Delegate Agency Solicitation #67251 (RFP)

Navigating Health Together: A Community Breast, Cervical & Colon Prevention Program

Specification Number:1349380

Required for use by: CHICAGO DEPARTMENT OF PUBLIC HEALTH

Bid/Proposal Submittal Date and Time: 12:00 PM Central Time, 13-JUL-2026

Deadline for Questions: 05:00 PM Central Time, 18-JUN-2026
Buyer: MOORE, CANDICE
Email Address: Candice.Moore@cityofchicago.org
Phone Number: 3127479505
Pre-Solicitation Conference Date and Time: 03:00 PM Central Time, 16-JUN-2026
Pre-Solicitation Conference Location: https://teams.microsoft.com/meet/29964576970558?p=YXXcLvfDbgwo141em7
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.

BRANDON JOHNSON **MAYOR**	**Fikirte Wagaw** **Acting Commissioner**

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1 Header Information

1.1 General Information

Title	**Navigating Health Together: A Community Breast, Cervical & Colon Prevention Prog**		
Description	**Navigating Health Together: A Community Breast, Cervical & Colon Prevention Program**		
Preview Date	**10-JUN-2026 13:54:48**	Open Date	**10-JUN-2026 13:54:48**
Close Date	**12:00 PM Central Time, 13-JUL-2026**	Award Date	**Not Specified**
Time Zone	**Central Time**	Buyer	**MOORE, CANDICE**
Quote Style	**Blind**	Email	**Candice.Moore@cityofchicago.org**
Event	**Delegate Agency**	Outcome	**Delegate Agency Blanket Agreement**

1.2 Terms

Effective Start Date	**Not Specified**	Effective End Date	**Not Specified**
Ship-To Address	**041- West Washington 111 West Washington, Suite 400 Chicago, IL 60602 United States**	Bill-To Address	**041- West Washington 111 West Washington, Suite 400 Chicago, IL 60602 United States**
Payment Terms	**IMMEDIATE**	Carrier	
FOB		Freight Terms	
Currency	**USD (US Dollar)**	Price Precision	**Any**
Total Agreement Amount (USD)	**Not Specified**	Minimum Release Amount (USD)	**Not Specified**

1.3 Requirements

RFP DEADLINE
PLEASE NOTE: Please do not wait until the RFP deadline time to submit your proposal. Proposals 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 **No Response Required**
CHARACTER LIMIT
Responses to questions below are limited to 4,000 characters each. If your response requires more than 4,000 characters, please attach response. ..... Type **No Response Required**
Communication
Please submit all communication via the Online Discussion option within eProcurement only. Emailed communication will be directed back to Online Discussion. ..... Provide your answer below
Contact
What is the First Name of the contact person for this RFP?

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

Organization Information
..... Provide your answer below
What is your Legal Organization City? ..... Provide your answer below
What is your Legal Organization State? ..... Provide your answer below
What is your Legal Organization Zip Code? ..... Provide your answer below
What is your Legal Organization County? ..... Provide your answer below
What is your Legal Organization Telephone Number? ..... Provide your answer below
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-

Organization Information
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: https://www.irs.gov/charities-non-profits/tax-exempt-organization-search. ..... Provide your answer below
Pleaseenter the Unique Entity ID (SAM) number associated with your organization. Allorganizations receiving federal financial awards or sub-awards must have aUnique Entity ID (SAM) number. You may search for your Unique EntityID (SAM) number or request one here - http://SAM.gov ..... 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

Organization Information
Please provide the name of your agency's chief financial officer. ..... Provide your answer below
Please provide the contact phone number for your agency's chief financial officer. ..... Provide your answer below
Please provide the e-mail address for your agency's chief financial officer. ..... Provide your answer below
Eligibility
Organization is a not-for-profit agency with 501(c)(3) status. ..... Provide your answer below
Organization has a Chicago office from which services are delivered. ..... Provide your answer below
Organization is in good standing with the City of Chicago. ..... Provide your answer below

Eligibility
Proof of current ACR accreditation, IEMA certification, and MQSA compliance — held directly or through a clinical partner. (Preference: ACR Breast Imaging Center of Excellence designation.) ..... Provide your answer below
Evidence of partnership intent: signed MOU, MOA, or Letter of Intent between CBO and clinical partner is attached. ..... Provide your answer below
Organization demonstrates at least 5 years of clinical experience (directly or through partner) providing breast, cervical, and colorectal cancer prevention services. ..... Provide your answer below
Organization demonstrates at least 5 years of CHW and/or patient navigation experience (directly or through partner) supporting breast, cervical, and colorectal cancer prevention. ..... Provide your answer below
Respondent has read and acknowledges the Labor Peace Agreement (MCC 2-112-205). ..... Provide your answer below
Community Reach
Provide the name of the community area(s) where services will be offered. .....

Community Reach
Provide your answer below
Provide the ward(s) where services will be offered. ..... Provide your answer below
Indicate which of CDPH's five priority community areas your proposal addresses (West Garfield Park, North Lawndale, Englewood, West Englewood, East Garfield Park). For each area, indicate whether your organization currently provides services there or whether it is new territory. ..... Provide your answer below
Describe the target population your agency would serve ethnicity, income level, insurance status, and other defining characteristics. What are the key challenges and critical needs? Provide evidence of the outreach strategies your agency will use to reach them. ..... Provide your answer below
Describe your organization's proven capacity and experience working in communities of need in Chicago, including specific experience serving the priority populations identified in this RFP. ..... Provide your answer below
Describe how your organization will prioritize and sequence outreach across multiple priority community areas, and how geographic reach by community area will be documented in quarterly reports. ..... Provide your answer below

Community Reach

Identify any trusted community venues (e.g., churches, barbershops, grocery stores, community centers) your organization currently uses or plans to use for cancer outreach in priority neighborhoods. Explain why these settings are appropriate for reaching populations with low screening rates.

.....

Provide your answer below

Alignment with CDPH Guiding Principles

Describe how your agency and programming align with CDPH's cultural responsiveness principle: ensuring services are culturally and linguistically appropriate.

.....

Provide your answer below

Describe your organization's cultural and linguistic competency policies. Include any training provided to staff for working with diverse populations, especially Black and Latine women.

.....

Provide your answer below

Describe how your agency and programming align with CDPH's health equity principle: allocating resources to communities with the greatest need. Reference specific priority areas as applicable.

.....

Provide your answer below

Describe how your agency and programming align with CDPH's trauma-informed services principle. Provide specific examples of trauma-informed practices used with cancer screening or chronic disease populations.

.....

