City of Chicago
Request for Proposals (RFP)
For
Implementing Quality Improvement Initiatives and Electronic Health Record Systems to Improve Adolescent Immunization
RFP #DA-41-3375-01-2013-003

Key Dates

<table>
<thead>
<tr>
<th>Event</th>
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<tbody>
<tr>
<td>Release Date</td>
<td>Wednesday, January 16, 2013</td>
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<tr>
<td>Bidders Conference</td>
<td>Friday, January 25, 2013</td>
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<tr>
<td>Letter of Intent Due</td>
<td>Monday, January 28, 2013</td>
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<tr>
<td>Proposal Due</td>
<td>Wednesday, February 6, 2013</td>
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<tr>
<td>Contract Start Date</td>
<td>Friday, March 1, 2013</td>
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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
Wednesday, February 6, 2013

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

Rahm Emanuel
Mayor

Bechara Choucair, M.D.
Commissioner
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I. Purpose  
The purpose of this Request for Proposal (RFP) is to assist the Chicago Department of Public Health (CDPH) Immunization Program to transition into a health care environment that is consistent with the requirements outlined the Affordable Care Act (ACA). CDPH is releasing this RFP for Federally Qualified Health Centers (FQHCs) to improve adolescent vaccination levels through quality improvement initiatives including but not limited to modification of their Electronic Health Record systems (EHRs) to produce reports summarizing adolescent immunization coverage levels, and to implement standing orders, patient reminders, providers reminders or other strategies that have been effective in increasing adolescent immunization coverage levels (http://www.thecommunityguide.org/vaccines/vpd-ajpm-recs.pdf).  

II. Background  
The mission of the CDPH Immunization Program is to work in partnership with the community to use the best public health practices for the prevention of unnecessary morbidity and associated mortality attributed to vaccine-preventable diseases (VPDs). The CDPH Immunization Program has a history of working with a wide variety of community partners to enhance immunization coverage through immunization delivery services, public and health care professional education, and community outreach.  

While immunizations have been a long established component of routine infant and preschool-aged child health care, delivery systems for adolescent vaccines are less well established. In 2011, just over half of girls 13 through 17 years of age had received 1 dose of the human papillomavirus (HPV) vaccine. In addition, racial and ethnic disparities exist for human papillomavirus vaccine coverage. Among females who initiated the HPV vaccine series, non-Hispanic white females (74.8%; CI = 72.3 - 77.3) had higher 3 dose completion levels than non-Hispanic black females (60.8%; CI = 54.1 - 67.5). The CDPH Immunization Program is committed to working with FQHCs to refine and implement methods to improve vaccine coverage among adolescents in Chicago.  

Several studies have identified effective strategies for improving adolescent immunization coverage levels (http://www.thecommunityguide.org/vaccines/vpd-ajpm-recs.pdf). These funds will support quality improvement initiatives that incorporate modification of EHRs with these evidence-based strategies.
III. Eligibility Requirements for Respondents

Federally Qualified Health Centers (FQHCs) or lead agencies for FQHC networks providing primary care services within the City of Chicago may apply for these funds. Respondents must have fully implemented their electronic health record system (EHRs) for a minimum of one (1) year.

The successful Respondents will be required to participate in evaluation and quality assurance activities coordinated by the CDPH Immunization Program. All successful Respondents must use a documented cost allocation methodology, approved by the agency’s accounting firm, for all shared costs including space/rent, utilities, telephones and general office supplies.

All Respondents must complete the City’s electronic Economic Disclosure Statement and Affidavit www.cityofchicago.org in the search button type in Economic Disclosure.

All Respondents must submit proof of insurance with completed proposal.

An “Intent to Apply” form (see Appendix A) or a reasonable facsimile that includes all information.

IV. Bidders Conference

A one-hour long 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 as follows:

**Location:**
Friday, January 25, 2013
9:00 a.m. – 10:00 a.m.
Department of Public Health
Westside Center for Disease Control
Large Conference Room
2160 West Ogden Avenue
Chicago, IL 60612

V. Available Funding

A total of $457,028 is available for this project using funds received through a cooperative agreement between the Centers for Disease Control and Prevention (CDC) and the City funds for the budget period beginning March 1, 2013 through February 28, 2014 to support the quality improvement initiatives that incorporate electronic health record modifications intended to improve the delivery of adolescent immunization services. Between three (3) and seven (7) contracts will be awarded with awards ranging from a minimum of $50,000 to a maximum of
$150,000 to FQHCs providing healthcare to adolescent patients residing in Chicago. Contract renewal is possible for up to two additional years contingent on funding availability and prior performance.

