



Non-DPS Procurement Solicitation #7930,1 (RFP)

**COVID-19 Vaccination Mobile and Strike Team Site Operations**

**Specification Number:1221132**

**Required for use by:** DEPARTMENT OF HEALTH

**Bid/Proposal Submittal Date and Time:** 12:00 PM Central Time, 09-APR-2021

**Deadline for Questions:** 12:00 PM Central Time, 29-MAR-2021

**Buyer:** GARCIA, SARAH

**Email Address:** Sarah.Garcia@cityofchicago.org

**Phone Number:** 3127479397

**Pre-Solicitation Conference Date and Time:** 12:00 PM Central Time, 25-MAR-2021

**Pre-Solicitation Conference Location:** Please see Section XIII.a Bidders Conference of the RFP for details on how to access.

**Site Visit Date & Time:** N/A

**Site Visit Location:** N/A

***Please submit your response to:***

<http://www.cityofchicago.org/eProcurement>  
iSupplier vendor portal registration is required.  
Allow 3 business days to complete registration.

**LORI E. LIGHTFOOT**  
MAYOR

**Dr. Allison Arwady**  
Commissioner

Specification Number: 1221132

Type of Funding:

Title: COVID-19 Vaccination Mobile and Strike Team Site Operations

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**1 Header Information****1.1 General Information**

Title	<b>COVID-19 Vaccination Mobile and Strike Team Site Operations</b>		
Description	<b>COVID-19 Vaccination Mobile and Strike Team Site Operations</b>		
Amendment Date	<b>25-MAR-2021 15:16:09</b>		
Amendment Description	<b>The purpose of this amendment is to include the March 25, 2021 Bidders Conference Presentation Slides.</b>		
Preview Date	<b>25-MAR-2021 15:16:09</b>	Open Date	<b>25-MAR-2021 15:16:09</b>
Close Date	<b>12:00 PM Central Time, 09-APR-2021</b>	Award Date	<b>Not Specified</b>
Time Zone	<b>Central Time</b>	Buyer	<b>GARCIA, SARAH</b>
Quote Style	<b>Blind</b>	Email	<b>Sarah.Garcia@cityofchicago.org</b>
Event	<b>Non-DPS Procurement</b>	Outcome	<b>Delegate Agency Blanket Agreement</b>

**1.2 Terms**

Effective Start Date	<b>Not Specified</b>	Effective End Date	<b>Not Specified</b>
Ship-To Address	<b>041- DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604 United States</b>	Bill-To Address	<b>041- DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604 United States</b>
Payment Terms	<b>IMMEDIATE</b>	Carrier	
FOB		Freight Terms	
Currency	<b>USD (US Dollar)</b>	Price Precision	<b>Any</b>
Total Agreement Amount (USD)	<b>Not Specified</b>	Minimum Release Amount (USD)	<b>Not Specified</b>

**1.3 Requirements**

<b>RFP DEADLINE</b>
PLEASE NOTE: Please do not wait until the RFP deadline time to submit your proposal. RFPs not submitted due to the system closing at the RFP deadline will not be accepted under any circumstances. Please allow enough time so that any technical issues can be addressed directly with the eprocurement help desk. The RFP will automatically close at the deadline regardless if you are working in the system.
.....
Type <b>No Response Required</b>
<b>CHARACTER LIMIT</b>
Responses to questions below are limited to 4,000 characters each. If your response requires more than 4,000 characters, please attach response.
.....
Type <b>No Response Required</b>
<b>Communication</b>
Please submit all communication via the Online Discussion option within eProcurement <u>only</u> . Emailed communication will be directed back to Online Discussion.
.....
Type <b>No Response Required</b>
<b>Contact</b>
What is the First Name of the contact person for this RFP?
.....
Provide your answer below

Contact
<p>What is the Last Name of the contact person for this RFP?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is the Title of the contact person for this RFP?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is the Phone Number of the contact person for this RFP?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is the Email of the contact person for this RFP?</p> <p>.....</p> <p>Provide your answer below</p>
<p><b>Organization Information</b></p> <p>What is your Legal Organization Name?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is your Legal Organization Address?</p> <p>.....</p> <p>Provide your answer below</p>

Organization Information
<p>What is your Legal Organization City?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is your Legal Organization State?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is your Legal Organization Zip Code?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is your Legal Organization County?</p> <p>.....</p> <p>Provide your answer below</p>
<p>What is your Legal Organization Telephone Number?</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please enter your agency's Federal Employer Identification Number. Your Federal Tax ID number is a 9 digit number that contains only numbers. Acceptable formats for this number are 123456789 or 12-3456789. To find your Federal Tax ID number, try the following options: 1) Call the Internal Revenue Service Call Center at 877-829-5500 or Search for your Tax ID number at the IRS website: <a href="https://www.irs.gov/charities-non-profits/tax-exempt-organization-search">https://www.irs.gov/charities-non-profits/tax-exempt-organization-search</a>.</p> <p>.....</p>

Organization Information
Provide your answer below
Please enter the DUNS number associated with your organization. All organizations receiving federal financial awards or sub-awards must have a DUNS number. You may search for your DUNS number or request one here - <a href="http://fedgov.dnb.com/webform">http://fedgov.dnb.com/webform</a> . ..... Provide your answer below
Please provide the name of your agency's chief executive. ..... Provide your answer below
Please provide the official title for the chief executive of your agency. ..... Provide your answer below
Please provide the chief executive's contact telephone number, including area code. ..... Provide your answer below
Please provide your chief executive's e-mail address. ..... Provide your answer below
Please provide the name of your agency's chief financial officer.

<b>Organization Information</b>
<p>.....</p> <p>Provide your answer below</p>
<p>Please provide the contact phone number for your agency's chief financial officer.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide the e-mail address for your agency's chief financial officer.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Experience working within selected region</b>
<p>Please provide your initials acknowledging that you attached your organization experience working within the selected region as described in Section VIII.a of the RFP.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Staffing Plan</b>
<p>Please provide your initials acknowledging that your staffing plan, as described in Section VIII.b of the RFP, is attached.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Budget and Justification</b>
<p>Respondent must submit a budget not to exceed the maximum amount quoted in Section IV. Available Funding of the RFP document. Failure to do so will result in deduction in points given.</p> <p>.....</p> <p><b>Type No Response Required</b></p> <p>Please provide your initials acknowledging that your budget, as described in Section VIII.c of the RFP, is attached.</p>

<b>Budget and Justification</b>
<p>.....</p> <p>Provide your answer below</p>
<p><b>Planning Acumen</b></p> <p>Please provide your initials acknowledging that your Operational Plan, as described in Section VIII.d of the RFP, has been attached.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide your initials acknowledging that your Training Plan, as described in Section VIII.e of the RFP, has been attached.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide your initials acknowledging that your Technology Plan, as described in Section VIII.f of the RFP, has been attached.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide your initials acknowledging that your Timeline, as described in Section VIII.g of the RFP, has been attached.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide your initials acknowledging that your Safety Plan, as described in Section VII.a.viii of the RFP, has been attached.</p> <p>.....</p> <p>Provide your answer below</p>



<b>Planning Acumen</b>
<p>Please provide your initials acknowledging that your comprehensiveness of plan for support services, as described in Section VI.a.iii of the RFP, has been attached.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Alignment with CDPH Principles and Strategies</b>
<p>Please provide your initials acknowledging that you attached documents in response to Section VIII.h of the RFP.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Experience with vaccination clinics</b>
<p>Please provide your initials acknowledging that you have attached our organizations experience with vaccination clinics as described in Section VIII.i of the RFP.</p> <p>.....</p> <p>Provide your answer below</p>
<b>Other Attachments</b>
<p>Please describe any additional attachments submitted including company information, resumes, etc.</p> <p>.....</p> <p>Type <b>Optional</b></p> <p>.....</p> <p>Provide your answer below</p>
<b>Statement of Assurance/ Confirmation of Required Documents</b>
<p>Please acknowledge that you have read, completed and attach the Conflict of Interest Questionnaire.</p> <p>.....</p> <p>Provide your answer below</p>

Statement of Assurance/ Confirmation of Required Documents
<p>Please acknowledge that you have read the laws, statutes, ordinances and executive orders section of the RFP.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide your initials signifying that all required documents have been reviewed and submitted as required.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Provide the full name of the signatory.</p> <p>.....</p> <p>Provide your answer below</p>
<p>Please provide the title of the signatory.</p> <p>.....</p> <p>Provide your answer below</p>

#### 1.4 Attachments

Name	Data Type	Description
ATTACHMENT 01: RFP Document	File	RFP Document
ATTACHMENT 02: BUDGET FORM INSTRUCTIONS	File	Budget Form Instructions
ATTACHMENT 03: CONFLICT OF INTEREST QUESTIONNAIRE	File	Conflict of Interest Questionnaire
ATTACHMENT 04:	File	INSTRUCTIONS FOR SUBMITTING

Name	Data Type	Description
INSTRUCTIONS FOR SUBMITTING APPLICATION		APPLICATION
ATTACHMENT 05: Online Customer Support	File	Online Customer Support - Please contact for technical support
ATTACHMENT 06 - Bidders Conference Presentation	File	Bidders Conference Presentation

**1.5 Response Rules**

- ☐ Solicitation is restricted to invited suppliers
- ☒ Suppliers are allowed to respond to selected lines
- ☒ Suppliers are allowed to provide multiple responses
- ☐ Buyer may close the solicitation before the Close Date
- ☐ Buyer may manually extend the solicitation while it is open

**2 Price Schedule****2.1 Line Information**

Display Rank As **No indicator displayed**  
 Ranking **Price Only**  
 Cost Factors **None**

Line	Item, Rev / Job	Target Quantity	Unit	Unit Price	Amount
1 0005 - Personnel		1	USD		
2 0044 - Fringe Benefits		1	USD		
3 0100 - Operating/Technical		1	USD		
4 0140 - Professional and Technical Services		1	USD		
5 0200 - Travel		1	USD		
6 0300 - Materials and Supplies		1	USD		
7 0400 - Equipment		1	USD		
8 0801 - Indirect		1	USD		
9 0999 - Other		1	USD		

**2.2 Line Details****2.2.1 Line 1 0005 - Personnel**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.2 Line 2 0044 - Fringe Benefits**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.3 Line 3 0100 - Operating/Technical**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.4 Line 4 0140 - Professional and Technical Services**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.5 Line 5 0200 - Travel**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.6 Line 6 0300 - Materials and Supplies**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.7 Line 7 0400 - Equipment**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.8 Line 8 0801 - Indirect**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**2.2.9 Line 9 0999 - Other**

Category	<b>94855.DA.</b>	Start Price (USD)	<b>Not Specified</b>
Shopping Category	<b>Not Specified</b>	Target Price (USD)	<b>Not Specified</b>
Minimum Release Amount (USD)	<b>Not Specified</b>		
Estimated Total Amount (USD)	<b>Not Specified</b>		

**City of Chicago  
REQUEST FOR PROPOSALS (RFP)  
COVID-19 Vaccination Site Operation  
RFP# 7930**

**All Proposals must be submitted through eProcurement system**  
**<http://www.cityofchicago.org/eprocurement>**

For further information:  
Christina Anderson  
Chicago Department of Public Health  
312-237-6622  
[Christina.anderson@cityofchicago.org](mailto:Christina.anderson@cityofchicago.org)

City of Chicago  
Department of Public Health  
COVID-19 Bureau

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## I. Purpose

The City of Chicago (“City”) acting through the Chicago Department of Public Health (CDPH) seeks a qualified organization(s) to establish and operate COVID-19 vaccination points-of-dispensing (POD) sites to provide vaccine immunization services. The COVID-19 vaccination POD sites aim to advance public health by creating and improving accessibility to authorized COVID-19 vaccines in Chicago. Initially, these PODs will be a primary source of vaccination access for many individuals in prioritized categories as determined by the Centers for Disease Prevention and Control’s Advisory Committee on Immunization Practices (specific exceptions in the categories 1A and 1B include hospital-based healthcare employees and some individuals in long-term care facilities, who will receive vaccination from other providers). While the City of Chicago will provide the initial supply of vaccine, should the vaccine become commercially available, vendor(s) will be asked to secure the vaccine directly.

## II. Background

### a. COVID-19 in Chicago and its impact

COVID-19 has had a profound impact on Chicagoans’ physical health, mental health and economic vitality. Through January 7, 2021, CDPH reported more than 210,000 cases and more than 4,300 deaths. CDPH has deployed millions of dollars of resources to the response, including testing, contact tracing, communications, and epidemiological resources. In December, 2020, the U.S. Food and Drug Administration (FDA) issued an emergency use authorization (EUA) for two vaccines, one from Pfizer-BioNTech and one from Moderna. Within days of the EUA, CDPH had begun distributing COVID-19 vaccines to Chicagoans. CDPH anticipates the vaccination effort will carry on for several years, with the majority of the City’s effort on the vaccination campaign expended in 2021.

### b. COVID-19 vaccinations

The immunization of Chicago residents with a safe and effective COVID-19 vaccine is a critical component of the strategy to reduce COVID-19 transmission and thereby related illness, hospitalizations, and deaths and to help restore societal function.

CDPH aims to ensure access to COVID-19 vaccination for residents with limited access to health care. This vaccination effort will add value to existing vaccination capacity provided by clinical and pharmacy providers, with temporary static and mobile sites, as well as strike teams, that provide opportunities for COVID-19 vaccination at no-cost to Chicago residents who may not otherwise get vaccinated.

- i. If and when the FDA approves additional vaccines, CDPH will work with the vendor(s) to incorporate those vaccines as is relevant.

### c. Adherence to CDPH and CDC guidance

The vendor(s) selected will be expected to utilize the most recent City of Chicago COVID-19 Mass Vaccination Strategic Guide, provide services consistent with the protocols listed in the most recent guide, and adjust operations and vaccination priorities based

on direction from the City and updates from the CDC and the Advisory Committee on Immunization Practices (ACIP).<sup>1</sup>

### III. Alignment with CDPH Guiding Principles

CDPH investments are guided by the following principles. CDPH delegates and their sub-contractors are expected to integrate these principles into organization policy and practice. Respondents will be asked to address these principles in their response to this funding opportunity.

- Deconstructing racist systems – actively working to reframe and dismantle systems that perpetuate privilege.
- Trauma prevention and trauma-informed services – ensuring services address trauma and healing.
- Cultural Responsiveness – ensuring services are culturally and linguistically appropriate.
- Health equity in all communities – allocating resources and services to people and areas with the greatest need.

### IV. Internet Access to this RFP

Respondents may download the RFP and any future addenda from the City's Department of Procurement Services (DPS) website at the following URL:

<https://www.chicago.gov/city/en/depts/dps/isupplier/current-bids.html>. Respondents are required to have Internet access and an email address. The City will not provide hardcopies of this RFP or clarifications and/or addenda. Respondents are required to submit responses via the City's online purchasing system, eProcurement.

The City accepts no responsibility for the timely delivery of materials or for alerting Respondents on posting to the DPS website information related to this RFP.

Under no circumstances shall failure to obtain clarifications and/or addenda relieve a Respondent from being bound by any additional terms and conditions in the clarifications and/or addenda, or from considering additional information contained therein in preparing a submittal. Furthermore, failure to obtain any clarification and/or addendum shall not be valid grounds for a protest against award(s) made under this RFP.

### V. Funding

- a. The City will evaluate proposals and make awards for the City of Chicago for vaccination services. The City anticipates awarding contracts under this RFP to five contractors ("Regional Vaccinators"), allocated according to defined regions as laid out in Section VI. of this RFP that can fulfill all services referenced in Project Description, Program

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<sup>1</sup> Applicants are encouraged to reference the [Guidance for Planning Vaccination Clinics Held at Satellite, Temporary or Off-Site Locations](#) guide from the Centers for Disease Control, as well as the [Checklist of Best Practices for Vaccination Clinics Held at Satellite, Temporary or Off-Site locations](#) from IZ Summit Partners.

Activities section (VI.a), and which demonstrate the competencies in Section VI.b. Awards for partial services at POD sites will not be considered, however, the City may ask the Vendor to provide certain services at some sites that it may not at others, depending on the requirements of the setting. Vendors may engage subcontractors to perform part or all of the services. The City reserves the right to award additional contracts under this RFP, as the City determines is in the best interests of the City. Where the requirements of a certain site materially affect Vendor's scope of services or pricing, the scope of services or pricing may be modified, accordingly, upon agreement with the City and Vendor. [Amount](#)

A total of \$10,000,000 will be available through this RFP for the initial contract beginning April 1, 2021 through December 31, 2021, with the possibility of one extension not to exceed 12 months. Each Regional Vaccinator will be awarded a contract not to exceed \$2 million. Funding is at the discretion of the City based, among other considerations, on the availability of funds, the need to extend services, and the contractor's performance. CDPH may work with the recipient(s) of this RFP to prepare external funding applications for work beyond 2022. Proposed pricing shall be inclusive of all costs.

b. [Source](#)

It is anticipated that funding for this program will come from one or more of the following sources:

- i. Centers for Disease Control Immunization and Vaccines for Children Grant
- ii. Centers for Disease Control Epidemiology and Laboratory Capacity Grant
- iii. Federal Emergency Management Agency Public Assistance grants

However, CDPH reserves the right to change or add funding sources.