Provide your answer below

Program Design, Activities, Scope, and Outcomes

Program Design, Activities, Scope, and Outcomes
Provide a detailed Program Description explaining how your organization will implement the Navigating Health Together model, including the specific services to be delivered across breast, cervical, and colorectal cancer prevention. ..... Provide your answer below
Describe how the proposed program will relate to or expand your organization's existing services. Will this integrate into current programming or constitute a new program area? ..... Provide your answer below
Describe your organization’s ability to link clients to social support services including transportation, housing, food, financial assistance, and mental health resources — that affect cancer screening completion. Include how your organization will facilitate enrollment in coverage programs (Medicaid, Medicare, IBCCP, NBCCEDP, and other applicable programs) and how transportation, childcare, and interpretation barriers will be specifically addressed. ..... Provide your answer below
Describe existing relationships with external partners (health systems, FQHCs, specialists, social service agencies) that your organization will leverage to support program delivery. ..... Provide your answer below
Upload a detailed work plan incorporating the Scope of Services (Section IV of the RFP). The plan must include major activities and service delivery components; key milestones and timelines; responsible staff or partner organizations; and measurable performance targets aligned with program requirements. ..... Provide your answer below
Describe your organization's specific approach to Triple Negative Breast Cancer (TNBC) education and

Program Design, Activities, Scope, and Outcomes
risk communication with Black women. Include how CHWs are trained on TNBC, what materials are used, and how clients are connected to genetic counseling or specialist referral when indicated. ..... Provide your answer below
Describe how your program will specifically address the colorectal cancer mortality gap affecting Black women in priority communities. Include your FIT kit distribution strategy, how you will achieve a kit return rate greater than or equal to 50%, and your process for navigating abnormal FIT results to diagnostic colonoscopy within 60 days. ..... Provide your answer below
Describe your program's approach to cervical cancer screening in community areas where rates fall below 45%. Include how you will engage women who have never or rarely been screened and your strategy for follow-up after abnormal Pap or HPV results. ..... Provide your answer below
Upload the signed MOU or MOA between all partnering organizations. Confirm the agreement addresses: (a) roles and responsibilities, (b) referral and follow-up processes, (c) data sharing protocols, and (d) duration of partnership commitment. ..... Provide your answer below
Describe your organization's prior experience working collaboratively with the proposed partner(s). If newly formed, provide a compelling rationale and describe the complementary capacity each partner brings. ..... Provide your answer below
Describe how the CBO partner will fulfill community-side responsibilities, including CHW/navigator

Program Design, Activities, Scope, and Outcomes
deployment, barrier removal, and trust-building with priority populations. ..... Provide your answer below
Describe how the clinical partner will fulfill clinical-side responsibilities, including providing USPSTF-concordant screening, ensuring timely diagnostic follow-up for abnormal results, and enrolling Eligible clients in applicable coverage programs (e.g., NBCCEDP, IBCCP, state CRC programs). ..... Provide your answer below
Describe the specific communication and coordination mechanisms your CBO and clinical partner will use to ensure seamless handoffs at each stage of the care continuum (from community outreach ->screening -> abnormal result -> diagnosis -> treatment). Include frequency of partner meetings, shared case review processes, and escalation protocols. ..... Provide your answer below
Describe how clinical partner will leverage sliding fee scale and Eligibility enrollment capacity to ensure uninsured and underinsured participants are not turned away from screening or follow-up services. ..... Provide your answer below
Staffing Plan
Attach the organization's staffing plan including staff descriptions and resumes, time allocation (FT/PT/hourly), and job descriptions for vacant or new positions. ..... Provide your answer below
Describe the key staff and positions dedicated to this program: staffing patterns, roles, and qualifications. Explain how staff will meet the needs of the priority client base, and provide your timeline and strategy for timely hiring and onboarding.

Staffing Plan

.....
Provide your answer below

Describe your experience recruiting and managing subcontractors, including quality oversight mechanisms. Will you subcontract any components of this program's scope? If so, specify which components, the selection criteria for subcontractors, and list all partner organizations, dollar amounts allocated to each, and their role within the program.

.....
Provide your answer below

Describe how your organization will ensure CHW and navigator competency in Motivational Interviewing (MI) proficiency, cancer-specific content knowledge, and cultural responsiveness across all three cancer types.

.....
Provide your answer below

Describe your organization's plan for ongoing training and professional development for program staff, including frequency of training, topics covered, and supervision practices.

.....
Provide your answer below

Describe how the proposed program meets licensure and experience requirements for proposed clinical positions. Attach current licensure documentation for any clinical staff supported by this grant.

.....
Provide your answer below

Budget Justification and Fiscal Capacity

Submit a program budget not exceeding the maximum amount in Section VI. If using additional funding sources, include separate budgets for each.

.....

Budget Justification and Fiscal Capacity
Provide your answer below
Itemize professional and technical services costs billed to the grant. Justify any consultant fees (note: consultant fees are limited and may not substitute for staff support). ..... Provide your answer below
Itemize and justify materials and supplies that will be used in program delivery. ..... Provide your answer below
Describe how budget costs align with the proposed scope of work. Provide titles and cost allocation for all staff assigned to this project. ..... Provide your answer below
Describe your organization's fiscal capacity to begin providing services by the contract start date (August 1, 2026). **Submit independent audit reports and findings for the last 3 fiscal years.** ..... Provide your answer below
Describe your organization's ability to operate on a reimbursement basis and to fund program expenditures between service delivery and reimbursement from the City. ..... Provide your answer below

Budget Justification and Fiscal Capacity
Describe your organization's capacity for fiscal monitoring and coordination of program expenditures with program staff. ..... Provide your answer below
Describe your organization's fiscal policies and experience managing multiple funding streams or separate contracts concurrently. Provide a specific example. ..... Provide your answer below
Provide narrative justification for any Program Administration (indirect) costs. Administrative costs may not exceed 25% of the program budget; non-agreement indirect cost is capped at 15%. ..... Provide your answer below
Organizational Experience & Capacity
Describe how your organization's mission aligns with the Navigating Health Together program described in this RFP. ..... Provide your answer below
Describe your organization's experience, capacity, and infrastructure to deliver this program's objectives across breast, cervical, and colorectal cancer prevention. ..... Provide your answer below
Describe your organization's administrative, organizational, programmatic, and IT capacity to plan, develop, implement, and evaluate this program.

