

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

Key Dates and Times

Release Date	February 5, 2016
Pre-Proposal Conference	February 9, 2016
Intent to Apply Form Due	February 10, 2016
Proposal Submission in Cyber Grants Due	February 24, 2016
Contract Start Date	March 1, 2016

Link for HOPWA RFP in Cyber Grants:

http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=5130&x_quiz_id=7028&x_order_by=1

PROPOSALS MUST BE SUBMITTED IN CYBER GRANTS BY

Wednesday February 24, 2016 at 12:00 PM

The Cyber Grants System is set to close at exactly 12:00 PM on the due date.

NO PROPOSALS WILL BE ACCEPTED IN HARDCOPY



City of Chicago
Department of Public Health
STI/HIV Division



Rahm Emanuel
Mayor

Julie Morita, MD.
Commissioner

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**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

I. Program Authority

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

II. Purpose

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

III. Background

A. Chicago EMSA

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

In 2013, the Collar Counties reported 164 new HIV cases. 47 of those new HIV cases are in DuPage County.

B. Overview

Housing is a critical problem facing a growing number of PLWHA in the Chicago EMSA. Studies have shown that homelessness is a risk factor for HIV and HIV is a risk factor for homelessness. The prevalence of HIV/AIDS is up to nine times higher among persons who are homeless or unstably housed compared with persons having stable and adequate housing. The need for stable and affordable housing is more urgent after becoming infected. The ¹*Housing and Health Study* by the Centers for Disease Control and Prevention (CDC), and Housing and Urban Development (HUD) found that housing status is one of the strongest predictors of treatment access and health outcomes for PLWHA. Improved housing stability improves access to appropriate medical care and treatment adherence which is linked to lower viral loads and reduced mortality.

¹ Kidder, D. P., Wolitski, R. J., Campsmith, M. L., Nakamura, G. V., (2007) American Journal of Public Health

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

CDPH's STI/HIV Division (the Division) uses HOPWA resources to support facility-based housing assistance, and housing information services in the provision of its homeless assistance services.

There are two basic eligibility requirements for HOPWA program participants:

- Household has a least one person who has Acquired Immunodeficiency Syndrome (AIDS) or related diseases (Human Immunodeficiency Virus, that is, HIV infection). This includes households where the only eligible person is a minor. Medical verification of status is required.
- Total household income is less than 80% of the Area Median Income (AMI), as defined by HUD. HUD sets Median Income levels for communities across the country; these numbers vary significantly.

C. Program Changes

The CDPH HOPWA program will no longer operate under a per diem payment method. Instead, successful respondents will develop and voucher against line item budgets for each service category: Facility-based Housing Assistance, Housing Information Services, and Tenant-Based Rental Assistance.

All successful respondents funded under the Facility-based Housing Assistance and Tenant-based Rental Assistance service categories must complete client name-based reporting in addition to the required quarterly reports submitted to CDPH.

All successful respondents funded under the Facility-based Housing Assistance, and Tenant-based Rental Assistance service categories will be required to submit a copy of their agency's client Discharge Policy and Procedure.

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

IV. Eligibility Requirements for Respondents

All respondents to this RFP must meet the following criteria in order to submit a proposal and receive HOPWA funds:

- Not-for-profit, community-based organizations, located within the DuPage county.
- Can demonstrate the administrative, organizational, programmatic, and fiscal capability to plan, develop, implement, and evaluate the proposed project; and
- At least one-year, documented, experience in providing direct housing services to people living with HIV/AIDS that are homeless or at risk of homelessness in the DuPage County.

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

The successful respondents will be required to fulfill the following minimum expectations as part the HOPWA program:

- Participate in evaluation and quality assurance activities coordinated by CDPH.
- Manage, support, and administer contractual and programmatic activities related to the proposed HIV Housing program
- Participate of Chicago Area HIV Integrated Services Council (CAHISC) planning body for Care, Prevention and Housing *go to www.cahisc.org for further information.*
- Develop and execute a quality staffing plan to support program activities
- Collect and report required data to CDPH in a timely manner
- Facility-based Housing Assistance programs must complete client name-based reporting in addition to the required quarterly reports submitted to CDPH.
- Housing units subsidized with HOPWA funds are in compliance with federal regulations concerning lead-based paint and fire safety as set forth in the Lead-Based Paint Poisoning Prevention Act of 1973 and the Fire Administration Authorization Act of 1992.

All successful respondents must use a documented cost allocation methodology, approved by the agency’s accounting firm, for all shared expenses such as like space/rent, utilities, telephones and general office supplies.

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

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

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

V. Available Funding

For 2016, an estimated \$246,000 will be available through this RFP to fund 2 service categories for a 10-month period beginning March 1, 2016 to December 31, 2016:

	Eligible Service Categories	Estimated Funds Available (Total for all awards)	Estimated Number of Awards
1	Facility –based Housing Assistance	\$202,000	1
2	Housing Information Services	\$44,000	1

The City may extend the terms of the agreement by one additional 12-month period based (January 1st to December 31st) on the availability of funds and acceptable programmatic and fiscal performance. Funding available for a 12-month period is anticipated to be \$295,000 (\$242,000 for Facility-Based Housing Assistance and \$53,000 for Housing Information Services).

Proposals may be submitted for one, or both service categories and should be submitted separately.

Respondents with multiple sites within the same service category may submit one proposal for that service category, but must submit a separate budget for each site. However, respondents must submit a separate and complete proposal for each service category for which they apply. For example, a respondent applying to provide both Housing Information Services and Facility-Based Housing Assistance would submit two separate proposals: one for Housing Information Services and one for Facility-Based Housing Assistance.