## VI. [Regional Designations](#)

The City will designate one lead vaccinator for mobile and strike teams ("Regional Vaccinator") in each of five regions that collectively encompass all of the high and moderate vulnerability neighborhoods in Chicago. These regions coincide with the regions designated for the Protect Chicago Plus bid opportunity that will be made available through CDPH for vaccine community engagement and outreach. The Regional Vaccinator will be expected to take direction from the City about where to place sites and operate sites, and coordinate with the Protect Chicago Plus Regional Lead when chosen through that competitive bid process.

For the purposes of this RFP and the Protect Chicago Plus RFP, the regions are defined in the table below and shown in a map included as Exhibit C. Community areas indicated with an asterisk are high vulnerability areas, where the City has initially focused activations. Community areas noted in parentheses are part of the Protect Chicago Plus pilot program; for these neighborhoods, a community lead organization has already been identified and funded to begin work.

<b>PROTECT CHICAGO PLUS REGION</b>	<b>COMMUNITY AREAS</b>	
<b>Far South</b>	Burnside* Calumet Heights East Side Hegewisch Morgan Park Pullman	Riverdale Roseland* South Deering* Washington Heights* West Pullman*
<b>Near South</b>	Avalon Park Chatham Douglas Englewood* Fuller Park* Grand Boulevard Greater Grand Crossing	Oakland South Chicago South Shore Washington Park West Englewood* Woodlawn
<b>Northwest</b>	Albany Park (Belmont Cragin)* Dunning Hermosa* Montclare*	North Park Norwood Park Portage Park West Ridge
<b>Southwest</b>	Archer Heights* Ashburn Auburn Gresham* Brighton Park* Chicago Lawn* Clearing	(Gage Park)* Garfield Ridge* McKinley Park New City* West Elsdon* West Lawn*
<b>West</b>	(Austin)* East Garfield Park* Humboldt Park* Lower West Side*	North Lawndale* (South Lawndale)* West Garfield Park

Applicants for this RFP must indicate which region they are bidding for. The City reserves the right based on review of the capability of the applicants, to limit awards to one region per contractor as deemed necessary by the City to ensure capacity and readiness of a contractor.

## VII. Project Description

### a. Program Activities

Vendor(s) must provision point of dispensing sites, inclusive of all equipment, materials and supplies and staff, including provision of sufficient staffing of clinical and non-clinical roles to operate mobile point of dispensing sites (PODs) and vaccination strike

teams, including healthcare providers licensed or authorized by law in the State of Illinois with a Scope of Practice/approved Expanded Scope of Practice to deliver the vaccines to meet surge demands. All services are to be provided under the continuous and direct supervision by the vendor(s), and COVID-19 vaccine will be administered using only information, documentation, training and directions provided by CDPH. Please reference Appendix A for a example POD staffing org chart<sup>2</sup>.

Vendor(s) will provide vaccination services at locations as directed by CDPH. CDPH may require vendor(s) to change mobile site locations with one week's notice, and may require a strike team to be deployed to a location at City's direction with 48 hours' notice

The City will provide facilities or will facilitate use of facilities throughout Chicago..

The City of Chicago, through CDPH and the Vaccine Operations Center, will provide all policy and strategic direction to the vendor(s). The vendor(s) will be required to ensure the vaccine operations conducted through this funding are communicated as City-supported operations.

i. [Vaccination site operations](#)

Core to the contracted services is the daily operation of vaccination sites across the City of Chicago according to CDPH's requirements.

1. [Scope of operations](#)

Services would include, but are not limited to: on-site vaccinations under the clinical direction of a medical director employed by the vendor(s), fulfillment of reporting requirements, and facilitation of safe vaccination of the patient population. This medical director must be a licensed physician.

The vendor(s) must have medical licensure under which to operate and may not operate under CDPH's medical license. Vaccines must be provided at no cost to the patient. When possible, the vendor(s) must seek appropriate reimbursement from a program or health plan that covers COVID-19 vaccine administration fees for the individual receiving the vaccine (e.g., private insurance, Medicare, Medicaid, CHIP, etc.). For vaccine recipients not covered by insurance, providers may be requested to seek reimbursement (at Medicare rates) for administration fees through the Health Resources & Services Administration (HRSA) offered by the U.S. Department of Health and Human Services (HHS).

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<sup>2</sup> Applicants may propose alternative staffing models.

Requirements around this program include:

- a. Providers need to be registered with this program.
- b. Providers must agree to no balance billing.
- c. Providers must have verified that the recipient was not covered under insurance.
- d. Providers must agree to submit requests for reimbursement electronically when available, and receive payment electronically. (For more information about the program and claims reimbursement, see: [www.hrsa.gov/CovidUninsuredClaim](http://www.hrsa.gov/CovidUninsuredClaim).)

CDPH will require vendor to reduce invoices to the City by the amount received through reimbursements from third-party payors.

CDPH's policy does not require an identification card, such as a driver's license, to be vaccinated. The vendor(s) will be informed regarding any changes to this policy.

Site operations must be approved by the City through the vendor's operation plan. City may request adjustments to site operations as necessary to meet the needs of the City's vaccination campaign.

## 2. Site Types

Vendor(s) must be willing and able to operate a regularly determined number of vaccination sites in a mixture of two different formats, depending on operational need:

- a. Mobile site – vaccinations conducted at “pop up” mobile sites which operate for one or more days in a given location. Some mobile sites will be in a rotation in certain communities – returning to the same mobile location several additional times, while others may be one-off locations.
  - i. Mobile sites should have capacity to vaccinate 250 people per day, depending on the size and set-up of the facility.
- b. Strike teams – vaccinations conducted at a specific location where a targeted population is to be vaccinated. For example, in a congregate housing situation or at an employer with less than 250 employees.
  - i. Strike teams should have capacity to vaccinate approximately 150 people in a 4-hour time period.

## 3. Number, frequency and availability of sites

Vendor(s) must be able to operate sites seven days per week, from 8am

to 8pm, as vaccine supplies allow and as directed by the City. Vendor(s) will be expected to scale up or scale down availability of sites as required by CDPH. Vendor(s) must have a minimum capacity of at least two mobile sites and up to three strike teams per day.

ii. [Vaccine Operations Center command staff](#)

Vendor(s) must provide sufficient staff to facilitate coordination with City Vaccine Operations Center (VOC). These staff must be on-site at VOC during VOC operation hours (7:30 a.m. to 5:30 p.m., Monday-Saturday). As a requirement of this award, City may be able to request remediation or removal of any vendor(s) staff which do not meet the City's requirements upon conversation with vendor's project leadership.

iii. [Required materials, supplies and support services](#)

Vendor(s) must provide all equipment and supplies, including the supplies and materials listed below for effective vaccination administration in anticipation of, or in response to, vaccine and patient volume at vendor's expense. Any equipment acquired by the vendor(s) for use under the contract will remain property of the vendor(s). Vendor(s) must be able to report current on-hand and status of resupply or replenishment for any required materials or supplies at regular intervals to the City. Please see Appendix B for a detailed list of services and supplies.

iv. [Community relations and patient accommodation](#)

1. [Community collaboration](#)

Vendor must have staff to collaborate with Protect Chicago Plus Regional Lead and Neighborhood Leads to conduct outreach and advertising about site locations and vaccination opportunities, as well as encourage registration. Neither the Regional Vaccinator nor the Protect Chicago Plus Regional or Neighborhood leads may determine location of vaccination sites. The City retains the right to determine location of vaccination sites, with consultation from vendors

2. [Language Access](#)

In order to ensure meaningful access to vaccination and in keeping with [Section 2-40-020 of the Chicago Municipal Code](#), vendor(s) must provide multilingual capacity through a combination of staff onsite or through a translation service supported via phone and also must have staff available onsite adept in interacting effectively and sensitively with clients from diverse backgrounds. Vendor must have Spanish-speaking staff on-site at all mobile sites

3. [Accessibility](#)

CDPH serves all Chicagoans, and as such, the vendor(s) must be able to provide for accessibility requests for individuals with disabilities including Deaf and hard of hearing people, people who are blind or low vision, people with cognitive and/or intellectual disabilities and other



categories. The vendor(s) will work with CDPH and the Mayor's Office for People with Disabilities (MOPD) to ensure appropriate reasonable accommodations are made. The vendor will also make allotment for any accessibility trainings CDPH or MOPD may require.

4. [Other accommodations](#)

Vendor(s) must have staff available onsite adept in interacting effectively and sensitively with clients from diverse backgrounds, including various disability communities, individuals with criminal justice involvement and individuals with various immigration statuses.

v. [Required agreements, reporting, and information system capabilities](#)

Vendor(s) must sign and adhere to the [CDC COVID-19 Vaccination Program Provider Agreement](#). Vendor(s) must also enroll in I-CARE, the immunization registry for the state of Illinois, its successor or other designated data systems and submit data on a daily basis. The vendor(s) must capture various required data required elements required by I-CARE or its successor through use of a vaccine administration management system (eg CDC VAMS) or an Electronic Medical Record (EMR) that is able to electronically transmit required patient and COVID-19 immunization data to I-CARE. Data elements to be collected and transmitted include but are not limited to patient demographics, vaccine, vaccine administered code set (cVS), lot number, vaccine expiration date, precautions and contraindications, and additional data requirements set by the CDC and the State. Additional data requirements include but are not limited to: current number of patients who have received their first dose, number of patients who have received their second dose), vaccine on hand and vaccine administered; and documentation of quality assurance checks in a format provided by CDPH.

1. The City may request the vendor to use a specific registration system, at no cost to the Vendor. Should the City request the Vendor use a specific registration system, the City will provide support to train the Vendor in the system and will provide technical support on said system.

vi. [Data security requirements](#)

Vendor must make reasonable data security modifications to registration and scheduling system as requested by CDPH, VOC or Department of Assets, Information and Services – Information Security Office (AIS-ISO). Vendor agrees to comply with City requirements for data security and protecting personal information. See Appendix D for more information.

vii. [Additional capabilities: the vendor\(s\) must also have the following:](#)

1. An available system for scheduling, registration, administering, tracking, providing follow up, as well as reminding and securing an appointment for a second dose, with documentation of administration, for each client served

2. A system that provides a dashboard of all scheduled appointments, first dose vaccinations completed, second dose vaccinations completed, and patient demographic information at each site with access to select City of Chicago personnel. The City of Chicago has existing scheduling and registration systems available that may be used by applicant upon request. Applicant may indicate that, if chosen, applicant will use this system.
3. A process for reporting vaccine inventory and wastage data to CDPH and, if requested, to CDC's Vaccine Finder website.
4. A method and process for reporting adverse reactions in the Vaccine Adverse Event Reporting System (VAERS)
5. The ability to integrate with/transfer EMR data to I-CARE
6. The ability to report required vaccination data (approximately 20 data fields) via an HL7 message, including patient demographic information such as name, date of birth, race, ethnicity, address, sex, occupation, etc. I-CARE is also able to capture and store detailed vaccine administration information such as CVX, lot number, vaccine expiration date, precautions and contraindications, and additional data requirements set forth by the CDC or the State (including race and ethnicity during the COVID-19 vaccination campaign) to the local and state level every 24 hours.
7. Vendor(s) must have completed all necessary I-CARE registration(s) upon award. CDPH can assist with enrolling vendor(s) upon award if necessary.
8. Vendor(s) must be approved or have applied for approval by CDC and as a COVID-19 pandemic vaccination provider upon award.
9. Vendor(s) must enroll with CDC as a vaccine provider upon award, and must adhere to call requirements of this agreement.
10. Vendor must be willing to integrate their scheduling system with the City's partner central scheduling system, Zocdoc.com.
11. Vendor must be able to add or remove data fields to its registration system at City's request

viii. Emergency management planning and operations, including:

1. On-site safety plan for mobile sites and strike teams
2. Security plan
3. Inclement weather plan
4. Site open/closure protocols

b. Competencies

Successful applicant is minimally expected to demonstrate the following qualifications:

- i. Clinical experience administering vaccinations.

- ii. Experience handling vaccine products according to manufacturer, state, and federal requirements.
- iii. Be able to obtain personal protective equipment (PPE), tents, tables, coolers, and other necessary supplies to operate vaccine administration sites.
- iv. Address how they will manage the 2-shot requirement of some COVID vaccines and the mechanisms they will use to notify and recall clients to return for the second dose.
- v. Address how they will accommodate high vaccination volumes and minimize wait times at administration sites.
- vi. Adhere to all manufacturer, state and federal requirements for vaccine storage (including maintaining temperature requirements), handling, preparation, and administration.
- vii. Employ strategies to prevent loss or wasting of vaccine stock, and must report loss or wasting of vaccine stock to the City on a daily basis.
- viii. Record each vaccine administered within 24 hours of administration.
- ix. Supply documentation of vaccination to each person that is vaccinated.
- x. Complex operational management
- xi. Clinical coordination
- xii. Infection control
- xiii. Data and reporting management
- xiv. Excellent customer service

#### c. [Timeline of contract](#)

- i. This contract is operational from April 1, 2021 to January 31, 2022.
- ii. Vendor(s) must be able to host its first fully operational pod within 2 weeks of notice of award
- iii. Vendor(s) must be able to add additional pods Within 30 days of notice of award
- iv. Contract may be extended for an additional year, subject to funding availability and necessity as determined by CDPH.

#### d. [Equity framework in services and hiring](#)

CDPH has developed an equity framework to guide the vaccination campaign and ensure the City's vaccination services are working to correct long-standing structural inequities and discrimination. In addition to operating within the City's direction to providing access to vaccine in underserved, high need areas, the vendor(s) should strive to source its staff from neighborhoods within the City of Chicago which have disproportionately borne the brunt of COVID-19's impact, both on health and wellness and economically.

- i. Applicants will be assessed on the strength of their proposed strategies aiming to hire from the below communities which have experienced disproportionate impacts from the COVID-19 epidemic:<sup>3</sup>

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<sup>3</sup> these communities were selected based off an analysis of COVID-19 burden, economic hardship, access to healthcare services and other sociological and demographic metrics.

1. West Englewood
  2. New City
  3. Gage Park
  4. North Lawndale
  5. South Lawndale
  6. Chicago Lawn
  7. Burnside
  8. Englewood
  9. RoselandArcher Heights
  10. Washington Heights
  11. Austin
  12. Montclare
  13. South Deering
  14. Belmont Cragin
  15. Humboldt Park
  16. Fuller Park
  17. Hermosa
  18. West Pullman
  19. Garfield Ridge
  20. Lower West Side
  21. West Elsdon
  22. West Lawn
  23. Brighton Park
  24. Auburn Gresham
  25. East Garfield Park
- ii. The wages of staff who are employed by the applicant and any agencies that will serve as subcontractors to the applicant must meet the City's minimum wage requirements found here:  
<https://www.chicago.gov/content/dam/city/depts/dps/RulesRegulations/Notice%20regarding%20Executive%20Order%202014-1%20and%20the%20Base%20Wage%20Ordinance%20rates%20for%202019%20FINAL.pdf>
  - iii. CDPH strongly encourages applicants to pay all employees a fair living wage. More information about calculating living wages can be found here:  
<http://livingwage.mit.edu/>

## VIII. Submission Requirements

CDPH requires applicants to submit the following information with their applications.

- a. Experience working within selected region
  - i. Include history of service provision within selected region, including a listing of any service locations located in the selected region, experience collaborating

with community-based organizations in this region, and experience providing care for hard-to-reach populations in this region.

- ii. Please also include any minority or female representation in your ownership structure, board membership or executive team.

#### b. Staffing Plan

- i. Includes names and titles of key personnel at executive and operational level who will be in charge of ensuring contract's success. Please indicate percent allocation of these personnel to the project, as well as hourly rates of top staff, required monthly hours for key roles, and staffing profile.
  - 1. For incident management and clinical coordination roles, please provide a description of experience or resume for these personnel.
- ii. Please include name of vendor, address and contact person's name, email address and phone number.
- iii. Please include strategies to achieve hiring goals from specified high hardship areas within the City of Chicago.