Organizational Experience & Capacity
..... Provide your answer below
Describe your organization's experience working in the specific priority community areas named in this RFP (e.g., Englewood, Grand Boulevard, Fuller Park, Washington Heights). Provide examples of programs or partnerships in these communities. ..... Provide your answer below
Describe your organization's experience providing cancer prevention and treatment services to Black, Latine, and/or low-income women. Include years of experience and populations/community areas served. ..... Provide your answer below
Demonstrate your organization's experience providing or facilitating access to mammography, cervical cancer screening (Pap tests), and colorectal cancer screening (FIT kits, colonoscopy referral). Include any accreditations, certifications, or quality designations held. ..... Provide your answer below
Describe your organization's experience navigating patients from abnormal screening results through diagnostic follow-up and treatment initiation. Include examples of how your program has reduced time-to-diagnosis and time-to-treatment. ..... Provide your answer below
Describe your organization's experience working with CHWs and/or patient navigators, including training models used (e.g., Motivational Interviewing), supervision structures, and fidelity monitoring practices. ..... Provide your answer below

Organizational Experience & Capacity
Data Management, Compliance, Evaluation and Quality Improvement
Describe how program data will be used for quality assurance and continuous quality improvement (CQI), including how findings will feed back into program operations. ..... Provide your answer below
Describe how data privacy and client confidentiality will be protected throughout the program. ..... Provide your answer below
Describe your organization's record-keeping policies, including experience collecting, securely storing, and accurately reporting demographic and program performance data. ..... Provide your answer below
Describe your agency's HIPAA compliance policies and procedures. Include how often policies are reviewed and updated, and identify the staff member responsible for HIPAA compliance oversight. ..... Provide your answer below
Describe your plan for collecting, tracking, and reporting the performance metrics required by this RFP across all three cancer types (breast, cervical, colorectal), including quantitative and qualitative reporting components. ..... Provide your answer below

Data Management, Compliance, Evaluation and Quality Improvement
Describe the data system(s) that will be used to evaluate program effectiveness (e.g., EHR, REDCap, or equivalent tracking platform). ..... Provide your answer below
Describe how your data system will track the full cancer screening cascade from first CHW contact through treatment initiation, and how data will be linked or shared across community and clinical partners. ..... Provide your answer below
Describe how your organization will collect and report on the required metrics for each cancer focus area - breast, cervical and colon cancer as listed in RFP - Section B: Quantitative Reporting. ..... Provide your answer below
Statement of Assurance/ Confirmation of Required Documents
Respondent must submit a budget not to exceed the maximum amount quoted in Section VI. Available Funding of the RFP document. Failure to do so will result in deduction in points given. Please acknowledge that you uploaded a completed budget outlining all details for the program in it is entirety. ..... Provide your answer below
Please acknowledge that you have read, completed and attach the Conflict of Interest Questionnaire. ..... Provide your answer below
Please acknowledge that you have read the laws, statutes, ordinances and executive orders section of the

Statement of Assurance/ Confirmation of Required Documents
RFP. ..... Provide your answer below
Please provide your initials signifying that all required documents have been reviewed and submitted as required. ..... Provide your answer below
Provide the full name of the signatory. ..... Provide your answer below
Please provide the title of the signatory. ..... Provide your answer below

1.4 Attachments

Name	Data Type	Description
ATTACHMENT 01: RFP DOCUMENT	File	ATTACHMENT 01: RFP DOCUMENT
ATTACHMENT 02: APPENDIX A - TARGET POPULATIONS AND PRIORITY COMMUNITIES	File	ATTACHMENT 02: APPENDIX A - TARGET POPULATIONS AND PRIORITY COMMUNITIES
ATTACHMENT 03: APPENDIX B REFERENCE LIST - NAVIGATING HEALTH TOGETHER	File	ATTACHMENT 03: APPENDIX B REFERENCE LIST - NAVIGATING HEALTH TOGETHER
ATTACHMENT 04: BUDGET INSTRUCTIONS	File	ATTACHMENT 04: BUDGET INSTRUCTIONS

Name	Data Type	Description
ATTACHMENT 05: INSTRUCTIONS FOR SUBMITTING APPLICATION	File	ATTACHMENT 05: INSTRUCTIONS FOR SUBMITTING APPLICATION
ATTACHMENT 06: ONLINE CUSTOMER SUPPORT	File	ATTACHMENT 06: ONLINE CUSTOMER SUPPORT
ATTACHMENT 07: EXHIBIT 122123 MYCOI NEXT STEPS	File	ATTACHMENT 07: EXHIBIT 122123 MYCOI NEXT STEPS
ATTACHMENT 08: INSURANCE REQUIRMENTS	File	ATTACHMENT 08: INSURANCE REQUIRMENTS

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 **94855.DA.**
Shopping Category **Not Specified**
Minimum Release Amount (USD) **Not Specified**
Estimated Total Amount (USD) **Not Specified**
Start Price (USD) **Not Specified**
Target Price (USD) **Not Specified**

2.2.2 Line 2 0044 - Fringe Benefits

Category **94855.DA.**
Shopping Category **Not Specified**
Minimum Release Amount (USD) **Not Specified**
Estimated Total Amount (USD) **Not Specified**
Start Price (USD) **Not Specified**
Target Price (USD) **Not Specified**

2.2.3 Line 3 0100 - Operating/Technical

Category **94855.DA.**
Shopping Category **Not Specified**
Minimum Release Amount (USD) **Not Specified**
Estimated Total Amount (USD) **Not Specified**
Start Price (USD) **Not Specified**
Target Price (USD) **Not Specified**

2.2.4 Line 4 0140 - Professional and Technical Services

Category **94855.DA.**
Shopping Category **Not Specified**
Minimum Release Amount (USD) **Not Specified**
Estimated Total Amount (USD) **Not Specified**
Start Price (USD) **Not Specified**
Target Price (USD) **Not Specified**

2.2.5 Line 5 0200 - Travel

Category	**94855.DA.**	Start Price (USD)	**Not Specified**
Shopping Category	**Not Specified**	Target Price (USD)	**Not Specified**
Minimum Release Amount (USD)	**Not Specified**		
Estimated Total Amount (USD)	**Not Specified**		

2.2.6 Line 6 0300 - Materials and Supplies

Category	**94855.DA.**	Start Price (USD)	**Not Specified**
Shopping Category	**Not Specified**	Target Price (USD)	**Not Specified**
Minimum Release Amount (USD)	**Not Specified**		
Estimated Total Amount (USD)	**Not Specified**		

2.2.7 Line 7 0400 - Equipment

Category	**94855.DA.**	Start Price (USD)	**Not Specified**
Shopping Category	**Not Specified**	Target Price (USD)	**Not Specified**
Minimum Release Amount (USD)	**Not Specified**		
Estimated Total Amount (USD)	**Not Specified**		

