City of Chicago
Department of Public Health
Request for Proposals (RFP) for
PrEP and Data to Care
RFP # DA-41-3350-11-2014-003

Key Dates

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Release date</td>
<td>March 22nd 2016</td>
</tr>
<tr>
<td>Pre-Proposal Conference</td>
<td>April 1st, 2016</td>
</tr>
<tr>
<td>Application due</td>
<td>May 2nd, 2016</td>
</tr>
<tr>
<td>Contract start date</td>
<td>June 1st, 2016</td>
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http://www.cybergrants.com/pls/cybergrants/ao_login.login?x_gm_id=5130&x_proposal_type_id=41286

PROPOSALS MUST BE RECEIVED NO LATER THAN 12:00 P.M. CENTRAL TIME ON
Monday, May 2nd 2016

NO PROPOSALS WILL BE ACCEPTED FOR ANY REASON AFTER THIS DEADLINE. ALL PROPOSALS MUST BE SUBMITTED THROUGH CYBERGRANTS

City of Chicago
Department of Public Health
STI/HIV Division

Rahm Emanuel
Mayor

Julie Morita, M.D.
Commissioner
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Department of Public Health, HIV/STI Bureau

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I. Funding Opportunity Description

The Chicago Department of Public Health (CDPH), HIV/STI Bureau’s mission is to work in partnership with the community to use the best public health practices for the prevention and treatment of HIV and sexually transmitted infections (STIs) and to promote the highest quality services for the health and wellbeing of those living with and impacted by HIV and STIs.

This Request for Proposals (RFP) seeks non-profit organizations to provide HIV prevention services in the City of Chicago, specifically prevention services involving Pre-Exposure Prophylaxis (PrEP) support and Data to Care services for HIV-positive individuals who have fallen out of care. Funding for this initiative comes from the Centers for Disease Control and Prevention (CDC). This RFP is aligned with CDC’s Cooperative Agreement for HIV Prevention Projects (PS15-1506) and the National HIV/AIDS Strategy (NHAS), which are focused on reducing new HIV infections, increasing access to care, improving health outcomes for people living with HIV, and promoting health equity. These goals are to be achieved by increasing access to PrEP, re-engaging HIV-positive persons in medical care and other essential services, and increasing program monitoring and accountability.

To advance the goals of NHAS (https://www.aids.gov/federal-resources/national-hiv-aids-strategy/nhas-update.pdf), CDC pursues a High-Impact Prevention approach (http://www.cdc.gov/hiv/policies/hip.html) to maximize the impact of prevention efforts for individuals most at risk for HIV infection, including gay and bisexual men, members of communities of color, and transgender individuals. This RFP will fund projects that are consistent with CDC’s HIV prevention priorities, which emphasize the use of proven public health approaches to reduce the incidence and transmission of HIV.

This RFP also aligns with the Chicago-Area HIV Integrated Services Council (CAHISC) Chicago-Area Unified HIV Plan for HIV Prevention, Care, Housing and Essential Services for 2014 to 2016 (http://www.cahisc.org/_literature_125681/2014_CAHISC_Unified_Plan). The Unified Plan is the first plan developed for the Chicago area that integrates HIV prevention, care, housing and HIV-related support services. The Unified Plan describes an ideal continuum of care and provides direction for development and implementation of an integrated approach to HIV prevention and care. The Plan makes a variety of recommendations for HIV prevention and early identification services, two of which have been incorporated into this RFP: expanding the availability of PrEP and emphasizing collaboration and coordination.
This RFP is also aligned with Healthy Chicago 2.0, as PrEP and HIV treatment as prevention are key strategies for combating infectious disease.