#### c. Budget and Justification

- i. Detailed budget indicating one-time costs, recurring fixed costs, and variable operational costs, including
  - 1. Overhead support personnel responsible for ensuring mission's success – please give hourly rate.
  - 2. Any travel costs
  - 3. Anticipated recurring fixed costs, regardless of number of sites that are operational or number of vaccinations being distributed. Costs for anticipated materials and supplies must include detail on the type of material (e.g., PPE, medications, etc).
  - 4. Costs which will vary by number and types of sites, or by number of vaccinations distributed per day per site
  - 5. Total number of doses that vendor could deliver under the \$2 million regional award.
- ii. For purposes of submission, please follow the number, frequency and availability requirements in Section VI.a

#### d. Operational Plan

- i. Describes the vendor's proposal for each of the functions described in the Scope of Work
- ii. Include description of any subcontractors, their addresses, and a description of the work each subcontractor will be performing.
- iii. Include high-level components of safety plan and plan for inclement weather

#### e. Training Plan

- i. Plan for rapidly hiring and training vendor's staff on the foundational and evolving requirements of the various COVID-19 vaccines as they become available
- ii. Plan for flexible staffing and training to meet City's needs as volume requirements shift

#### f. Technology Plan

- i. Describes the vendor's existing scheduling and registration system for vaccinations
- ii. Describes the vendor's existing reporting capabilities, including which components under VI.a.vi vendor already has operational, and plans to achieve any requirements, including HL7 reporting, that vendor does not currently have operational.
- iii. Describes vendor's ability and willingness to integrate reporting systems with aggregate anonymized external reporting systems.
- iv. Describes ability and willingness of vendor to integrate scheduling and registration system with Zocdoc.<sup>4</sup>

#### g. Timeline

- i. Not to exceed two pages, that demonstrates how vendor can have one site operational within 2 weeks of notice of award and can be fully operational within 30 days of notice of award.

#### h. Demonstration of alignment with CDPH principles

- i. Description of how vendor's corporate culture and operations are aligned with above-listed CDPH principles

#### i. Description of previous government contract or corporate work which demonstrates required competencies

- i. Include references (name and contact phone number), at other agencies for which vendor conducted similar services.
- ii. Please include description of how previous work demonstrates vendor's competencies listed in Section IV.b.

#### j. Demonstration of Fiscal Capacity

- i. Respondent must provide a copy of its audited financial statements for the last 3 years. Respondents that are comprised of more than one entity must include financial statements for each entity. Upload into your proposal one (1) complete copy of the requested financial statements marked and separated by Year for the period requested.

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<sup>4</sup> Zocdoc has automated integrations with most major electronic health records systems.

- ii. If 3 years of statements are not available due to recent incorporation of the applicant's business entity, respondent must submit financial statements for all available years.

## IX. Fiscal Capacity

- a. Payment for services will be made on a reimbursement basis. Respondents must demonstrate capacity to fund program expenditures from the start date until they are reimbursed by the City. Respondents may request advance payments, to be approved by the City, if necessary, to ensure agency has ability to cover initial costs. If multiple agencies will be subcontractors of a lead applicant, then the application must be submitted by the lead applicant as the respondent. The lead applicant must obtain all expenses from the subcontractors and assume all reporting responsibilities for all the expenses for the award. If a lead applicant applies, the budget for the total fiscal year must include all expenses for the award from the lead applicant and all subcontractors to receive funds through this RFP.
- b. An organization may use a fiscal agent to administer the grant. If a fiscal agent is used, provide the total budget for the subcontractor that will serve as the fiscal agent. The fiscal agent must designate a staff person who will prepare and review all invoices for accuracy before making monthly submissions. Please identify who will be responsible for financial reporting.

## X. Eligibility Requirements

Respondents eligible for this funding opportunity must meet the following criteria

- Be in good standing with the City of Chicago
- Have the administrative, organizational, clinical, programmatic, information technology and fiscal capability to plan, develop, implement, and evaluate the proposed project. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs may choose to subcontract with a fiscal and reporting agency to provide administrative services.

Respondents that do not meet these eligibility requirements will NOT have their applications evaluated; incomplete applications will NOT be evaluated for this funding opportunity. Applicants will also be asked to submit an Economic Disclosure Statement, available here online:

[https://www.chicago.gov/city/en/depts/dps/provdrs/comp/svcs/economic\\_disclosurestatementseds.html](https://www.chicago.gov/city/en/depts/dps/provdrs/comp/svcs/economic_disclosurestatementseds.html)

## XI. RFP and Submission Information

### a. e-Procurement system

To complete an application for this RFP, applicants will need to set up an account in the new eProcurement/iSupplier system.

Registration in iSupplier is the first step to ensuring your agency's ability to conduct business with the City of Chicago and CDPH. Please allow three days for your registration to be processed. Respondents requiring access to eProcurement are encouraged to register immediately upon receiving the notice of this solicitation; customer support will be available to provide additional assistance as needed. Please see below for additional contact information.

The Department of Procurement Services (DPS) manages the iSupplier registration process. All vendors are required to register in the iSupplier portal at [www.cityofchicago.org/eProcurement](http://www.cityofchicago.org/eProcurement). All vendors must have a Federal Employer Identification Number (FEIN) and an IRS W9 for registration and confirmation of vendor business information.

#### i. New Vendors

Must register at [www.cityofchicago.org/eProcurement](http://www.cityofchicago.org/eProcurement).

#### ii. Existing Vendors

You must request an iSupplier invitation via email if your organization does not have an account in the iSupplier system. Include your Complete Company Name, City of Chicago Vendor/Supplier Number (found on the front page of your contract), and W-9 in your email to [customersupport@cityofchicago.org](mailto:customersupport@cityofchicago.org). You will then receive a response from DPS, which will allow the user to complete the registration process. Please check your junk email folder if you have made a request and have not received a response within 3 days of the request.

For further eProcurement help use the following contacts:

- **Questions on Registration:** [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org)
- **Questions on eProcurement for Delegate Agencies including:** [CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or contact the Customer Support Center at 312-744-HELP
- **Online Training Materials:** <https://www.cityofchicago.org/city/en/depts/dps/isupplier/online-training-materials.html>

Respondents must submit an application for the request for proposal via eProcurement.

For this application, all answers to application questions are limited to 4,000 characters, including spaces and punctuation. This is not inclusive of attachments as described in the required submissions above.

Vendors must also submit an Economic Disclosure Statement online:

[https://www.chicago.gov/city/en/depts/dps/provdrs/comp/svcs/economic\\_disclosurestatementseds.html](https://www.chicago.gov/city/en/depts/dps/provdrs/comp/svcs/economic_disclosurestatementseds.html)

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## XII. Evaluation of Proposals

### a. Selection/Review Criteria

#### i. Phase I – Technical Review

CDPH will assess an applicant's compliance with and adherence to the stated submission requirements in the RFP. Applications that are missing significant portions of the required materials or do not meet the eligibility requirements will NOT have their applications evaluated.

#### ii. Phase II – Evaluation Panel

Applications that pass the technical review will be submitted to the Evaluation Panel for scoring in Phase II. Phase II will include a detailed analysis of qualifications, experience, strength of proposed plans for service delivery and other factors based on the Evaluation Criteria and points allocated to sections of the RFP.

1. An applicant's previous performance on contracted duties with the City or CDPH will be considered Phase II of the evaluation. CDPH may choose to exclude an applicant due to concerns over how past performance may impact applicant's ability to successfully complete the required duties of this RFP.
2. The Evaluation Committee will recommend either:
  - a. A short list of potential awardees from whom it needs clarification of RFP response; or
  - b. A list indicating recommended awardees. All recommendations are presented for approval to the Commissioner of Public Health.

#### iii. Additional information requests

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

### b. Evaluation Criteria

Category	Maximum Points
Alignment with CDPH Principles	8
Experience with vaccination clinics	20
Budget proposal	20
Staffing plan	20
Planning acumen	25

### XIII. Reporting and Other Requirements for Successful Respondents

All successful respondents will be required to submit monthly program reports, submit invoices on a monthly basis, and participate in all CDPH-sponsored site visits, evaluation, and quality assurance activities. Invoices must be accompanied by appropriate documentation and contain adequate details for all expenses for which reimbursement is requested.

### XIV. Bidder's Conference

A bidder's video conference has been scheduled for this RFP. The purpose of the bidder's video conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective respondents' questions. Organizations planning to apply for funding are strongly encouraged to participate in the Bidder's Conference

- a. The Bidder's conference will take place via videoconference Thursday March 25 at noon CST for one hour.
  - i. City of Chicago Mobile and Strike Team Vaccination RFP Bidders Conference
  - ii. Join by video system
    - 1. <https://chicagogov.webex.com/chicagogov/j.php?MTID=m32f56d6c1ec4ef421dbf971286b38f76>
      - a. Meeting number: 187 124 6740
      - b. Password: eKN383wHPKq
  - iii. Join by phone
    - 1. +1-312-535-8110 United States Toll (Chicago)
    - 2. +1-646-992-2010 United States Toll (New York City)
    - 3. Access code: 187 124 6740
- a. Deadline for questions is Monday March 29 at noon.

### XV. Insurance Requirements

#### a. **INSURANCE REQUIRED OF Vendor**

Vendor must provide and maintain at Vendor's own expense, during the term of the Agreement and during the time period following expiration if Vendor is required to return and perform any work, services or operations, the insurance coverages and requirements specified below, insuring all work, services, or operations related to the Agreement.

1) Workers' Compensation and Employers Liability (Primary and Umbrella)

Workers' Compensation Insurance, as prescribed by applicable law covering all employees who are to provide work, services or operations under this Agreement and Employers Liability coverage with limits of not less than \$1,000,000 each accident; \$1,000,000, disease-policy limit; and \$1,000,000 disease each employee, or the full per occurrence limits of the policy, whichever is greater.

Vendor may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

2) Commercial General Liability (Primary and Umbrella)

Commercial General Liability Insurance or equivalent must be maintained with limits of not less than \$1,000,000 per occurrence, or the full per occurrence limits of the policy, whichever is greater, for bodily injury, personal injury, and property damage liability. Coverages must include, but not be limited to, the following: All premises and operations, products/completed operations, separation of insureds, defense, mobile equipment, independent contractors, volunteers, and contractual liability (not to include Endorsement CG 21 39 or equivalent).

The City must be provided additional insured status with respect to liability arising out of Vendor's work, services or operations performed on behalf of the City. Such additional insured coverage shall be provided on CG 2026 or a similar additional insured form acceptable to City. The City's additional insured status must apply to liability and defense of suits arising out of Vendor's acts or omissions, whether such liability is attributable to the Vendor or to the City on an additional insured endorsement form acceptable to the City. The full policy limits and scope of protection also will apply to the City as an additional insured, even if they exceed the City's minimum limits required herein. Vendor's liability insurance must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

Vendor may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

3) Automobile Liability (Primary and Umbrella)

When any motor vehicles (owned, non-owned and hired) are used in connection with work, services, or operations to be performed, Automobile Liability Insurance must be maintained by the Vendor with limits of not less than \$1,000,000 per occurrence or the full per occurrence limits of the policy, whichever is greater, for bodily injury and property damage. The City is to be added as an additional insured on a primary, non-contributory basis.

Vendor may use a combination of primary and excess/umbrella policy/policies to satisfy the limits of liability required herein. The excess/umbrella policy/policies must provide the same coverages/follow form as the underlying policy/policies.

4) Excess/Umbrella

Excess/Umbrella Liability Insurance must be maintained with limits of not less than \$4,000,000 per occurrence, or the full per occurrence limits of the policy, whichever is greater. The policy/policies must provide the same coverages/follow form as the underlying Commercial General Liability, Automobile Liability, Employers Liability and Completed Operations coverage required herein and expressly provide that the excess or umbrella policy/policies will drop down over reduced and/or exhausted aggregate limit, if any, of the underlying insurance. The Excess/Umbrella policy/policies must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

Vendor may use a combination of primary and excess/umbrella policies to satisfy the limits of liability required in sections A.1, A.2, A.3 and A.4 herein.

5) Professional Liability (Primary and Umbrella)

If any laboratory professionals, licensed professionals or any other professional consultants are performing any work, services, or operations related to the Agreement, Professional Liability Insurance must be maintained by Vendor covering all damages resulting from a medical incident arising out of your medical staff's professional services including acts, errors, or omissions with limits of not less than \$5,000,000 per claim and \$5,000,000 in the aggregate if coverage is commercially available and financially feasible as deemed by the City. Coverage must also include, but not be limited to, the following: technology errors and omission and management liability if applicable. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede start of work on the Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

6) Medical Professional Liability (Primary and Umbrella)

If any physicians, physicians assistants, nurses, or nurses assistants are performing any work, services, or operations related to the Agreement, Medical Malpractice Insurance must be maintained by Vendor covering all damages resulting from a medical incident arising out your medical staff's professional services including acts, errors, or omissions with limits of not less

## EXHIBIT G

than \$1,000,000 per claim and \$3,000,000 in the aggregate if coverage is commercially available and financially feasible as deemed by the City. A separate policy must be in place for each physician. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede start of work on the Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

### 7) Cyber Liability (Primary and Umbrella)

If any personally identifiable information or protected health information is collected and maintained by Vendor, Cyber Liability must be maintained with limits of not less than \$5,000,000 for each occurrence or claim. Coverage must be sufficiently broad to respond to the duties and obligations as is undertaken by Vendor in this Agreement and must include, but not be limited to, the following: invasion of privacy violations, information theft, release of private information, extortion and network security, breach response coverage and cost, regulatory liability including fines and penalties and credit monitoring expenses, denial or loss of service, unauthorized access to or use of computer systems, no exclusion/restriction for unencrypted portable devices/media may be on the policy and introduction, implantation, and/or spread of malicious software code and property damage liability in an amount sufficient to cover the full replacement value of damage to, alteration of, loss of, or destruction of electronic data and/or information property of the City that will be in the care, custody, or control of Vendor must also be included. The City must be named as an indemnified party or additional insured. Should the City be named as an additional insured and the policy contains an insured vs insured exclusion, the exclusion must be amended and not be applicable to the City.

### 8) Employment Practices Liability (Primary and Umbrella)

Employment Practices Liability must be maintained with limits of not less than \$5,000,000 for each occurrence covering claims for discrimination, wrongful termination, sexual harassment, and retaliation if coverage is commercially available and financially feasible as deemed by the City. The City must be named as an indemnified party.

### 9) All Risk Property Insurance

Vendor is responsible for all loss or damage to personal property, (including but not limited to material, equipment, tools, and supplies), owned, used, leased or rented by Vendor and for loss or damage to all property that is in Vendors' care, custody and control.

### **b. Additional Requirements**

***Evidence of Insurance.*** Vendor must furnish the City, Chicago Department of Public Health, 333 S. State Street, Chicago, IL 60604, original certificates of insurance and additional insured endorsement, or other evidence of insurance, to be in force on the date of this Agreement, and renewal certificates of Insurance and endorsement, or such similar evidence, if the

## EXHIBIT G

coverages have an expiration or renewal date occurring during the term of this Agreement. Vendor must submit evidence of insurance prior to execution of Agreement. The receipt of any certificate does not constitute agreement by the City that the insurance requirements in the Agreement have been fully met or that the insurance policies indicated on the certificate are in compliance with all requirements of Agreement. The failure of the City to obtain, nor the City's receipt of, or failure to object to a non-complying insurance certificate, endorsement or other insurance evidence from Vendor, its insurance broker(s) and/or insurer(s) will not be construed as a waiver by the City of any of the required insurance provisions. Vendor must advise all insurers of the Agreement provisions regarding insurance. The City in no way warrants that the insurance required herein is sufficient to protect Vendor for liabilities which may arise from or relate to the Agreement. The City reserves the right to obtain complete, certified copies of any required insurance policies at any time.

Failure to Maintain Insurance. Failure of the Vendor to comply with required coverage and terms and conditions outlined herein will not limit Vendor's liability or responsibility nor does it relieve Vendor of the obligation to provide insurance as specified in this Agreement. Nonfulfillment of the insurance conditions may constitute a violation of the Agreement, and the City retains the right to suspend this Agreement until proper evidence of insurance is provided, or the Agreement may be terminated.

Notice of Material Change, Cancellation or Non-Renewal. Vendor must provide for sixty (60) days prior written notice to be given to the City in the event coverage is substantially changed, canceled or non-renewed and ten (10) days prior written notice for non-payment of premium.

Deductibles and Self-Insured Retentions. Any deductibles or self-insured retentions on referenced insurance coverages must be borne by Vendor.

Waiver of Subrogation. Vendor hereby waives its rights and agrees to require their insurers to waive their rights of subrogation against the City under all required insurance herein for any loss arising from or relating to this Agreement. Vendor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether or not the City received a waiver of subrogation endorsement for Vendor's insurer(s).