2.2.8 Line 8 0801 - Indirect

Category	**94855.DA.**	Start Price (USD)	**Not Specified**
Shopping Category	**Not Specified**	Target Price (USD)	**Not Specified**
Minimum Release Amount (USD)	**Not Specified**		
Estimated Total Amount (USD)	**Not Specified**		

2.2.9 Line 9 0999 - Other

Category	**94855.DA.**	Start Price (USD)	**Not Specified**
Shopping Category	**Not Specified**	Target Price (USD)	**Not Specified**
Minimum Release Amount (USD)	**Not Specified**		
Estimated Total Amount (USD)	**Not Specified**		

CITY OF CHICAGO

REQUEST FOR PROPOSALS (RFP) OVERVIEW
Navigating Health Together: A
Community Breast, Cervical & Colon Prevention Program
RFP 67251

Brandon Johnson, Mayor
Fikirte Wagaw, Acting Commissioner

Chicago Department of Public Health Request for Proposal (RFP)	
Summary	*The intent of this RFP is to reduce inequities in breast, cervical, and colorectal cancer mortality and improve early detection for all women of Chicago, with special attention to priority communities and at-risk populations.*
Eligibility Requirements	Section No. III Eligibility Requirements
Available Funding	$737,000
Fund	**Corporate Funding**
Estimated # of Awards	**Up to Four Awards**
Anticipated Project Period	**August 1, 2026 – December 31, 2026,** with up to two extensions, each not to exceed one year.
Bidder's Conference	June 16, 2026, at 3:00PM CST
Questions Period	June 18, 2026, at 5PM CST
Proposal Due	July 13, 2026, at 12PM CST
Program Contact	Berenice Tow; Phone: 312-745-0590; Email: Berenice.Tow@Cityofchicago.org
Program Name	*Navigating Health Together: A* **Community Breast, Cervical & Colon Prevention Program**

Online Customer Support	**All Proposals must be submitted through eProcurement system** **Questions on Registration:** CustomerSupport@cityofchicago.org **Questions on eProcurement for Delegate Agencies including** 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

I. Purpose

The Chicago Department of Public Health's (CDPH) mission is to work with communities and partners to create an equitable, resilient, safe, and Healthy Chicago. Our efforts build toward our vision where everyone in Chicago thrives and achieves their optimal health and wellness.

To achieve these objectives, CDPH will invest in a continuum of care for individuals who face barriers to accessing high-quality cancer prevention and health care services, with a focus on priority populations including Black, Latine, and underinsured or uninsured individuals.[1,2] CDPH seeks qualified organizations to deliver the Navigating Health Together: A Community Breast, Cervical and Colon Cancer Prevention Program in priority community areas with the highest cancer mortality disparities. *(See Appendix A: Target Population and Priority communities)*

CDPH is releasing this Request for Proposals (RFP) to fund organizations that can provide **all** of the following community-based services:

- Patient Navigation and Breast Cancer Screening: Implement evidence-based patient navigation services to support priority populations across the breast cancer continuum of care, including identifying and addressing barriers to timely diagnostic and treatment services.
- Cervical Cancer Prevention: Conduct outreach, education, and navigation to support Pap test completion and follow-up of abnormal cervical screening results, particularly in communities with the lowest cervical cancer screening rates.
- Colorectal Cancer (CRC) Screening: Provide education, Fecal Immunochemical Test (FIT), Fecal Occult Blood Test (FOBT) kit distribution, colonoscopy referral navigation, and follow-up support for abnormal results to reduce the persistent racial gap in colorectal cancer mortality.
- Community Health Education: Provide culturally and linguistically appropriate education on cancer prevention, risk-based assessments, and triple negative breast cancer (TNBC).

II. Background

CDPH's approach is guided by our community health improvement plan, Healthy Chicago, which is focused on racial and health equity, especially eliminating Chicago's racial life expectancy gap. This RFP aligns with Healthy Chicago's efforts to improve breast, cervical, and colorectal cancer health outcomes among Black and Latine individuals of Chicago.

The Scope of Inequity: Screenable Cancer Mortality

Cancer disparities continue to be a significant public health challenge for Black and Latine individuals in Chicago. Despite advancements in screening and treatment, persistent gaps in access, follow-up delays, and structural barriers contribute to unequal outcomes. Nearly 1,300 Chicago residents died from screenable cancers in 2023. Almost 700 of those deaths were among Black Chicagoans, despite Black residents comprising less than one-third of the city's population. The mortality rate from screenable cancers is 150% higher among Black females than non-Black females. Over 400 Black females died in 2023 from screenable cancers as a primary cause: lung (181), breast (147), colorectal (84), and cervical (12)[14.]

Screenable cancer deaths in Chicago have decreased 34% over the past decade across all racial/ethnic groups—but there has been no decrease in racial inequities. Inequities in cancer outcomes reflect a combination of factors: access to timely and high-quality screening, education, comorbidities, tumor characteristics, and underlying social determinants of health. Social barriers—including poverty, cultural factors, and systemic racism—disproportionately affect Black and low-income women across the full continuum from screening to treatment and survival.

Breast Cancer is the most common cancer and the third leading cause of cancer death among women in Chicago. Although breast cancer mortality rates have declined since 1990 by 44% (as of 2022) and screening

rates have improved, not all women of color have benefited equally. Black women experience a 38% higher mortality rate than non-Hispanic White women despite similar incidence. For Latine women, breast cancer incidence has increased by approximately 1.6% annually from 2012 -2021. Latine women are more likely to be diagnosed at a younger age, with more aggressive disease, at more advanced stages, and are approximately 30% more likely to die from their breast cancer than their non-Hispanic White counterparts. Priority community areas demonstrate dramatically elevated breast cancer mortality compared to Chicago overall. Black, Latine, and low-income women are more likely to receive breast cancer services at non-accredited, lower-resourced facilities and experience fragmentation of care. Seven of the 10 community areas with the highest breast cancer mortality rates are neighborhoods with high economic hardship. Structural barriers, including transportation, poverty, limited educational opportunity, and lack of health insurance are associated with lower breast cancer survival rates.

Triple Negative Breast Cancer (TNBC) is an aggressive subtype accounting for approximately 10–12% of all invasive breast cancer cases in the U.S. TNBC tends to grow and spread more rapidly than other types, has fewer treatment options, and is associated with a poorer prognosis. TNBC indicates that cancer cells lack estrogen and progesterone receptors and do not produce significant HER2 protein—making hormone and targeted therapies ineffective. TNBC disproportionately affects younger Black women, who are twice as likely as White women to be diagnosed with TNBC across all age groups, and more likely to be diagnosed at later stages with lower survival rates.