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

Respondents for Facility-based Housing Assistance must submit:

- A budget for housing costs including all shares and costs charged to HOPWA and costs charged to other shares (Refer to *Appendix I – Fair Market Rent Ranges*)
- A budget for program services costs
- A budget for administrative costs (not to exceed 7% of the total budget)

Respondents for Housing Information Services must submit:

- A budget for program services costs
- A budget for administrative costs (not to exceed 7% of the total budget)

VI. Eligible Program Activities and Priorities

A. Program Objectives

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

Programs selected for funding will provide housing services for low-income PLWHA and low-income families in which at least one member has HIV/AIDS. This includes households where the only eligible person is a minor. All housing rendered with HOPWA funds must provide safe and sanitary housing that meets applicable HUD-defined Safe, Decent and Sanitary Habitability Standards in addition to state and local requirements. The HOPWA housing quality standards include: sound structure and materials, accessibility, adequate space and security, interior air quality; water supply, adequate heating and cooling; adequate natural or artificial lighting, sanitary food preparation area and refuse disposal. Further details on the HOPWA Housing Quality Standards can be found in *HOPWA Regulation 24 CFR 574.310 (b)*

B. Funding Requirements and Priorities

Category 1- Facility – based Housing Assistance:

Funds in this service category are for community residential facilities including community residences, single room occupancy SRO dwellings, short-term facilities, project-based rental units, and master leased units, serving low-income individuals with HIV/AIDS and low-income

families with at least one HIV/AIDS positive member, that are homeless or in imminent danger of becoming homeless.

HOPWA regulation HOPWA Regulation 24 CFR 574.340 (a) defines community residence as a multiunit residence designed for eligible persons:

- To provide a lower cost residential alternative to institutional care and to prevent or delay the need for such care;
- To provide a permanent or transitional residential setting with appropriate services to enhance the quality of life for those who are unable to live independently;
- To integrate eligible persons into local communities and provide support services to maintain the abilities of such eligible persons to participate as fully as possible in community life.

Facility-based Housing may also be multiple apartments within the same building, building complex, or building proximity housing individuals with HIV/AIDS and their families.

According to HUD guidelines successful respondents are required to provide and / or make available to the clients in the HOPWA program appropriate supportive services. Supportive services including, but not limited to, health, mental health, assessment, permanent housing placement, drug and alcohol abuse treatment and counseling, day care, personal assistance, nutritional services, intensive care when required, and assistance in gaining access to local, State, and Federal government benefits and services, except that health services may only be provided to individuals with acquired immunodeficiency syndrome or related diseases and not to family members of these individuals.

CDPH also encourages respondents to provide employment services and other services that support self-sufficiency.

Respondents are required to describe the supportive services that will be provided directly by them to the HOPWA clients, and which of the support services will be referred outside the organization. In addition, respondents will describe the referral process for supportive services outside the respondent's organization. For referrals to outside organizations include Memoranda of Understanding (MOU). *See specific MOU instructions on page 18, B. Required Documentation.*

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

Category 2 – Housing Information Services:

This service category is intended for individuals and families of low to very low income that are currently not in HOPWA supported housing that are living with HIV/AIDS and are homeless or in imminent danger of becoming homeless. . The program assists in locating, acquiring, financing, and maintaining housing. The services may include fair housing counseling for eligible persons who may encounter discrimination based on race, color, religion, sex, age, national origin, familial status, or handicap/disability. Services may also include referral to legal assistance for eviction issues, mediation, adoption, acquiring social security benefits and other federal assistance, and wrongful discharge. These services are provided by a Service Coordinator. The Service Coordinator will be responsible for assessing clients for HOPWA program eligibility: HIV positive status and financial eligibility. HUD defines low income as 80% or

below area median income (AMI) which is the regulatory threshold income for HOPWA households. HUD defines very low income as 50% AMI, and extremely low income as 30% AMI. Guidelines on household income limits are available at www.huduser.org, in the Datasets tab.

The Service Coordinator will also be responsible for finding and linking clients not currently in HOPWA support housing program and/or not in case management to housing and legal services; facilitating linkages with other social and medical support providers; and identifying referrals for placements of special needs populations such as dual and triple diagnosed clients, women with children, non-English speaking clients, clients with physical disabilities, end stage clients and other underserved populations. Service Coordinators collaborate with program participants in the development of a short-term housing plan. The short-term housing service plan should indicate date(s) for exiting the client from program, a follow-up date, and the type of assistance provided to the client: educating consumers about available housing options, facilitating access to appropriate housing resources and supportive housing options that contribute to housing stability. Service Coordinators will be required to collect and track data on client progress in individualized service plans, while maintaining a coordinated approach to the delivery of supportive services. They will develop and maintain a supportive housing service guide which identifies resources outside of traditional HIV/AIDS service provider networks, and serve as a referral or collaboration resource for case managers. Selected respondents should not utilize HOPWA funds to provide support services available through other local service providers.

Termination of assistance for clients who violate program requirements or conditions of occupancy while residing in housing funded under this category must be executed via a formal process that meets city, state, and federal standards for due process of law. CDPH has developed comprehensive policies and procedures to provide guidance for funded programs when terminating assistance for clients. All successful respondents will be required to submit a copy of their Discharge Policy and Procedure to CDPH.

C. Program and Fiscal Monitoring Standards

Any awarded respondent found to be non-compliant with the standards at any time, will be held responsible and required by the City of Chicago to restore any damages and/or costs associated with grantee non-compliance.

VII. Pre-Proposal Conference

An in-person Conference has 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 respondent's questions. Organizations planning to apply for funding are strongly encouraged to participate in the Conference. The Pre-Proposal Conference will be held at the following location and date:

**Tuesday February 9, 2016
10:00 AM – 12:00 PM
Chicago Department of Public Health
333 South State Street
DePaul Center, 3rd Floor, Room 3A
Chicago, IL 60604**

VIII. Instructions for Completing the Proposal

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

A. Intent to Apply

An Intent to Apply Form (*Appendix A*) should be completed and returned by 4:00 PM on Wednesday February 10, 2016. This form is for informational purposes only and will not be used to determine eligibility or funding. The form may be emailed to:

Chenise Payton
E-mail: chenise.payton@cityofchicago.org
Telephone: 312-745-0379

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

B. Proposal Guidelines

Proposals may be submitted for one, or both service categories and should be submitted separately. Respondents with multiple sites within the same service category may submit one proposal, but must submit a separate budget for each site. However, respondents must submit a separate and complete proposal for each service category for which they apply.

Respondents must submit proposals using the Cyber Grants system at the following [link](#):

C. Proposal Outline

1. Title Page

Must be completed as part of the Cyber Grants application process. See Appendix B for items that are included.

