

**City of Chicago**  
**Request for Proposals (RFP)**  
**For**  
**Substance Abuse Treatment and Intervention Services**  
**RFP# DA-41-3385-04-2013-001**

**Key Dates**

Release Date	April 17, 2013
Bidders Conference	April 23, 2013
Letter of Intent Due	April 26, 2013
Proposal Due	May 17, 2013
Estimated Contract Start Date	June 10, 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  
DePaul Center – Room 200  
333 South State Street  
Chicago, Illinois, 60604**

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

**May 17, 2013**

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

City of Chicago  
Department of Public Health  
Substance Abuse Program



Rahm Emanuel  
Mayor



Bechara Choucair, M.D.  
Commissioner

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**City of Chicago**  
**Request for Proposals (RFP)**  
**For**  
**Substance Abuse Treatment and Intervention Services**  
**RFP# DA-41-3385-04-2013-001**

**I. Purpose**

The purpose of this RFP is to make substance abuse treatment and intervention services available to Chicago residents who do not have the ability to pay. These funds are meant to augment State and Federal treatment dollars in order to make services available in communities that lack other public treatment resources, and to pay for types of services where significant waiting lists exist or where services are not readily available for those who do not have the ability to pay. The types of services sought under this RFP include: peer support recovery services, relapse prevention services, outpatient methadone maintenance services, detoxification services, recovery patient housing, and outpatient treatment. These services are specifically targeted toward certain populations such as Chicago residents who are homeless, at risk of homelessness, and/or ex-offenders.

**II. Background**

The Chicago Department of Public Health (CDPH) is making funding available for Substance Abuse Treatment and Intervention Services through grants of corporate funds from the City of Chicago, and funds from the State of Illinois Department of Human Services, Division of Alcoholism and Substance Abuse (DASA).

Substance use and addiction are one of the leading health problems in the nation. According to the National Survey on Drug Use and Health (NSDUH), 21.6 million people ages 12 or older, needed treatment for an illicit drug or alcohol use problem in 2011. Yet only 2.3 million (or 10.8 percent of those who needed treatment) received treatment at a specialty facility – a continuing disparity. These statistics reflect a population of individuals, families and communities suffering the consequences of alcohol and substance use and addiction.

Neuroscience is clarifying the causes of alcohol and substance abuse dependency, which is considered a disease of the brain. There are many definitions for addiction. Addiction is a chronic condition that impacts every aspect of a person's life, with recovery considered a continuous pathway.

According to the American Society of Medicine, addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors.

Addiction is characterized by inability to consistently abstain, impairment in behavioral control, craving, diminished recognition of significant problems with one's behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction

often involves cycles of relapse and remission. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.

There are many public health benefits to providing alcohol and substance use treatment services. The benefits include increased quality in years of a healthy life, reducing hospital-related emergency department visits, and preventing diseases linked to drug use such as HIV/AIDS and hepatitis. Substance use is also a contributing factor to violence, domestic violence, homelessness, mental illness, and children in the custody of the child welfare system.

Intensive and early treatment using the best evidence-based practices of treatment and medication will provide the most beneficial outcomes. In terms of reduced socioeconomic costs to the nation, reduced crime, happier families, reduced mortality, less homelessness and increased employment opportunities are all achievable in an environment of treatment and recovery.

According to the CDC (2011), the annual estimated cost to society due to alcohol abuse is \$223.5 billion. In 2011, The ONDCP reported data from the National Drug Intelligence Center study which stated that the annual estimated cost to society due to illicit drug abuse is more than \$193 billion. So combined, alcohol and illicit drug abuse costs society approximately \$416.5 billion annually.

Therefore, this RFP is developed for organizations to apply to provide the much needed treatment, intervention and recovery services to address addiction as a disease and a leading public health issue in this country, and to afford Chicago residents, who lack insurance funding, the much needed care and treatment to recover from alcohol and drugs.