Vendors Insurance Primary. All insurance required of Vendor under this Agreement must be endorsed to state that Vendor's insurance policy is primary and not contributory with any insurance carried by the City.

No Limitation as to Vendor's Liabilities. The coverages and limits furnished by Vendor in no way limit Vendor's liabilities and responsibilities specified within the Agreement or by law.

No Contribution by City. Any insurance or self-insurance programs maintained by the City do

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not contribute with insurance provided by Vendor under this Agreement.

Insurance not Limited by Indemnification. 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.

Insurance and Limits Maintained. If Vendor maintains higher limits and/or broader coverage than the minimums shown herein, the City requires and must be entitled the higher limits and/or broader coverage maintained by Vendor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage must be available to the City.

Joint Venture or Limited Liability Company. If Vendor is a joint venture or limited liability company, the insurance policies must name the joint venture or limited liability company as a named insured.

Other Insurance obtained by Vendor. If Vendor desires additional coverages, Vendor will be responsible for the acquisition and cost.

Insurance required of Subcontractors. Vendor must name the Subcontractor(s) as a named insured(s) under Vendor's insurance or Vendor will require each Subcontractor(s) to provide and maintain Commercial General Liability, Commercial Automobile Liability, Worker's Compensation and Employers Liability Insurance and when applicable Excess/Umbrella Liability, Professional Liability, Medical Professional Liability and Cyber Liability with coverage at least as broad as in outlined in Section A, Insurance Required. The limits of coverage will be determined by Vendor. Vendor must determine if Subcontractor(s) must also provide any additional coverage or other coverage outlined in Section A, Insurance Required. Vendor is responsible for ensuring that each Subcontractor has named the City as an additional insured where required on an additional insured endorsement form acceptable to the City. Vendor is also responsible for ensuring that each Subcontractor has complied with the required coverage and terms and conditions outlined in this Section B, Additional Requirements. When requested by the City, Vendor must provide to the City certificates of insurance and additional insured endorsements or other evidence of insurance. The City reserves the right to obtain complete, certified copies of any required insurance policies at any time. Failure of the Subcontractor(s) to comply with required coverage and terms and conditions outlined herein will not limit Vendor's liability or responsibility.

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

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### XVI. Compliance with Laws, Statutes, Ordinances and Executive Orders

Contract awards will not be final until the City and the respondent have fully negotiated and executed a contract agreement. All payments under contract 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 contract agreement. As a condition of a contract award, respondents must comply with the following and with each provision of the contract agreement:

- a. **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 contract 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 contract 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 contract agreement no person having any such interest shall be employed.

- b. **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 contract agreement in violation of this order; and b) a provision that any contract 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.
- c. **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.
- d. **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 contract agreement shall be grounds for termination of the contract agreement. The term business relationship is defined as set forth in



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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.

“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.

- e. **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).
- f. **If selected for contract award:** respondents are required to (a) execute the Economic Disclosure Statement and Affidavit, and (b) indemnify the City as described in the contract agreement between the City and the successful respondents.
- g. **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 contract agreement or Other Contract, including while the contract agreement or Other Contract is executory, (ii) the term of the contract agreement or any Other Contract between City and you, and/or (iii) any period in which an extension of the contract

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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 contract 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 contract agreement, and under any Other Contract for which no opportunity to cure will be contracted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under the contract 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.

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

- h. (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 contract agreement are employees or subcontractors of you, not employees of the City of Chicago. The contract 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 contract agreement, or offer employment to any individual to provide services under the contract 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 contract 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.

- i. **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

## EXHIBIT G

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)

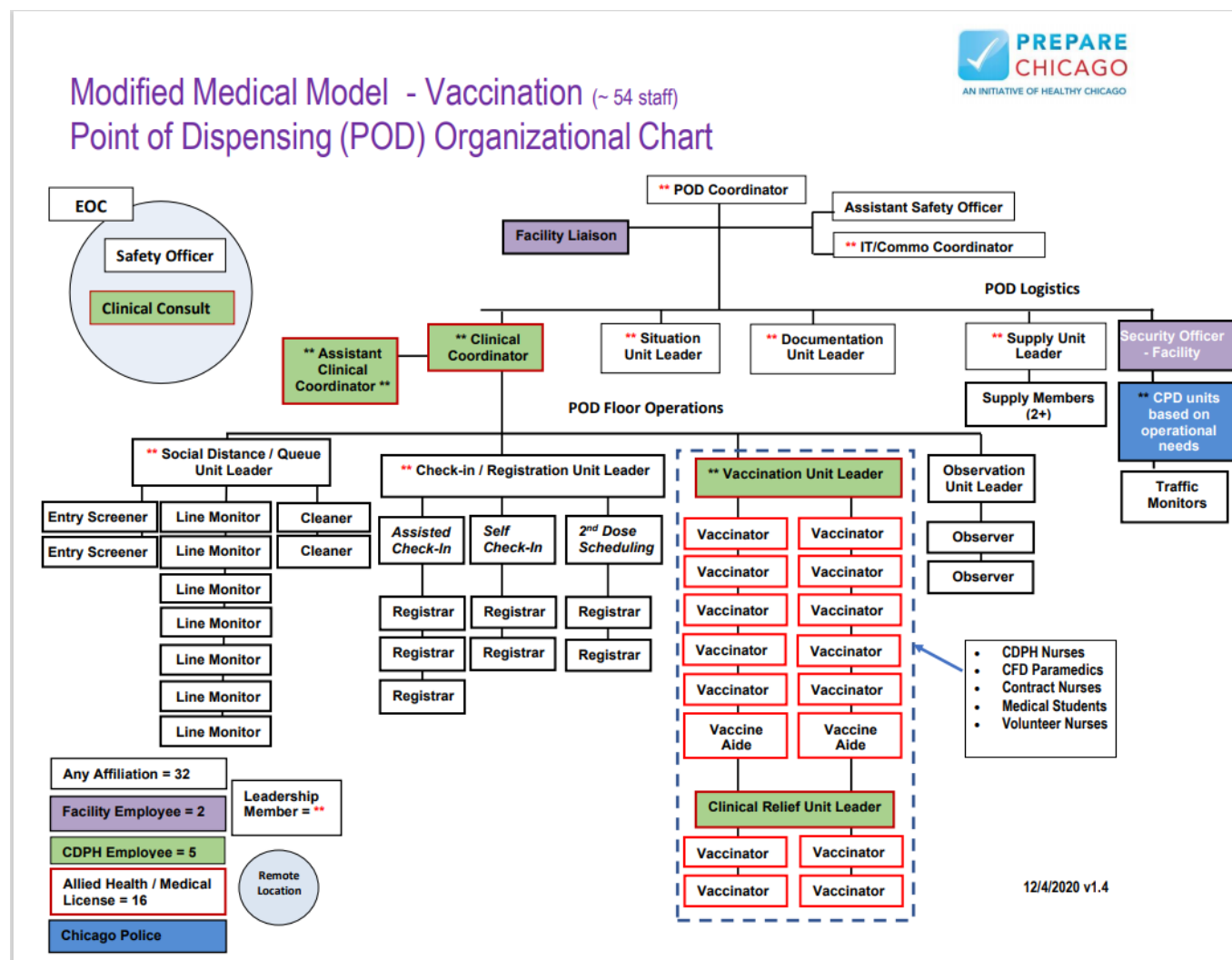
(c) 1-21-030 Enforcement.

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)

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### Appendix A – POD Staffing Chart example

Sample POD Staffing Chart based on City plans and resources. Applicant may not plan to use Chicago Police Department for security, and may propose alternate staffing models. Note that this staffing chart is based on a static site which could vaccinate up to 700 people per day. Bidders would be expected to propose staffing models for mobile sites (250 persons per day) or strike teams.



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### Appendix B - List of Materials, Supplies and Services Required for POD Sites

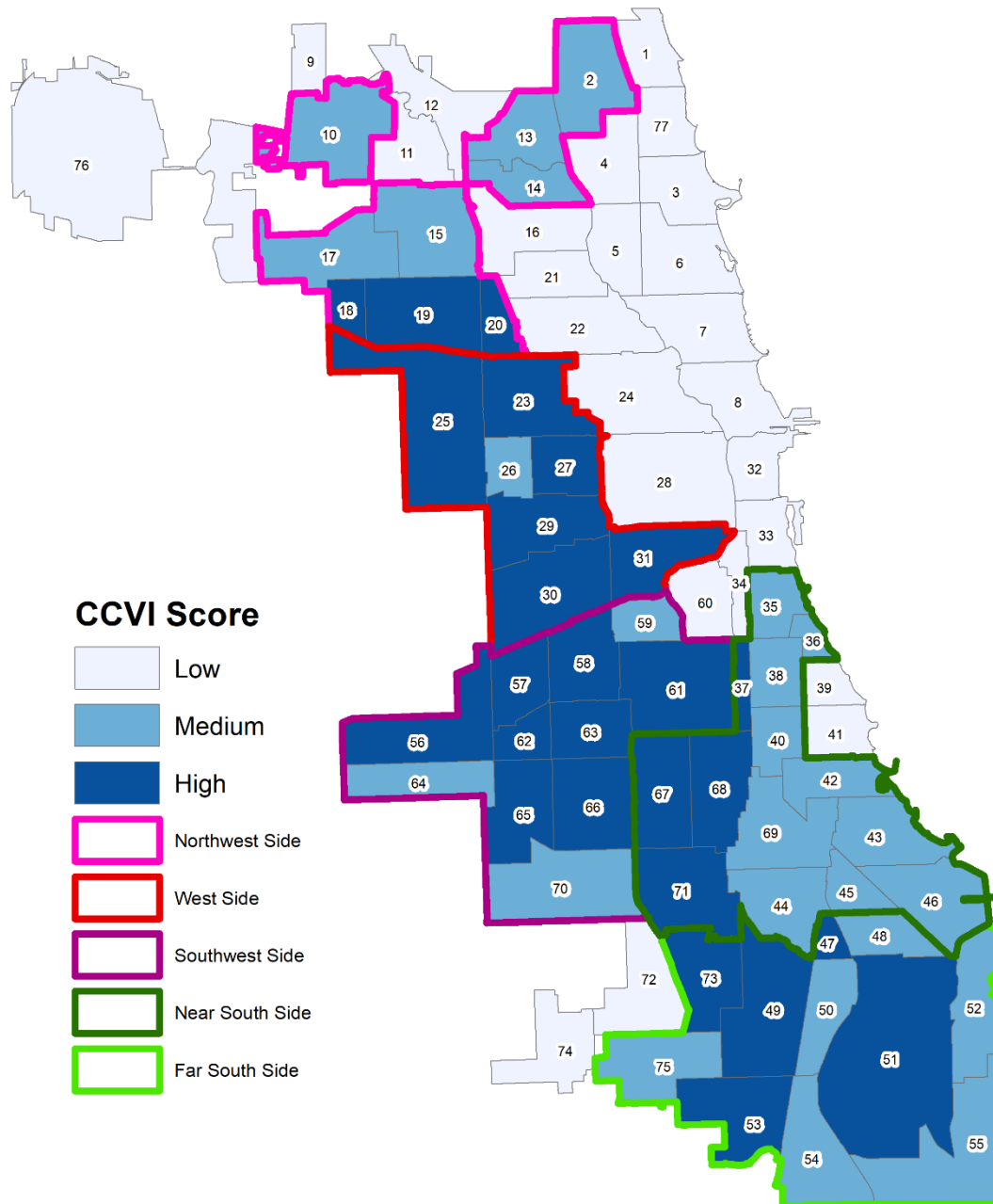
- I. Materials
  - a. Personal protective equipment for all staff working on site
  - b. Supplies for management of anaphylaxis per standard of care. Advanced life support and pharmacology on site
  - c. Payload (checklists provided for KITS / sets of material for ease of identification)
  - d. DVC Kit
  - e. POD Signs (Branded Signs) & Banners
  - f. Printed Forms/Stickers (POD FORM Checklist included for receiving location)
  - g. ISO TENT w/Canopy (x's 2)
  - h. Cone Kit
  - i. Privacy Screens
  - j. Wire Racks (4 Racks) 1 pallet
  - k. Additional Supplies
  - l. Gauze
  - m. Tissue
  - n. Super Sani
  - o. Hand Sani Pumps
  - p. Hand Sani Bottles (additional case)
  - q. Nitrile Gloves, S, M, L
  - r. Online Labels (2x4)
  - s. Emesis Basin (7)
  - t. Lanyards/Badge Holders
  - u. Duct Tape
  - v. Face Shields
- II. Supplies
  - a. Wheelchairs
  - b. Cots
  - c. Hydration Supplies
  - d. WiFi Connectivity
  - e. Printer copier
  - f. Tables
  - g. Chairs
  - h. Signage
  - i. Floor covering if needed
  - j. Cones or devices to create patient queues
- III. Services
  - a. On-site emergency medical services
  - b. Traffic management services
  - c. Security personnel

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- d. Printing services for community signage and advertising materials, content which will be provided by the City
  - e. Information technology services to support necessary connectivity at sites, including:
    - i. Tablets for registration
    - ii. Internet access including WiFi and wireless/cellular connectivity for sites which may not have an internet connection
- IV. Site set-up considerations:
- a. ADA accessibility in all areas
  - b. Privacy area for vaccine mixing
  - c. Privacy Area for ill patrons (privacy screen)
  - d. Storage room
  - e. Staff Break Room (fridge and microwave preferred)
  - f. Dedicated staff washrooms
  - g. Ease of entrance and egress

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### Appendix C – Protect Chicago Plus Regions Map





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### Appendix D – Data Security Requirements

## Data Protection Requirements for Contractors, Vendors and Third-Parties

“Breach” means the acquisition, access, use, or disclosure of Protected Information that compromises the security or privacy of the Protected Information.

“Contractor” means an entity that receives or encounters Protected Information. Contractor includes, without limitation, entities that store Protected Information, or host applications that process Protected Information. The provisions of this Data Policy includes not only the entity that is a signatory to this Policy but all subcontractors, of whatever tier, of that entity; the signatory must inform and obtain the agreement of such subcontractors to the terms of this Data Policy.

“Protected Information” means all data provided by City to Contractor or encountered by Contractor in the performance of the services to the City, including, without limitation, all data sent to Contractor by City and/or stored by Contractor on its servers. Protected Information includes, but is not limited to, employment records, medical and health records, personal financial records (or other personally identifiable information), research data, and classified government information. To the extent there is any uncertainty as to whether any data constitutes Protected Information, the data in question shall be treated as Protected Information.

#### 1. Information Security. Contractor agrees to the following:

- 1.1. General. Notwithstanding any other obligation of Contractor under this policy, Contractor agrees that it will not lose, alter, or delete, either intentionally or unintentionally, any Protected Information, and that it is responsible for the safe-keeping of all such information, except to the extent that the City directs the Contractor in writing to do so.
- 1.2. Access to Data. In addition to the records to be stored / maintained by Contractor, all records that are possessed by Contractor in its service to the City of Chicago to perform a governmental function are public records of the City of Chicago pursuant to the Illinois Freedom of Information Act (FOIA), unless the records are exempt under the Act. FOIA requires that the City produce records in a very short period of time. If the Contractor receives a request from the City to produce records, the Contractor shall do so within 72 hours of the notice.
- 1.3. Minimum Standard for Data at Rest and Data in Motion. Contractor must, at a minimum, comply, in its treatment of Protected Information, with National Institute of Standards and Technology (NIST) Special Publication 800-53 Moderate Level Control. Notwithstanding this requirement, Contractor acknowledges that it must fully comply with each additional obligation contained in this policy. If data is protected health information or electronic protected health information, as defined in the Health Insurance Portability and Accountability Act and Health Information Technology for Economic and Clinical Health Act (HIPAA/HITECH) and regulations implementing these Acts (see 45 CFR Parts 160 and 164), it must be secured in accordance with “Guidance Specifying the Technologies and Methodologies that Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals,” available on the United States Department of Health and Human Services (HHS) website <http://www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/index.html>, or at Volume 74 of the Federal Register, beginning at page 42742. That guidance from the HHS states that valid encryption processes for protected health information data at rest (e.g., protected health information resting on a server), must be consistent with the NIST Special Publication 800-111, Guide for Storage Encryption Technologies for End User Devices. Valid encryption processes for protected health information data in motion (e.g., transmitted through a network) are those which comply with NIST Special Publications 800-52, Guidelines for the Selection and Use of Transport Layer Security Implementation; 800-77, Guide to IPsec VPNs; or 800-113, Guide to SSL VPNs, or others which are Federal Information Processing Standards (FIPS) 140-2 validated.

