City of Chicago Department of Public Health  
Request for Proposals  
For  
Substance Abuse Lead Organization  

**Key Dates**

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Release Date</td>
<td>December 15, 2015</td>
</tr>
<tr>
<td>Pre-submittal Conference</td>
<td>December 21, 2015</td>
</tr>
<tr>
<td>Letter of Intent to Apply</td>
<td>December 28, 2015</td>
</tr>
<tr>
<td>Proposal Due</td>
<td>January 8, 2016</td>
</tr>
<tr>
<td>Contract Start Date</td>
<td>February 1, 2016</td>
</tr>
</tbody>
</table>

All Proposals must be submitted through Cybergrants.com:  
http://www.cybergrants.com/pls/cybergrants/quiz.display_question?x_gm_id=5130&x_quiz_id=6766&x_order_by=1

PROPOSAL MUST BE RECEIVED NO LATER THAN 12:00 P.M. CENTRAL STANDARD TIME ON JANUARY 8, 2016.

The CITY may, in its sole discretion, extend the application deadline and/or reissue the RFP if insufficient qualified respondents are received.

Rahm Emanuel  
Mayor

Julie Morita M.D.  
Commissioner
I. Program Authority

This Request for Proposals (RFP) is issued by the City of Chicago (City) on behalf of the Chicago Department of Public Health (CDPH) Office of Violence Prevention and Behavioral Health. The City is seeking Proposals from organizations capable of serving as the City’s Lead Organization (LO) for all issues related to a substance use and abuse continuum of services.

II. Purpose

The purpose of this RFP is to engage one (1) qualified Lead Organization (LO) to: (a) develop and release a request for proposals (RFP) to identify qualified substance abuse organizations; (b) sub-contract with identified substance abuse organizations to provide a network of prevention and treatment services; (c) perform contract, fiscal, and quality management with sub-contracted organizations; and (d) collaborate with CDPH on citywide initiatives related to substance abuse prevention and treatment.

The LO’s RFP process must align with CDPH’s priorities for substance abuse prevention and treatment services. This includes making funding available to provide interventions to priority target populations in community areas that are geographically distributed across Chicago.

III. Background

Substance use and addiction are leading national health problems. According to the National Survey on Drug Use and Health (NSDUH), 21.6 million people ages 12 or older needed treatment for an illicit drug or alcohol use problem in 2011. Chicago is especially affected by substance use issues.

According to a study issued by SAMHSA, emergency room visits due to drug and/or alcohol misuse or abuse were on the decline in Chicago, but was still nearly 10 percent higher than the national average in 2009. In 2011, there were 23,267 substance use related hospitalizations.

Nationally, only 2.3 million (or 10.8 percent of those who needed treatment) received treatment at a specialty facility—a continuing disparity. These statistics reflect a population of individuals, families and communities suffering the consequences of alcohol and substance use and addiction.

Neuroscience is clarifying the causes of alcohol and substance abuse dependency, which is considered a disease of the brain. Addiction is a chronic condition that impacts every aspect of a person’s life, with recovery considered a continuous pathway. According to the American Society of Addiction Medicine, “Addiction is a primary, chronic disease of brain reward, motivation, memory and related circuitry. Dysfunction in these circuits leads to characteristic biological, psychological, social, and spiritual manifestations. This is reflected in an individual pathologically pursuing reward and/or relief by substance use and other behaviors. Addiction is characterized by inability to consistently abstain, impairment in behavioral control craving, diminished recognition of significant problems with one’s behaviors and interpersonal relationships, and a dysfunctional emotional response. Like other chronic diseases, addiction often involves cycles of relapse and remission. Substance use is also a contributing factor to violence, domestic violence, homelessness, mental illness, and children in the custody of the child welfare system. Without treatment or engagement in recovery activities, addiction is progressive and can result in disability or premature death.”

---

2 Chicago Department of Public Health Data Compendium, 2015
3 http://www.asam.org/for-the-public/definition-of-addiction
There are many public health benefits to providing alcohol and substance use treatment services. The benefits include increased quality in years of a healthy life, reducing hospital-related emergency department visits, and preventing diseases linked to drug use such as HIV/AIDS and hepatitis. Intensive and early treatment using the best evidence-based practices of treatment and medication will provide the most beneficial outcomes. In terms of reduced socioeconomic costs to the nation; reduced crime, happier families, reduced mortality, less homelessness and increased employment opportunities are all achievable in an environment of treatment and recovery.