### **III. Eligibility Requirements for Respondents**

In order to be eligible for these funds a Respondent must meet all of the following criteria:

- Respondents must be licensed by DASA as of November 1, 2012 for the modality of service they are responding for in this proposal, or be licensed by the Illinois Department of Public Health. If there is no licensure requirement for the modality or type of service, Respondent must be able to demonstrate a minimum of two years' experience providing evidence-base services.
- DASA or IDPH license is required for Level I-IV and Recovery Homes.
- Some special initiatives may or may not require state licensure. Please consult the Illinois Department of Human Services, Division of Alcohol and Substance Abuse to see if a licensure is required.
- If applicable, the Respondent must be in good standing with the appropriate licensure agency.
- The proposed site of operation must be located in the City of Chicago.
- Respondents having delegate agency agreements with the City of Chicago must be in good standing.

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

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

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All Respondents must submit proof of insurance with completed proposal.

**IV. Bidders Conference**

A one-hour in-person Bidders Conference has been scheduled for this RFP on April 23, 2013. Attendance is limited to two representatives per Respondent. The purpose of the Bidders Conference is to provide an overview of the RFP, describe the proposal review process, and answer prospective Respondent’s questions. Organizations planning to apply for funding are strongly encouraged to attend. The Bidders Conference will be held as follows:

Location:  
 April 23, 2013  
 1:00 p.m. to 3:00 p.m.  
 CDPH Training Center  
 1642 North Besly Court  
 Chicago, IL 60642

**V. Available Funding**

A total of \$2,639,144 is available for this project using funds received through Illinois Department of Human Services, Division of Alcohol and Substance Abuse (DASA) and City of Chicago grants for substance abuse treatment and intervention services for Chicago residents for the budget period commencing June 10, 2013 through December 31, 2013 for those funded with City corporate dollars and July 1, 2013 through June 30, 2014 for those funded through State/DASA funds. Contract renewal is possible for up to 2 additional one-year periods contingent on funding availability and prior performance. The estimated contract start date is June 10, 2013.

Award amounts by category and the estimated number of contracts to be awarded are indicated below:

<b>Eligible Service Categories</b>	<b>Estimate Annual Amounts</b>	<b>Estimated Number of Awards</b>
Level I- Outpatient Services or Level I and II – Outpatient and Intensive Outpatient Services: Adult or Adolescent Male and/or Female	\$43,000-\$169,500	1-7

Level III – Residential/Inpatient Services: Adult or Adolescent Male and/or Female	\$451,000	1-2
Level IV – Detoxification: Medical and Social: Adult Male and/or Female	\$124,905	1
Recovery Homes - Adult Male and/or Female	\$37,000-\$204,000	1-7
Special Projects/Initiative	\$18,000-\$65,000	1-4
Level I and II –Outpatient and Intensive Outpatient (Methadone): Adult Male and/or Female	\$75,500-\$138,500	1-6

Respondents may submit responses for one or more categories. Respondents must submit a separate and complete proposal for each service category for which they apply.

These funds are designated to be the payer of last resort for clients. The State of Illinois, Department of Human Services, DASA rates are to be utilized as the standard. Successful Respondents may not use these funds to supplant other funding sources.

## **VI. Project Description**

According to the American Society of Addiction Medicine, treatment is the use of any planned, intentional intervention in the health, behavior, personal and/or family life of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability.

The overall goal of the project is Recovery. Recovery from alcohol and drug problems is the process through which an individual achieves abstinence and improved health, wellness and quality of life. This RFP provides funds for the following modalities:

### Level I: Outpatient Services

Level I encompass organized, non-residential services, which may be delivered in a wide variety of settings. Addiction or mental health treatment personnel provide evaluation, treatment and recovery service. Such services are provided in regularly scheduled sessions and follow a defined set of policies and procedures or medical protocols.

### Level II: Intensive Outpatient Services

Level II is an organized outpatient service that delivers treatment services during the day, before work or school, in the evening, after work or on weekends. For selected patients, such programs provide essential education and treatment components while allowing patients to apply their newly acquired skills within "real world" environments. Programs have the capacity to arrange

for medical and psychiatric consultation, psychopharmacological consultation, medication management, and 24-hour crisis services.

