/HIV Division  
DePaul Center, 2<sup>nd</sup> Floor  
333 South State Street  
Chicago, Illinois, 60604**

The proposal must be received by **4:00 p.m. on Friday November 23, 2012**. No extension will be permitted unless published by CDPH for all prospective Respondent's attention. No late proposals will be accepted.

#### **A. Format Instructions**

- 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**

- 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)
- Memoranda of Understanding with Subcontractors – Documentation of these agreements should be on Respondent's letterhead and signed by a representative from the Respondent and any subcontractor who is authorized to commit their organizations to the agreement. These documents should be current, project specific, time-phased, list the services(s) to be provided, the number of participants to be served, the period in which the services(s) will be provided, and, if known, the monetary value of the services
- Completed electronic version of the City of Chicago Economic Disclosure Statement and Affidavit. The document / process is at the following website:

<https://webapps.cityofchicago.org/EDSWeb/appmanager/OnlineEDS/desktop>

- Proof of Insurance (see Appendix E). Successful Respondents will be required to submit insurance with City of Chicago named as an additional insured

## **X. Evaluation of Proposals**

All proposals that are received on time will undergo a technical review to determine whether all required components have been addressed and included. Proposals that are determined by the CDPH to be incomplete will not be further considered. The CDPH 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 Director and Deputy Commissioner of STI/HIV Division. Past contractual performance may also be considered for Respondents that have previously received funding. Final funding decisions are made by the CDPH Commissioner. All Respondents will be notified of the results in writing.

### Evaluation Criteria:

- Respondent's relevant experience in providing housing services within the targeted area
- Respondent's identification and description of the socio-demographic characteristics of the target population and assessment of the housing and healthcare services needs of the target population
- Respondent's staff and managerial capability and cultural competence
- Respondent's soundness and adequacy of client program eligibility requirements
- Respondent's comprehensiveness and soundness of proposed program approach
- Respondent's adequacy and soundness of the selected methods to be used to monitor and assess progress in the program and provision of service deliverables
- Respondent's soundness of proposed budget
- Respondent's financial capacity and stability to manage a program of the size and scope contemplated

The CDPH 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 CDPH reserves the right to directly solicit and select appropriate organizations to fill the gaps.

## **XI. 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 meetings, site visits, audit, evaluation and quality assurance activities.

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

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

1. Conflict of Interest Clause: No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other

government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the grant agreement.

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

2. Governmental Ethics Ordinance, Chapter 2-156: All Respondents agree to comply with the Governmental Ethics Ordinance, Chapter 2-156 which includes the following provisions: a) a representation by the Respondent that he/she has not procured the grant agreement in violation of this order; and b) a provision that any grant agreement which the Respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.
3. Selected Respondents shall establish procedures and policies to promote a Drug-free Workplace. The selected Respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected Respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.
4. Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago, as amended (the "**Municipal Code**") it is illegal for any elected official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council committee hearing or 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.

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.

5. Compliance with Federal, State of Illinois and City of Chicago regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the Municipal Code); 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 Municipal Code); Office of the Inspector General Ordinance (Chapter 2-56 of the Municipal Code); Child Support Arrearage Ordinance (Section 2-92-380 of the Municipal Code); and Landscape Ordinance (Chapters 32 and 194A of the Municipal Code).

6. If selected for grant award, Respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful Respondents.
7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% ("**Owners**"), spouses and domestic partners of such Owners, your Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("**Sub-owners**") and spouses and domestic partners of such Sub-owners (you and all the other preceding classes of persons and entities are together, the "**Identified Parties**"), shall make a contribution of any amount to the Mayor of the City of Chicago (the "**Mayor**") or to his political fundraising committee during (i) the bid or other solicitation process for the grant agreement or Other Contract, including while the grant agreement or Other Contract is executory, (ii) the term of the grant agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the grant agreement or Other Contract with the City is being sought or negotiated.