II. Background – Chicago Epidemiological Overview

Demographics of the Chicago Eligible Metropolitan Area

The impact of HIV on Chicago residents can be described at three levels of morbidity: prevalent disease (people living with HIV), new annual HIV diagnoses and new annual AIDS diagnoses (late stage HIV disease). As of December 31, 2013, there were 22,875 people living with HIV infection in Chicago. Among people living with HIV, the highest morbidity was found among those who identify as male (69.5%), MSM (60.5%) and persons 30 years of age or older (87.1%). In 2014, the most recent year for which data are available, 973 new cases of HIV were diagnosed. Like prevalent cases, newly diagnosed cases were highest among those who identify as male (83.2%), gay and bisexual men (78.3%) and persons 20 to 29 years of age or older (41%). In 2014, the most recent year for which data are available, 412 AIDS (late stage HIV disease) cases were diagnosed. Similarly, new AIDS diagnoses were comprised primarily of males (76.0%), gay and bisexual men (62.6%) and persons 30-49 years of age (51.4%).

Racial/ethnic health disparities in Chicago continue and mirror disparities observed across the nation. Non-Hispanic (NH) Blacks are affected by HIV more than any other racial/ethnic group, as evidenced by the fact that they account for nearly a third of Chicago’s population, yet represented over 50% of prevalent cases, new HIV diagnoses and new AIDS diagnoses. In 2014, rates of new HIV diagnoses among NH Blacks were 57.6 per 100,000, more than double that of both Hispanics (27.6 per 100,000) and NH Whites (24.6 per 100,000). The overall number of reported HIV cases among NH Blacks (n = 516) is more than twice that of NH White (n = 210) and Hispanics (n = 211), despite similar population distribution across these groups. Though trends differ among sub-populations, the overall five-year trend suggests the number of new HIV diagnoses has been relatively stable from 2010-2014, with the exception of diagnoses among gay and bisexual men. Gay and bisexual men experienced an estimated average annual increase of 3.1% in HIV infection diagnoses since 2010.

Geographic distribution of new HIV diagnoses indicates areas where prevention services are most needed. The two community areas with the highest average HIV diagnosis rates from 2013 to 2014 were Uptown (110.0 per 100,000) and West Garfield Park (97.2 per 100,000). The community areas with the highest HIV prevalence rates in 2013 were Uptown (2,223.1 per 100,000) and Edgewater (2,162.0 per 100,000).


III. Incorporation of Strategies to Eliminate Health Inequities

Understanding Health Disparities, Health Inequities, Social Determinants of Health and Health Equity: Certain groups in Chicago face significant barriers to achieving the best health possible. These groups include Chicago’s poorest residents, racial and ethnic minorities and those marginalized based on sexual behavior, sexual identity, gender identity, disability status or a combination of these characteristics. Health disparities occur when these groups experience more disease, death or disability beyond what would normally be expected. Health disparities are often characterized by such measures as disproportionate incidence, prevalence and/or mortality rates of diseases or health conditions. Health is largely determined by where people live, work and play. Those most impacted by health disparities also tend to have less access to resources like healthy food, good housing, good education, safe neighborhoods and freedom from racism and other forms of discrimination. These are referred to as social determinants of health. Social determinants are the root causes of health disparities. The systematic and unjust distribution of social determinants resulting in negative health outcomes is referred to as health inequities. As long as health inequities persist, those aforementioned groups will not achieve their best possible health. The ability of marginalized groups to achieve optimal health (like those with access to positive social determinants) is referred to as health equity. Public health programs that incorporate social determinants into the planning and implementation of interventions can greatly contribute to the elimination of health inequities.
CDPH is committed to the elimination of health inequities. Many groups impacted by HIV and STIs do not have the same opportunities as other groups to be healthy. To this end, CDPH will require Respondents to address the following in applications for funding:

- Explain the extent to which health disparities and/or health inequities are manifested within the problem addressed by this funding opportunity. This includes the identification of specific group(s) which experience(s) a disproportionate burden of the impact of HIV within the City of Chicago, as supported by data.
- Explain how specific social and environmental conditions (social determinants of health http://www.who.int/social_determinants/en/) put groups who are disadvantaged at increased risk for health inequities, and
- Explain how proposed program interventions will help promote health equity.