### Level III: Residential/Inpatient Services

Level III encompasses organized services staffed by designated addiction treatment and mental health personnel who provide a planned regimen of care in a 24-hour live-in setting. Such services adhere to defined sets of policies and procedures. They are housed in, or affiliated with, permanent facilities where patients can reside safely. They are staffed 24 hours a day. Self-help group meetings generally are available on-site.

### Level IV: 3.2D Social Setting Detoxification/3.7D Medically Managed Detoxification

Provide immediate and short-term clinical support to individuals who are withdrawing from alcohol or other drugs. Detoxification occurs in a clinically managed residential facility and is delivered by trained personnel that provide 24-hour supervision, observation, and support.

### Recovery Homes

Recovery Homes are alcohol and drug free housing components which include: peer-led groups, staff activities and/other structured operations, which are directed toward maintenance of sobriety for persons who exhibit treatment resistance, relapse potential and/or lack of suitable recovery living environments or who recently have completed substance abuse treatment services or who may be receiving such treatment services an another licensed facility. The home provides a structured alcohol and drug free environment for congregate living that shall offer regularly scheduled peer-led or community gatherings (self-help groups, etc.) that are held a minimum of five days per week and provide recovery education groups weekly.

### Special Projects/Initiative

This area is open for projects which are newly developed and may or may not be within the above modality categories. Examples of some initiatives are: Treatment Referral Telephone Line, Disabled/Handicapped challenged population in nursing home sites, treatment at off-site housing, relapse prevention, peer recovery support program, etc., that is; a new project, or an enhancement of an existing project as it relates to alcohol and substance use disorder.

### Level I-Outpatient (Methadone) and Level II- Intensive Outpatient (Methadone): Adult Male and/or Female

Level I- Outpatient (Methadone) is defined as less than 9 hours of services a week.

Level II-Intensive Outpatient (Methadone) is defined as 9 or more hours of services a week.

Methadone treatment is provided in the context of a structured treatment program, including counseling for individuals addicted to heroin or other opiates. For the most part, methadone is provided in an outpatient setting.

## **VII. Instructions for Completing a Proposal**

This section provides information on proposal requirements and submission guidelines. Each response 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 not be considered.

### **A. Intent to Apply**

All Respondents are encouraged to complete and submit the Intent to Apply Form (Appendix A) by **4:00 p.m., April 26, 2013**. This form is for informational purposes only and will not be used to determine eligibility or funding.

The form may be e-mailed, mailed, faxed or delivered to:

Kelvy Brown  
Chicago Department of Public Health  
DePaul Center  
333 South State Street – Room 200  
Chicago, IL 60604

Telephone: 312-747-2613

Fax: 312-747-9716

E-mail: [kelvy.brown@cityofchicago.org](mailto:kelvy.brown@cityofchicago.org)

### **B. Proposal Guidelines**

This section provides information on proposal requirements and submission guidelines. Page limits for each section are included. Follow these instructions and outline when preparing and submitting a proposal. Include a table of contents reflecting major categories and corresponding page numbers. Use headings and subheadings to ensure that your proposal covers all the required elements. Use the Proposal Checklist, see Appendix E, to ensure that your proposal is 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>.

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

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**Title Page** (see Appendix B)

This page must be the first page of your proposal.

**Project Abstract** (no more than 1 page)



The Project Abstract provides a brief description of the Respondent and its experience relevant to this proposal. The Project Abstract should include the following information.

- Name of organization and address(es) of all proposed service locations
- Description of the organization's history and experience
- Description of the project for which funds are being requested
- Description of the target populations
- Description of the project's measurable objectives and how the organization will assess client satisfaction with proposed services

**Organization Experience and Cultural Competence** (no more than 1 page)

Provide a narrative describing your organization's experience in providing services in the category for which funding is requested, and your organization's experiences and linkages within the targeted geographic area.

Cultural competence describes the ability of your organization and individuals to provide services to clients with diverse values, beliefs and behaviors, including tailoring service delivery to meet clients' social, cultural and linguistic needs. Cultural competence is a vehicle to increase access to quality service for all target populations, address disparities in health care, and a strategy to attract and retain clients. Address the following points to describe your organization's ability to provide culturally competent service.