Cervical Cancer: While cervical cancer is largely preventable through screening and vaccination, significant disparities persist. Only 63% of Black women were screened for cervical cancer in 2022–2024, down from over 80% in 2015. Despite having a similar cervical cancer screening rate as White women, Black women face more than double the annual cervical cancer mortality rate. Several community areas have cervical cancer screening rates below 45%[14], highlighting geographic concentrations of risk that the Navigating Health Together program is specifically designed to address. Priority community areas show elevated cervical cancer mortality: Calumet Heights (5.8 per 100,000), East Garfield Park (6.1), and Grand Boulevard (4.7) each exceed the Chicago average of 2.5 per 100,000.

Colorectal Cancer (CRC) is a major driver of the screenable cancer mortality gap in Chicago. Black women have substantially lower rates of colorectal cancer screening than White women and a 50% higher annual CRC mortality rate. In 2023, 84 Black females died from colorectal cancer—a cancer that is highly preventable and treatable when detected early. The total colorectal cancer mortality in priority communities consistently exceeds the Chicago average of 13.8 per 100,000: Fuller Park (25.7), West Englewood (24.1), East Garfield Park (18), Calumet Heights (18.5), Washington Heights (18.9) and Englewood (19.7) all carry significantly higher burden. Yet these same communities face the greatest structural barriers to screening access.

Evidence from the Community Preventive Services Task Force and Centers for Disease Control and Prevention (CDC) strongly supports patient navigation and community health worker (CHW) interventions to address these disparities.[8] Fecal Immunochemical Test (FIT) kit-based screening with CHW navigation is a highly effective and accessible strategy for populations facing colonoscopy access barriers, and patient navigation has been shown to increase colorectal screening rates and dramatically reduce time to diagnostic follow-up after abnormal findings.

Effective Community-Based Approaches and Strategies

Community cancer screening programs serve as the essential frontline infrastructure designed to mitigate these inequities, primarily targeting people with low incomes who are uninsured or underinsured. A fundamental component of effective community cancer screening is the assurance that an abnormal screening result will lead seamlessly to timely diagnostic services and, if required, definitive cancer treatment.

Community–Health System Partnerships: Effective cancer prevention requires bridging two essential systems: the community, where trust, relationships, and culturally grounded outreach reside; and the clinical setting, where screening, diagnosis, and treatment occur. Neither system alone is sufficient to fully address the barriers faced by underserved populations. Community-based organizations (CBOs) possess the cultural competency, language capacity, and relational trust needed to reach people least likely to engage with formal

healthcare. Health systems — including Federally Qualified Health Centers (FQHCs), hospitals, and specialty clinics — hold the clinical infrastructure and care coordination capacity required to deliver guideline-concordant screening, diagnostic follow-up, and treatment. When these systems operate in isolation, critical gaps emerge, community members learn about cancer prevention with no clear pathway to care, while clinics see patients without the culturally responsive support that enables follow-through. The CBO-health system partnership model closes these gaps through a structured, bidirectional pipeline from community outreach through clinical care. Research confirms that integrated community-clinical models increase screening rates, reduce health inequities, and deliver cancer diagnostic services more effectively to historically marginalized populations.[3,4,5,6] For instance. FQHCs, which operate on a sliding fee scale and serve patients regardless of ability to pay, are especially critical partners. A randomized clinical trial of centralized colorectal cancer screening outreach at FQHCs found that 30% of individuals receiving mailed FIT plus patient navigation completed screening within six months, compared to 10% receiving usual care alone.[7]

Community Health Workers (CHW) and Patient Navigators are central to reducing cancer health disparities. CHWs deliver culturally relevant education, build trust, and connect individuals to needed resources. Patient navigators guide patients through complex healthcare systems, addressing insurance, scheduling, transportation, interpretation, and logistical barriers. The evidence for patient navigation is robust. A meta-analysis of 42 randomized clinical trials (39,000+ participants) found that navigation increased breast cancer screening by 13.8% and cervical cancer screening by 15.6% on average compared to usual care and increased the likelihood of cancer screening uptake by nearly 2.5 times across mammograms, Pap tests, colonoscopies, and fecal immunochemical tests.[8,9] Patient navigation is recognized by the federal Health Resources and Services Administration (HRSA) as a covered preventive service under the Affordable Care Act. [10] Under CBO-led programs, most cancer survivors reported feeling confident and knowledgeable about managing their care, reflecting the sustained engagement CHWs and navigators make possible.[11,12,13]

Alignment with CDPH Guiding Principles

All CDPH investments are guided by the following principles. CDPH delegates and their sub-contractors are expected to integrate these principles into organizational policy and practice.

- **Trauma prevention and trauma-informed services** – ensuring services address trauma and healing. Examples include trauma-informed trainings provided to staff and subcontractors.
- **Cultural Responsiveness** — ensuring services are culturally and linguistically appropriate. Examples include training, education materials, and policies that demonstrate cultural competency at both organization and staff levels.
- **Health equity in all communities** – allocating resources and services to people and areas with the greatest need. Examples include providing free or low-cost services to residents in low-income households or offering evening appointments to those who work long hours.

III. Eligibility Requirements

Respondents eligible for this funding opportunity must meet the following criteria:

- Be a not-for-profit agency with a 501(c) 3 status
- Have an office located in the City of Chicago from which agency offers services.
- Be in good standing with the City of Chicago
- Have the administrative, organizational, programmatic, information technology and fiscal capability to plan, develop, implement, and evaluate the proposed project. Agencies with a limited capacity to administer the fiscal responsibilities associated with their programs may choose to subcontract with a fiscal and reporting agency to provide administrative services.

Respondents must demonstrate and verify:

- Evidence of partnership or intent to partner among partnering organizations, including Letters of Intent to partner, Memorandum of Understanding (MOU), or Memorandum of Agreement (MOA).

- Respondents must demonstrate directly or through a partner at least five (5) years of clinical experience providing breast, cervical, and colorectal cancer prevention services.
- Respondents must demonstrate directly or through a partner at least five (5) years of Community Health Worker (CHW) and/or patient navigation experience supporting breast, cervical, and colorectal cancer prevention services.
- Respondents must proof of current certification and/or accreditation either directly or through a partner of accreditation and certification by the American College of Radiology (ACR), the Illinois Emergency Management Agency (IEMA), and compliance with the Mammography Quality Standards Act (MQSA) or formally partner/contract with subcontractors that hold current accreditation and certification. *Preference will be given to agencies designated as a Breast Imaging Center of Excellence (BICOE) by ACR*.
- Read and acknowledge the Labor Peace Agreement.

Respondents that do not meet these eligibility requirements will **NOT** have their applications evaluated; incomplete applications will **NOT** be evaluated for this funding opportunity.