You represent and warrant that since the date of public advertisement of the specification, request for qualifications, request for proposals or request for information (or any combination of those requests) or, if not competitively procured, from the date the City approached you or the date you approached the City, as applicable, regarding the formulation of the grant agreement, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

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

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

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

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

For purposes of this provision:

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

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

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

8. (a) The City is subject to the May 31, 2007 Order entitled "Agreed Settlement Order and Accord" (the "Shakman Accord") and the June 24, 2011 "City of Chicago Hiring Plan" (the "City Hiring Plan") entered in *Shakman v. Democratic Organization of Cook County*, Case No 69 C 2145 (United States District Court for the Northern District of Illinois). Among other things, the Shakman Accord and the City Hiring Plan prohibit the City from hiring persons as governmental employees in non-exempt positions on the basis of political reasons or factors.
- (b) You are aware that City policy prohibits City employees from directing any individual to apply for a position with you, either as an employee or as a subcontractor, and from directing you to hire an individual as an employee or as a subcontractor. Accordingly, you must follow your own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by you under the grant agreement are employees or subcontractors of you, not employees of the City of Chicago. The grant agreement is not intended to and does not constitute, create, give rise to, or otherwise recognize an employer-employee relationship of any kind between the City and any personnel provided by you.
- (c) You will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under the grant agreement, or offer employment to any individual to provide services under the grant agreement, based upon or because of any political reason or factor, including, without limitation, any individual's political affiliation, membership in a political organization or party, political support or activity, political financial contributions, promises of such political support, activity or financial contributions, or such individual's political sponsorship or recommendation. For purposes of the grant agreement, a political organization or party is an identifiable group or entity that has as its primary purpose the support of or opposition to candidates for elected public office. Individual political activities are the activities of individual persons in support of or in opposition to political organizations or parties or candidates for elected public office.
- (d) In the event of any communication to you by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, you will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General ("IGO Hiring Oversight"), and also to the head of the Department. You will also cooperate with any inquiries by IGO Hiring Oversight or the Shakman Monitor's Office related to the grant agreement.

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
For  
Housing Opportunities for Persons with AIDS (HOPWA) Program  
RFP# DA-41-2932-09-2012-001**

**Intent to Apply Form**

Potential Respondents 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 Friday November 9, 2012**. The form may be e-mailed, mailed, faxed or delivered to:

**Chenise Payton  
Chicago Department of Public Health  
333 South State Street, Room 200  
Chicago, IL 60604  
Telephone: 312-745-0359  
Fax: 312-747-9664  
E-mail: chenise.payton@cityofchicago.org**

Agency Name: \_\_\_\_\_

Administration Office/Site Address: \_\_\_\_\_

Executive Director: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Please check all service categories under which your agency intends to apply:

- Community Residence Operating Support**
  - Residential Facilities for Adult Men and Women
  - Residential Facilities for Men Only
  - Residential Facilities for Children Only
  - Residential Facilities for Women Only
  - Residential Facilities for Families with Children Under Age 18
  - Residential Facilities for Men and/or Women with Multiple Diagnoses
  - HIV/AIDS and Substance Abuse
  - HIV/AIDS and Mental Illness
  - HIV/AIDS and Substance Abuse and Mental Illness
  
- Housing Advocacy/Housing Information Services**
  
- Tenant Based Rental Assistance**

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
For  
Housing Opportunities for Persons with AIDS (HOPWA) Program  
RFP# DA-41-2932-09-2012-001**

**Title Page**

<b>Agency Name:</b>	
<b>Administrative Mailing Address:</b>	
<b>Name of President/CEO/Executive Director:</b>	
<b>President/CEO/Executive Director's Phone Number:</b>	<b>President/CEO/Executive Director's E-mail Address:</b>
<b>Name of Primary Program Contact:</b>	
<b>Primary Program Contact Phone Number:</b>	<b>Primary Program Contact Email Address:</b>
<b>Category Applying Under:</b>	
<b>Proposed Geographic Area(s):</b>	
<b>Proposed Total Budget Request:</b>	<b>Total Number of Proposals Submitted:</b>

**Under what category are funds being requested? (Select only one)**

**Community Residence Operating Support**

What type of residential facilities do you propose to operate?