2. Project Abstract (questions included in Cyber Grants as part of the application)

The Project Abstract provides a brief description of the respondent organization and its experience relevant to this proposal and category. The Project Abstract includes the following information. The Project Abstract is part of the Cyber Grants application:

- Name of Organization and address of all proposed service locations
- Description of the program for which funds are being requested
- Description of the organization's experience working with the target population
- Explanation if the respondent is a current CDPH HOPWA funded program
- Describe if the program is a continuation of current program or if it is an enhancement to the current program

3. Organization Experience and Capacity (questions included in Cyber Grants as part of the application)

- Describe respondent’s experience in providing the proposed HIV housing services.
- Describe positive outcomes for the target population in their quality of life and overall well-being.
- Describe how program will be staffed to successfully carry out the program. If staff are in place, complete the *Key Personnel Form in Appendix H*. The staffing plan should list all positions that will support the program and, for each position, the associated responsibilities, whether the position will be supported by funds from this RFP or by other funding sources, and the percentage of time that will be spent on this program. This information should be included in *Appendix D: Budget Forms*.
- Include information and/or documentation that supports the respondent’s programmatic and administrative abilities such as management staff resumes, certifications, licenses, in-house training, or other evidence
- Describe how respondent will assure that clients have access to HIV/AIDS supportive services
- Describe the supportive services that will be directly provided by the respondent
- Describe the referral process for support services provided outside of the respondent’s organization. Include updated Memoranda of Understanding (MOU) *See specific instructions on page 18, B. Required Documentation.*
- Describe how HOPWA services are aligned with Ryan White CARE services²
- Describe how all aspects of the program will be planned, managed and overseen
- Describe how respondent will assure the quality of its services
- Describe how respondent will assure the confidentiality of all client information and records

4. Target Population(s) (questions included in Cyber Grants as part of the application)

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

5. Cultural and Linguistic Capacity (questions included in Cyber Grants as part of the application)

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

- Describe respondent’s efforts to integrate the values, attitudes, beliefs, and languages of the community the respondent proposes to serve.

² <http://hab.hrsa.gov/abouthab/aboutprogram.html>

- Describe respondent's ability to meet the cultural and linguistic needs of the diverse targeted communities
- Describe the involvement of PLWHA in the governance, staffing, local planning groups, Board of Directors, and program planning and development of respondent's activities
- Describe the involvement of homeless or formerly homeless people in the governance, staffing, Board of Directors, and program planning and development of the Respondent activities

6. Client Eligibility (questions included in Cyber Grants as part of the application)

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

- Describe the respondent's methods to assess and document its clients' HIV status
- Describe how respondent screens client for financial eligibility
- Describe process for client financial eligibility re-assessment
- Describe how often client's financial eligibility is re-assessed
- Describe the respondent's ability to serve individuals who have substance use and mental health issues
- Describe the respondent's intake process, including medical, psychosocial, and behavioral assessments

7. Program Design (questions included in Cyber Grants as part of the application)

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

All respondents must answer the following questions:

- Describe the major goal(s) of the proposed program, and identify the objectives and activities that will be used to achieve the goal(s). The objectives and activities must be specific, measurable, realistic, and time-phased. These items will be used to assist in the development of the scopes of services for the respondent's if the proposed program is funded. The job position(s) responsible for each activity must be identified.
- Describe what are the staff's contribution to client's housing stability and outcomes
- Describe the program's measurable and expected client outcomes. Client outcomes refers to eligible clients who have been provided housing assistance, and thereby maintain a stable living environment in housing that is safe, decent, and sanitary. Reducing the risks of homelessness and improved access to HIV/AIDS treatment, health care and supportive services
- Describe approach to collaborating with community partners, especially coordination with HIV prevention and care planning bodies, key housing providers, planning entities, and other agencies involved in planning and delivery of mainstream services for low-income persons living with HIV/AIDS
- Describe the use of housing being funded from others sources, (specify the funding source), and how it will coordinate with HOPWA funds.
- Describe how HOPWA services are aligned to Ryan White CARE services

- Describe how the clients move through the housing program from outreach, intake, client assessment, delivery of housing services, the use of emergency, transitional, or permanent housing, and when appropriate, the outplacement to more self-sufficient independent housing. Develop a *work plan using the template in Appendix C*.

If you are applying under Facility-based Housing Assistance answer the following questions:

- Describe type of housing provided and number of units, apartments, or beds available for proposed program
- State number of clients that respondent proposes to serve. Indicate both unduplicated and duplicated client counts.
- Describe how much of your proposed budget is for housing costs and how much is for services costs
- Describe the types of supportive services available to HOPWA clients, how clients in your program obtain access to programs such as: Ryan White CARE Act; Medicaid; Temporary Assistance for Needy Families.
- List and describe the supportive services provided by the Respondent and the supportive services that are referred out.
- Describe how referrals to medical care, and access to supportive services are coordinated with HOPWA grant and how will they be tracked. Include updated Memoranda of Understanding (MOU) *See specific instructions on page 18, B. Required Documentation.*
- Describe how respondent will assure HOPWA clients are linked to HIV/AIDS care and treatment, and Ryan White supported services
- Describe how respondent will support and monitor adherence to HIV/AIDS treatment
- Describe prior successful outcomes achieved by the program.
- Refer to *Fair Market Rent Ranges Chart (Appendix I)*. Explain if housing cost budget falls within range listed in the chart. If the housing cost budget falls above or below the range, provide an explanation of why costs are lower or higher than the range.