IV. Project Description

a. Program Background & Goals

Navigating Health Together is a new community and health system partnership designed to ensure that progress in cancer prevention and early detection reaches every community with the greatest need in Chicago — regardless of race, geography, or insurance status. The Navigating Health Together model is designed to ensure access to the continuum of care—from first contact through treatment initiation. The program integrates community-based organizations (CBO), Community Health Workers (CHWs) and Patient Navigators, Community Health Centers/FQHCs, and accredited health systems into a coordinated approach designed to improve access, navigation, and continuity of care across the community and clinical care continuum. The model addresses this continuum through three integrated components guided by the following goals:

1. **Improve timely screening and early detection.** Activities include community outreach and culturally relevant education, risk-based assessments (including family history), improved access to mammography, cervical, and colorectal screenings, and barrier removal such as transportation, childcare, and insurance enrollment support.
2. **Enhance access to diagnosis and treatment.** Efforts focus on immediate navigation following abnormal findings, reducing time to diagnostic follow-up, supporting treatment initiation, and providing psychosocial and financial coordination.
3. **Promote system integration and patient centered.** Strengthen performance by monitoring time-to-diagnosis benchmarks and maintaining coordinated referral networks across community and clinical partners, ensuring tailored support for individual needs and delivery of culturally and linguistically appropriate care.

The respondent will provide evidence-based patient navigation to the priority populations across the full cancer prevention continuum of care for breast, cervical, and colorectal cancers. For all clients served, respondents will integrate prevention and early detection activities across all three cancer types—including cervical cancer screening (Pap tests), colorectal cancer screening (FIT, FOBT, colonoscopy referral), and breast health screening navigation (screening and diagnostic mammograms).

Eligible applicants must consist of at least one (1) CBO and at least one (1) clinical partner working in a coordinated and documented partnership to deliver community-level cancer prevention and early detection services. Acceptable clinical partners include but are not limited to: Federally Qualified Health Centers (FQHCs) or FQHC Look-Alikes; Community Health Centers and Accredited ACR or BICOE Hospital Systems.

Respondents may submit letters of intent to partner as part of this RFP. If awarded, successful applicants will be expected to formally establish community-clinical linkages during the initial performance period through Memoranda of Understanding (MOU), Memoranda of Agreement (MOA), contracts, etc.

Priority Populations & Community Areas

Respondents must provide services and demonstrate reach to Black and Latine women, uninsured and underinsured residents in all of the following community priority areas : West Garfield Park, East Garfield Park, Englewood, West Englewood, North Lawndale, Grand Boulevard, Fuller Park, Calumet Heights, South Chicago, South Deering, Washington Heights, Roseland, Auburn Gresham, South Shore, Austin, Armour Square, Bridgeport, South Lawndale, and Douglas. *(Appendix A: Target Population and Priority Communities)*.

b. Program Activities

Partnership Roles and Responsibilities

Applicants must describe any prior experience working together as partners. If the partnership is newly formed, applicants must provide a compelling rationale for the partnership and demonstrate complementary capacity across the two entities. Applicants must provide a brief organizational profile of each partner organization (no more than two pages per organization) that includes: the organization's mission and primary service area, the population(s) served, relevant experience in cancer prevention, screening, or chronic disease management, and current capacity to fulfill its proposed role in the partnership. Applicants should describe how their proposed partnership reflects the core principle of Navigating Health Together that community engagement and clinical care are two interdependent components of a single integrated system designed to deliver equitable cancer prevention for Chicago's most underserved residents. Successful Respondents must demonstrate a genuine, functioning CBO health system partnership that includes the following roles:

CBO Partner: CBO is a foundational, active, and equal partner not simply a referral source. CBO contributions span the following core functions:

- **Community Outreach and Trust Building:** CBOs reach residents where they live, worship, gather, and work in churches, community centers, social service agencies, and local events. This community presence is essential in Black, Latine, and other historically marginalized communities where mistrust of the healthcare system remains a significant barrier to screening and care.
- **Cancer Education and Eligibility Support:** CBOs deliver culturally and linguistically tailored education on cancer risk, early detection, and screening guidelines. CBO staff also screen participants for program eligibility and enroll individuals in programs such as the Illinois Breast and Cervical Cancer Program (IBCCP) and other subsidized screening opportunities, ensuring uninsured and underinsured individuals are not excluded from life-saving prevention programs.
- **Patient Navigation and Barrier Reduction:** CBO based navigators and CHWs provide ongoing support: scheduling appointments, arranging transportation, offering interpretation, conducting reminder outreach, and addressing social determinants of health including housing instability, food insecurity, employment, and financial barriers that prevent completion of care. CBOs must ensure adequate training and supervision for all CHWs and patient navigators, including trauma prevention, cultural responsiveness and MI (Motivational Interviewing) proficiency.

Health System Partner: Health system partners including FQHCs, hospitals, and cancer centers provide the clinical backbone of Navigating Health Together. They ensure community engagement translates into completed screening, accurate diagnosis, and timely treatment access; core functions include:

- **Clinical Screening and Diagnostic Follow-Up:** Health system partners provide guideline-concordant screening for breast, cervical, and colorectal cancer (mammography, Pap/HPV testing, colonoscopy, FIT), consistent with U.S. Preventive Services Task Force (USPSTF) recommendations. For abnormal results, health system partners manage the full diagnostic cascade ordering and tracking imaging, biopsy, and specialist referral with integrated models demonstrating median times to diagnostic resolution of 12 days for cancer cases.

- **Care Coordination, EHR Tracking, and Treatment Linkage:** Health system partners use electronic health records to track screening completion, abnormal result management, and diagnostic outcomes, enabling proactive outreach for patients who are overdue or have unresolved findings. When a cancer diagnosis is made, health system partners ensure timely connection to treatment and facilitate enrollment in programs such as the Illinois Breast and Cervical Cancer Treatment Program (IBCCTP), Medicaid, and patient assistance programs to remove financial barriers. Clinical navigation provided by nurse navigators and clinical social workers complements CBO-based community navigation, creating a seamless handoff from community engagement to clinical care.

Scope of Services

Ongoing Service Delivery Expectations

1. Community Health Education, Engagement, and Outreach

- Conduct proactive community outreach to identify women in need of breast, cervical, and colorectal cancer screening.
- Facilitate culturally relevant conversations with community members regarding breast health, cervical health, colorectal health, family history, and TNBC.
- Distribute educational materials and implement outreach strategies that reflect cultural values and address specific needs of priority communities.
- Address health system mistrust and misinformation across all three types of cancer.
- Educate communities on risk factors, screening benefits, and the importance of follow-up after abnormal results.
- Offer culturally and linguistically appropriate navigation for Black, Latine, and low-income women.