VI. Project Description

Proposals must address all of the following elements:

- Number of adolescent patients (10-18 years of age) that received care in 2011 (or most recent data available).
- Racial/ethnic distribution of adolescent patients in 2011 (or most recent data available).
- Geographic distribution of clinic sites (see Appendix C – Current Administrative and Service Sites).
- Description of the agency’s implementation plan of their electronic health record system including the name of the system, how long the system has been in use, and staff workflow.
- Agency’s experience using the electronic health record system to summarize public health-related information (e.g., influenza like illness surveillance data, immunization coverage data).
- Agency’s prior experience working with CDPH to develop EHR decision support rules for standing orders, opt out orders or reminders for adult immunizations.
- Agency’s ability to use EHR data to perform an initial baseline assessment of adolescent vaccine (i.e., MMR, Varicella, hepatitis B, Tdap, influenza, meningococcal conjugate, human papillomavirus) coverage levels, followed by measurement of change in vaccine coverage levels. The assessments must include vaccination rates by age and racial/ethnic group to assess disparities in vaccination rates and any improvements made.
- Clinic – level MMR, Varicella, hepatitis B, Tdap, influenza, meningococcal conjugate, human papillomavirus vaccine coverage levels among adolescent patients (10-18 years of age), if available.
- Agency’s experience developing an interface between the EHR and the Illinois immunization registry, the Illinois Comprehensive Automated Immunization Registry Exchange (I-CARE).
- Implementation plan including organizational chart, staffing plan and timeline for completion.
- Submission of monthly reports, due 15 days after the end of the preceding month. The report should contain data and updates on progress in achieving stated outcomes, status on implemented activities and future activities.
- Hiring and training adequate staff to meet program goals.

VII. Instruction for Completing a Proposal

This section provides information on proposal requirements and submission guidelines. Only documents requested in this RFP or directly related to the RFP should be submitted. Any unsolicited material submitted with the proposal will not be considered.
A. Intent to Apply

All Respondents are required to complete and submit the Intent to Apply Form (Appendix A) by 4:00 p.m., Monday, January 28, 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:

Maribel Chavez-Torres  
Chicago Department of Public Health  
Westside Center for Disease Control  
2160 West Ogden Avenue  
Chicago, IL 60612

Telephone: 312-746-6120  
Fax: 312-746-6388  
E-mail: maribel.chavez-torres@cityofchicago.org

B. Proposal Guidelines

**Title Page** (see Appendix B)

This page must be the first page of your proposal.

**Project Abstract** (No more than one page)

The Project Abstract provides a brief description of your agency 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  
Total amount requested for project

**Organization Experience** (No more than one page)

Provide a narrative describing your agency’s experience in implementing quality improvement initiatives that utilize your EHR.

- Briefly describe the EHR System used by your agency including at least one example of a clinical decision support rule that was developed and implemented in your agency’s system.
• Provide an example of a quality improvement initiative that incorporated the implementation of a clinical decision support rule in your agency’s EHR. Please describe measures that were tracked and changes in the measures that resulted from the clinical decision support rule.
• Briefly describe the geographic area(s) to be served by the proposed project and complete Appendix C – Current Administrative and Service Sites.
• Include supporting documentation that supports your programmatic and information technology abilities such as staff resumes, certifications, licenses, in-house training, or other evidence.

**Target Population(s)** (No more than one page)

Describe your experience providing immunization services to adolescents.

• Identify and describe the characteristics of the target population(s) that the quality improvement initiative and EHR modifications will affect.
• Describe the number of adolescent patients, the racial/ethnic distribution and age distribution of patients potentially affected by your proposed EHR modifications.

**Cultural and Linguistic Capacity** (No more than 1 page)

• Describe your agency’s ability to meet the cultural and linguistic needs of your patient population.
• Describe any innovative or successful activities your organization has undertaken in order to improve its cultural and linguistic capacity.