Finally, according to the national estimates of behavioral health conditions and their treatment among adults newly insured under the ACA, approximately 25 million individuals are projected to gain insurance as a result of the ACA. This study estimated the prevalence of behavioral health conditions and their treatment among individuals likely to gain coverage. Of individuals aged 18-64 polled during 2008-2011, individuals who may gain insurance under the ACA had lower rates of serious mental illnesses (5.4% Medicaid expansion, 4.7% marketplace) compared with current Medicaid beneficiaries (9.6%). They also had higher rates of substance use disorders (13.6% Medicaid expansion, 14.3% marketplace) compared with Medicaid recipients (11.9%).

IV. Eligibility Requirements

Respondents must meet all of the following criteria to be eligible to be selected as the LO:

- Have a business office located within the city of Chicago
- Have a minimum of 3 years of experience providing and/or coordinating the delivery of training and technical support/assistance
- Have demonstrated financial management capabilities, including experience managing grant funds
- Have sufficient financial resources to operate on a reimbursement basis
- Possess strong knowledge and expertise about the Chicago area substance abuse continuum of services
- Have direct or indirect experience with the priority target populations
- Have extensive experience in developing, executing and managing sub-contracts

Respondents are eligible to retain only 10% of the total award for activities consistent with a Lead Organization role. They may not retain funding for any direct provision of substance abuse prevention and/or treatment services. Remaining funds are to be distributed to the subcontracted organizations as result of the RFP.

Respondents that do not meet these eligibility requirements may not have their applications evaluated for funding under this opportunity.

V. Contract Terms and Available Funding

A total of $1,400,000 will be awarded to the Successful Applicant for a contract period of February 1, 2016 to December 31, 2016. A maximum of $140,000 (or 10%) may be retained by the LO for administrative expenses; the remaining $1,260,000 must be sub-contracted to substance abuse providers for the provision of prevention and treatment services. Of the funding made available to substance abuse providers for the provision of services, a minimum of $250,000 must be allocated for naloxone.

---

interventions. These sub-contracts are to begin no later than April 1, 2016 and shall continue through December 31, 2016.

Depending on the availability of funds, CDPH may renew the contract for up to two (2) additional 12-month periods of January 1st to December 31st. The total annual award may change based upon the availability of funds. The LO may retain up to 10% of available funds for these 12-month contracts but must sub-contract at least 90% of funding to substance abuse providers.

Each additional year, CDPH will provide the LO with a recommendation for how direct service dollars shall be allocated across service categories. These recommendations will include funding allocation and other guidance across by intervention type and priority target population. The LO must also ensure that funding is geographically distributed across Chicago.

VI. Required Activities and Performance Measures

A. Required Activities of the Lead Organization

- The LO will work with CDPH to establish funding and resource allocation priorities that will maximize the funds available to support the delivery of a continuum of substance abuse services to vulnerable populations in Chicago.

- The LO will initiate a competitive RFP process that will result in subcontract awards to agencies to provide substance abuse prevention and treatment programming. The RFP must be reviewed and approved by CDPH before it is released.

- The LO must be able to execute its first round of subcontracts to begin provision of services by April 1, 2016 through December 31, 2016, with subcontractors then being eligible for up to two renewal 12-month award periods.

- The LO will ensure fiscal responsibility and contract management of all sub-contractors.

- The LO will convene the sub-contractors quarterly to ensure a uniform standard of service is being provided.

- The LO will ensure timely payments to all sub-contractors. Payments shall be made within 30-days of proper documentation of allowable costs being submitted by subcontractor. The LO must be financially capable of paying sub-contractors within 30-days regardless or reimbursements status of the LO by the City.

- The LO will perform ongoing quality management activities, including: requiring and reviewing monthly reports from sub-contractors; and conducting annual fiscal and programmatic site visits to each sub-contractor.

- The LO will provide monthly reports to CDPH that include detailed and aggregate data related to service utilization.