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- 1.4. Where Data is to be Stored. All data must be stored only on computer systems located in the continental United States.
- 1.5. Requirement to Maintain Security Program. Contractor acknowledges that the City has implemented an information security program to protect the City's information assets, which Program is available on the City website at [http://www.cityofchicago.org/city/en/depts/doi/supp\\_info/is-and-it-policies.html](http://www.cityofchicago.org/city/en/depts/doi/supp_info/is-and-it-policies.html) ("City Program"). Contractor shall be responsible for establishing and maintaining an information security program that is designed to: (i) ensure the security and confidentiality of Protected Information; (ii) protect against any anticipated threats or hazards to the security or integrity of Protected Information; (iii) protect against unauthorized access to or use of Protected Information; (iv) ensure the proper disposal of Protected Information; and, (v) ensure that all subcontractors of Contractor, if any, comply with all of the foregoing.
- 1.6. Undertaking by Contractor. Without limiting Contractor's obligation of confidentiality as further described herein, in no case shall the safeguards of Contractor's information security program be less stringent than the information security safeguards used by the City Program.
- 1.7. Right of Audit by the City of Chicago. The City of Chicago shall have the right to review Contractor's information security program prior to the commencement of Services and from time to time during the term of this Agreement. During the performance of the Services, from time to time and without notice, the City of Chicago, at its own expense, shall be entitled to perform, or to have performed, an on-site audit of Contractor's information security program. In lieu of an on-site audit, upon request by the City of Chicago, Contractor agrees to complete, within forty-five (45 days) of receipt, an audit questionnaire provided by the City of Chicago or the City of Chicago's designee regarding Contractor's information security program.
- 1.8. Audit by Contractor. No less than annually, Contractor shall conduct an independent third-party audit of its information security program and provide such audit findings to the City of Chicago, all at the Contractor's sole expense.
- 1.9. Audit Findings. Contractor shall implement at its sole expense any remedial actions as identified by the City as a result of the audit.
- 1.10. Demonstrate Compliance - PCI. No less than annually, as defined by the City of Chicago and where applicable, the Contractor agrees to demonstrate compliance with PCI DSS (Payment Card Industry Data Security Standard). Upon City's request, Contractor must be prepared to demonstrate compliance of any system or component used to process, store, or transmit cardholder data that is operated by the Contractor as part of its service. Similarly, upon City's request, Contractor must demonstrate the compliance of any third party it has sub-contracted as part of the service offering. As evidence of compliance, the Contractor shall provide upon request a current attestation of compliance signed by a PCI QSA (Qualified Security Assessor).
- 1.11. Demonstrate Compliance – HIPAA / HITECH. If the Protected Information includes protected health information or electronic protected health information covered under HIPAA/HITECH, Contractor must execute, and be governed by, the provisions in its contract with the City regarding HIPAA/HITECH, the regulations implementing those Acts, and the Business Associate Agreement in its contract with the City. As specified in 1.3, protected health information must be secured in accordance with the "Guidance Specifying the Technologies and Methodologies that Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals."
- 1.12. Data Confidentiality. Contractor shall implement appropriate measures designed to ensure the confidentiality and security of Protected Information, protect against any anticipated hazards or threats to the integrity or security of such information, protect against unauthorized access or disclosure of information, and prevent any other action that could result in substantial harm to the City of Chicago or an individual identified with the data or information in Contractor's custody.
- 1.13. Compliance with All Laws and Regulations. Contractor agrees that it will comply with all laws and regulations.

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- 1.14. Limitation of Access. Contractor will not knowingly permit any Contractor personnel to have access to any City of Chicago facility or any records or data of the City of Chicago if the person has been convicted of a crime in connection with (i) a dishonest act, breach of trust, or money laundering, or (ii) a felony. Contractor must, to the extent permitted by law, conduct a check of public records in all of the employee's states of residence and employment for at least the last five years in order to verify the above. Contractor shall assure that all contracts with subcontractors impose these obligations on the subcontractors and shall monitor the subcontractors' compliance with such obligations.
- 1.15. Data Re-Use. Contractor agrees that any and all data exchanged shall be used expressly and solely for the purposes enumerated in the Agreement. Data shall not be distributed, repurposed or shared across other applications, environments, or business units of Contractor. As required by Federal law, Contractor further agrees that no City of Chicago data of any kind shall be revealed, transmitted, exchanged or otherwise passed to other Contractors or interested parties except on a case-by-case basis as specifically agreed to in writing by an officer of the City of Chicago with designated data, security, or signature authority.
- 1.16. Safekeeping and Security. Contractor will be responsible for safekeeping all keys, access codes, passwords, combinations, access cards, personal identification numbers and similar security codes and identifiers issued to Contractor's employees, agents or subcontractors. Contractor agrees to require its employees to promptly report a lost or stolen access device or information to their primary business contact and to the City of Chicago Information Security Office.
- 1.17. Mandatory Disclosure of Protected Information. If Contractor is compelled by law or regulation to disclose any Protected Information, the Contractor will provide to the City of Chicago with prompt written notice so that the City of Chicago may seek an appropriate protective order or other remedy. If a remedy acceptable to the City of Chicago is not obtained by the date that the Contractor must comply with the request, the Contractor will furnish only that portion of the Protected Information that it is legally required to furnish, and the Contractor shall require any recipient of the Protected Information to exercise commercially reasonable efforts to keep the Protected Information confidential.
- 1.18. Data Breach. Contractor agrees to comply with all laws and regulations relating to data breach, including without limitation, the Illinois Personal Information Protection Act and other applicable Illinois breach disclosure laws and regulations. Data breaches of protected health information and electronic protected health information shall be governed by the provisions regarding HIPAA/HITECH, and the regulations implementing those Acts, in the Contractor's contract with the City, specifically the Business Associate Agreement in such contract. Contractor will immediately notify the City if security of any Protected Information has been breached, and will provide information as to that breach in such detail as requested by the City. Contractor will, if requested by the City, notify any affected individuals of such breach at the sole cost of the Contractor.
- 1.19. Data Sanitization and Safe Disposal. All physical and electronic records must be retained per federal, state and local laws and regulations, including the Local Records Act. Where disposal is approved, the Contractor agrees that prior to disposal or reuse of all magnetic media (e.g. hard disk, floppy disk, removable media, etc.) which may have contained City of Chicago data shall be submitted to a data sanitization process which meets or exceeds DoD 5220.28-M 3-pass specifications. Certification of the completion of data sanitization shall be provided to the City of Chicago within 10 days of completion. Acceptance of Certification of Data Sanitization by the Information Security Office of the City of Chicago is required prior to media reuse or disposal. All other materials which contain City of Chicago data shall be physically destroyed and shredded in accordance to NIST Special Publication 800-88, Guidelines for Media Sanitization, specifications.
- 1.20. End of Agreement Data Handling. The Contractor agrees that upon termination of this Agreement it shall return all data to the City of Chicago in a useable electronic form, and erase, destroy, and render unreadable all data in its entirety in accordance to the prior stated Data Sanitization and Safe Disposal provisions. Data must be rendered in a manner that prevents its physical reconstruction through the use of commonly available file restoration utilities. Certification in writing that these actions have been completed must be provided within 30 days of the termination of this Agreement or within 7 days of a request of an agent of the City of Chicago, whichever shall come first.

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## Budget Forms Instructions

### **Budget Summary Form**

The attached form should be used to (1) track the expenditures of a program based on the type or category of expenditure (e.g., personnel, materials and supplies, equipment, etc.) and (2) identify all other program costs charged to other funding sources. For (1) please only indicate expenditures charged to the City of Chicago. Please round numbers to the nearest dollar. The following is an explanation of the information sought in the attached excel sheet.

**A1. Department:** Please identify the City department.

**A2. Program:** Please identify the name of the City program.

**B1. Agency Name:** Please identify the name of the Delegate Agency.

**B2. FEIN:** The Internal Revenue Service (IRS) assigns a 9-digit federal employer identification number (FEIN) to every organization employing one or more individuals. Please indicate the delegate agency's FEIN in the space provided. Should an agency have questions concerning its identification number, call the IRS at (800) 829-1040.

**C1. Program Name:** Please identify the Delegate Agency Program name.

**C2. Phone Number:** Please identify the employee contact and phone number for the Program

**C3. E-mail Address:** Please identify the contact email address for the Program.

**D. Program Budget Year: 2019**

**D1. Type of Expenditure**  
**D2. Account number:** *The necessary information has already been provided for rows 18-24. In exceptional cases, departments may obtain approval to use "other" accounts. If you are unsure how to categorize a specific cost, please contact your department program contact. Please note: For local transportation costs, the automobile allowance for staff is the same as the allowance for City employees, 0.56 cents per mile.*

**D3. City Share:** *This column will be automatically populated by formulas based on the information entered the "City Share" columns in the Personnel & Non-Personnel forms.*

**D4. Other Share** *This column will be automatically populated by formulas based on the information entered the "Other Share" columns in the Personnel & Non-Personnel forms.*

**D5. Total Cost** *This column will be automatically generated by formulas based on the information entered into (D3) and (D4).*

**E. Percentage of Total Program Costs Paid by Other Share:** *This column will be automatically generated by formulas based on the information entered into (D4) and (D5).*

## Budget Forms Instructions

### **Personnel Budget Form**

This form should be used to estimate or project a delegate agency's anticipated personnel costs for fiscal year 2019 and provide a brief summary of job responsibilities for each budgeted position.

**Personnel Budget Allocation:** 2019

- |   |   |
|---|---|
| <b>A1. Position Title:</b>                  | List all positions that will be funded under this program during FY2019. This should include salaries that will be paid exclusively by funding sources other than the City.   |
| <b>A2. Number of Employees:</b>             | For each position listed in column (A1), indicate the number of employees to be funded.   |
| <b>A3. Salary Rate:</b>                     | For each position listed in column (A1), indicate the corresponding salary rate(s) (either annually or hourly) for each employee. If there are different rates for the same position, list the rates one under another. |
| <b>A4. Time Spent on Program:</b>           | Please indicate the percentage (%) of time that this employee is anticipated to spend on this program.  |
| <b>A5. Pay Periods:</b>                     | List the number of pay periods per year.  |
| <b>A6. City Share:</b>                      | For each position listed, please indicate what amount of salary will be paid with City funds.   |
| <b>A7. Other Share</b>                      | <i>This information will be automatically generated by formulas.</i><br>Other Share is generated by subtracting column (A6) from column (A8).   |
| <b>A8. Total Cost:</b>                      | <i>This information will be automatically generated by formulas.</i><br>Total Cost is generated by multiplying columns (A2), (A3), and (A4).  |
| <b>A9. Summary of Job Responsibilities:</b> | Describe briefly the duties and responsibilities associated with each position listed in column (A1).   |
| <b>A10. Personnel Totals:</b>               | <i>This information will be automatically generated by formulas.</i><br>Personnel Totals indicates subtotals for columns (A2), (A6), (A7), and (A8).  |

## Budget Forms Instructions

### B. Fringe Benefits and Total Personnel Costs:

Both the federal government and the State of Illinois require employers to pay various employee taxes and contributions<sup>1</sup>. These taxes and contributions, along with certain fringe benefits that a delegate may wish to offer its employees, are City eligible expenses. The City's share of fringe costs must be reasonably proportional to the City's share of salary costs. Please estimate these various costs on the form where indicated. You must have written organizational policies to support those costs.

- B1a. Social Security:** The employee tax rate for social security is 4.2% (amount withheld). The employer tax rate for social security is 6.2% (12.4% total). The wage base limit is \$117,000. This should be computed every payroll period.
- B1b. Medicare:** The employee tax rate for Medicare tax is 1.45% (amount withheld). The employer tax rate for Medicare tax is also 1.45% (2.9% total). There is no wage base limit for Medicare tax; all covered wages are subject to Medicare tax. This should be computed every payroll period.
- B2. State Unemployment Insurance<sup>2</sup>:** Identify the City's Share and Total Cost of State Unemployment Insurance in columns G and I, respectively. It is likely that your organization is liable for State Unemployment Insurance. For further information contact the Illinois Department of Employment Security hotline at (800)247-4984.
- B3. State Worker's Compensation:** Identify the City's Share and Total Cost of State Worker's Compensation Insurance in columns G and I, respectively. This insurance is computed at a rate determined by the employee's type of business or organization. How often an employer must pay worker's compensation is based on the size of the insurance premium. All applicants are encouraged to call the National Council of Compensation Insurance (NCCI) at (800) 622-4123 for technical assistance in this matter.
- B4-B5. Other:** Please list any other employer expenses or benefits the agency will or must offer its employees. Please identify the City Share and the Total Cost in columns G and I.
- B6. Fringe Benefits Total:** *This information will be automatically generated by formulas.*  
Fringe Benefits Totals indicates subtotals for Fringe Benefits columns G-I.
- B7. Personnel Costs Total:** *This information will be automatically generated by formulas.*  
Personnel Costs Totals are generated by adding Personnel Totals (A10) and Fringe Benefits Totals (B6).

### ***Please Note: Regarding Insurance***

The Department of Finance (Finance) has established minimum insurance requirements for applicants awarded federal or state funds. The types of insurance required include worker's compensation; general liability; a fidelity bond (if applicable); automobile liability; and professional liability. Finance reserves the right to require additional types of insurance.

---

<sup>1</sup> The Federal Insurance Contributions Act (FICA) tax includes two separate taxes. One is social security tax and the other is Medicare tax. Different rates apply for each of these taxes. [www.irs.gov](http://www.irs.gov).

<sup>2</sup> Most non-profit agencies do not have to pay the Federal Unemployment Tax. Check with the IRS at (800) 829-1040 to determine if your agency is exempt. An agency should also check with the lead City department to determine whether additional benefit(s) it wishes to offer are City eligible expenses.

## Budget Forms Instructions

### **Non-Personnel Budget Form**

This form should be used to estimate and justify the non-personnel line item amounts shown on the Budget Summary.

**Non-Personnel Budget Allocation:** 2019

- A1. Type of Expenditure:** *The necessary information has already been provided for Rows 9-13. Delegate budgets are limited to the accounts listed on the Non-Personnel Budget.*
- A2. Account Number:** *For any "Other" approved type(s) of expenditure, list the account description(s) and the corresponding account number(s) which are applicable to this program.  
Do not include the personnel account.*
- A3. City Share:** *For each type of expenditure and account number, please indicate how much will be paid with City funds.*
- A4. Other Share:** *This information will be automatically generated by formulas.  
Other Share is generated by subtracting (A3) from (A5).*
- A5. Total Cost:** *Indicate the total amount budgeted for each expenditure type and account number.*
- A6. Description and Justification:** *All funds listed in (A5) must be justified for City Share and Total Cost. Please show all calculations. Include quantities and unit costs wherever possible.*
- A7. Non-Personnel Totals:** *This information will be automatically generated by formulas.  
Non-Personnel Totals indicates totals for (A3), (A4), and (A5).*



## **CONFLICT OF INTEREST QUESTIONNAIRE**

Federal, State and City law prohibits employees and public officials of the City of Chicago from participating on behalf of the City in any transaction in which they have a financial interest. This questionnaire must be completed and submitted by each applicant. The purpose of this questionnaire is to determine if the applicant, or any of the applicant's staff, or any of the applicant's Board of Directors would be in conflict of interest.

1. Is there any member(s) of the applicant's staff or any member(s) of the applicant's Board of Directors or governing body who currently is or has/have been within one year of the date of this questionnaire (a) a City employee or consultant, or (b) a City Councilperson?

Yes \_\_\_ No\_\_\_

If yes, please list the names(s) below:


On a separate sheet of paper, please indicate the job title or role each person listed above has with respect to the applicant; state whether each person listed above is a City employee, consultant, or City Councilperson; and identify the City Department in which he/she is employed.

2. Will the funds requested by the applicant be used to award a subcontract to any individual(s) or business affiliate(s) who is/are currently or has/have been within one year of the date of this questionnaire a City employee, consultant, or a City Councilperson?

Yes \_\_\_ No\_\_\_

If yes, please list the name(s) below:


On a separate sheet of paper, please state whether each person listed above is a City employee, consultant, or City Councilperson,; and identify the City Department in which he/she is employed.

3. Is there any member(s) of the applicant's staff or member(s) of the applicant's Board of Directors or other governing body who are business partners or family members of a City employee, consultant, or City Councilperson,?

Yes \_\_ No \_\_

If yes, please identify on a separate sheet of paper, the City employee, consultant, or Councilperson with whom each individual has family or business ties.

---

---

Name of Applicant: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant's Representative

\_\_\_\_\_  
Title

Date: \_\_\_\_\_

Office of Budget and Management

# How to Submit an Application in the eProcurement System

When you are ready to submit, start by saving your draft one last time. Then click Continue.