2. Risk-Based Assessment Services

- Conduct risk-based assessments including collection and analysis of family history to identify individuals at increased risk for breast, cervical, and colorectal cancers.
- Use assessment tools appropriate to the population to identify high-risk individuals for early intervention.
- Provide appropriate referral pathways for individuals identified as high-risk.

3. Breast Screening & Diagnostic Imaging Services

- Provide access to screening and diagnostic imaging services for uninsured and underinsured women from priority populations.
- Educate clients on risk reduction, screening procedures, follow-up care, results, and healthcare utilization.
- Deliver and interpret mammography and diagnostic imaging services in accordance with Mammography Accreditation Program (MQSA) requirements.
- Report results promptly per ACR and FDA guidelines to both referring providers and clients.
- Ensure timely follow-up and coordination for clients with abnormal findings to minimize time to diagnostic resolution and initiate referral to treatment.
- Offer culturally and linguistically appropriate navigation for Black, Latine, and low-income women.
- Establish and maintain processes that ensure timely transition to treatment providers and effectively “close the loop.”

4. Colorectal Cancer Screening & Navigation

- Provide culturally and linguistically appropriate education about colorectal cancer screening options, including FIT, FOBT, and colonoscopy, tailored to patient preferences and clinical appropriateness.
- Distribute FIT kits through community-based channels; ensure patients understand the procedure, return logistics, and importance of completing the test.
- Conduct follow-up reminder calls/texts to maximize FIT kit return rates, targeting at least 50% return.

- Coordinate colonoscopy referrals for eligible patients; support scheduling and appointment completion.
- For patients with abnormal FIT results, ensure navigation to diagnostic colonoscopy occurs within 60 days per CDC standards.
- Track and document the full CRC screening cascade from education through diagnostic follow-up.

5. Linkage to Care and Financial Assistance

- Provide navigation support for clients who face barriers to follow-up after abnormal screening results.
- Assess client eligibility and assist in enrolling in health coverage programs, including Medicaid, Medicare, and other financial assistance resources.
- Address transportation, childcare, interpretation, and other logistical barriers to care.
- Connect clients with appropriate health services and address logistical, social, and emotional barriers.
- Coordinate with oncology navigation programs when appropriate.
- Maintain tracking systems to monitor follow-up on all appointments, referrals, and screening results.

Operational Deliverables

- Within 60 days of award notice, submit evidence of a documented referral pathway from community outreach through screening, diagnostic follow-up, and treatment linkage, with clearly defined handoff points between CBO and health system staff.
- Within 60 days of contract execution, submit evidence of employment or contract of at least one CHW or patient navigator, with defined caseload responsibilities and documentation practices.
- Within 60 days of contract execution, develop plan ensuring guideline screening is accessible to all enrolled participants, including those who are uninsured or underinsured.
- Within 60 days of contract execution, develop process for tracking abnormal screening results to diagnostic resolution, with defined timeframes and escalation steps.
- Within 60 days of contract execution, develop shared evaluation framework with agreed-upon process and outcome measures, including screening completion rates, diagnostic follow-up rates, and time to resolution.
- Within 60 days of contract execution, submit formal partnership agreement(s) defining roles, responsibilities, and data-sharing protocols between the CBO and health system partner.
- Hold minimum monthly joint partner meetings for data review, case consultation, and program quality improvement.

Key Performance Indicators

Respondents will collect and report clinical, implementation, and population reach data as detailed in Section IX. Data Management, Reporting, and Evaluation. Progress toward program goals will be measured using Key Performance Indicators (KPIs):

Goal 1	Improve timely screening and early detection
KPI	Target
Screening Completion Rate	≥75% of navigated patients completed recommended cancer screening per cancer type
FIT Kit Return Rate	≥50% of FIT kits distributed that are returned with results
Diagnostic Follow-Up Rate	≥85% of abnormal results navigated to diagnostic follow-up within 60 days
Time to Diagnostic Resolution	≥60 days from abnormal finding to diagnostic result
Time to Treatment Initiation	≥60 days from cancer diagnosis to treatment start
Treatment Adherence Rate	≥90% of patients completed recommended treatment plan

Goal 2	Enhance access to diagnosis and treatment
KPI	Target
Navigation Services	At least 1,000 individuals navigated annually across breast, cervical, and colorectal cancer prevention screening
Enrollment Rate	≥60% enrolled / total eligible persons identified
% Uninsured or Underinsured	≥50% enrolled without adequate insurance coverage
% Never or Rarely Screened	≥65% overdue for cancer screening at baseline
Screening Uptake in Priority Communities	Total # of screenings and % increase in screening in target community areas

Goal 3	Promote system integration and patient-centered
KPI	Target
Navigation Services	≥90% of scheduled screenings to receive a CHW reminder call before the appointment
Health Education Services	Provide breast, cervical, and colorectal health education to a minimum of 10,000 patients annually from priority populations
Patient Barriers	% change in reported barriers from enrollment to 6 months

V. Staffing Plan

Please describe how many staff (part time, full time, or hourly) will receive compensation from this grant. If one or more agencies will serve as subcontractors to the respondent, be specific in outlining staffing plans for each agency. The staffing plan must include at least one CHW or patient navigator, with defined caseload responsibilities and documentation practices. Describe the role of all positions supported by this grant. Provide job descriptions and resumes of staff and explain time allocation for each person (full-time, part-time as well as hourly), as well as job descriptions for any vacant positions

or new positions that will be created because of this funding opportunity. This MUST match the budget

VI. Available Funding

A total of $737,000, corporate funds will be available through this RFP for the initial contract period beginning August 1, 2026, through December 31, 2027, with up to three extensions, each not to exceed one year, at the discretion of the City based on availability of funds, need to extend services, and awardee performance. It is anticipated that up to four contracts will be awarded through this RFP, with award amounts ranging approximately from $100,000 to $175,000 for the initial, partial-year budget period (August 1, through December 31, 2026) and between $250,000 and $350,000 for subsequent, annualized budget periods.

Applicants must submit two separate budgets as part of their proposal. The first budget shall cover the initial contract period of August 1–December 31, 2026, during which a total of $737,000 is available through this RFP. The second budget shall cover the annualized contract period of January 1–December 31, 2027, during which a total of $875,000 is anticipated to be available, subject to appropriation and City approval.

The initial five-month contract period, awarded funds, may be used for allowable start-up costs, including staff recruitment, hiring, training, costs associated with clinical workflow adaptations such as development/modification of standard operating procedures, database setup and configuration, Electronic health record (EHR) access or integration and program infrastructure. Start-up costs are one-time expenses for the initial budget period and may not exceed 35% of the total operating budget. Beginning January 1, 2027, and for all subsequent contract extension periods, funding will be restricted to support ongoing service delivery costs.