IV. Eligibility and Post-Award Reporting for Respondents
In order to be eligible for these funds, a respondent must meet all the following criteria:

- Be a not-for-profit organization with a 501(c)3 status.
- Be located in the City of Chicago.
- Have the administrative, organizational, programmatic, information technology and fiscal capability to plan, develop, implement and evaluate the proposed project. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs are encouraged to use a third-party fiscal agent that will sub-contract with them to provide administrative services.

Respondents must be able to track and report client level demographic, risk behavior and various service data. All providers must comply with CDPH’s data collection requirements. Failure to comply with data requirements can result in the termination of an agency’s contract. Providers must ensure that project data are collected and shared only in a secure environment in compliance with the agreement and any applicable rules and regulations, including, but not limited to: the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH) and the Illinois AIDS Confidentiality Act. HIPAA Business Associate Agreements will be established and authorizations for the release of information shall be obtained.

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

In-person Pre-Proposal Conference - April 1st, 2016
1642 N. Besly Court, Room C
1:00 p.m.-4 p.m.

Please RSVP to Evelyn Green at evelyn.green@cityofchicago.org.

VI. Available Funding
An estimated $1.6 million is anticipated to be available annually through this RFP using City of Chicago funding and funds received through a cooperative agreement between CDPH and CDC (PS15-1506 Health Department Demonstration Projects to Reduce HIV Infections and Improve Engagement in HIV Medical Care among Men Who Have Sex with Men and Transgender Persons). Awards will begin on May 2, 2016. The initial term of the contract is from May 2, 2016 through September 29th, 2018, with up to two extensions, each not to exceed one year, at the discretion of the City based on the availability of funds, the need to extend services and the Respondent’s performance.

VII. Eligible HIV Prevention Program Activities and Priorities
CDPH is funding four categories of services under this RFP. Respondents applying for more than one category must submit a separate and complete proposal for each category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Estimated Amount of Funding Annually</th>
<th>Estimated Number of Awards</th>
<th>Estimated Award Size (Annual)</th>
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<tbody>
<tr>
<td>Category A - PrEP Implementation</td>
<td>$1,073,500</td>
<td>5-6</td>
<td>$178,917-$214,700</td>
</tr>
<tr>
<td>Category B - Data To Care</td>
<td>$281,000</td>
<td>4</td>
<td>$70,250</td>
</tr>
<tr>
<td>Category C - Evaluation</td>
<td>$150,000</td>
<td>1</td>
<td>$150,000</td>
</tr>
<tr>
<td>Category D - Predictive Analytics</td>
<td>$50,500</td>
<td>1</td>
<td>$50,500</td>
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When appropriate and feasible, respondents are expected to explore opportunities for seeking third-party reimbursement of services using all available mechanisms from third-party payers (e.g., Medicaid, Medicare and private insurance). Program income must be documented and reprogrammed to support additional service costs not budgeted to CDPH. CDPH will only reimburse costs that are not covered by third party payers.

Respondents receiving funding for similar activities through other CDPH funding announcements (directly or through a sub-agreement), the CDC, the Illinois Department of Public Health (IDPH) or another funder are required to describe how proposed programming expands or enhances services supported through other funding sources.

Category A: Target Populations- Successful Respondents will prioritize services to one or more of these populations.

- Non-Hispanic Black MSM
- Latino MSM
- Non-Hispanic Black Transgender Individuals
- Latino/a Transgender Individuals

**Category A: PrEP Implementation**

Respondents applying for this category must meet the following requirements:

- All parties involved in this proposal must be located in and provide services to the south and/or west sides of the city of Chicago (See page 6 for eligible Chicago Community Areas).
- Between the Respondent and contractual medical or community partners involved in this proposal, have at least 3 years of experience in providing direct HIV prevention services and/or HIV care services to population(s) of focus in the application, located in south and/or west sides of Chicago. This requirement would be satisfied if the Respondent has 3 or more years of relevant experience, or if the Respondent, the CBO and/or medical provider collectively have a total of at least 3 years of relevant experience.
- Has an existing internal policy for initial linkage, engagement and retention of individuals into medical care and supportive services.