- Describe the organization's involvement and relationship with its target population(s) and within its geographic area.
- Describe your organization's efforts to integrate the values, attitudes and beliefs of the target population into the services you provide.
- Describe the involvement of community members, particularly those from the proposed target population, in the governance, staffing and consumer advisory groups in your organization.
- Describe your organization's ability to meet the cultural and linguistic needs of your target population.
- Describe any innovation or successful activities your organization has undertaken in order to improve its cultural and linguistic capacity.

**Target Population(s)** (1-2 pages)

Describe your organization's experience providing services to the target population(s) and describe how you assess the needs of this population.

- Identify and describe the characteristics of the target population(s) this project will serve. At a minimum, this should include race and ethnicity, gender, sexual orientation and age.
- Describe your organization's capability to provide services for the target population(s).
- Describe how unmet needs and barriers will be addressed by the proposed project (e.g., bilingual staff, extended and weekend hours of service, child care, and transportation).

### **Description of Proposed Project** (no more than 10 pages)

- Briefly describe the geographic area to be served by the proposed project, including the Ward(s) and Community Area(s).
- Discuss how the proposed program will be linked to other programs offered by your organization.
- Describe how your organization assures the quality of its services including a continuous quality improvement plan.
- Describe how your organization assures the confidentiality of all client information and records.
- Include supporting documentation that supports the organization's programmatic and administrative abilities such as management staff resumes, certifications, licenses, in-house training, or other evidence.
- Describe how the program model will incorporate prevention techniques and practices to address the issue of violence and domestic violence.
- Describe what evidence-based practices will be utilized in your proposed program design. The websites below provide examples of different evidence-based programs and practices.

National Registry of Evidence-based Programs and Practices - [www.nrepp.samhsa.gov](http://www.nrepp.samhsa.gov) and SAMHSA: A Pocket Guide to Evidence-Based Practices - [www.samhsa.gov/ebpwebguide](http://www.samhsa.gov/ebpwebguide)

All successful Respondents will be required to submit Memorandum of Agreements signed by all parties and dated if Respondent's proposal includes the use of non-Respondent medical providers, hospitals, social service agencies, clothing centers, food pantries, or other relevant parties.

### **Program Work Plan** (1-2 pages for the narrative)

The template provided in Appendix C must be used.

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.
- Provide a timeline for activities to be completed.

### **Budget and Justification** (see Appendix D; no more than 2 pages for justification)

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

- Describe the organization’s fiscal capacity and stability to manage the proposed project.
- All contracts will be paid on a reimbursement basis. Describe your organization’s 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 itemized 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 Expenses
- Professional/Technical Services
- Materials and Supplies
- Equipment
- Transportation and Travel Expenses
- Administrative/Indirect Costs

A description of each expense category is presented below.

**Personnel Salaries:** For these costs, provide the following information: the name of the employee and job title, number of positions, monthly salary, number of pay periods, and percentage of time to be charged to this project, the amount of the CDPH 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 (TBD). Make sure to show your calculations.

**Fringe Benefits:** For these costs, provide the following information: the amount of fringe benefits requested (which should also isolate FICA and Medicare costs at 7.65%); medical insurance including dental and vision coverage, if applicable; worker's compensation and disability insurance; life insurance, if applicable; vacation time; 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).

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Note: If a fringe benefit is not listed, you cannot be reimbursed for it.

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**Operating Expenses:** Respondents must delineate expenditures for items related to any programmatic activities integral to this project (e.g., telephone, advertising, printing, duplication, equipment leasing/maintenance, dues, subscriptions, memberships, messenger services, facility maintenance, technical meeting costs and postage).

**Professional/Technical Services:** 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 subcontracted 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.

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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 and included in the Respondent's electronic Economic Disclosure Statement (EDS).

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**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 more and/or whose normal life expectancy of more than one year. Programmatic equipment that is less than \$5,000 and/or whose normal life expectancy is less than one year should be included in Materials and Supplies.