**Program Work Plan** (No more than 5 pages)

The template provided in Appendix F may be used. However, use of the template is not required but should discuss the elements in the appendix.

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 specific quality improvement activities that will be initiated to improve adolescent immunization coverage levels.
• Identify specific modifications that will be made to the EHR (e.g., algorithms for determining coverage levels, standing orders, patient reminders, provider reminders, etc.) 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 E)

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

- Describe your agency’s fiscal capacity and stability to manage the proposed project.
- All contracts will be paid on a reimbursement basis. Describe your agency’s 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.
- Grant funds can be used to support personnel and non-personnel costs associated with the quality improvement initiative including modification of electronic health record systems (EHR) to improve adolescent immunization coverage levels. Agencies may also use funds to support personnel and non-personnel costs associated with the development of non-EHR (e.g., reminder cards, reminder phone calls) as long as they are complementary to the EHRs that are developed.
- Grant funds cannot be used to purchase vaccines.

Budget Category Descriptions and Examples (A description of each expense category is presented below.)

Personnel: For these costs, provide the following information: the name of the employee and job title, number of positions, monthly salary, number of pay periods, percentage of time to be charged to this project, and 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). In the summary section, make sure to show your calculations, indicate if staff is paid weekly, biweekly, monthly.

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).

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

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.

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.

**Transportation and Travel Expenses:** Funding for transportation should be requested only as appropriate for program needs. Program-specific transportation expenses may include travel vouchers, or expenses incurred in operating organization-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](http://www.gsa.gov/mileage). Include here the expenses to operate agency-owned vehicles that are used in program delivery. All drivers and vehicles used for this program must have valid licenses and insurance. If an employee would like to request reimbursement for mileage, then the City of Chicago must be listed as an additional insured.

**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

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

**Administrative/Indirect Costs:** Administrative/indirect costs up to 10% of direct costs 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.

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.

**VIII. Proposal Checklist**

The Proposal Checklist (see Appendix D) 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.
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 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 pm deadline and make sure the messenger knows to wait for a receipt.

Respondents wishing to drop off completed proposals prior to the deadline of Wednesday, February 6, 2013 should contact Maribel Chavez-Torres to arrange for a drop off time. Contact information is (312) 746-6120.

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:

Maribel Chavez-Torres  
Chicago Department of Public Health  
Telephone: 312-746-6120  
Email: maribel.chavez-torres@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 Wednesday, February 6, 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 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)
B. Required Documentation

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

- FQHC agency determination letters, if applicable or letters of support from the participating FQHCs and copies of the FQHCs’ agency determination letters if Respondent is a lead agency for several FQHCs
- 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 OMB Circular A-133.
- Copy of the completed City of Chicago Economic Disclosure Statement.
- List of Board of Directors (must include place of employment for each).
- Proof of insurance.

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. CDPH reserves the right to waive irregularities that, within its sole discretion the 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 Medical Director and Immunization Program Director. 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

- Federally Qualified Health Center status
- Number of adolescent patients receiving care from clinic(s)
- Geographic distribution of health centers (Appendix C – Current Administrative and Service Sites)
- Racial and ethnic distribution of patient population
- Number of years of experience with a fully implemented Electronic Health Record system (EHR)
- Experience with implementing quality improvement initiatives
- Experience using EHR to develop clinical decision support rules
- Experience exporting data from EHR for reporting and evaluation purposes
- Experience transferring data to the Illinois immunization registry (I-CARE)
- Clinic level adolescent immunization coverage levels for MMR, Varicella, hepatitis B, Tdap, influenza, meningococcal conjugate, human papillomavirus vaccine (if available)
- Implementation plan including organizational chart, work plan and timeline for completion
- Cost proposal

XI. Reporting and Other Requirements for Successful Respondents

All successful Respondents will be required to submit monthly program reports, monthly vouchers and participate in all CDPH-sponsored site visits, evaluations 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.

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

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

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

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

(c) 1-21-030 Enforcement.