If you are applying under Housing Information Services answer the following questions:

- Describe types of services provided
- State number of clients that respondent proposes to serve. Indicate both unduplicated and duplicated client counts.
- Describe respondent's available housing lists; identification of housing resources; and referral services to assist an eligible person to locate, acquire, finance and maintain housing
- Describe respondent's placement for special needs populations such as dual and triple diagnosed clients, women with children, non-English speaking clients, clients with physical disabilities, end stage clients, and other underserved populations
- Describe process to developing client's short-term housing plan, educating consumers on available housing options, linking clients that are not currently in case management
- Describe process to link clients to legal services for eviction, adoption, discrimination based on race, color, religion, sex, age, national origin, familial status, handicap, assistance accessing Social Security benefits or denial issues
- Describe process that determines length of time that will be dedicated to client to complete their short-term housing plan
- Describe follow-up plan with clients, include time-frame for the follow-up: quarterly, annually, or within 6 months

8. Monitoring and Evaluation (questions included in Cyber Grants as part of the application)

- Describe how respondent will evaluate and monitor program effectiveness (e.g., client focus groups, questionnaires, interviews, surveys) and client satisfaction.
- Describe how the information compiled from evaluation and monitoring activities is used to improve program performance
- Describe how client progress is tracked and how information obtained from evaluation and monitoring is used to assess client's progress
- Describe evaluation data compilation process: who compiles, enters and protects data
- List staff person responsible for data and evaluation: credentials and experience

9. Budget and Justification (included in Cyber Grants as part of the application)

Respondent must submit a complete and separate budget for each proposal. Provide a narrative description of the proposed program budget. If you have more than one program site a separate budget and budget narrative for each site/program is required.

Respondents for Facility-based Housing Assistance must submit:

- A budget for housing costs including all shares and costs charged to HOPWA and costs charged to other shares (*Refer to Appendix I – Fair Market Ranges*)
- A budget for program services costs,
- A budget for administrative costs (not to exceed 7% of the total budget)

Respondents for Housing Information Services must submit:

- A budget for program services costs
- A budget for administrative costs (not to exceed 7% of the total budget)

Budgets must specify the share of the total cost that will be charged to HOPWA and the share charged to other funding sources.

Respondents must list all other HUD funds, other than HOPWA, received by the organization. If any non-HOPWA HUD funds are utilized to support the proposed program, the respondent must describe how non-HOPWA HUD funds will be coordinated with HOPWA project funds.

Respondent must explain the cost sharing allocation policies and procedure the organization has in place to manage programs with multiple funding sources.

Respondents must submit a separate administrative budget. The administrative costs are limited and may not exceed 7% of the total award amount requested.

For all shared costs, such as space/rent, utilities, telephones, general office supplies, and etc., there must be a documented cost allocation methodology approved by the respondent's accounting firm. There are several methods to determine cost allocation which include by number of FTEs and by square footage used by program. This information and supporting documentation must be submitted as part of this proposal.

The budget narrative should include:

- A description of the respondent's fiscal capacity and ability to manage proposed project
- A description of how accounting and payroll processes are organized and identify who is responsible for those processes

- All contracts will be paid on a reimbursement basis. Describe respondent's demonstrated capacity to operate on a reimbursement basis and to begin services before reimbursement is provided (e.g., line of credit, cash flow, etc.). First reimbursement approximately 90 days after contract start date.
- A specific explanation of the duties of each position in the budget, percent of time to be charged to the proposed program for services provided directly to HOPWA program clients

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

Respondents may request funds through this RFP to support the following costs directly associated with the proposed program:

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

In completing Budget and Justification section respondent must include:

- A detailed explanation of total personnel and non-personnel costs: expenses budgeted to HOPWA, expenses budgeted to other funding sources
- An explanation of the duties of each position in the budget
- List of other funding sources supporting the HOPWA program. Specify funding agency, amount, and how funding supports the HOPWA program
- A description of the cost sharing or cost allocation policies and procedures that agency has in place to manage programs with multiple funding sources
- A description of whether any of the other HUD funding supports the HOPWA program. A description of how the respondent calculates cost per client, per bed, per units of service.
- An explanation of the respondent's housing cost range for proposed program. Refer to *Fair Market Rent Ranges Chart (Appendix I)*. Explain if housing cost budget falls within range listed in the chart. If the housing cost budget falls above or below the range, provide an explanation of why costs are lower or higher than the range.

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

A description of each expense category is presented below:

Personnel: Include **only** staff providing direct services to HOPWA clients in the program. For these costs, provide the following information: the name of the employee and job title, number of positions, salary, percent of time to be charged to this project, the amount of HOPWA share, other and in-kind salary share, and the total cost. For each salary, state how

paid, e.g., hourly, weekly, bi-weekly, monthly, number of pay periods per year, etc. If the respondent has not yet identified individuals to fill positions, indicate that these individuals are yet to be hired. Also, provide a brief budget justification explaining the duties of each employee assigned to the program. Refer to the example listed below:

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

Fringe Benefits: Provide the amount of fringe benefits requested which should also include the percentage rate for FICA (FICA must be calculated at 7.65%), medical insurance, including dental and vision coverage, if applicable, worker’s compensation and disability insurance, life insurance, if applicable, and vacation and sick pay benefits. Fringe benefits must be based on the Respondent’s established personnel policies. All components of a Respondent’s fringe benefits must be listed as separate items. Please note if a fringe benefit is not listed, you cannot be reimbursed for it.

Note: All staff time charged to HOPWA must meet the following standards for serving eligible HOPWA clients:

Client - A client with whom staff are working needs to be a person with HIV or AIDS or a family member living with a person with HIV or AIDS (except in the case of physical health services for which only persons with HIV or AIDS are eligible) and meet HOPWA’s low-income definition [income at or below 80% of area median income] .

Services - service must be provided to an eligible person. In addition, if using HOPWA funds for staff providing services to HOPWA residents, the time that staff spends delivering services to those HOPWA clients — and only those clients — can be charged to the grant.

Operating Costs: Under *HOPWA regulations 24 CFR 574.320 (8)* the following operating expenses for HOPWA program facility –based housing are allowable, including maintenance, security, operation, insurance, utilities, furnishings, equipment, supplies, and other incidental costs.

Respondent must outline expenditures for programmatic activities integral to this project (e.g., telephone, advertising, printing, duplication, equipment leasing/maintenance, insurance premiums, dues, subscriptions, memberships, messenger services, facility maintenance, meeting costs and postage). Expenses for rent and utilities for the program are allowed, however they must be sufficiently justified. Mortgage payments and interest payments are not allowable expenses. A copy of all lease agreements will be required of successful respondents before contracts are executed. In addition, before a contract is executed,

respondents must deliver to the City an affidavit stating whether the landlord is a Related Party, and with respect to any insurance, utility or other costs not based on respondent's actual use, documentation satisfactory to the City in its sole discretion supporting the allocation of these costs to the respondent. "Related Party" means any board members, officers or employees, and any relative of any of the respondent's board members, officers or employees.