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

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Note: The purchase and use of laptop computers must follow Health Insurance Portability and Accountability Act (HIPAA) requirements.

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**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 Respondent-leased/owned vehicles. Out of town travel is not an allowable expense.

*Local Travel:* Delineate amounts for public transportation and mileage reimbursement at the current federal rate available at <http://www.gsa.gov/mileage>. Include here the expenses to operate Respondent-owned vehicles that are used in program delivery. All drivers and vehicles used for this program must have valid licenses and insurance. If an employee would like to request reimbursement for mileage, then the City of Chicago must be listed as an additional insured.

**Administrative/Indirect Costs:** Administrative/indirect costs of up to 10% of direct costs are allowable and 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. Respondents with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to sub-contract with a third-party agent.

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Note: If Respondent includes an indirect rate, Respondent must submit an approved indirect rate DHHS Division of Cost Allocation. If not, you must itemize these expenses. Please note, all indirect costs are included in the administrative cost cap.

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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.

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### **C. Proposal Checklist**

The Proposal Checklist (see Appendix E) should be used to ensure that the proposal is complete. Include the 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.

### **VIII. Submission Guidelines**

Failure to follow any of the instructions related to content, including page limitations, 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 proposals will be date and time stamped upon receipt and the receipt will be given to the person delivering the package at the time of receipt. Respondents using a messenger service to deliver their proposals should advise the messenger service of the 4:00 p.m. deadline and make sure the messenger knows to wait for a receipt.

Respondents wishing to drop off completed proposals prior to the May 17, 2013 deadline should contact Mary Johnston to arrange for a drop off time at 312-747-9823 or [mary.johnston@cityofchicago.org](mailto:mary.johnston@cityofchicago.org).

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:

Kelvy Brown  
Chicago Department of Public Health  
Telephone: 312-747-2613  
Email: [kelvy.brown@cityofchicago.org](mailto:kelvy.brown@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 Time on **May 17, 2013**. 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 least 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 or electronic submissions 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 501(c)3 tax exempt determination letter, if applicable
- Copy of Respondent’s Articles of Incorporation
- Copy of the Respondent’s most recent Financial Statement
- If Respondent received \$500,000 or more in federal funds during fiscal year, submit a copy of an audit conducted in accordance with OBM Circular A-133
- List of Board of Directors (must include place of employment for each member)
- Proof of insurance
- Respondents’ copy of State DASA license (if applicable)
- If Respondent plans to subcontract with and reimburse other organizations to provide specific services required under this RFP, then Respondent must provide a Memorandum of Agreement with each such organization. Agreements must be time-phased, project specific, and provide details of the arrangement. Documentation of these agreements should be on Respondent letterhead and signed by representatives of both organizations who are

authorized to commit their organization to provide services. These documents should specify the services(s) to be provided, the number of clients to be served, the period in which the services(s) will be provided, and, if known, the monetary value of the services.

## **IX. Evaluation of Proposals**

All proposals that are received by the deadline 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. CDPH reserves the right to waive irregularities that, within its sole discretion, CDPH 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 for Substance Abuse. 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
- Identification and description of the socio-demographic characteristics of the target population and health care services needs of the target population
- Respondent's cultural capability and linguistic capacity
- Soundness and adequacy of client program eligibility requirements
- 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

CDPH reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution of services. Qualified proposals will be scored against proposals in the same modality or type of service. If an insufficient number of qualified proposals are submitted in any particular service category, CDPH reserves the right to directly solicit and select appropriate community-based providers to fill the gaps.

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

All successful Respondents will be required to submit monthly progress reports, monthly vouchers, and participate in all City and CDPH-sponsored audits, site visits, evaluation and quality assurance activities.