Create Quote: 235163 (RFQ 6952)

[Cancel](#) [Revert to Active Quote](#) [View RFQ](#) [Quote By Spreadsheet](#) [Save Draft](#) [Continue](#)

Title [DFSS Youth Services Enrichment Programs - STEM \(Science, Tech, Engin. & Math\)](#)

Time Left **19 days 2 hours**

Bid Opening Date/Supplier Response Due Date **16-Jul-2019 12:00:00**

[Header](#) [Lines](#)

Supplier **DEBORAH'S PLACE**  
RFQ Currency **USD**  
Quote Currency **USD**  
Price Precision **Any**

Quote Valid Until   
(example: 27-Jun-2019)

Reference Number

Note to Buyer

**Attachments**

[Add Attachment...](#)

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
<a href="#">budget</a>	File		From Supplier	KBWILSON	20-Jun-2019	One-Time		

**Requirements**

[Expand All](#) | [Collapse All](#)




Focus Title	Target Value	Quote Value
Requirements		

[Cancel](#) [Revert to Active Quote](#) [View RFQ](#) [Quote By Spreadsheet](#) [Save Draft](#) [Continue](#)

If you are missing information, you will be given an error message on the top of the page.

negotiations

Negotiations > Active Solicitations > RFQ: 6952 >

 **Error**  
You must quote on at least one line in the RFQ.

Create Quote: 235163 (RFQ 6952)

Cancel Revert to Active Quote View RFQ Quote By Spreadsheet Save Draft

Title DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)

Bid Opening Date/Supplier Response Due Date 16-Jul-2019 12:00:00

Time Left 19 days 2 hours

Header Lines

Supplier **DEBORAH'S PLACE**

RFQ Currency **USD**

Quote Currency **USD**

Price Precision **Any**


Quote Valid Until 31-Jul-2019

Reference Number

Note to Buyer


Attachments

Add Attachment...

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	De
<a href="#">budget</a>	File		From Supplier	KBWILSON	20-Jun-2019	One-Time		

Requirements

[Expand All](#) | [Collapse All](#)

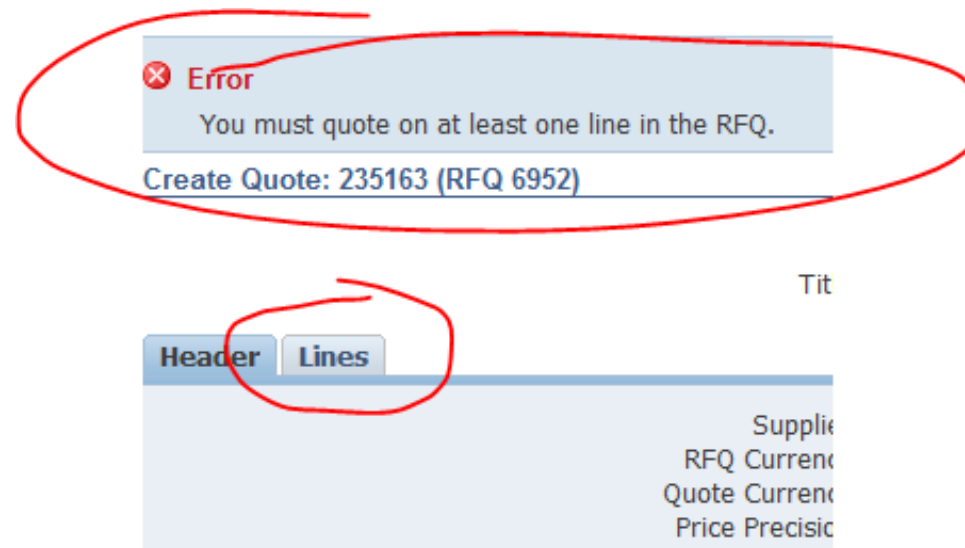
Focus Title	Target Value	Quote Value
 Requirements		

Cancel Revert to Active Quote View RFQ Quote By Spreadsheet Save Draft

Negotiations Home Logout Preferences Help

Usually the error messages direct to something left undone in the application.

In the last example, the error message indicated that the lines (found under the lines tab) had not been filled out.



In this example, the error is about an unanswered question in the application (or Requirements section). The Quote Value refers to your (in this case, missing) answer.

The screenshot displays a procurement system interface. At the top, a light blue error banner contains a red 'x' icon and the text: "Error: A quote value is required for requirement First Name." Below the error banner is a link: "Create Quote: 236154 (RFQ 6952)".

The main header area shows the title "DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)" and buttons for "Cancel" and "Revert to Active Qu". To the right, it indicates "Time Left 19 da" and "Bid Opening Date/Supplier Response Due Date 16-Ju".

Below the header, there are tabs for "Header" and "Lines". The "Header" tab is active, showing supplier information for "DEBORAH'S PLACE", including RFQ Currency (USD), Quote Currency (USD), and Price Precision (Any). It also shows fields for "Quote Valid Until", "Reference Number", and "Note to Buyer".

Below the header information is an "Attachments" section with an "Add Attachment..." button and a table showing "No results found." with columns for Title, Type, Description, Category, Last Updated By, and Last Updated.

The "Requirements" section is highlighted with a red circle. It contains a table with columns for "Focus Title", "Target Value", and "Quote Value". The "Quote Value" column is also highlighted with a red circle. The table has two rows: "Requirements" and "Contact Information". The "First Name" field in the "Requirements" row is highlighted with a red circle.

Focus Title	Target Value	Quote Value
Requirements		
Contact Information		

Once your application is free from errors, you are ready to proceed and submit! At this point, clicking “Continue” should put your application into the “Review and Submit” phase.

**Negotiations**

Create Quote 236154: Review and Submit (RFQ 6952)

[Cancel](#) [Back](#) [Validate](#) [Save Draft](#) [Printable View](#) [Submit](#)

**Header**

Title	DFSS Youth Services Enrichment Programs - STEM (Science, Tech, Engin. & Math)	Time Left	19 days 2 hours
Supplier	DEBORAH'S PLACE	Close Date	16-Jul-2019 12:00:00
RFQ Currency	USD	Quote Valid Until	
Quote Currency	USD	Reference Number	
Price Precision	Any	Note to Buyer	

**Attachments**

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

**Requirements**

[Show All Details](#) | [Hide All Details](#)

**Details** **Section**



This is your last chance to review all your data and confirm that it is accurate. Check your attachments and scroll to the bottom of the screen to see all your responses.

Header

TitleChicago Early Learning Community-Based Programs RFP #2

SupplierClaridigm Inc

RFQ CurrencyUSD

Quote CurrencyUSD

Price PrecisionAny

Time Left20 days 3 hours

Close Date15-Jul-2019 12:00:00

Quote Valid Until

Reference Number

Note to Buyer

Attachments

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

Requirements

Show All Details | Hide All Details

Details Section

Hide

Contact Information

Requirement	Target Value	Quote Value
First Name		John
Last Name		Chicago
Telephone		864-855-9999
E-mail Address		TheBestAgency@childcare.com
Contact Type		Email Applicant

Hide

Organization Information

Requirement	Target Value	Quote Value
Legal Organization Name		Super Leaders Academy Nation
Address		18555 E. 32nd St
City		Chicago
State		IL
Zip		60699
Telephone Number		845-251-XXXX
Federal Employer Identification Number		84-992289
DUNS Number		92-8992-5110
Head of Agency Name		Jane Doe
Head of Agency Title		Executive Director
Head of Agency Contact Telephone		845-251-XXXX
Head of Agency E-mail Contact		JaneDoe@superLeadersAcademy.com
Chief Finance Officer Name		Terry Doe Jr.
Chief Finance Officer Title		Finance Officer
Chief Finance Officer Telephone		845-251-XXXX
Chief Finance Officer E-mail		terrdoe@superLeadersAcademy.com
Website Address		NA
Year Org. Established		2008
Did you attach the following in your Admin. section? *Liability Insurance *Board Member Identification *IRS Determination Letter *SAM Certificate *Certificate of Good Standing *Bylaws and Articles of Incorporation *Financial Statement		Yes

ShowGeographic Area(s) Served

At the bottom of the screen you will be asked to provide an electronic signature. Be sure to fill in the signature before checking the box!

<input type="radio"/> 110100 - Admin - Op...				7,400.00	USD	1	7,400.00		
<input type="radio"/> 120140 - Admin - Pr...				25,000.00	USD	1	25,000.00		
<input type="radio"/> 130200 - Admin - Tr...				1,500.00	USD	1	1,500.00		
<input type="radio"/> 140300 - Admin - Ma...				6,000.00	USD	1	6,000.00		
<input type="radio"/> 150400 - Admin - Eq...				1.00	USD	1	1.00		
<input type="radio"/> 160801 - Admin - In...				1.00	USD	1	1.00		
<input type="radio"/> 170999 - Admin - Ot...				2,500.00	USD	1	2,500.00		
<input type="radio"/> 181240 - Program - ...				19,500.00	USD	1	19,500.00		

Line 1: 0005 - Program - Personnel

Notes

Note to Buyer

Attachments

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

Electronic Signature

☒ By submitting a bid/proposal/application and inputting his/her name and title, the person signing below certifies that he/she is authorized to submit this bid/proposal/application on behalf of the submitting party and warrants that all certifications and statements contained in the bid/proposal/application are true, accurate and complete as of the date furnished to the City. The person signing below understands that this submission will be binding on the submitting party.

\* Name:

\* Title:

\* Indicates required fields. Before submitting the response please enter Name and Title and accept the disclaimer by checking the box above.

Cancel Back Validate Save Draft Printable View Submit

# Then click “Submit”.

	Quantity	Unit	Description	Unit Price	Amount	Category	Sub Category	Sub Sub Category	Sub Sub Sub Category	Sub Sub Sub Sub Category	Sub Sub Sub Sub Sub Category	Sub Sub Sub Sub Sub Sub Category
<input type="radio"/>	110100	- Admin - Op...		7,400.00	USD		1	7,400.00				
<input type="radio"/>	120140	- Admin - Pr...		25,000.00	USD		1	25,000.00				
<input type="radio"/>	130200	- Admin - Tr...		1,500.00	USD		1	1,500.00				
<input type="radio"/>	140300	- Admin - Ma...		6,000.00	USD		1	6,000.00				
<input type="radio"/>	150400	- Admin - Eq...		1.00	USD		1	1.00				
<input type="radio"/>	160801	- Admin - In...		1.00	USD		1	1.00				
<input type="radio"/>	170999	- Admin - Ot...		2,500.00	USD		1	2,500.00				
<input type="radio"/>	181240	- Program - ...		19,500.00	USD		1	19,500.00				

**Line 1: 0005 - Program - Personnel**

Notes

Note to Buyer

Attachments

Title	Type	Description	Category	Last Updated By	Last Updated	Usage	Update	Delete
No results found.								

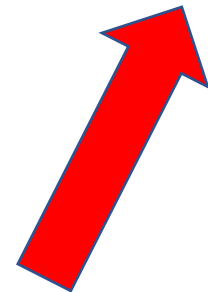
**Electronic Signature**

☒ By submitting a bid/proposal/application and inputting his/her name and title, the person signing below certifies that he/she is authorized to submit this bid/proposal/application on behalf of the submitting party and warrants that all certifications and statements contained in the bid/proposal/application are true, accurate and complete as of the date furnished to the City. The person signing below understands that this submission will be binding on the submitting party.

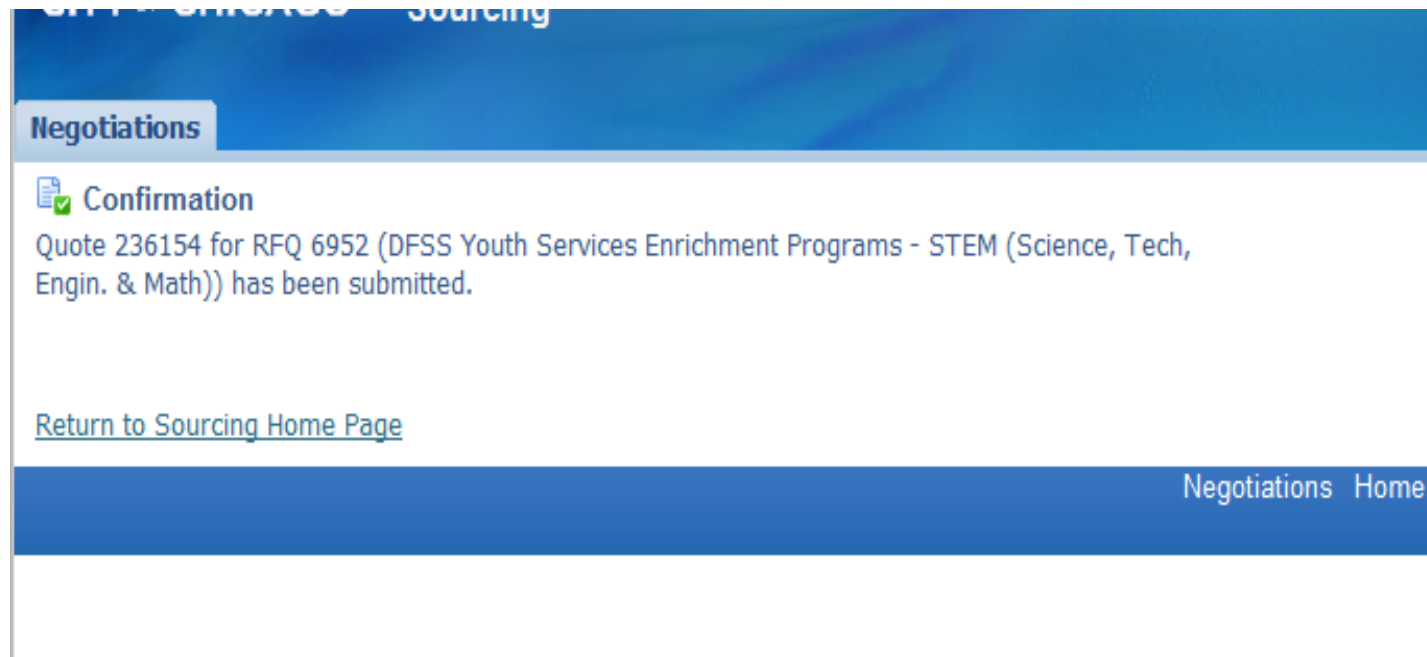
\* Name:

\* Title:

\* Indicates required fields. Before submitting the response please enter Name and Title and accept the disclaimer by checking the box above.



Make sure that you see this submittal confirmation screen. The eProcurement system will not send a confirmation email so it is critical that you see this screen.





## NEW ONLINE ISUPPLIER CUSTOMER SUPPORT CENTER

**EFFECTIVE: DECEMBER 1, 2019**

Office Days/Hours: Monday – Friday from 8:30am to  
4:30pm

**Customer Support Center Telephone Number:**

(312) 744-HELP (4357)

**Customer Support Center Email Address:**

[CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org)

The New iSupplier Customer Service Support Center (**Help Desk**) will provide assistance in the following areas:

- ★ Registration and Login Assistance
- ★ Contact and Address Update Assistance
  - ★ Solicitation Assistance
  - ★ Invoicing Assistance
- ★ Training Dates and Training Material

All previous contact information will be forwarded to the new Help Desk at  
[CustomerSupport@cityofchicago.org](mailto:CustomerSupport@cityofchicago.org) or (312) 744-HELP (4357).

# **COVID-19 Vaccination Site Operations RFP Bidders Conference**

**February 3, 2021**



# Housekeeping

- Please put name, organization and email in the chat
- Please mute throughout the presentation
- Place any questions for Q&A in the chat and we will address at the end
- Please take note of any potential subcontractors or partnerships you may want to pursue with fellow attendees. CDPH will not provide a list of attendees to this bidder's conference
- Note that meeting is being recorded. Presentation will be provided through FMPS after the conference.