Funding for transportation should be requested only as appropriate for program needs and must delineate amounts for public transportation and mileage reimbursement at the rate established under the current federal rate available at <http://www.gsa.gov/mileage>. The expenses to operate respondent-owned vehicles that are used in program delivery should also be included in this category. All drivers and vehicles used for this program must have valid licenses and insurance. Out of State travel is not an allowable expense.

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

Consultants: Consultant fees will be allowed on a limited basis and cannot be used in place of staff support and must be pre-approved by the City. The number of hours to be devoted to the project and specific responsibilities must be listed and justified. The consultant must not have been a member of the respondent's Board of Directors during the 12-month period preceding the date of the respondent's request for funding. Additionally, the consultant may not serve as a Board member during the 12-month period following the completion of the funded program period.

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

In respondent's justification, please include:

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

Note: The City of Chicago requires all respondents to identify in the City of Chicago Economic Disclosure Statement and Affidavit any consultants and subcontractors that will be part of the proposed program. In addition to the City of Chicago requirements, HOPWA agencies are bound to the requirements of the Federal Financial Accountability and Transparency Act of 2006 (Public Law 109-282), which requires that information be reported for each organization with a contract/agreement of \$25,000 or greater that assists agencies in carrying out project functions, such as organizations involved in an aspect of service delivery for beneficiaries. Agreements include: grants, sub-grants, contracts, subcontracts, loans, awards, cooperative agreements, purchase orders, task orders, delivery orders and other forms of financial assistance/compensation. This does not apply to Applicant designated or selected to serve as project sponsors, defined by HOPWA regulations 24 CFR 574.3, in providing housing and other support to beneficiaries.

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

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

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

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

Administrative or Indirect Costs: Administrative or Indirect Costs are costs for general management, oversight, coordination, evaluation and reporting on eligible activities. These costs may not exceed 7% of the direct cost amount requested. Although these expenses can be expressed as a single line item, the respondent must provide a brief narrative justification for the amount requested. Examples of administrative and indirect costs include: rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting, and audit expenses. Administrative costs may also include partial salaries of administrative staff (e.g., executive director or office manager). Providers must retain records of the expenses actually charged against any contract that is awarded as a result of this RFP.

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.

D. Proposal Checklist

The Proposal Checklist (appendix F) is not a required submission component. However, it can be used as a tool to prepare for submission of content into the Cyber Grants system

IX. Submission Guidelines

It is the responsibility of the respondent to ensure submission of the proposal to City Cyber Grants by the designated deadline.

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

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

The proposal must be submitted in Cyber Grants System by **12:00 p.m. on Wednesday February 24, 2016**. No extension will be permitted unless published by CDPH for all prospective Respondent's attention. The Cyber Grants System shut downs promptly at 12:00 PM on February 24, 2016. No late submissions will be accepted.

A. Format Instructions

- Follow instructions in Cyber Grants system

B. Required Documentation (to be submitted in Cyber Grants)

- Internal Revenue Service 501(c)3 tax exempt determination letter
- Copy of respondent's Articles of Incorporation
- Copy of the respondent's most recent Financial Statement and OMB Circular A-133 Audit
- List of Board of Directors (must include place of employment for each member)
- Memoranda of Understanding (MOU) with Subcontractors – the respondent should consider 1) the proximity of the provider to the respondent organization's service area, 2) the provider's capacity and history to serve the target population, 3) payment requirements for services rendered (e.g., Ryan White Provider, and type of health insurance accepted. In addition the MOU document should be:
 1. Written on respondent's letterhead and signed by a representative from the respondent and any subcontractor who is authorized to commit their organizations to the agreement.
 2. These documents should be current, project specific, time-phased (start date – end date)
 3. List the services(s) to be provided, the number of participants to be served, the period in which the service(s) will be provided, and, if known, the monetary value of services
- Insurance Requirements (*see Appendix E*). Successful respondents will be required to submit insurance with City of Chicago named as an additional insured
- *Program Work Plan (See Appendix C)*
- *Key Personnel Form (See Appendix H)*

X. Evaluation of Proposals

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

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

Evaluation Criteria:

- Respondent's relevant experience in providing HIV housing services within the targeted area

- Respondent's identification and description of the socio-demographic characteristics of the target population and assessment of the housing and healthcare services needs of the target population
- Respondent's ability to properly staff proposed program
- Respondent's managerial capability
- Respondent's cultural and linguistic capacity
- Respondent's soundness and adequacy of client program eligibility requirements
- Respondent's comprehensiveness and soundness of proposed program approach
- Respondent's adequacy and soundness of the selected methods to be used to monitor and assess progress in the program and provision of service deliverables
- Respondent's soundness of proposed budget and cost effectiveness
- Respondent's financial capacity and stability to manage a program of the size and scope contemplated
- Respondent's ability to provide or link clients to array of supportive services
- Respondent's MOU's as evidence of linkage to services. (*See specific MOU requirements, page 19, Section B. Required Documentation*)

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

XI. Reporting and Other Requirements for Successful Respondents

All successful respondents will be required to submit quarterly program reports, voucher on a monthly basis, and participate in all CDPH-sponsored meetings, site visits, audit, evaluation and quality assurance activities. Successful respondents under the Facility-based Housing Assistance and Tenant-based Rental Assistance service categories must also complete client name-based reporting to CDPH.

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

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

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

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

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

3. Selected respondents shall establish procedures and policies to promote a Drug-free Workplace. The selected respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.
4. Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago, as amended (the "**Municipal Code**") it is illegal for any elected official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council committee hearing or in any City Council meeting or to vote on any matter involving the person with whom an elected official has a business relationship. **Violation of Section 2-156-030(b) by any elected official with respect to the grant agreement shall be grounds for termination of the grant agreement.** The term business relationship is defined as set forth in Section 2-156-080 of the Municipal Code.