## **XI. 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.

9. False Statements

(a) 1-21-010 False Statements

Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly 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)

**City of Chicago  
Request for Proposals (RFP)  
For  
Substance Abuse Treatment and Intervention Services  
RFP# DA-41-3385-04-2013-001**

**Intent to Apply Form**

Agencies interested in applying for funding under this RFP are asked to complete and submit this form **4:00 p.m., April 26, 2013**. The form may be e-mailed, mailed, faxed or delivered to:

Kelvy Brown  
Chicago Department of Public Health  
DePaul Center  
333 South State Street – Room 200  
Chicago, IL 60604

Telephone: 312-747-2613  
Fax: 312-747-9716  
E-mail: kelvy.brown@cityofchicago.org

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

Site Address: \_\_\_\_\_

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

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

Telephone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

- Applying for:
- Level I or Level I and II – Outpatient and Intensive Outpatient Services: Adult for Adolescent Male and/or Female
  - Level III – Residential/Inpatient Services: Adult or Adolescent Male and/or Female
  - Level IV – Detoxification: Medical and Social: Adult Male and/or Female
  - Recovery Homes: Adult Male and/or Female
  - Special Projects/Initiative
  - Level I and II – Basic and Intensive Outpatient (Methadone): Adult Male and/or Female

**City of Chicago  
Request for Proposals (RFP)  
For  
Substance Abuse Treatment and Intervention Services  
RFP# DA-41-3385-04-2013-001**

**Title Page**

<b>Agency Name:</b>	
<b>Agency Administrative Mailing Address:</b>	
<b>Agency Service Site Address:</b>	
<b>Agency Tax Identification Number:</b>	
<b>Service Category Applying for:</b>	<b>Total Amount Requested:</b>
<b>Executive Director:</b>	<b>President of the Board of Directors:</b>
<b>Executive Director's Phone Number:</b>	<b>Executive Director's Email Address:</b>
<b>Primary Program Contact Person:</b>	
<b>Primary Program Contact's Phone Number:</b>	<b>Primary Program Contact's Fax Number:</b>
<b>Primary Program Contact's Email Address:</b>	
<b>Fiscal Agent Name (if applicable):</b>	
<b>Fiscal Organization Mailing Address:</b>	
<b>Fiscal Agent's Phone Number:</b>	<b>Fiscal Agent's Fax Number:</b>
<b>Fiscal Agent's Email Address:</b>	
<b>Signature of the Executive Director:</b>	<b>Date:</b>

**City of Chicago  
Request for Proposals (RFP)  
For  
Substance Abuse Treatment and Intervention Services  
RFP# DA-41-3385-04-2013-001**

**Program Work Plan**

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

Agency Name																
Service Category																
<b>SCOPES OF SERVICES</b>		<b>ACTIVITIES</b>		<b>WORKPLAN</b>										<b>STAFF</b>		
<i><b>What are we going to do?</b></i>		<i><b>How are we going to do this?</b></i>		<i><b>When are we going to do this?</b></i>										<i><b>Who will do this?</b></i>		
				J	F	M	A	M	J	J	A	S	O	N	D	
Example 1: Provide 400 mental health visits to 30 clients		Establish care plans for each clients and ensure appointments are scheduled for each client		X	X	X	X	X	X	X	X	X	X	X	X	Psychologist and program director
Example 2: Submit data reports to CDPH		Send an electronic file of the required data variables		X	X	X	X	X	X	X	X	X	X	X	Program director	

**City of Chicago  
Request for Proposals (RFP)  
For  
Substance Abuse Treatment and Intervention Services  
RFP# DA-41-3385-04-2013-001  
Budget Forms**

<b>A. Agency Name:</b>	
<b>B. Program:</b>	
<b>C. Contract Number:</b>	
<b>D. Release Number:</b>	
<b>E. Vendor Code/Supplier Number:</b>	
<b>F. IRS Number:</b>	
<b>G. Funding Strip:</b>	
<b>H. Contract Period:</b>	
<b>I. Contract Amount:</b>	
<b>J. CFDA Number:</b>	

**PROJECT BUDGET SUMMARY**

Item of Expenditure	Account #	Budget (\$)
<b>Personnel</b>	<b>220005</b>	
<b>Fringe Benefits</b>	<b>220044</b>	
<b>Operating Expenses</b>	<b>220100</b>	
<b>Professional/Technical Services</b>	<b>220140</b>	
<b>Transportation and Travel Expenses</b>	<b>220200</b>	
<b>Materials and Supplies</b>	<b>220300</b>	
<b>Equipment</b>	<b>220400</b>	
<b>Administrative/Indirect Costs (up to 10%)</b>	<b>220801</b>	
<b>TOTAL</b>		