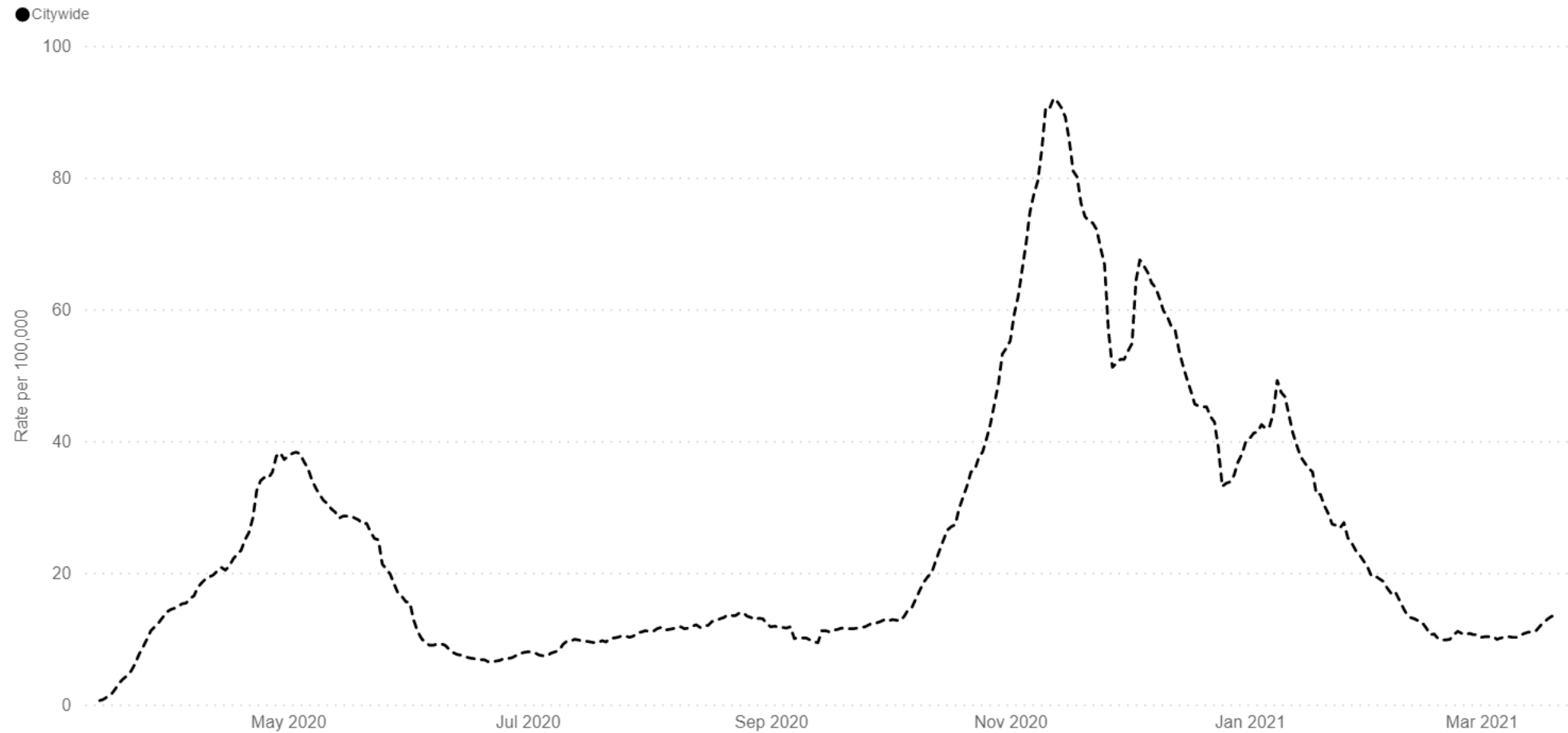
# Agenda

- Background
- Scope
- Funding
- Submission requirements
- Evaluation





# COVID-19 in Chicago: 252,676 confirmed cases, 5,096 deaths





# Vaccine Administered to date in Chicago

	Total Doses	First Dose	Fully Vaccinated (second dose given)
Administered at <b>Chicago Sites</b>	1,027,032 <i>34% given to non-Chicagoans</i>	700,887	326,145
Administered to <b>Chicago Residents</b>	862,709 <i>21% of doses received outside Chicago</i>	571,164	301,808

**1 in 5 (21.2%)** Chicagoans have received a first dose of vaccine; 11.2% fully vaccinated

**1 in 4 (25.8%)** Chicagoans **18+** have received a first dose of vaccine

**1 in 2 (48.4%)** Chicagoans **65+** have received a first dose of vaccine

# Percent of First Doses Administered by Race Ethnicity

**53%** of first doses went to Black and Latinx  
Chicagoans last week. Meeting goal: majority to Black  
and Latinx.

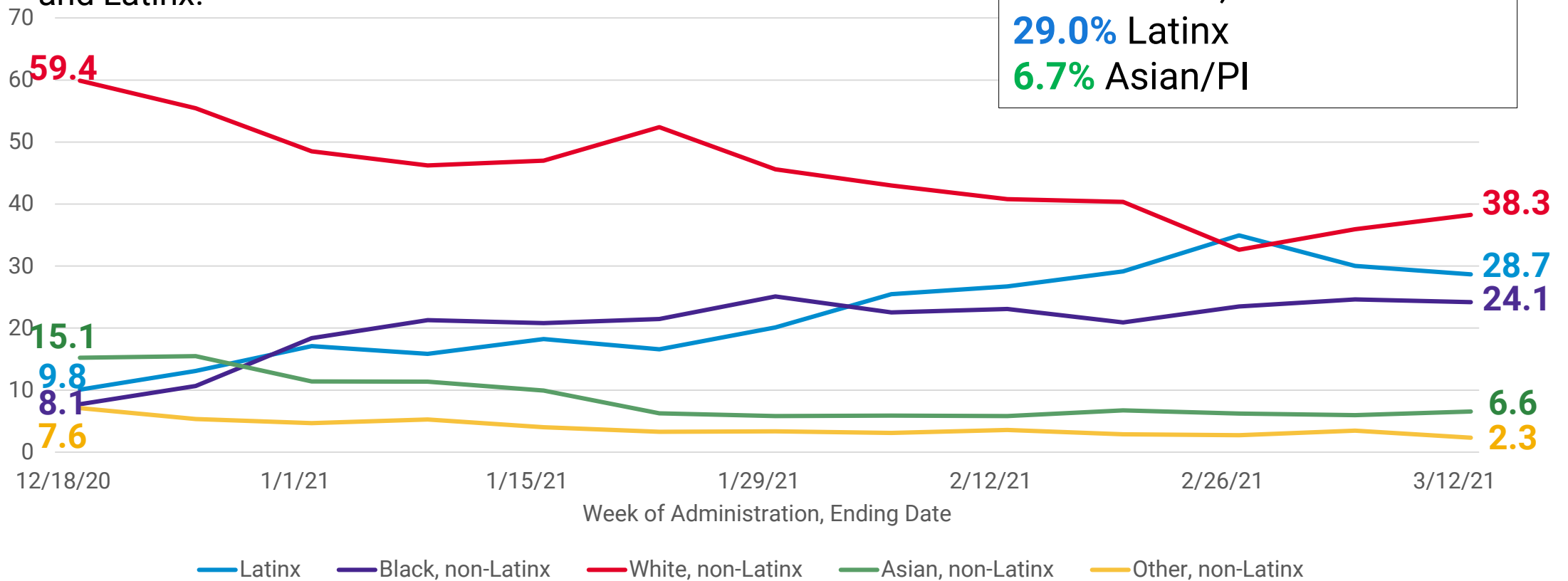
Chicago demographics

**32.9%** White, non-Latinx

**29.8%** Black, non-Latinx

**29.0%** Latinx

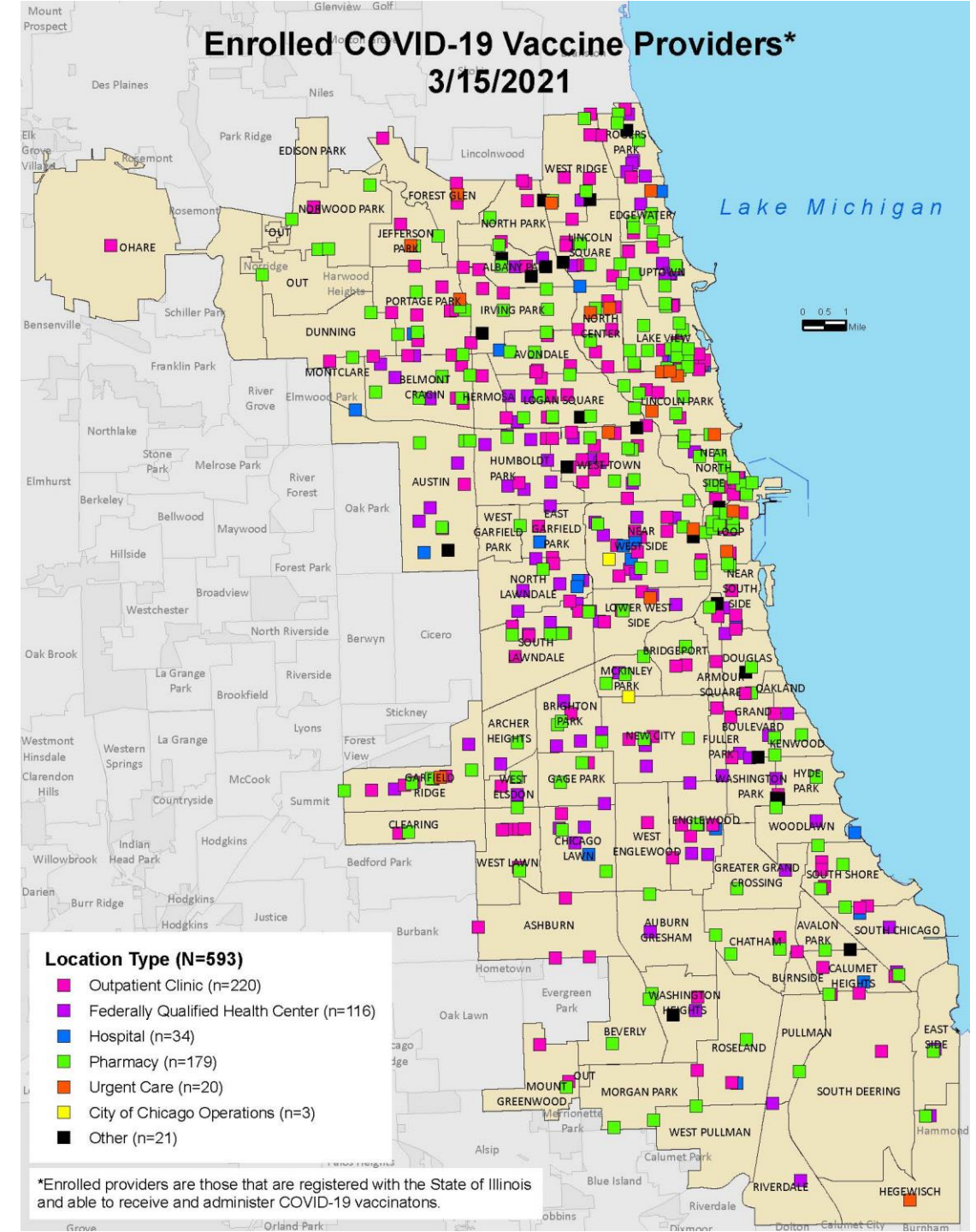
**6.7%** Asian/PI





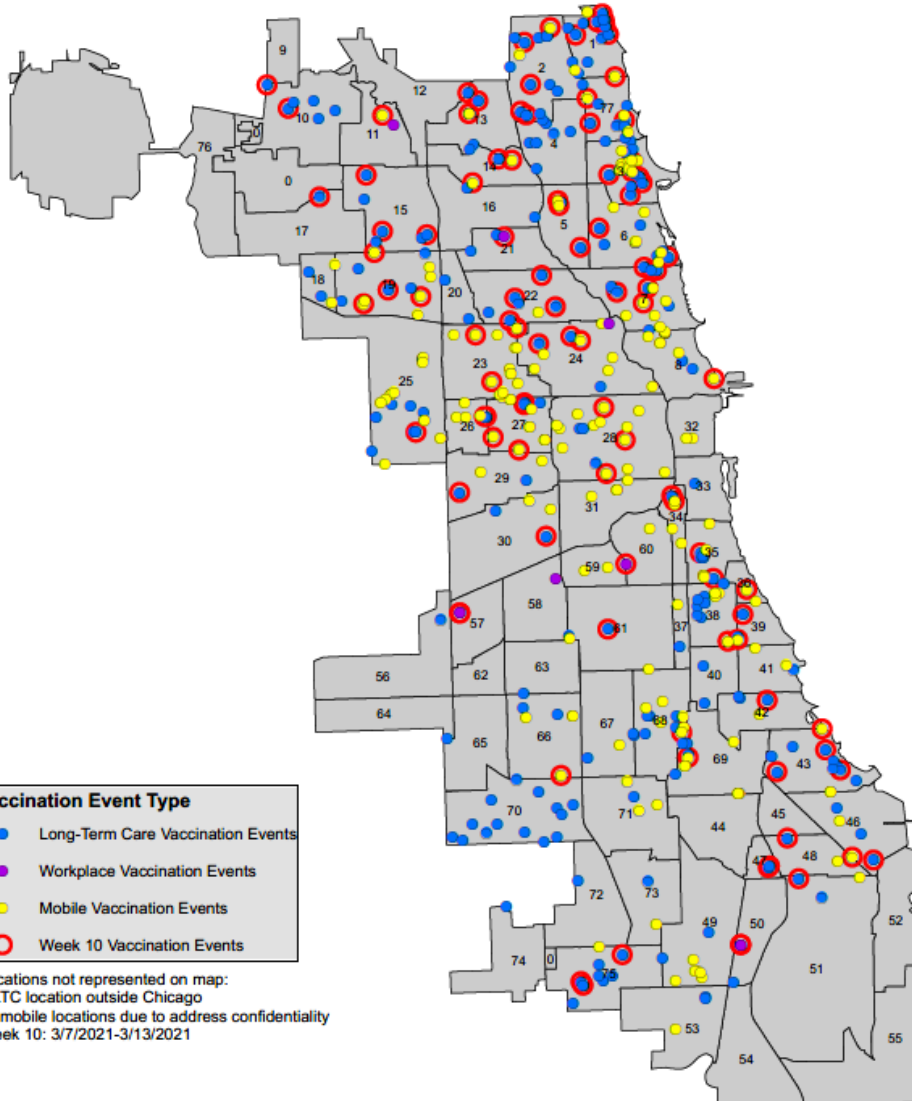
# Provider Enrollment Status

- Many Chicago providers signed up to receive vaccine
- Chicago not receiving enough vaccine to make available to all providers, many providers cannot handle hundreds of doses at once
- Distribution of healthcare availability inequitable across the city, creating need to take vaccine to people who may not otherwise have access

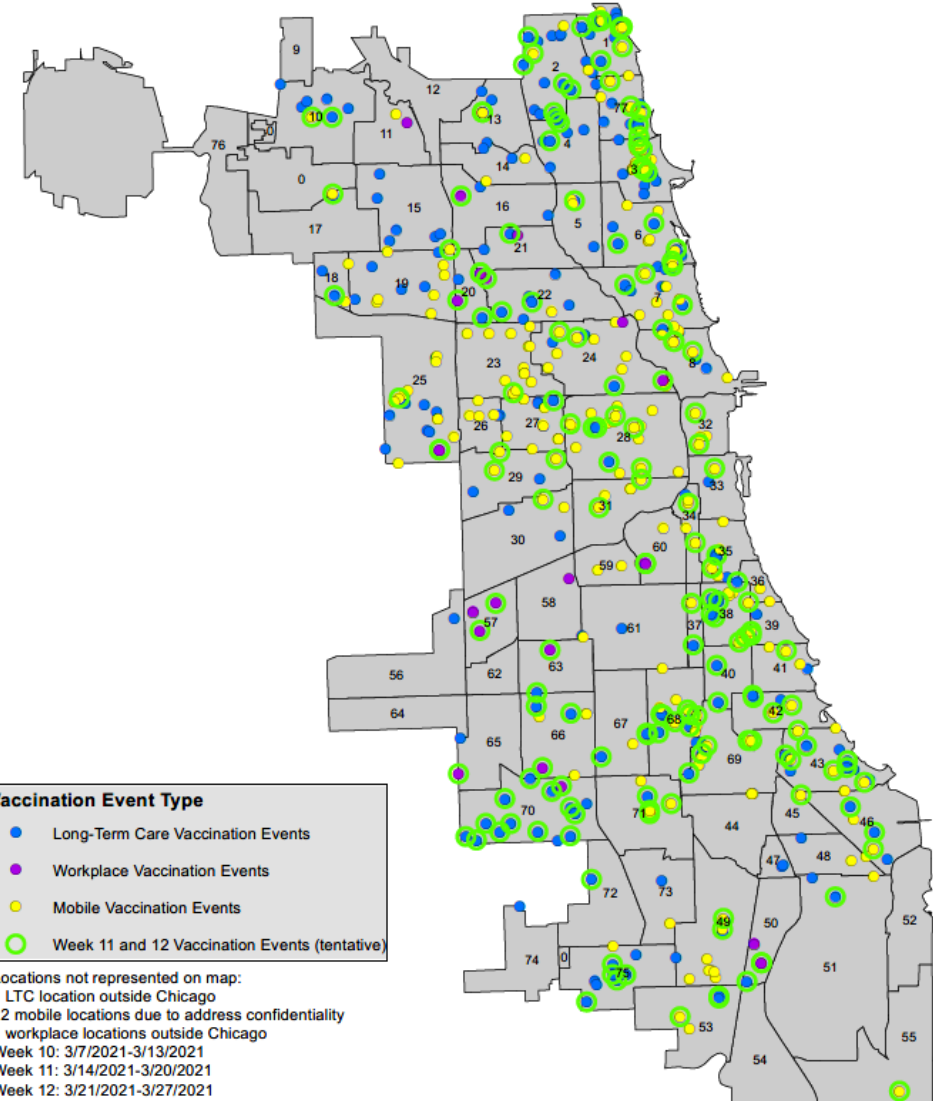


# Mobile Vaccination Efforts

Events through 3/13/21  
(most recent in **RED**)