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

City of Chicago
Request for Proposal (RFP) for
Implementing Quality Improvement Initiatives and Electronic Health Record Systems to
Improve Adolescent Immunization
Intent to Apply Form
RFP #DA-41-3375-01-2013-003

Agencies interested in applying for funding under this RFP are asked to complete and submit this form 4:00 p.m., Monday, January 28, 2013. The form may be e-mailed, mailed, faxed or delivered to:

Maribel Chavez-Torres
Chicago Department of Public Health
Westside Center for Disease Control
2160 West Ogden Avenue
Chicago, IL 60612

Telephone: 312-746-6120
Fax: 312-746-6388
E-mail: maribel.chavez-torres@cityofchicago.org

Agency Name: ____________________________________________
Site Address: ____________________________________________
Executive Director: _______________________________________
Contact Person: __________________________________________
Telephone Number: _______________________________________ 
Fax Number: _____________________________________________ 
Email Address: ___________________________________________ 

City of Chicago  
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RFP #DA-41-3375-01-2013-003

| Organization Name: |  
| Mailing Address: |  
| Service Site Address: |  
| Tax Identification Number: | DUNS Number: (if applicable) |  
| President of the Board of Directors: | Total Amount Requested: |  
| Executive Director: |  
| Executive Director’s Phone Number: | Executive Director’s Email Address: |  
| Primary Contact Person: |  
| Primary Contact’s Phone Number: | Primary Contact’s Fax Number: |  
| Primary Contact’s Email Address: |  
| Fiscal Agent Name (if applicable): |  
| Fiscal Organization Mailing Address: |  
| Fiscal Agent’s Phone Number: | Fiscal Agent’s Fax Number: |  
| Fiscal Agent’s Email Address: |  
| Signature of the Executive Director: | Date: |
Appendix C
Current Administrative and Service Site(s)

City of Chicago
Request for Proposal (RFP) for
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RFP #DA-41-3375-01-2013-003

In this table, please provide information about the current administrative and service sites of the organization. Delineate the services provided at each site. Copy and use additional pages if necessary.

<table>
<thead>
<tr>
<th>Name of Site (indicate if it is an Administrative Office)</th>
<th>Location (neighborhood/city name and street address)</th>
<th>Zip code</th>
<th>List service(s) provided at this site</th>
<th>Indicate if the site will provide the service proposed in this proposal (yes or no)</th>
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</tbody>
</table>

If the organization has mobile unit(s), list mobile unit(s) and the neighborhoods/areas they primarily serve below,

<table>
<thead>
<tr>
<th>Name of Site (indicate if it is an Administrative Office)</th>
<th>Location (neighborhood/city name and street address)</th>
<th>Zip code</th>
<th>List service(s) provided at this site</th>
<th>Indicate if the site will provide the service proposed in this proposal (yes or no)</th>
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Appendix D
Proposal Checklist

City of Chicago
Request for Proposal (RFP) for
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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 incomplete and will not be reviewed.

☐ Title Page (using Appendix A)
☐ Proposal Checklist
☐ Table of Contents

Proposal Narrative
☐ Project Abstract (No more than one page)
☐ Organization Experience (No more than one page)
☐ Target Population (No more than one page)
☐ Geographic Distribution of clinic sites (No more than one page)
☐ Cultural and Linguistic Capacity (No more than one page)
☐ Program Work Plan (No more than 5 pages)
☐ Budget Justification
☐ Budget (using Appendix E)

Required Documentation
☐ FQHC determination letter, if applicable or letters of support from participating FQHCs
and copies of the FQHCs’ determination letters if Respondent is lead agency for several
FQHCs.
☐ Copy of Articles of Incorporation
☐ Copy of the most recent Financial Statement
☐ OBM Circular A-133 Audit if Respondent received $500,000 or more in federal funds
during fiscal year
☐ Copy of the completed City of Chicago Economic Disclosure Statement
☐ Proof of insurance
☐ List of Board of Directors (must include place of employment), if applicable

One (1) original, five (5) complete copies and one (1) electronic copy of the proposal are
submitted
Appendix E  
Budget Forms Template 