- Residential facilities for men and women
- Residential facilities for men only
- Residential facilities for children only
- Residential facilities for women only
- Residential facilities for families with children under age 7
- Residential facilities for families with children under age 18
- Residential facilities for men and/or women with multiple diagnoses
  - HIV/AIDS and Substance Abuse
  - HIV/AIDS and Mental Illness
  - HIV/AIDS and Substance Abuse and Mental Illness

**Housing Advocacy/Housing Information Services**

**Tenant Based Rental Assistance**

\_\_\_\_\_  
**Signature of President/CEO/Executive Director**

\_\_\_\_\_  
**Date**

City of Chicago Department of Public Health  
Request for Proposals (RFP)  
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**Work Plan Instructions**

**Instructions for Completing the Work Plan**

Refer to your Work Plan, Goals and Objectives narrative to assist in developing the work plan.

**Column 1. Category of Services**

Locate the category and program type you are applying for under this RFP and enter your information in the corresponding row.

**Column 2: Planning**

Indicate the expected amount of individuals you intend to provide services to on an annual and quarterly basis.

**Column 3: Program Deliverables**

Community Resident Operating Support - Indicate the number of days of care you intend to provide.

Housing Information Services – Indicate the number of hours of service you intend to provide.

Tenant Based Rental Assistance – Indicate the number of subsidies you intend to support

**Column 4: Supportive Services**

List the types of appropriate supportive services that will be made available to individuals in the program.

Supportive services include but are not limited to:

- Health care
- Mental health care / mental health assessment
- Permanent housing placement
- Drug and alcohol abuse treatment and counseling
- Day care
- Personal assistance
- Nutritional services
- Inpatient care when required
- Assistance in gaining access to local, state, and federal government benefits and services, except that health care services may only be provided to the adult living with HIV/AIDS or related diseases but not to family members.

**Column 5: Staff Position Information**

Identify the staff position that will provide the services indicated in the proposal.

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
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Housing Opportunities for Persons with AIDS (HOPWA) Program  
RFP# DA-41-2932-09-2012-001**

**Program Work Plan**

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

Agency: \_\_\_\_\_

Program Site: \_\_\_\_\_

Column 1 Categories of Services	Column 2 Planning				Column 3 Program Deliverables	Column 4 Supportive Services	Column 5 Staff Information
	How many individuals do you intend to serve annually?	How many individuals do you intend to serve each quarter?				How many units of service will this project provide?	What supportive services will be available to the individuals?
		Q1	Q2	Q3	Q4		
<b>Community Residence Operating Support:</b>						How many days of care?	
• Permanent Supportive Housing							
• Transitional Housing							
<b>Tenant Based Rental Assistance:</b>						How many rental subsidies?	
• Rental Subsidies							
• Short-Term Rent, Mortgage, Utilities Assistance							
<b>Housing Information Services:</b>						How many hours of service?	
• Information/Advocacy							
• Permanent Housing Placement							



**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
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Housing Opportunities for Persons with AIDS (HOPWA) Program  
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**Budget Summary**

Agency Name:	
Requested Funding Amount:	

NOTE: The entire budget for this project must be shown. Please round to the nearest whole dollar.

Item of Expenditure	Account #	HOPWA Share (\$)	Other Share (If Applicable) (\$)	In-Kind Share (If Applicable) (\$)	Total Cost (\$)
Personnel Costs	0005				
Fringe Benefits	0044				
Operating Expenses	0100				
Professional/Technical Services	0140				
Transportation Expenses	0200				
Materials and Supplies	0300				
Furniture and Equipment	0400				
Administrative/Indirect Costs	0801				
<b>Total</b>					

Other Share: List all public and private foundation grants, loans, program income and any other source of funding for this specific project for 2013.