**Authorization**

**City Authorization**

\_\_\_\_\_  
Signature of Agency Official      Date

\_\_\_\_\_  
Signature of Department Official  
Date

\_\_\_\_\_  
Name & Title (Type or Print)

\_\_\_\_\_  
Name & Title (Type or Print)



**Chicago Department of Public Health  
PERSONNEL BUDGET – FORM 2**

<b>A. Agency Name:</b>	
<b>B. Program:</b>	
<b>C. Contract Number:</b>	
<b>D. Release Number:</b>	
<b>E. Vendor Code/Supplier Number:</b>	
<b>F. IRS Number:</b>	
<b>G. Funding Strip:</b>	
<b>H. Contract Period:</b>	
<b>I. Contract Amount:</b>	
<b>J. CFDA Number:</b>	

(1) Position/Title	(2) No.	(3) Yearly Rate (\$)	(4) % of Time Spent	(5) CDPH Share (\$)	Brief Summary of Job Responsibilities
<b>(9) Totals</b>					<b>Must Match Budget Summary-Form 1, Acct#220005</b>

Type of Fringe Benefit	CDPH Share(\$)	Please show Calculations below.
<b>(10) FICA and Medicare</b>		
<b>(11) State Unemployment Insurance</b>		
<b>(12) State Workers Compensations</b>		
<b>(13) Other (please list)</b>		
<b>(14) Other (please list)</b>		
<b>(15) TOTAL FRINGE BENEFITS (Add lines 10-14)</b>		
<b>TOTAL PERSONNEL AND FRINGE COSTS (LINE 9 PLUS LINE 15)</b>		<b>Must Match Budget Summary-Form 1, Acct# 220044</b>

**Chicago Department of Public Health  
NON-PERSONNEL BUDGET – FORM 3**

<b>A. Agency Name:</b>	
<b>B. Program:</b>	
<b>C. Contract Number:</b>	
<b>D. Release Number:</b>	
<b>E. Vendor Code/Supplier Number:</b>	
<b>F. IRS Number:</b>	
<b>G. Funding Strip:</b>	
<b>H. Contract Period:</b>	
<b>I. Contract Amount:</b>	
<b>J. CFDA Number:</b>	

Item of Expenditure	Account #	CDPH Share Of Cost (\$)	Description & Justification
Operating Expenses	220100		
Professional/ Technical Services	220140		
Transportation and Travel Expenses	220200		
Materials and Supplies	220300		
Equipment	220400		
Administrative/Indirect Costs (10%)	220801		
<b>TOTAL NON-PERSONNEL COSTS</b>			<b>Total of this page</b>
<b>TOTAL PERSONNEL AND FRINGE COSTS</b>			<b>From previous page</b>
<b>TOTAL BUDGET</b>			

**City of Chicago  
Request for Proposals (RFP)  
For  
Substance Abuse Treatment and Intervention Services  
RFP# DA-41-3385-04-2013-001**

**Proposal Checklist**

The proposal checklist should be used to ensure that the 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 (see Appendix B)
- Proposal Checklist
- Table of Contents

Project Narrative includes the following sections:

- Project Abstract ( no more than 1 page)
- Organization Experience and Cultural Competence (no more than 1 page)
- Target Population (1-2 pages)
- Description of Proposed Project (no more than 10 pages)
- Program Work Plan (1-2 pages)
- Budget and Justification (2 page limit for justification)
- Budget Forms

Required Documentation

- Internal Revenue Service 501(c)3 tax exempt determination letter (if applicable)
- Copy of Respondent's Articles of Incorporation
- Copy of the most recent Financial Statement
- If Respondent received \$500,000 or more in federal funds during fiscal year, submit a copy of an audit conducted in accordance with OBM Circular A-133
- Board of Directors List (Must include place of employment for each member)
- Proof of insurance
- Respondents' copy of State DASA license (if applicable)
- Copy of completed City of Chicago Economic Disclosure Statement
- Memoranda of Agreement (**for proposals involving subcontractors**)
- One (1) original, five (5) complete copies and one (1) electronic copy of the proposal are submitted