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

5. Compliance with Federal, State of Illinois and City of Chicago regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the Municipal Code); the State of Illinois - Certification Affidavit Statute (Illinois Criminal Code); State Tax Delinquencies (65ILCS 5/11-42.1-1); Governmental Ethics Ordinance (Chapter 2-156 of the Municipal Code); Office of the Inspector General Ordinance (Chapter 2-56 of the Municipal Code); Child Support Arrearage Ordinance (Section 2-92-380 of the Municipal Code); and Landscape Ordinance (Chapters 32 and 194A of the Municipal Code).
6. If selected for grant award, respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful respondents.
7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% ("**Owners**"), spouses and domestic partners of such Owners, your Subcontractors, any person or entity who directly or indirectly has an ownership or beneficial interest in any Subcontractor of more than 7.5% ("**Sub-owners**") and spouses and domestic partners of such Sub-owners (you and all the other preceding classes of persons and entities are together, the "**Identified Parties**"), shall make a contribution of any amount to the Mayor of the City of

Chicago (the "**Mayor**") or to his political fundraising committee during (i) the bid or other solicitation process for the grant agreement or Other Contract, including while the grant agreement or Other Contract is executory, (ii) the term of the grant agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the grant agreement or Other Contract with the City is being sought or negotiated.

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

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

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

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

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

For purposes of this provision:

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

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

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

8. (a) The City is subject to the 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.

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

Intent to Apply Form

Potential respondents interested in applying for funding under this RFP are asked to complete and submit this form by **4:00 pm on February 10, 2016**. The form may be e-mailed to:

Chenise Payton
E-mail: chenise.payton@cityofchicago.org

Telephone: 312-745-0379

Agency Name: _____

Administration Office/Site Address: _____

Executive Director: _____

Telephone Number: _____ Email Address: _____

Primary Contact Person: _____

Telephone Number: _____ Email Address: _____

Indicate service(s) area: _____

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

- Facility-Based Housing Assistance**
 - Residential Facilities for Adult Men and Women
 - Residential Facilities for Men Only
 - Residential Facilities for Children Only
 - Residential Facilities for Women Only
 - Residential Facilities for Families with Children Under Age 18
 - Residential Facilities for Men and/or Women with Multiple Diagnoses
 - _ HIV/AIDS and Substance Abuse
 - _ HIV/AIDS and Mental Illness
 - _ HIV/AIDS and Substance Abuse and Mental Illness

- Housing Information Services**

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County
Title Page**

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

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

Facility-Based Housing Assistance

What type of residential facilities do you propose to operate?

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

Number of Units/Apartments or Beds: _____

Number of clients proposing to serve: _____

Duplicate: _____ Unduplicated: _____

Housing Information Services

Number of clients proposing to serve: _____

Duplicate: _____ Unduplicated: _____

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County
Program Work Plan**
(If additional space is needed, this page can be copied)

Agency: _____

Program Site: _____

SCOPES OF SERVICES	RESOURCES	ACTIVITIES	TIMELINE
<i>What are we going to do?</i>	<i>Who will do this?</i>	<i>How are we going to do this?</i>	<i>Include start and end dates, specified to the day and month. Year is assumed to be 2016, unless otherwise specified.</i>

Delegate Agency Budget Summary				
FORM 1				
A. Delegate Agency:		F. Supplier / Site #:		
B. Program Name:		G. PO #:		
C. Department:		H. Release #:		
D. Contract Term:	1/1/2015 to 12/31/2015	I. Funding Strip:		
E. 2014 Allocation:		J. CFDA #:		
		Agency Phone Number:		
		E-mail address:		
K. Program Budget Summary for Year: 2015				
Note: The entire budget for this program must be shown.				
(1) Item of Expenditure	(2) Account #	(3) Grant Share	(4) Other Share	(5) Total Cost
Personnel	0005	\$0	\$0	\$0
Fringe Benefits	0044	\$0	\$0	\$0
Operating/Technical	0100	\$0	\$0	\$0
Professional and Technical Services	0140	\$0	\$0	\$0
Travel	0200	\$0	\$0	\$0
Materials and Supplies	0300	\$0	\$0	\$0
Equipment	0400	\$0	\$0	\$0
Indirect	0.0000%	0801	\$0	\$0
Other: 0	0999	\$0	\$0	\$0
Other: 0	0	\$0	\$0	\$0
Other: 0	0	\$0	\$0	\$0
TOTALS		\$0	\$0	\$0
ALL COLUMNS / ROWS MUST BALANCE				
L. Percentage of total project costs paid by Other Share:		#DIV/0!		
M. Delegate Authorization		N. City Authorization		
Signature of Delegate Official / Date		Signature of Delegate Official / Date	Signature of Department / Date	
SIGNATURE MUST BE IN BLUE INK				
Name(Type or Print)		Name(Type or Print)	Name(Type or Print)	
Title (Type or Print)		Title (Type or Print)	Title (Type or Print)	

Delegate Agency Personnel Budget - GRANT								
FORM 2								
A. Delegate Agency: 0					C. Program Name: 0			
B. Department: 0					D. Federal Employer Identification #:			
E. Personnel Budget Allocation for: 2015								
(1) Position Title	(2) No.	(3) Rate (\$)	(4) Number of Pay Periods	(5) % Time spent on Project	(6) Grant Share	(7) Other Share	(8) Total Cost	(9) Job Responsibilities
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
							\$0	
(10) TOTALS	0	\$0		0.00%	\$0	\$0	\$0	<i>Totals must match Form 1 Acct #0005</i>
ALL COLUMNS / ROWS MUST BALANCE								
F. Fringe Benefits and Total Personnel Cost								
Item	Grant Share	Other Share	Total Cost	Calculations				
11a. Social Security	\$0	\$0	\$0	= .0620 x Line10				
11b. Medicare	\$0	\$0	\$0	= .0145 x Line 10				
12. State Unemployment Insurance	\$0	\$0	\$0					
13. State Workers Compensation	\$0	\$0	\$0					
14 Other (Please list)	\$0	\$0	\$0					
15. Other (Please list)	\$0	\$0	\$0					
16. Total Fringe Benefits (Lines11-15)	\$0	\$0	\$0	<i>Totals must match Form 1 Acct #0044</i>				
17. Total Personnel Costs (Line 10 plus Line 16)	\$0	\$0	\$0					