Funding Source	Date Received/Expected	Total Amount Awarded (\$)
<b>Total*</b>		

\*Total must be greater than or equal to the total "Other Share and In-Kind" on Proposed Budget Summary.

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
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**Personnel Budget**

Agency Name									
Position/ Title	# of Positions	Rate (\$)	How Paid (Hourly, Weekly, etc.)	% of Time Spent	HOPWA Share (\$)	Other Share (If Applicable) (\$)	In-Kind Share (If Applicable) (\$)	Total Cost (\$)	Brief Summary of Job Responsibilities
<b>Totals</b>									
Type of Fringe Benefit					HOPWA Share (\$)	Other Share (If Applicable) (\$)	In-Kind Share (If Applicable) (\$)	Total Cost (\$)	Please Show Calculation Below
F.I.C.A. and Medicare									
State Unemployment Insurance									
State Workers Compensation									
Other – Please Specify*									
Other – Please Specify*									
Total Fringe Benefits									
Total Personnel Costs									

\* Use Additional Sheets if Necessary

**City of Chicago Department of Public Health  
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RFP# DA-41-2932-09-2012-001**

**Non-Personnel Budget**

Agency Name						
Item of Expenditure	Account #	HOPWA Share (\$)	Other Share (If Applicable) (\$)	In-Kind Share (If Applicable) (\$)	Total Cost (\$)	Line Item Description and Justification
<b>Total Non-Personnel Costs</b>						
<b>Total Personnel Costs (Include Both Salary and Fringe Benefits)</b>						
<b>Total Budget</b>						

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
For  
Housing Opportunities for Persons with AIDS (HOPWA) Program  
RFP# DA-41-2932-09-2012-001**

**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 claim 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.

Issue Date \_\_\_\_\_

**INSURANCE CERTIFICATE OF COVERAGE**

Named Insured: \_\_\_\_\_ Specification #: \_\_\_\_\_  
 Address: \_\_\_\_\_ RFP #: \_\_\_\_\_  
 (NUMBER & STREET) Project #: \_\_\_\_\_  
 (CITY) (STATE) (ZIP) Contract #: \_\_\_\_\_

Description of Operation/Location	
-----------------------------------	--

The insurance policies and endorsements indicated below have been issued to the designated named insured with the policy limits as set forth herein covering the operation described within the contract involving the named insured and the City of Chicago. The Certificate issuer agrees that in the event of cancellation, non-renewal or material change involving the indicated policies, the issuer will provide at least sixty (60) days prior written notice of such change to the City of Chicago at the address shown on this Certificate. This certificate is issued to the City of Chicago in consideration of the contract entered into with the named insured, and it is mutually understood that the City of Chicago relies on this certificate as a basis for continuing such agreement with the named insured.

Type of Insurance	Insurer Name	Policy Number	Effective Date	Expiration Date	Limits of Liability All Limits in Thousands
<b>General Liability</b> <input type="checkbox"/> Claims Made <input type="checkbox"/> Occurrence <input type="checkbox"/> Premise-Operations <input type="checkbox"/> Explosion/Collapse Underground <input type="checkbox"/> Products/Completed-Operations <input type="checkbox"/> Blanket Contractual <input type="checkbox"/> Broad Form Property Damage <input type="checkbox"/> Independent Contractors <input type="checkbox"/> Personal Injury <input type="checkbox"/> Pollution					CSL Per Occurrence \$ _____ General Aggregate \$ _____ Products/Completed Operations Aggregate \$ _____
<b>Automobile Liability (Any Auto)</b> <input type="checkbox"/> Excess Liability <input type="checkbox"/> Umbrella Liability					CSL Per Occurrence \$ _____ Each Occurrence \$ _____
<b>Workers' Compensation and Employer's Liability</b>					Statutory/Minicomp Employers Liability \$ _____
<b>Builders' Risk/Course of Construction</b>					Amount of Contract \$ _____
<b>Professional Liability</b>					\$ _____
<b>Owner Contractors Protective</b>					\$ _____
<b>Other</b>					

- a) Each insurance policy required by this agreement, excepting policies for 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 with 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 insurer 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.