- The LO will provide ongoing training and technical assistance to sub-contractors. Training should address the following topics: opioid, prescription abuse and misuse, naloxone and other overdose prevention programming, violence and trauma prevention and response. All training shall take a harm reduction approach to substance abuse prevention and treatment.
• The LO will meet with CDPH, as requested, and will participate/lead citywide efforts related to substance abuse prevention and treatment.

B. Performance Measures for Lead Organization
• Sub-contracts executed in a timely fashion
• Number of trainings offered to sub-contractors
• Number of hours of technical assistance provided to each sub-contractor
• Timely payment of sub-contractor vouchers
• Timely and accurate submission of reports to CDPH
• Achievement of performance measures/scope of sub-recipients
• Completion of annual fiscal and programmatic site visits for sub-contractors

VII. Service Categories for Sub-Contractors
The Lead Organization shall execute sub-contracts for the provision of services in the following five categories:

1. Prevention
2. Treatment
3. Detoxification
4. Naloxone
5. Recovery Services

Services provided may use either evidence-based or emerging/innovative practices. Definitions of these practices are as follows:

• **Evidence-based**/Effective Practice: Evidence-based practices, also known as EBPs, are treatments that have been researched academically or scientifically, been proven effective and replicated by more than one investigation or study. Evidence-based treatment practices are meant to make treatment more effective for more people by using scientifically proven methods and research.\(^5\)

• **Emerging/Innovative Practices**: Emerging and/or innovative practices are consistent with theory, practice, wisdom and expert consensus as reflected in the broader literature but not rigorously supported through testing at the present time. Past testing, if it has been done, may have involved weak designs or taken place in a restricted range of settings or populations.

1. Prevention

---

a. **Requirements:** Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem, such as underage alcohol use, prescription drug misuse and abuse and illicit drug use.  

b. **Allowable Services:**

*Level 0.5 Early Intervention*  
An organized service delivered in a wide variety of settings that are sub-clinical or pre-treatment in nature for individuals who have at least one risk area related to primary use and/or possession of alcohol or drugs but do not have a diagnosis of abuse or dependence. Early Intervention services can be provided in an individual or group setting but must be documented in a client record by time, date and duration of service.

*SBIRT – Screening, Brief Intervention and Referral to Treatment*  
A comprehensive, integrated public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as, those who are at risk of developing these disorders. Primary care centers, hospitals, emergency rooms, trauma centers and other community settings provide opportunities for early intervention with at risk substance users before more severe complications occur.

Examples of risk areas are as follows:
- Repeated absences, suspensions or terminations from work or school environments
- Gang involvement
- Criminal justice involvement
- Absence from family or home, homelessness, or for youth, running away or placement in alternative living environments or schools
- Abuse of or addiction to alcohol or drugs by a family member or significant other
- Extreme or prolonged exposure to severe stressor, e.g., exposure to trauma through loss of home, flood or fire, and violence.
- Death of family member or significant other

2. **Treatment Services**

a. **Requirements:** Treatment services must be performed by Licensed Treatment Providers (LTP). LTPs are substance abuse treatment providers that have been licensed by the Illinois Department of Public Health (IDPH) or by the Illinois Department of Human Services-Division of Alcoholism and Substance Abuse (DASA) as of November 1, 2012 for the modality of services that are listed in this proposal. DASA or IDPH license is required for Level 0.5-III and Recovery Homes.

b. **Allowable Services:**

*Level I: Outpatient Services*

---

6 Substance Abuse and Mental Health Services Administration, Prevention of Substance Abuse and Mental Illness, 10/3/14.
7 Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, 2014, “Contractual Policy Manual”.
8 Substance Abuse and Mental Health Services Administration, Office of National Drug Control Policy Fact Sheet, July, 2012

Non-residential substance abuse treatment consisting of face-to-face clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall be a planned regimen of regularly scheduled sessions that average less than nine hours per week.

**Level II: Intensive Outpatient/Partial Hospitalization Services**

Non-residential substance abuse treatment consisting of face-to-face clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall be a planned regimen of scheduled sessions for a minimum of nine hours per week.