Delegate Agency Non-Personnel Budget - GRANT					
FORM 3					
A. Delegate Agency: 0		C. Program Name: 0			
B. Department: 0		D. Federal Employer Identification #: 0			
E. Non-Personnel Budget Allocation for: 2015 ***ALL COLUMNS / ROWS MUST BALANCE***					
(1) Item of Expenditure	(2) Acct#	(3) Grant Share	(4) Other Share	(5) Total Cost	(6) Description and Justification for City Share and Total Cost
Operating/Technical	0100	\$0	\$0	\$0	
Professional and Technical Services	0140	\$0	\$0	\$0	
Travel	0200	\$0	\$0	\$0	
Materials and Supplies	0300	\$0	\$0	\$0	
Equipment	0400	\$0	\$0	\$0	
Indirect	0.0000%	0801	\$0	\$0	
Other:		0999	\$0	\$0	
Other:			\$0	\$0	
Other:			\$0	\$0	
(7) TOTALS		\$0	\$0	\$0	Totals must match Form 1 Non-Personnel accounts

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

Insurance Requirements

INSURANCE REQUIREMENTS

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

1) Workers Compensation and Employers Liability

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

2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent with limits of not less than \$500,000 per occurrence for bodily injury, personal injury, and property damage liability. Coverages must include the following: All premises and operations, products/completed operations, separation of insureds, defense, and contractual liability (not to include Endorsement CG 21 39 or equivalent). The City of Chicago is to be named as an additional insured on a primary, non-contributory basis for any liability arising directly or indirectly from the work or Services.

3) Automobile Liability (Primary and Umbrella)

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

4) Professional Liability

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

5) Medical/Professional Liability

When any medical Services are performed in connection with this Agreement, Medical/Professional Liability Insurance must be provided to include coverage for errors, omissions and negligent acts related to the rendering or failure to render professional, medical or health Services with limits of not less than \$1,000,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede, start of work or Services on this

Agreement. A claims made policy which is not renewed or replaced must have an extended reporting period of 2 years.

6) Builders Risk

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

B. Related Requirements

If the coverages have an expiration or renewal date occurring during the time for performance of this Agreement, Subgrantee must furnish renewal certificates to the Federal Funds Insurance Unit at the address listed in Section 2.5 of this Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in this Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all Agreement requirements. The failure of the City to obtain certificates or other insurance evidence from Subgrantee is not a waiver by the City of any requirements for Subgrantee to obtain and maintain the specified coverages. Subgrantee must advise all insurers of the Agreement provisions regarding insurance. Non-conforming insurance does not relieve Subgrantee of your obligation to provide insurance as specified here. Nonfulfillment of the insurance conditions may constitute a violation of this Agreement, and the City retains the right to stop work or Services or terminate this Agreement until proper evidence of insurance is provided.

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

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

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

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

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

The required insurance to be carried is not limited by any limitations expressed in the indemnification language in this Agreement or any limitation placed on the indemnity in this Agreement given as a matter of law.

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

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

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

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

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

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

Proposal Checklist

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

- Title Page using Appendix B
- Proposal Checklist
- Table of Contents

Proposal Narrative

- Project Abstract
- Agency Experience (Include supporting documentation)
- Target Population(s)
- Cultural Competency
- Client Eligibility
- Program Work Plan, Goals and Objectives
- Budget Forms – *Appendix D*
- Budget Narrative / Justification

Required Documentation

- Internal Revenue Service 501(c)3 tax exempt determination letter
- Copy of Articles of Incorporation
- Copy of the most recent Financial Statement and OMB Circular A-133 Audit (if applicable)
- List of Board of Directors (Must include place of employment)
- Memoranda of Agreement with Subcontractors – Documentation of these agreements should be on agency letterhead and signed by representatives of both agencies who are authorized to commit their agency to the agreement. These documents should be current, project specific, time-phased, list the services(s) to be provided, the number of participants to be served, the period in which the services(s) will be provided, and, if known, the monetary value of the services.
- Proof of Insurance (see *Appendix E, page 31-33*). Successful respondents will be required to submit insurance with City of Chicago named as an additional insured.

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

Allowable Costs

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

ACCOUNT CODE	COST CATEGORY	DESCRIPTION
	Equipment and Services	machines and equipment. Also includes charges for installation and maintenance of rented equipment. Cost allocation is required if various programs use the same equipment.
0100	Repair/Maintenance of Property	Charges for repair or maintenance of real property to restore or maintain its original value. Cost allocation is required if various programs are housed in the same facility.
0100	Dues, Subscriptions, Membership	Charges for subscriptions to HIV Housing related periodicals, directories, medical journals, and membership dues and fees to technical associations and organizations.
0100	Technical Meetings	Charges for attending or providing local professional and technical meetings, local conferences, local off-site in-service training, seminars. Also includes registration fees and meals.
0100	Insurance Premiums	Charges for accident, fire, liability, and other insurance premiums. Cost allocation is required if various programs are housed in the same facility.
0100	Maintenance/Operation of Vehicles	Charges for the repair and maintenance of vehicles. Also includes charges for leasing vehicles. Cost allocation is required if vehicles are used for various programs.
0100	Utilities	Charges from public utility companies for gas heat, water, electricity, and telephone. Cost allocation is required if various programs are housed in the same facility.
0100	Waste Disposal Services	Charges for waste disposal services. Cost allocation is required if various programs are housed in the same facility.
0140 PROFESSIONAL/TECHNICAL SERVICES		
0140	Professional /Technical Services	Charges for accounting, auditing, legal, professional, and consulting services related to the HOPWA program. Cost allocation is required if agency has various programs / funders.
0200 TRANSPORTATION EXPENSES		
0200	Local Transportation	Charges for HOPWA clients and/or staff providing direct services to HOPWA clients local transportation, including, bus and rail passes, taxi fares, parking fees, and mileage reimbursement not to exceed \$0.55.5 per