Funds under this category are available to support projects that will expand the availability of PrEP in Chicago. CDPH plans to fund up to six PrEP implementation projects. Each project must consist of a contractual collaboration between a non-clinical community-based organization (CBO) and one or more medical providers. If a Respondent is able to perform the services of both CBO and medical provider, they will need to explicitly describe this in their application narrative. In order to be eligible for this funding opportunity, the Respondent (either individually, together between the CBO and/or medical provider) must have at least 3 years of experience in HIV prevention services between all collaborative parties. The purpose of these projects is to expand PrEP access for highly impacted populations/communities by:

- Conducting targeted outreach to identify PrEP candidates, including social networking strategy recruitment;
- Conducting targeted outreach to identify medical providers willing to prescribe PrEP;
- Screening PrEP candidates, including provision of 4th generation HIV testing;
- Providing PrEP navigation and care coordination services (e.g., healthcare and health insurance navigation and coordination); and
• Supporting PrEP adherence.

CDPH also expects successful respondents to provide STI, Hepatitis, and TB testing; linkage to care for HIV positive individuals; condom distribution; non-medical support transgender individuals in accessing hormone therapy (note that hormone therapy itself is not an allowable cost under this funding opportunity); and engage in strategies to eliminate health inequity.

CDPH will facilitate trainings for these elements as needed.

Funds are not intended to supplant organizations’ currently funded programs or to pay for medical services that are supported through other payment or funding sources. Respondents must describe how the project will enable them to increase the number of persons served with PrEP. Each project will need to propose eligibility criteria for the population(s) they intend to target. Funds may not be used to purchase medication.

All successful respondents funded under this Category are required to participate in an evaluation with a research partner (Categories C and D) identified by CDPH. Successful respondents will be allowed a three-month planning period to work with the research partner on planning the project before service delivery begins.

Category A Geographic Requirement
CDPH has designated two priority regions for funding under this RFP. These regions are made up of Chicago Community Areas with the greatest burden of HIV disease, as defined by HIV prevalence and HIV diagnoses, and with low levels of existing PrEP distribution and support services. In order to be eligible for funding, all parties involved in the application must be physically located in, and providing services to, one or more of these regions.

- **West Region:** 23-Humboldt Park, 24-West Town, 25-Austin, 26-West Garfield Park, 27-East Garfield Park, 28-Near West Side, 29-North Lawndale, 30 South Lawndale, 31-Lower West Side, 58-Brighton Park; and

**Category B: Data to Care (D2C)**
Respondents applying for this category must meet the following requirements:

- Have at least four years’ experience providing direct medical care services to individuals living with HIV;
- Currently provide direct HIV medical care to a minimum of 200 people living with HIV; and
- Have an existing internal policy for initial linkage, engagement, re-engagement and retention of individuals living with HIV into medical care.

The purpose of this funding Category is to identify HIV medical care providers who have the capability to identify and re-engage people living with HIV who are out of care.