**Level III: Inpatient Sub-Acute/Residential**

Residential substance abuse treatment consisting of clinical services for adults or adolescents. The frequency and intensity of such treatment shall depend on patient need but shall, except in residential extended care as defined in the source document, include a planned regimen of clinical services for a minimum of 25 hours per week. Inpatient care, with the exception of residential extended care as defined in the source document, shall require staff that are on duty and awake, 24 hours a day, seven days per week. During any work period, if professional staff as defined in Section 2060.309(a) of this Part are not on duty, such staff shall be available on call for consultation relative to any aspect of patient care.

Level III programs offer organized treatment services that feature a planned regimen of care in a 24-hour residential setting. Treatment services adhere to defined policies, procedures and clinical protocols. They are housed in, or affiliated with, permanent facilities where patients can reside safely. Mutual/self-help group meetings usually are available onsite.

**Opioid Treatment Programs (OTPs)**

Provide Medication Assisted Treatment (MAT) for individuals diagnosed with an opioid use disorder. OTPs also provide a range of services to reduce, eliminate, or prevent the use of illicit drugs, potential criminal activity, and/or the spread of infectious disease. OTPs must be accredited by a SAMHSA-approved accrediting body and certified by SAMHSA.

Methadone, buprenorphine and naltrexone are used to treat opioid dependence and addiction to short-acting opioids such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone. People may safely take medications used in MAT for months, years, several years, or even a lifetime.

**Office-Based Opioid Agonist Treatment (OBOT)**

OBOT refers to models of care that seek to integrate the treatment of opioid addiction into the general medical and psychiatric care of the patient. It allows primary care physicians and psychiatrists to provide addiction treatment services in their usual clinical settings. At present, formulations of buprenorphine are the only medications that meet the legal requirements for such treatment.

---

Centralized Intake (Optional)
The development of a centralized intake for Chicago residents requiring substance abuse treatment services is also an allowable activity to propose. Central intake would be responsible for triaging calls from residents seeking treatment, making appropriate referrals, ensuring completion of referrals, and maintaining an accurate resource inventory. These services can be provided telephonically, in-person, and/or through the Internet.

3. Detoxification Services
   a. Allowable Services:

   LEVEL III.2D: Clinically Managed Residential Detoxification
   An organized service that may be delivered by appropriately trained staff, who provide 24-hour structure and support. However, the full resources of a Level III.7D, medically monitored inpatient detoxification service, are not necessary.

   Some clinically managed residential detoxification programs are staffed to supervise self-administered medications for the management of withdrawal. All programs at this level rely on established clinical protocols to identify patients who are in need of medical services beyond the capacity of the facility and to transfer such patients to appropriate levels of care.

   LEVEL III.7D: Medically Monitored Inpatient Detoxification
   An organized service delivered by medical and nursing professionals, which provides for 24-hour medically supervised evaluation and withdrawal management in a permanent facility with inpatient beds. Services are delivered under a defined set of physician-approved policies and physician-monitored procedures or clinical protocols. This level provides care to patients whose withdrawal signs and symptoms are sufficiently severe to require 24-hour patient care. It sometimes is provided by overlapping with Level IV-D services (as a “step-down”) in a specialty unit of an acute care general or psychiatric hospital. Twenty-four hour observation, monitoring and treatment are available. However, the full resources of an acute care general hospital or a medically managed intensive inpatient treatment program are not necessary.

4. Naloxone Services
   a. Requirements: A minimum of $250,000 must be allocated to this category.
   Naloxone/Narcan is a medication used in medication-assisted treatment (MAT) to counter opioid overdose. It is approved by the Food and Drug Administration to prevent overdose by opioids such as heroin, morphine, and oxycodone. It blocks opioid receptor sites, reversing the toxic effects of the overdose. The medication is injected intravenously (into a vein), intramuscularly (into a muscle), or subcutaneously (just under the skin). Naloxone is also available as an automatic injection device and as a nasal spray. A physician can prescribe naloxone to patients who are in medication-assisted treatment (MAT), especially if the patient is taking medications used in MAT or considered a risk for opioid overdose.14

---

14 American Society of Addiction Medicine, October, 2015.
b. Allowable Services: Services should seek to expand the availability and access to naloxone either through the direct delivery of naloxone or other overdose prevention medications or through the provision of training and technical assistance to increase availability through other existing means.