ACCOUNT CODE	COST CATEGORY	DESCRIPTION
		mile. The per-person reimbursement cannot exceed \$350.00 per month.
0300 MATERIALS AND SUPPLIES		
0300	Gasoline	Charges for gasoline purchased for automotive purposes. Includes gasoline purchased in bulk. Cost allocation is required if vehicles are used / shared by various programs.
0300	Food	Charges for food supplies used for HOPWA clients. Includes food/grocery vouchers. Cost allocation is required if agency has various programs / funders.
0300	Materials and Supplies	Charges for materials and supplies that are consumed by HOPWA client or for services provided to HOPWA clients with their use, e.g. laundry and cleaning supplies, building and maintenance supplies, non-food personal items for clients such as toothpaste, shampoo, feminine hygiene products. Cost allocation is required if agency has various programs / funders.
0300	Drugs/Medical Supplies	Charges for over-the-counter medicines, medical, hospital and surgical supplies, x-rays, laboratory fees and supplies, dental and optical supplies for HOPWA clients. Cost allocation is required if agency has various programs / funders.
0300	Books and related materials	Charges for books, pamphlets, magazines, periodicals, journals, slides, and videos that relate directly to HOPWA program and for use by HOPWA clients. Cost allocation is required if agency has various programs / funders.
0300	Stationery and Office Supplies	Charges for supplies used in the regular course of office activities for the HOPWA program, i.e., paper, record books, typewriter ribbons, mailing supplies, pens, pencils. Cost allocation is required if agency has various programs / funders.
0400 FURNITURE AND EQUIPMENT		
0400	Office Machines	Charges for equipment of a mechanical nature, e.g. typewriters, copiers, calculators, computers (Laptops are not allowed in HOPWA program), fax machines. Cost allocation is required if office equipment is shared by various programs. <i>Note: any single item costing more than \$5,000 must have prior approval.</i>
0400	Furniture and Furnishing	Charges for furniture and equipment e.g. refrigerators, stoves, tables, chairs, desks, lamps, file cabinets, carpeting, draperies, wall hangings, bed linens. Cost allocation is required if furniture and furnishing is shared by various programs. <i>Note: any single item</i>

		<i>costing more than \$5,000 must have prior approval.</i>
0801		
ADMINISTRATIVE/INDIRECT COSTS		
0801	Administrative/Indirect Costs	<p>7% of the total award amount. Examples of administrative and indirect costs include: rental costs for administrative office space, office utilities, insurance, payroll, personnel, voucher processing and financial reporting, and audit expenses.</p> <p>Administrative costs may also include partial salaries of administrative staff (e.g., executive director or office manager). Agency must retain records of the expenses actually charged against any contract that is awarded.</p> <p><i>The administrative budget must be provided in separate budget forms and include a separate budget narrative / justification. Explain the use of 7% administrative or indirect costs. The cost can be staff time, general management of the HOPWA program, oversight and reporting of the HOPWA activities to CDPH.</i></p>

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

**City of Chicago Department of Public Health
Request for Proposals (RFP)
For
Housing Opportunities for Persons with AIDS (HOPWA) Program – DuPage County**

Key Personnel Form

Staff Agent Subcontractor

Name: _____

Address: _____

City: _____ **State:** _____ **Zip** _____

Email Address: _____

Signature: _____ **Date:** _____

Fair Market Rent Ranges

Appendix I

County	Efficiency	Monthly Range (+/- 25% of FM)		Daily Range	
	Monthly				
Cook	\$812	\$609	\$1,015	\$20.30	\$33.83
DuPage	\$812	\$609	\$1,015	\$20.30	\$33.83
Grundy	\$558	\$419	\$698	\$13.95	\$23.25
Kendall	\$697	\$523	\$871	\$17.43	\$29.04
McHenry	\$812	\$609	\$1,015	\$20.30	\$33.83
Will	\$812	\$609	\$1,015	\$20.30	\$33.83
County	1 Bedroom	Monthly Range (+/- 25% of FM)		Daily Range	
	Monthly				
Cook	\$922	\$692	\$1,153	\$23.05	\$38.42
DuPage	\$922	\$692	\$1,153	\$23.05	\$38.42
Grundy	\$693	\$520	\$866	\$17.33	\$28.88
Kendall	\$879	\$659	\$1,099	\$21.98	\$36.63
McHenry	\$922	\$692	\$1,153	\$23.05	\$38.42
Will	\$922	\$692	\$1,153	\$23.05	\$38.42
County	2 Bedroom	Monthly Range (+/- 25% of FM)		Daily Range	
	Monthly				
Cook	\$1,093	\$820	\$1,366	\$27.33	\$45.54
DuPage	\$1,093	\$820	\$1,366	\$27.33	\$45.54
Grundy	\$938	\$704	\$1,173	\$23.45	\$39.08
Kendall	\$1,171	\$878	\$1,464	\$29.28	\$48.79
McHenry	\$1,093	\$820	\$1,366	\$27.33	\$45.54
Will	\$1,093	\$820	\$1,366	\$27.33	\$45.54
County	3 Bedroom	Monthly Range (+/- 25% of FM)		Daily Range	
	Monthly				
Cook	\$1,393	\$1,045	\$1,741	\$34.83	\$58.04
DuPage	\$1,393	\$1,045	\$1,741	\$34.83	\$58.04
Grundy	\$1,373	\$1,030	\$1,716	\$34.33	\$57.21
Kendall	\$1,726	\$1,295	\$2,158	\$43.15	\$71.92
McHenry	\$1,393	\$1,045	\$1,741	\$34.83	\$58.04
Will	\$1,393	\$1,045	\$1,741	\$34.83	\$58.04
County	4 Bedroom	Monthly Range (+/- 25% of FM)		Daily Range	
	Monthly				
Cook	\$1,624	\$1,218	\$2,030	\$40.60	\$67.67
DuPage	\$1,624	\$1,218	\$2,030	\$40.60	\$67.67
Grundy	\$1,377	\$1,033	\$1,721	\$34.43	\$57.38
Kendall	\$1,805	\$1,354	\$2,256	\$45.13	\$75.21
McHenry	\$1,624	\$1,218	\$2,030	\$40.60	\$67.67
Will	\$1,624	\$1,218	\$2,030	\$40.60	\$67.67