Chicago Department of Public Health 
BUDGET SUMMARY – FORM 1 

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

### PROJECT BUDGET SUMMARY 

<table>
<thead>
<tr>
<th>Item of Expenditure</th>
<th>Account #</th>
<th>Budget ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Personnel</td>
<td>220005</td>
<td></td>
</tr>
<tr>
<td>Fringe Benefits</td>
<td>220044</td>
<td></td>
</tr>
<tr>
<td>Operating Expenses</td>
<td>220100</td>
<td></td>
</tr>
<tr>
<td>Professional/Technical Services</td>
<td>220140</td>
<td></td>
</tr>
<tr>
<td>Transportation and Travel Expenses</td>
<td>220200</td>
<td></td>
</tr>
<tr>
<td>Materials and Supplies</td>
<td>220300</td>
<td></td>
</tr>
<tr>
<td>Equipment</td>
<td>220400</td>
<td></td>
</tr>
<tr>
<td>Administrative /Indirect Costs (10%)</td>
<td>220801</td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Authorization</th>
<th>City Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature of Agency Official</td>
<td>Signature of Department Official</td>
</tr>
<tr>
<td>Date</td>
<td>Date</td>
</tr>
<tr>
<td>Name &amp; Title (Type or Print)</td>
<td>Name &amp; Title (Type or Print)</td>
</tr>
</tbody>
</table>
Chicago Department of Public Health  
PERSONNEL BUDGET – FORM 2

A. Agency Name:  

B. Program:  

C. Contract Number:  

D. Release Number:  

E. Vendor Code/Supplier Number:  

F. IRS Number:  

G. Funding Strip:  

H. Contract Period:  

I. Contract Amount:  

J. CFDA Number:  

<table>
<thead>
<tr>
<th>(1) Position/Title</th>
<th>(2) No.</th>
<th>(3) Yearly Rate ($)</th>
<th>(4) % of Time Spent</th>
<th>(5) CDPH Share ($)</th>
<th>Brief Summary of Job Responsibilities</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

(9) Totals

<table>
<thead>
<tr>
<th>Type of Fringe Benefit</th>
<th>CDPH Share($)</th>
<th>Please show Calculations below.</th>
</tr>
</thead>
<tbody>
<tr>
<td>(10) FICA and Medicare</td>
<td></td>
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<td>(11) State Unemployment Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(12) State Workers Compensations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(13) Other (please list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(14) Other (please list)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(15) TOTAL FRINGE BENEFITS (Add lines 10-14)</td>
<td></td>
<td>Must Match Budget Summary-Form 1, Acct#220044</td>
</tr>
</tbody>
</table>

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

Must Match Budget Summary-Form 1, Acct#220005
Chicago Department of Public Health  
NON-PERSONNEL BUDGET – FORM 3

<table>
<thead>
<tr>
<th>Item of Expenditure</th>
<th>Account #</th>
<th>CDPH Share Of Cost ($)</th>
<th>Description &amp; Justification</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operating Expenses</td>
<td>220100</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional / Technical Services</td>
<td>220140</td>
<td></td>
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<tr>
<td>Transportation and Travel Expenses</td>
<td>220200</td>
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<td>220300</td>
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<tr>
<td>Administrative / Indirect Costs (10%)</td>
<td>220801</td>
<td></td>
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</tr>
</tbody>
</table>

**TOTAL NON-PERSONNEL COSTS**  
Total of this page

**TOTAL PERSONNEL AND FRINGE COSTS**  
From previous page

**TOTAL BUDGET**  

Appendix F
Program Work Plan

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

<table>
<thead>
<tr>
<th>SCOPES OF SERVICES</th>
<th>RESOURCES</th>
<th>ACTIVITIES</th>
<th>TIMELINE</th>
</tr>
</thead>
<tbody>
<tr>
<td>What are we going to do?</td>
<td>Who will do this?</td>
<td>How are we going to do this?</td>
<td>Include start and end dates, specified to the day and month. Year is assumed to be 2013, unless otherwise specified.</td>
</tr>
<tr>
<td>Example 1: Submit data reports to CDPH.</td>
<td>Project Director</td>
<td>Send electronic file of the required data variables.</td>
<td>Beginning July 15th, and the 15th day of each subsequent month until the end of the contract term, data for the preceding month will be forwarded to CDPH.</td>
</tr>
</tbody>
</table>