<i>Name and Address of Certificate Holder and Recipient of Notice</i>	
<b>Certificate Holder/Additional Insured</b>	Signature of Authorized Rep.
<b>City of Chicago</b>	Agency/Company
<b>Dept. of Purchasing</b>	Address
<b>121 N. LaSalle, #400</b>	Telephone
<b>Chicago, IL 60602</b>	

FOR CITY USE ONLY: c:\lotus 123\certpur

**City of Chicago Department of Public Health  
Request for Proposals (RFP)  
For  
Housing Opportunities for Persons with AIDS (HOPWA) Program  
RFP# DA-41-2932-09-2012-001**

**Proposal Checklist**

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 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 (3 page limit for the narrative, not including supporting documentation)
- Target Population(s) (3 page limit)
- Cultural Competency (2 page limit)
- Client Eligibility (2 page limit)
- Program Work Plan, Goals and Objectives (3 page limit on the narrative, no page limit for the Work Plan form)
- Budget and Justification (3 page limit for narrative justification, no page limit for the required budget forms in Appendix D, pp 24-26)
- Budget (There is no page limit for the Budget forms Appendix D, pp 24-26)

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)
- List of Board of Directors (Must include place of employment)
- Insurance Certificate of Coverage
- Memoranda of Agreement with Subcontractors – Documentation of these agreements should be on agency letterhead and signed by representatives of both agencies who are authorized to commit their agency to the agreement. These documents should be current, project specific, time-phased, list the services(s) to be provided, the number of participants to be served, the period in which the services(s) will be provided, and, if known, the monetary value of the services.
- Completed City of Chicago Economic Disclosure Statement and Affidavit
- Proof of Insurance (see Appendix E, page 27-30). Successful applicants will be required to submit insurance with City of Chicago named as an additional insured.
- One (1) original, five (5) complete copies and one (1) electronic copy of the proposal are submitted

**City of Chicago Department of Public Health  
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**Allowable Costs**

ACCOUNT CODE	COST CATEGORY	DESCRIPTION
<b>PERSONNEL COSTS</b>		
<b>0005</b>	<b>Personnel Costs</b>	Gross salaries and wages. Allowances for vacation pay, sick pay, over time, extra pay shift, salary adjustments, and multi-shift premiums must be factored into budgets, if necessary.
<b>0044</b>	<b>Fringe Benefits</b>	FICA (social security taxes must be calculated at 7.65%) and Medicare, worker's compensation insurance, term life insurance, unemployment compensation, pension (retirement), and medical/dental/hospitalization/vision care insurance.
<b>0050</b>	<b>Stipends</b>	Charges for client participation in focus groups strictly related to currently funded CDPH HOPWA Program.
<b>0100 OPERATING EXPENSES</b>		
<b>0100</b>	<b>Building Services</b>	Charges for window washing, carpet cleaning, and other similar outside services
<b>0100</b>	<b>Postage</b>	Charges for stamps, metered postage, registered mail, special delivery, parcel post.
<b>0100</b>	<b>Software</b>	Purchase, license, maintenance of computer software.
<b>0100</b>	<b>Publications</b>	Charges for designing, printing, duplicating, photographing, and distributing program-specific brochures, reports, flyers, pamphlets.
<b>0100</b>	<b>Advertising</b>	Charges for all program-specific advertising.
<b>0100</b>	<b>Rental of Property</b>	Charges for rental of buildings stores, and offices, including fees paid for the use of facilities other than rentals.
<b>0100</b>	<b>Rental and Lease Purchase of Equipment and Services</b>	Charges for rental or lease purchase of office machines and equipment. Also includes charges for installation and maintenance of rented equipment.