Successful Respondents will prepare medical record data of HIV-positive patients, create reports for coordinating and monitoring linkage/re-engagement activities, locate and re-engage into care patients confirmed to be out of care, provide or connect patients to wrap around services to support engagement in care, and conduct routine data sharing with the CDPH surveillance program to monitor successful re-engagement in care. Specifically, each collaborating provider will generate two lists of patients that appear to have been disengaged from care based on appointment data (defined as at least one missed appointment and no visits for more than 6 months) and on persons initially enrolled at their facility who had not returned for an appointment within 90 days of initial enrollment. These lists will be generated on a monthly basis. Generated lists of patients potentially out of care will be shared with CDPH through a CDPH-hosted secure File Transfer Protocol (FTP) server. CDPH epidemiologists will attempt to match data from the Enhanced HIV/AIDS Reporting System (eHARS) using a matching algorithm. Non-matched patients will be manually reviewed and searched. For those that remain unmatched, CDPH epidemiologists will work with the Illinois Department of Public Health HIV Surveillance Unit to attempt a match.
CDPH epidemiologists will classify each case as follows:
1. Out-of-care: CDPH surveillance data indicate that the patient has not received HIV care in more than 6 months.
2. In-care: Health department data indicate that the patient has been in clinical care (at any facility) within the last 6 months.
3. Out of jurisdiction: CDPH surveillance data indicate that the patient has moved out of Chicago (procedures to determine if an individual is out of jurisdiction are described in detail elsewhere in the protocol).
4. Deceased: CDPH surveillance data indicate that the patient has died.
5. Unable to locate in eHARS and needs further investigation.

Upon classification of all cases, CDPH will share lists with each collaborating provider using the CDPH-hosted secure FTP server. Provider personnel will review the list to determine if cases determined by CDPH surveillance data to be out-of-care and reconcile each case. CDPH will conduct a monthly case conference with each collaborating provider to discuss unable to locate clients and other misclassifications. The final list will be agreed upon at each conference.

CDPH HIV Surveillance staff host and manage all aspects of the secure FTP server, including creating and deleting accounts, creating and maintaining file directories and access rights to each and monitoring data uploads and data downloads from the server. No other provider or CDPH staff persons will have access to any file directory not explicitly assigned to them by the secure FTP administrator.

**Category C: PrEP and Data Program Evaluator**
- Have at least 3 years of experience evaluating the implementation of HIV prevention and care interventions;
- Ability to organize, evaluate and manage large data sets, including unstructured and semi-structured data;
- Experience working across numerous health-related data sets; and
- Experience working with data related to health disparities and social determinants of health.

The purpose of this funding Category is to identify one academic institution to work directly with the delegate agencies funded under Categories A and B as well as CDPH HIV Prevention and Surveillance staff around data collection, analysis and reporting. The successful respondent to Category C will help delegate agencies evaluate their programs.

The primary goal of Category C is to support the accumulation of credible evidence on what aspects of the funded projects work and do not work to avert HIV infections in order to be better able to apply lessons learned in program practice.

The successful Respondent to Category C is expected to support delegate agencies funded for Category A PrEP Implementation and work with CDPH Surveillance around Data to Care implementation. In collaboration with these agencies and CDPH, the successful Respondent will help further refine these projects’ implementation plans and logic models, as well as develop and execute comprehensive evaluation plans. The primary goals of Category C to:
- Inform and support final development of implementation plan;
- Develop comprehensive process and outcome evaluation plans;
- Develop program instruments to support regular program monitoring as well as evaluation data collection;
- Collect data for process and outcome evaluations; and
- Analyze data and write interim and final evaluation reports.

**Category D: Predictive Analytics**

Respondents applying for this category will have:
- At least 3 years of public health data analysis experience;
- Ability to organize, evaluate and manage large data sets, including unstructured and semi-structured data; and
- Experience working across numerous health-related data sets.

The purpose of this funding Category is to identify one academic institution to work directly with CDPH HIV Prevention and Surveillance staff in using predictive analytics methodology using HIV and STI surveillance, Ryan
White Part A client-level and HIV testing data to identify those at the greatest risk of going undiagnosed and falling out of care.