5. Recovery Services

a. Allowable Services:

*Peer Recovery Support or Recovery Orientated Systems of Care (ROSC)*

ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resilience of individuals, families and communities to achieve abstinence and improved health, wellness and quality of life for those with or at risk of alcohol and drug problems.

*Recovery Homes*

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

*Annual Recovery Walk*

National Recovery Month (SAMHSA) is a national observance held every September to educate Americans that substance use treatment and mental health services can enable those with a mental and/or substance abuse disorder to live a healthy and rewarding life. The Recovery Walk is a citywide event wherein we celebrate the contributions of the substance abuse treatment and recovery communities and promote the positive message that “behavioral health is essential to overall health, prevention works, treatment is effective and people can and do recover.” A community walk (approximately 3 miles long) is held every year that begins and ends in one of the Chicago Park Districts. The Recovery Walk event is usually co-sponsored, in conjunction with companion events led by federal, state, and recovery organizations, to raise public awareness and build support for recovery.

VIII. Priority Target Populations

Priority Target Populations who shall receive services from the sub-contractors include:

1. Adolescents
2. Lesbian, Gay, Bisexual and Transgender (LGBT) Persons (Youth or Adult)
3. Ex-Offenders and Formerly Incarcerated Persons
4. Homeless Persons
5. Uninsured / Underinsured Adults
6. Individuals or Families involved with the Child Welfare System

15 Substance Abuse and Mental Health Services Administration, 2014.
7. Persons diagnosed with both Mental Illness and Substance Abuse disorder (co-occurring)

Detailed descriptions on these populations are as follows:

1. **Adolescents**: The Centers for Disease Control (CDC) refers to this group as persons 12 to 24 years of age. A recent report by the US Department of Health and Human Services (HHS) Substance Abuse and Mental Health Services Administration (SAMHSA) finds that adolescents are using substances at “alarming” rates; “on an average day, 881,684 teenagers aged 12 to 17 smoked cigarettes…, 646,707 adolescents smoked marijuana, and 457,672 drank alcohol.”16 In order to treat adolescents with substance abuse issues effectively, providers must address various cognitive, emotional, physical, social, moral, and family and peer environment issues that are unique to this age group.17

2. **Adolescent and/or Adult Lesbian, Gay, Bisexual and Transgender (LGBT) Persons**: According to the CDC, when compared to the general population, LGBT individuals are more likely to use alcohol and drugs, have higher rates of substance abuse, are less likely to abstain from drug and alcohol use and are more likely to continue heavy drinking later in life.18 The CDC further describes the impact of stressors felt by LGBT persons in adolescence “also puts them at greater risk for depression, substance use and sexual behaviors that place them at risk for HIV and other sexually transmitted diseases (STD).”19 In addition, culturally sensitive services are necessary to provide effective services to members of LGBT communities.

3. **Ex-Offenders and Formerly Incarcerated Persons**: This group refers to all persons recently released from jail or prison who are re-entering mainstream society. Providing access and appropriate treatment services to formerly incarcerated persons and ex-offenders can help reduce repeat drug offenses and recidivism.20

4. **Homeless Persons**: According to the US Department of Housing and Urban Development (HUD), a person is considered homeless only when he/she meets one of the conditions described below:
   - Resides in places not meant for human habitation, such as cars, parks, sidewalks, abandoned buildings or the street;
   - Resides in an emergency shelter;
   - Resides in transitional or supportive housing for homeless persons who originally came from the streets or emergency shelters;
   - Resides in any of the above places but is spending a short time (up to 30 consecutive days) in a hospital or other institution;
   - Is being evicted within a week from a private dwelling unit but has identified no subsequent residence and lacks the resources and support networks needed to obtain housing;
   - Is being discharged within a week from an institution, such as a mental health or substance abuse treatment facility or a jail/prison, in which the person has been a resident for more than 30 consecutive days and has identified no subsequent residence and lacks the resources and support networks needed to obtain housing; or
   - Is fleeing a domestic violence housing situation and has identified no subsequent residence and lacks the resources and support networks needed to obtain housing.