<b>ACCOUNT CODE</b>	<b>COST CATEGORY</b>	<b>DESCRIPTION</b>
<b>0100</b>	<b>Repair/Maintenance of Property</b>	Charges for repair or maintenance of real property to restore or maintain its original value.
<b>0100</b>	<b>Dues, Subscriptions, Membership</b>	Charges for subscriptions to periodicals, directories, medical journals, and membership dues and fees to technical associations and organizations.
<b>0100</b>	<b>Technical Meetings</b>	Charges for attending or providing <b>local</b> professional and technical meetings, local conferences, local off-site in-service training, seminars. Also includes registration fees and meals.
<b>0100</b>	<b>Insurance Premiums</b>	Charges for accident, fire, liability, and other insurance premiums.
<b>0100</b>	<b>Maintenance/Operation of Vehicles</b>	Charges for the repair and maintenance of vehicles. Also includes charges for leasing vehicles.
<b>0100</b>	<b>Utilities</b>	Charges from public utility companies for gas heat, water, electricity, and telephone.
<b>0100</b>	<b>Waste Disposal Services</b>	Charges for waste disposal services.
<b>0140</b>		
<b>PROFESSIONAL/TECHNICAL SERVICES</b>		
<b>0140</b>	<b>Professional /Technical Services</b>	Charges for accounting, auditing, legal, professional, and consulting services.
<b>0200</b>		
<b>TRANSPORTATION EXPENSES</b>		
<b>0200</b>	<b>Local Transportation</b>	Charges for client and/or staff local transportation, including, bus and rail passes, taxi fares, parking fees, and mileage reimbursement not to exceed \$0.55.5 per mile. The per-person reimbursement cannot exceed \$350.00 per month.
<b>0300</b>		
<b>MATERIALS AND SUPPLIES</b>		
<b>0300</b>	<b>Gasoline</b>	Charges for gasoline purchased for automotive purposes. Includes gasoline purchased in bulk.
<b>0300</b>	<b>Food</b>	Charges for food supplies used for human consumptions. Includes food/grocery vouchers.
<b>0300</b>	<b>Materials and Supplies</b>	Charges for materials and supplies that are consumed with their use, e.g. laundry and cleaning supplies,

<b>ACCOUNT CODE</b>	<b>COST CATEGORY</b>	<b>DESCRIPTION</b>
		building and maintenance supplies, non-food personal items for clients such as toothpaste, shampoo, feminine hygiene products.
<b>0300</b>	<b>Drugs/Medical Supplies</b>	Charges for over-the-counter medicines, medical, hospital and surgical supplies, x-rays, laboratory fees and supplies, dental and optical supplies.
<b>0300</b>	<b>Books and related materials</b>	Charges for books, pamphlets, magazines, periodicals, journals, slides, and videos.
<b>0300</b>	<b>Stationery and Office Supplies</b>	Charges for supplies used in the regular course of office activities, i.e., paper, record books, typewriter ribbons, mailing supplies, pens, pencils.
<b>0400 FURNITURE AND EQUIPMENT</b>		
<b>0400</b>	<b>Office Machines</b>	Charges for equipment of a mechanical nature, e.g. typewriters, copiers, calculators, computers (Laptops are not allowed), fax machines. <i>Note: any single item costing more than \$5,000 must have prior approval.</i>
<b>0400</b>	<b>Furniture and Furnishing</b>	Charges for furniture and equipment e.g. refrigerators, stoves, tables, chairs, desks, lamps, file cabinets, carpeting, draperies, wall hangings, bed linens. <i>Note: any single item costing more than \$5,000 must have prior approval.</i>
<b>0801 ADMINISTRATIVE/INDIRECT COSTS</b>		
<b>0801</b>	<b>Administrative/Indirect Costs</b>	7% of direct costs maximum.

The policies, guidelines, and requirements of 24 CFR Part 85 (codified pursuant to OMB Circular No. A-102) and applicable OMB Circulars A-21, A-87, A-110, A-122 and A-133 apply with respect to the acceptance and use of funds under this program. For further information on the HOPWA program can be found at [www.hud.gov/offices/cpd/aidshousing/programs/index.cfm](http://www.hud.gov/offices/cpd/aidshousing/programs/index.cfm)