The primary goal of Category D is to support the robust analysis and interpretation of data to inform PrEP and D2C implementation activities. The successful Respondent to Category D is expected to partner with CDPH to use diverse public health data to better inform understandings of risk populations with regard to PrEP and engagement in care. The Respondent will specifically develop a deep knowledge of structured and semi-structured CDPH HIV Surveillance Big Data to identify complex and interrelated factors that place persons living with HIV at risk for falling out of care. The Respondent is also encouraged to explore external open data sources as needed to correlate and complement their primary information discovery of CDPH data. The design of the Big Data approach to this category will allow for data that is reflective of not only the epidemiology of risk and care, but will also take into account the diverse factors in individual’s lives. Identified risk factors for falling out of care will then be used to set evaluation measures of D2C programs. Risk factors will be identified through the use of machine learning like predictive analytical tools such as Bayesian models, logistic regression or automated decision-making algorithms, to develop advanced data-driven capabilities to inform PrEP and D2C implementation activities.

Evaluation Criteria:

**Category A (PrEP Implementation)- 100 points total**

**Agency Experience and Cultural and Linguistic Competence- 15 points**

Proposals will be evaluated based on the Respondent’s experience providing a minimum of a combined 3 years providing HIV prevention services (either individually, or together with the CBO and/or medical provider); efforts to integrate community input and feedback for program goals and services; ongoing efforts to increase cultural competence; efforts to address health inequities; explanation of specific social determinants of health to be addressed; how the population being served is reflected in the staff and leadership of the agency/agencies; and experience working in compliance with CDPH HIV Prevention, Housing, and/or Care services.

**Program Design and Services- 60 points**

Proposals will be evaluated on the rationale and description of the proposed project and soundness of proposed plan to conduct all required program components of the service category (outreach and engagement, linkage to PrEP and adherence supports, 4th Generation HIV testing, integration of STI, Hepatitis, and TB testing, linkage to care for HIV positive individuals, condom distribution, providing non-medical support transgender individuals in accessing hormone therapy, as well as strategies to eliminate health inequity); the staffing plan for proposed services; plans for sustainability of key program components; demonstration of stakeholder and consumer engagement; and demonstrated coordination and collaboration with providers in similar programs. Evaluation of this section will also include an analysis of the cost effectiveness of the proposal- number of individuals screened, enrolled, and receiving on-going supports for PrEP adherence.

**Monitoring and Evaluation- 10 points**

Proposals will be evaluated on the description of performance measures; experience conducting monitoring efforts for similar projects; data security systems and protocols; and monitoring the programs impact on health inequities.

**Budget Narrative- 5 points**

Budgets will be evaluated based on the Respondent’s ability to manage the finances associated with the proposed project; Respondent’s ability to operate on a reimbursement basis; description of any subcontractors involved in the project and experience working with subcontractors; and description of cost per person served.

**Work Plan and Logic Model- 10 points**

Proposals will be evaluated based on soundness, completeness and innovation of its work plan and logic model.

**Category B (Data To Care)- 100 points total**

**Project Abstract- 10 points**

**Agency Experience and Cultural and Linguistic Competence- 20 points**
Proposals will be evaluated based on the Respondent’s experience providing a minimum of 4 years providing HIV retention and re-engagement in care services; experience working with CDPH around HIV engagement; efforts to integrate community input and feedback for program goals and services; ongoing efforts to increase cultural competence; and how the population being served is reflected in the staff and leadership of the agency/agencies.

**Program Design - 20 points**
Proposals will be evaluated based on the Respondent’s understanding of its current patient population of persons living with HIV, including patients’ engagement status (i.e., initial linkage, retention/engagement, anti-retroviral therapy (ART) use and viral suppression); incorporation of strategies to eliminate health inequity; rationale for program design, including evidence base for program and proposed interventions; description and design of an integrated system to provide wrap-around services; description and design of partnerships with other agencies in order to provide wrap-around services; documented coordination and collaboration with other providers; proposed staffing plan and staff experience operating the program or providing similar services; efforts to incorporate a peer model of retention/re-engagement; and proposed plans for program sustainability so that key program components can continue in the future without grant funding. Evaluation of this section will also include an analysis of the cost effectiveness of the proposal-number of individuals re-engaged in care and/or receiving retention supports funded through this funding opportunity.