Upcoming events through 3/27/21  
(upcoming in **GREEN**)





# CDPH seeking vendor(s) to conduct mobile and strike team site vaccination operations across 5 Protect Chicago Plus regions

- On-site vaccinations under clinical direction of licensed medical director
- Fulfillment of reporting requirements
- Facilitation of safe vaccination of the patient population
- Vaccines must be provided at no cost to the patient
- Must not require identification, such as driver's license, to be vaccinated
- Site operations must be approved by City
  - Operations Plan, Medical Policies, and other documentation must be provided to and approved by the City before vaccination services may start
- Organizations may partner together to submit one bid proposal, with one organization acting as the lead and others as subcontractors



# Vaccination sites to be operated in two different formats

## Mobile site

- “Pop up” sites which operate for one or more days
- 250 people per day

## Strike teams

- Vaccinations conducted at specific location where targeted population is to be vaccinated
- 150 people in 4-hour time period, up to 2 sites per team per day

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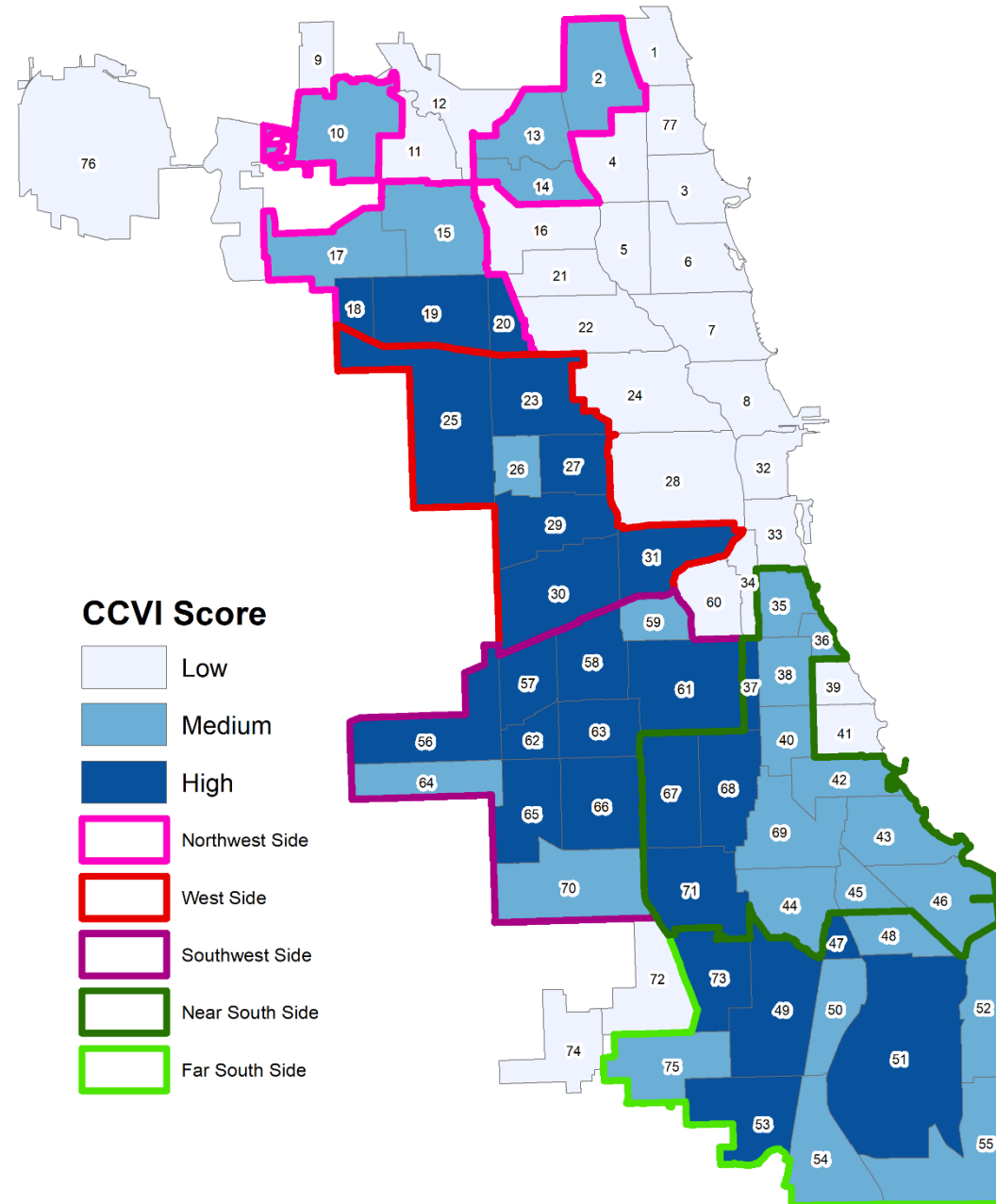
Note that other contracted vendors are providing mass and static site vaccination services across Chicago, including at United Center and other large points of dispensing. This contract award is for smaller, community-based, mobile services





# Protect Chicago Plus Regions

- Community familiarity and experience working in the region that is being bid for is an important component of this bid
- CDPH would like for this effort to result in many Chicagoans finding a medical home if they did not previously have one



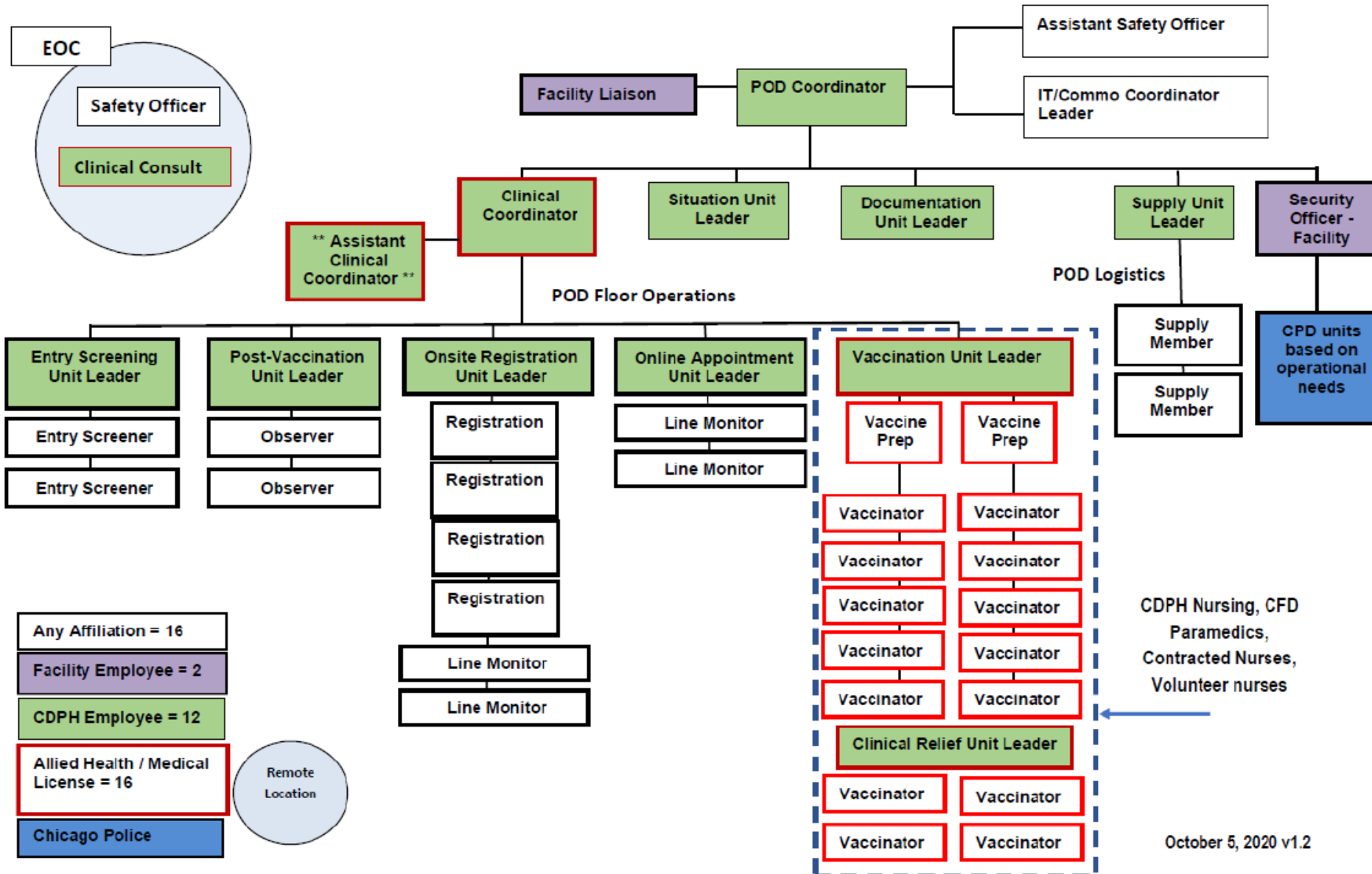




# Site hours, capacity

- Vendor must be able to operate
  - seven days per week
  - 8am to 8pm
  - Actual site hours will fluctuate as vaccine supplies allow and as the City requests

# Modified Medical Model - Vaccination (~ 46 staff) Point of Dispensing (POD) Organizational Chart





# Required materials: vendor must provide full-service vaccination sites

- Vendor billing must cover:
- Personal protective equipment
- Supplies for management of anaphylaxis
- Payload
- DVC kit
- POD signs (branded and banners)
- Printed forms/Stickers
- ISO Tent w/ canopy's
- Cone kit
- Privacy screens
- Wire racks
- Gauze
- Tissue
- Super Sani
- Hand Sani pumps
- Hand sani bottles
- Nitrile gloves
- Online labels
- Emesis basin
- Lanyards and badge holders
- Duct tape
- Face shields
- Wheelchairs
- Cots
- Hydration supplies
- WiFi connectivity
- Printer copier
- Tables
- Chairs
- Signage
- Floor covering
- Cones



# Required support services: vendor must provide full-service vaccination sites

- On-site emergency medical services
- Traffic management services
- Security personnel
- Printing services for signage and advertising materials
- Information technology services to support connectivity at sites including tablets for registration

# Community collaboration and access considerations

CDPH serves all Chicagoans. Vendor must make accommodations and services accessible to individuals with varying needs

- **Access for individuals with disabilities, including:**
  - Deaf and hard of hearing people
  - People who are blind or low vision
  - People with cognitive or intellectual disabilities
- **Language access:**
  - Per Section 2-40-020 of Chicago Municipal Code, vendors must provide multi-lingual capacity
  - Vendor must have sufficient on-site Spanish-speaking personnel to serve Chicago's Spanish-speaking communities

**Vendor must ensure on-site staff are adept at interacting effectively and sensitively with clients from diverse backgrounds, including various cultural, racial and ethnic backgrounds, individuals with criminal justice involvement and individuals with various immigration statuses.**

# ★ Reporting and system requirements

**Vendor must capture various required data elements, including race/ethnicity data, in a vaccine administration management system or electronic medical record that is able to transmit patient and immunization data to I-CARE**

- Demographic data points include but are not limited to:
  - Name, date of birth, race, ethnicity, address, sex, occupation
  - Approximately 20 data fields
- Additional data points include:
  - CVX, lot number, vaccine expiration date, precautions and contraindications
- Method and process for reporting adverse reactions in Vaccine Adverse Event Reporting System (VAERS)



Other reporting/system requirements:

- Scheduling, registration, administering, tracking and providing follow-up (including 2<sup>nd</sup> dose)
- Vaccine inventory
- Wastage data
- Vaccine Finder website




# RFP requires bidders to detail their own registration and appointment system

- Technology Plan
  - Must describe vendor's existing scheduling and registration system for vaccines
  - Must detail vendor's reporting capabilities
  - Must describe willingness and ability to integrate with Zocdoc central scheduler
  - Must detail data security protocols



# Vendor may be requested to use a central registration management system, EMTrack, at no cost to vendor



IMPORTANT REMINDER

You may only book via this site if you have a valid voucher code - if you are determined to have used an invalid voucher, or voucher you are ineligible for, your appointment is subject to cancellation.

If you are using a voucher that has residency requirements (limited to the following ZIP codes: 60608, 60619, 60620, 60624, 60644, 60649, 60651, 60652, and 60653), you MUST enter an accurate address when booking your appointment.

The United Center is only accepting appointments for patients 18 years and older.

## United Center Mass Vaccination

Choose date to book a ticket

Dates

← W 10, 2021

W 11 (03/15/2021) - 2021

W 12, 2021 →

Mon, Mar 15th	Tue, Mar 16th	Wed, Mar 17th	Thu, Mar 18th	Fri, Mar 19th	Sat, Mar 20th	Sun, Mar 21st
United Center Mass Vaccination - 03-15-21 09:00am 9 a.m. Sale over	United Center Mass Vaccination - 03-16-21 09:00am 9 a.m. Sale over	United Center Mass Vaccination 9 a.m. Book now	United Center Mass Vaccination 9 a.m. Book now	United Center Mass Vaccination 9 a.m. Book now	United Center Mass Vaccination 9 a.m. Book now	United Center Mass Vaccination 9 a.m. Book now
United Center Mass Vaccination - 03-15-21 09:15am 9:15 a.m. Sale over	United Center Mass Vaccination - 03-16-21 09:15am 9:15 a.m. Sale over	United Center Mass Vaccination 9:15 a.m. Book now	United Center Mass Vaccination 9:15 a.m. Book now	United Center Mass Vaccination 9:15 a.m. Book now	United Center Mass Vaccination 9:15 a.m. Book now	United Center Mass Vaccination 9:15 a.m. Book now
		United Center Mass Vaccination	United Center Mass Vaccination	United Center Mass Vaccination	United Center Mass Vaccination	United Center Mass Vaccination

- Juvare, EMTrack vendor, will provide training to vaccination mobile teams as appropriate
- Strike teams may not be required to use EMTrack, to be decided by the City in conversation with selected vendors, depending on setting





# Contract timeline

- Contract is operational from date of award through January 31, 2022
- It is anticipated that CDPH will select awarded vendors by April 14, 2021
- Vendor(s) must be able to host first fully operational pod within two weeks of selection
- Contract may be extended an additional year, subject to funding availability and necessity as determined by CDPH

# Equity framework in services and hiring

Applicants will be assessed on the strength of their proposed strategies aiming to hire from below communities, which rank highest on the CCVI

- West Englewood
- New City
- Gage Park
- North Lawndale
- South Lawndale
- Chicago Lawn
- Englewood
- Roseland
- North Lawndale
- Archer Heights
- Washington Heights
- Austin
- Montclare
- South Deering
- Englewood
- Belmont Cragin
- Humboldt Park

CDPH strongly encourage vendors to pay employees a living wage



# Funding available

## **CDPH is making \$10 million available for this contract**

This amount is based on studies of flu vaccination campaigns that suggest a \$15-\$25 per shot cost for full vaccination site services. As such, it is anticipated that this amount would be able to cover up to 400,000 doses, or vaccination of 200,000 individuals in total combined for the 5 regions.

Funding for this contract will come from Federal Emergency Management Agency and the Centers for Disease Control Vaccines for Children Immunization Grant and Epidemiology and Laboratory Capacity Grants



# Submission Requirements

Applicants are asked to ensure they submit all of the required components to ease review and evaluation of applications. These components include:

- Experience working within selected region
- Staffing Plan
- Budget and Justification
- Operational Plan
- Training Plan
- Technology Plan
- Timeline
- Demonstration of Alignment with CDPH Principles
- Demonstration of previous government contract or corporate work which demonstrates required competencies
- Demonstration of Fiscal Capacity



# Applicants must demonstrate alignment with CDPH guiding principles

- Deconstructing racist systems
- Trauma prevention and trauma-informed services
- Cultural responsiveness
- Health equity in all communities