**City of Chicago  
Request for Proposals (RFP)  
For  
Substance Abuse Treatment and Intervention Services  
RFP# DA-41-3385-04-2013-001**

**Insurance Requirements**

The Provider must provide and maintain at Provider's own expense, during the term of the Agreement and any time period following expiration if Provider is required to return and perform any of the Services or Additional Services under this Agreement, the insurance coverage and requirements specified below, insuring all operations related to the Agreement.

**A. INSURANCE TO BE PROVIDED**

1) Workers Compensation and Employers Liability

Workers Compensation Insurance, 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 \$500,000 each accident, illness or disease.

2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than \$5,000,000 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.

Contractors or Subcontractors performing work or Services for the Provider must maintain limits of not less than \$1,000,000 with the same terms herein.

3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with Services to be performed, Provider must provide Automobile Liability Insurance with limits of not less than \$1,000,000 per occurrence for bodily injury and property damage. The City of Chicago is to be named as an additional insured on a primary, non-contributory basis.

4) Professional Liability

When any mental health professionals/consultants, caregivers, counselors, case managers, medication management professionals, program management professionals or any other consultants perform Services in connection with the Agreement, Professional Liability Insurance covering acts, errors or omissions must be maintained with limits of not less than \$5,000,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede commencement of Services by the Provider under this Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

Contractors and Subcontractors performing professional services for the Provider must maintain limits of not less than \$1,000,000 with the same terms herein.

5) Property – (If applicable)

All Risk Commercial Property Insurance must be maintained by the Provider to insure against loss or damage to building(s), equipment, materials and contents related the Provider's leased or owned property site(s) that are part of the Agreement. Coverage extensions may include Valuable Papers. (See Below)\*

6) Valuable Papers\*

When any charts, media, data, records, reports, files, data and any other documents are produced or used under this Agreement, Valuable Papers Insurance must be maintained in an amount to insure against any loss whatsoever, and must have limits sufficient to pay for the re-creation and reconstruction of such records.

The Provider is responsible for all loss or damage to personal property (including materials, equipment, tools and supplies) owned, rented or used by Provider.

**B. ADDITIONAL REQUIREMENTS**

Provider must furnish the City of Chicago, Department of Procurement Services, City Hall, Room 806, 121 North LaSalle Street, Chicago IL 60602 and Chicago Department of Public Health, Room 200, 333 South State Street, Chicago, IL 60604, original Certificates of Insurance, or such similar evidence, to be in force on the date of this Agreement, and Renewal Certificates of Insurance, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. Provider must submit evidence of insurance on the City of Chicago Insurance Certificate Form (see attached sample) or equivalent prior to execution of Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in the Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all requirements of Agreement. The failure of the City to obtain certificates or other insurance evidence from Provider is not a waiver by the City of any requirements for the Provider to obtain and maintain the specified coverages. Provider must advise all insurers of the Agreement provisions regarding insurance. Non-

conforming insurance does not relieve Provider of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of the Agreement, and the City retains the right to suspend this Agreement until proper evidence of insurance is provided, or the Agreement may be terminated.

The Provider must provide for 60 days prior written notice to be given to the City in the event coverage is substantially changed, canceled or non-renewed.

Any deductibles or self-insured retentions on referenced insurance coverages must be borne by Provider.

Provider 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 Provider in no way limit the Provider's liabilities and responsibilities specified within the Agreement or by law.

Any insurance or self-insurance programs maintained by the City of Chicago do not contribute with insurance provided by Provider 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 Provider is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured.

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

If Provider or Subcontractor desire additional coverages, the party desiring the additional coverages is responsible for the acquisition and cost.

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

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/Illinois 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, #463</b>	Telephone
<b>Chicago, IL 60602</b>	

FOR CITY USE ONLY:

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