**Budget Narrative - 10 points**
Proposals will be evaluated based on soundness of proposed budget and cost effectiveness; the budget and justification clearly reflecting the program scopes, staffing plan and administrative needs; the Respondent’s ability to operate on a reimbursement basis; and the Respondent’s financial capacity and stability to manage a program of the size and scope proposed.

**Stakeholder and Consumer Engagement - 10 points**
Proposals will be evaluated based on their description of a stakeholder feedback model including how the Respondent will gather input from the community and how outcomes will be shared with the community.

**Evaluation, Monitoring and Quality Assurance - 10 points**
Proposals will be evaluated based on experience conducting quality assurance and improvement on similar programs; description of data collection and analysis; and establishing performance measures for continuous improvement.

**Staff Training and Professional Development - 5 points**
Proposals will be evaluated based on training plans for collecting and entering data, including confidentiality and data security; distribution of and accountability measures for data requirements for medical providers.

**Surveillance and Data Security - 15 points**
Proposals will be evaluated based on a description of data security systems and protocols; experience working with external evaluation systems; and experience working in compliance with CDPH HIV Prevention, Housing and/or Care Services.

**Category C (Evaluation) - 100 points total**

**Evaluation Experience - 20 points**
Proposals will be evaluated based on their experience conducting evaluation of public health programs including community-based interventions and programs focusing on health inequity and social determinants of health; experience designing and conducting program monitoring and evaluation for service delivery similar to those described in Categories A and B; data collection and sharing; experience with implementation science; and experience handling multiple projects at once.

**Evaluation Approach and Methodology - 40 points**
Proposals will be evaluated based on description of process by which the Respondent will work with agencies funded under Categories A and B around performance measurement and evaluation; description of available data sources and feasibility of gathering performance and evaluation data; data collection and measures for data control and security; experience translating data into public health practice, research and related activities; and a detailed and appropriate timeline for evaluation of projects funded under Categories A and B.
Staffing - 20 points
Proposals will be evaluated based on description of the staffing plan for this project including relevant expertise and experience of project staff; criteria for selecting consultants to provide small scale support to delegate agencies providing services for programs funded under Categories A and B (example: content experts to consult about a particular retention strategy); experience producing reports on evaluation activities; and experience developing process and outcome evaluation plans, data collection, tracking and analysis.

Budget - 20 points
Proposals will be evaluated based on the Respondent’s demonstration of its ability to operate on a reimbursement basis; description of plans for implementation and experience managing projects of a similar size.

Category D (Predictive Analytics)- 100 total

Public Health Data Experience- 40 points
Proposals will be evaluated based on description of experience working with general public health data, as an agency, as well as the experience of specific staff on this project; descriptions for plans to merge large complex data sets; and experience working with sensitive health information.

Analytics Experience- 50 points
Proposals will be evaluated based on experience performing predictive analyses of public health data; experience working in compliance with CDPH HIV Prevention, Housing, and/or Care; description of anticipated challenges and strategies the Respondent anticipates using in their proposed analysis; and experience communicating and operationalizing the results of predictive analyses.

Budget- 10 points
Proposals will be evaluated based on the Respondent’s demonstration of its ability to operate on a reimbursement basis; description of plans for program implementation and experience managing projects of a similar size.

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

Patrick Stonehouse
HIV/STI Bureau
Chicago Department of Public Health
Telephone: 312-747-8854
Email: patrick.stonehouse@cityofchicago.org

All applications must be submitted in Cybergrants. No paper copies will be accepted.

The application must be received by 12:00 p.m. Central Standard Time on April 4th, 2016. No extension will be permitted. No late proposals will be accepted. There will be no exceptions.