---

16 SAMHSA, “Substance use by adolescents on an average day is alarming,” August 2013.
According to HUD’s 2013 estimate of homeless subpopulations, 32.7% of homeless persons in Illinois experience chronic substance abuse issues. Because homeless individuals have limited access to resources, they may experience difficulty in seeking treatment or being appropriately linked to services such as primary care, mental health, substance abuse, housing, employment and other social services. Therefore, they need specialized outreach and linkage to services that are sensitive to their experience of surviving on the streets or in emergency shelters.

5. **Uninsured and Underinsured:**
According to a report released by HHS, 347,300 people in Illinois selected plans through the Illinois Health Insurance Marketplace as of the February 15, 2015 open enrollment deadline. This is a 60 percent increase in cumulative enrollments compared to the previous year’s total of 217,000 marketplace enrollments. Despite the great success of the Affordable Care Act (ACA), there are still uninsured residents due to citizenship status and/or non-participation in the insurance options. In addition, immigrant and refugee residents have greater barriers to accessing care due to trauma and other acculturation issues.

6. **Individuals or Families involved with the Child Welfare System:** This group consists of families who are currently involved with the child welfare system, including instances where children may already be placed in foster care. According to SAMHSA’s National Center on Substance Abuse and Child Welfare, it is estimated that one third to two thirds of families involved in child welfare services are affected by a substance use disorder. Therefore, substance abuse services targeting this population need to be cognizant of the experiences of family separation or foster care system involvement in addition to substance abuse treatment.

7. **Persons diagnosed with both Mental Illness and Substance Abuse disorders (co-occurring):** The coexistence of both a mental illness and a substance use condition is referred to as co-occurring mental and substance use disorders. There are no specific combinations of substance use disorders and mental disorders that are defined uniquely as co-occurring disorders. Co-occurring disorders may include any combination of two or more substance use disorders and mental disorders identified in the *Diagnostic and Statistical Manual of Mental Disorders*, Fifth Edition (DSM-5). They are also referred to as having a dual diagnosis.

People with a mental health issue are more likely to experience an alcohol or substance use disorder than those not affected by a mental illness. Approximately 7.9 million adults had co-occurring disorders in 2014.

For the purposes of this RFP only, persons with HIV/AIDS are not included as a vulnerable population. Funding to support substance abuse treatment services to this population is made available through the CDPH’s Ryan White program.

The LO must assure the following:
- Eighty percent of services must be targeted to the priority population.
- All recipients of service must be Chicago residents (includes homeless person living in Chicago).
- Funding of sub-contractors should be geographically diverse to ensure access to services by priority populations.

---

Funding should be used to support programs and services for the uninsured or underinsured. Insured residents seeking services available through this funding may only do so if their insurance plan does not cover the requested service.

IX. Evaluation of Lead Organization Proposals:

An Evaluation Committee convened by the Chicago Department of Public Health will review and evaluate the Proposals in accordance with the Evaluation Criteria. The Evaluation Committee will recommend either 1) a short list of potential awardees which it wishes to examine further or 2) a final list indicating the potential awardee. In either case, the recommendation is presented to the Commissioner of Public Health who must approve the selection.

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 supporting materials; or to cancel this Request for Proposal process if it is in the City’s best interest to do so. The successful respondents may be asked to clarify their Proposal by making a presentation, performing a demonstration, or hosting a site visit.

The scoring criteria are listed below. Each category is related to the question category in the CyberGrants RFP.

<table>
<thead>
<tr>
<th>Category</th>
<th>Available Points</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency Information</td>
<td>0</td>
</tr>
<tr>
<td>Agency Cultural and Linguistic Competency</td>
<td>5</td>
</tr>
<tr>
<td>Project Description</td>
<td>60</td>
</tr>
<tr>
<td>- Agency Experience (10 Points)</td>
<td></td>
</tr>
<tr>
<td>- Fiscal Management (15 Points)</td>
<td></td>
</tr>
<tr>
<td>- Contract Management (15 Points)</td>
<td></td>
</tr>
<tr>
<td>- Training and Technical Support (20 Points)</td>
<td></td>
</tr>
<tr>
<td>Data Collection and Reporting</td>
<td>15</td>
</tr>
<tr>
<td>Staffing Plan</td>
<td>5</td>
</tr>
<tr>
<td>Budget</td>
<td>5</td>
</tr>
<tr>
<td>Work Plan</td>
<td>10</td>
</tr>
<tr>
<td><strong>Total Available Points</strong></td>
<td><strong>100</strong></td>
</tr>
</tbody>
</table>