XI. Evaluation of Proposals

Selection/Review Criteria:
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 CDPH to be incomplete will not be considered. CDPH reserves the right to waive irregularities that it, within its sole discretion, determines to be minor. If such irregularities are waived, similar irregularities in all proposals will be waived. Proposals that are determined to be complete will be forwarded to a Review Panel.

The Review Panel, made up of representatives from CDPH and other designated HIV prevention related organizations, will review and evaluate the proposals in accordance with the Evaluation Criteria. Organizations responding to this RFP cannot participate in the evaluation of other Respondents in the same category. The Review Panel will evaluate and rate all remaining proposals based on the Evaluation Criteria listed in CyberGrants. The Review Panel will
forward its recommendations and comments to the Program Director and Deputy Commissioner of the HIV/STI Bureau. Past contractual performance may be considered for respondents that have previously received funding. Funding decisions may include a pre-decisional site visit. Final funding decisions are made by the CDPH Commissioner. All respondent will be notified of the results in writing.

The City reserves the right to: accept or reject any or all proposals; to take exception to parts of proposals; to request written or oral clarification of proposals and supporting materials; or to cancel this RFP process if it is in the City’s best interest to do so. The Respondents may be asked to clarify their proposals by making a presentation, performing a demonstration or hosting a site visit. CDPH reserves the right to negotiate separately with competing Respondents for all or any part of the services described in this RFP.

The City reserves the right to recommend qualified funding proposals out of rank in order to ensure adequate geographic distribution and service provision to identified target and priority populations. If an insufficient number of qualified proposals are submitted in any particular service category, the City reserves the right to directly solicit and select appropriate community-based providers to fill the gaps.

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

XIII. 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.

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 or her 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 June 24, 2011 “City of Chicago Hiring Plan” (the “2011 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 2011 City Hiring Plan prohibits the City from hiring
persons as governmental employees in non-exempt positions on the basis of political reasons or factors.
(b) 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 related to
this Agreement.
### Appendix A

**Program Work Plan**

City of Chicago  
Department of Public Health, HIV/STI Bureau  
**PrEP and Data 2 Care (RFP # DA-41-3350-11-2014-003)**  
*(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>
<th>OUTCOMES</th>
</tr>
</thead>
</table>
| **What are we going to do?**  
*(include all key activities based on program category requirements)* | **Who will do this?**  
*What are the inputs?* | **How are we going to do this?** | Include start and end dates, specified to the day and month. | **What are the project’s goals?** |
| **Category A: Screening members of the population served for PrEP** | HIV Counselor | *Number of peer-based PrEP recruiters/supporters hired and trained.*  
*Number of individuals receiving one-on-one PrEP awareness and education services.*  
*4th Generation HIV Tests conducted.*  
*Number of individuals linked to PrEP providers for screening.*  
*Number of individuals initiating PrEP.*  
*Number of individuals receiving on-going PrEP supports.*  
*Number of individuals now receiving medical care beyond PrEP.* | Starting June 2016, will provide XXX HIV tests per month through May 2017 | - Reduce incidence of new HIV infections  
- Increasing access to care and improving health outcomes for people living at increased vulnerability to HIV acquisition and people living with HIV |
| **Category B: Retaining people living with HIV in HIV care and support services** | Director of Client Engagement and Retention | *Number of individuals screened for engagement in care.*  
*Number of individuals receiving supportive services to remain in HIV care.*  
*Number of individuals re-engaged in HIV care and support services.*  
*Number of peer recruiters/support personnel hired and trained.* | Starting June 2016, will screen XXX existing clients for engagement in care per month through May 2017. |
## Appendix B Logic Model

<table>
<thead>
<tr>
<th><strong>Inputs</strong></th>
<th><strong>Activities</strong></th>
<th><strong>Participation</strong></th>
<th><strong>Outputs -- Impact</strong></th>
<th><strong>Assumptions</strong></th>
<th><strong>External Factors</strong></th>
</tr>
</thead>
</table>