Letter of Intent to Apply
The City of Chicago, Department of Public Health encourages all interested applicants to submit a letter indicating the organization’s intent to respond to this RFP on agency letterhead to CDPH by December 28, 2015. Letters should be attached via email to Pamela Greer at [pamela.greer@cityofchicago.org].

Pre-Proposal Conference
An in-person Pre-Proposal 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 respondents’ questions. Organizations planning to submit a proposal are strongly encouraged to participate in the Pre-Proposal Conference. The Pre-Proposal Conference will be held at the following location:

December 21, 2015 from 1:00 PM to 3:00 PM
Chicago Department of Public Health—Board Room
333 S. State Street, 2nd Floor, Chicago, IL 60604
X. Compliance with Laws, Statutes, Ordinances and Executive Orders

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

1. Conflict of Interest Clause: No member of the governing body of the City of Chicago or other unit of government and no other officer, employee, or agent of the City of Chicago or other government unit who exercises any functions or responsibilities in connection with the carrying out of the project shall have any personal interest, direct or indirect, in the grant agreement. The respondent covenants that he/she presently has no interest, and shall not acquire any interest, direct, or indirect, in the project to which the grant agreement pertains which would conflict in any manner or degree with the performance of his/her work hereunder. The respondent further covenants that in the performance of the grant agreement no person having any such interest shall be employed.

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

3. Selected respondents shall establish procedures and policies to promote a Drug-free Workplace. The selected respondent shall notify employees of its policy for maintaining a drug-free workplace, and the penalties that may be imposed for drug abuse violations occurring in the workplace. The selected respondent shall notify the City if any of its employees are convicted of a criminal offense in the workplace no later than ten days after such conviction.

4. Business Relationships with Elected Officials - Pursuant to Section 2-156-030(b) of the Municipal Code of Chicago, as amended (the "Municipal Code") it is illegal for any elected official of the City, or any person acting at the direction of such official, to contact, either orally or in writing, any other City official or employee with respect to any matter involving any person with whom the elected official has a business relationship, or to participate in any discussion in any City Council committee hearing or in any City Council meeting or to vote on any matter involving the person with whom an elected official has a business relationship. Violation of Section 2-156-030(b) by any elected official with respect to the grant agreement shall be grounds for termination of the grant agreement. The term business relationship is defined as set forth in Section 2-156-080 of the Municipal Code.

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


6. If selected for grant award, respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the grant agreement between the City and the successful respondents.

7. Prohibition on Certain Contributions, Mayoral Executive Order 2011-4. Neither you nor any person or entity who directly or indirectly has an ownership or beneficial interest in you of more than 7.5% (“Owners”), spouses and domestic partners of such Owners, your subcontractor, 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.

False Statements

(a) 1-21-010 False Statements
Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly falsifies any statement of material fact made in connection with an proposal, report, affidavit, oath, or attestation, including a statement of material fact made in connection with a bid, proposal, contract or economic disclosure statement or affidavit, is liable to the city for a civil penalty of not less than $500.00 and not more than $1,000.00, plus up to three times the amount of damages which the city sustains because of the person's violation of this section. A person who violates this section shall also be liable for the city's litigation and collection costs and attorney's fees.

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

(b) 1-21-020 Aiding and Abetting.
Any person who aids, abets, incites, compels or coerces the doing of any act prohibited by this chapter shall be liable to the city for the same penalties for the violation. (Added Coun. J. 12-15-04, p. 39915, § 1)

(c) 1-21-030 Enforcement.
In addition to any other means authorized by law, the corporation counsel may enforce this chapter by instituting an action with the department of administrative hearings. (Added Coun. J. 12-15-04, p. 39915, § 1)