CDPH may reallocate funding across selected respondents during contract extension negotiations based on funding, each respondent's performance and programmatic priorities. CDPH reserves the right to change or add funding sources, and all requirements of the CDPH and the applicable funding source(s) must be met.

VII. Budget and Justification

The wages of the staff who are employed by the respondent and any agencies that will serve as subcontractors to the respondent must meet the City's minimum wage requirements found here https://www.chicago.gov/city/en/depts/bacp/supp_info/minimumwageinformation.html. CDPH strongly encourages Respondents to pay all employees a fair living wage. More information about calculating living wages can be found using the Living Wage Calculator.

Staff supported by this grant are NOT City of Chicago employees; they are employed by the agency/agencies. The respondent must list the salary and/or hourly rate of staff assigned to this grant. Staff are not permitted to serve as volunteers; they must be paid for their time worked, skill level, lived experience (if applicable), and their expertise in the field. The job description detailing the duties and responsibilities required will serve as guidance for the workflow and salary/hourly wage. Complete a program budget outlining all detailed expenses in its entirety for this proposal (e.g. salaries, program materials, travel reimbursement). Program budget cannot exceed the available funding amount indicated in *Section VI. Available Funding above*.

VIII. Fiscal Capacity

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 through vouchering the City. Vouchers for payment must be accompanied by appropriate documentation and contain adequate details for all expenses for which reimbursement is requested. If multiple agencies will be subcontractors of a lead agency, then the application must be submitted by the lead agency as

the respondent. The lead agency must obtain all expenses from the agency/agencies and assume all reporting responsibilities for all the expenses for the award. If a lead agent applies, the budget for the total fiscal year must include all expenses for the award from the lead agency and all agencies to receive funds through this RFP.

An organization may use a fiscal agent to administer the grant. If a fiscal agent is used, provide the total budget for the agency that will serve as the fiscal agent. The fiscal agent must designate a staff person who will prepare and review all vouchers for accuracy before making monthly submissions. Please identify who will be responsible for financial reporting.

The Respondent is required to incur and pay expenses before seeking reimbursement from the City. Successful applicants are required to submit invoices for allowable expenses on a monthly basis, by the 15th of the month following the month during which the expenses were incurred.

IX. Data Management, Compliance, Evaluation and Quality Improvement

Data Management, Reporting, and Evaluation

Successful applicants will report to CDPH on a monthly basis to capture and record progress on project deliverables and outcomes. CDPH will provide clear expectations for data reporting with a tool to assist partners in data submission. Defined data metrics will allow CDPH to provide technical assistance, monitor project implementation, and analyze outcomes of the project. Successful applicants must describe their program evaluation methodology to ensure the effectiveness of the proposed program, including milestones for successful program implementation. Respondents will submit a High-Level Evaluation and Reporting Plan as part of their proposal. This plan should demonstrate the respondent's capacity to collect, track, and report data in alignment with the requirements outlined below and must reflect a clear understanding of the program's performance expectations across all cancer focus areas (breast, cervical, and colorectal). Respondents shall provide a concise plan (no more than 3-4 pages) that addresses each of the following components:

A. Data Collection and Tracking Infrastructure

Describe the systems, tools, and processes the organization will use to track program participants across the full cancer screening cascade — from initial CHW contact through treatment initiation. Plans must demonstrate the capacity to:

- Maintain HIPAA-compliant patient tracking systems
- Collect and store both quantitative metrics and qualitative narrative data
- Disaggregate all data by race/ethnicity, primary language, income level, and geographic community area

B. Quantitative Reporting

Respondents must describe how they will collect, and report required metrics for each cancer focus area according to reporting frequencies below. Respondents must be able to collect and report on patient demographics including race/ethnicity, age, sex, insurance status, community area, etc. Respondents must demonstrate an understanding of the program's KPIs (listed in Scope of Services section) and how they will monitor performance against established benchmarks.

Breast Cancer Metrics	Reporting Frequency
# Women educated about breast health and breast cancer	Monthly
# Women educated specifically about TNBC	Monthly

# patients received a risk-based assessment	Monthly
# patients agreed to schedule a mammogram	Monthly
# patients received a mammogram	Quarterly
# patients scheduled diagnostic imaging	Quarterly
# patients scheduled a consultation appointment	Quarterly
# Diagnosed with breast cancer (by stage)	Quarterly
Time to diagnostic visit (days)	Quarterly
Time to treatment initiation (days)	Quarterly

Cervical Cancer Metrics	Reporting Frequency
# Women educated about cervical cancer and Pap testing	Monthly
# Pap tests scheduled and completed	Monthly
# Patients with abnormal results navigated to follow-up	Monthly
Time to diagnostic follow-up after abnormal Pap (days)	Quarterly
# Newly enrolled in insurance/Medicaid coverage	Quarterly

Colorectal Cancer Metrics	Reporting Frequency
# Women educated about colorectal cancer screening	Monthly
# FIT kits distributed	Monthly
# FIT kits returned with results (FIT return rate %)	Monthly/Quarterly
# Colonoscopy referrals made	Monthly
# Colonoscopies completed	Quarterly
# Patients with abnormal FIT navigated to colonoscopy	Quarterly
Time from abnormal FIT to diagnostic colonoscopy (% within 60 days)	Quarterly
# CRC diagnoses (by stage)	Quarterly
Time to CRC treatment initiation (% within 60 days)	Quarterly
# Previously unscreened individuals newly screened	Quarterly

Patient Reach & Experience Metrics	Reporting Frequency
#, % (rate) Enrolled by cancer type	Monthly
#, % Uninsured or Underinsured by cancer type	Monthly
#, % Never or Rarely Screened by cancer type	Monthly
% of appointments kept; no-show rate reduction	Monthly

#, % of scheduled screenings to receive a CHW reminder call before the appointment	Monthly
% patient-reported satisfaction with navigation services	Monthly
% change in reported barriers from enrollment to 6 months*	Quarterly
% patients pre/post knowledge score improvement**	Quarterly

*Using Validated CRC/Breast Barrier Scale
**CRC Knowledge Scale; Breast Health Survey

CDPH reserves the right to request/collect key data and metrics from delegate agencies and set expectations for what this collaboration, including key performance objectives, will look like in any resulting contract. After the contract is awarded, delegate agencies must collect and report client-level demographic, performance, and employment data including hours worked, worksite information, and employment or placement outcomes as specified in the contract. CDPH will provide the format for reports and deadlines for submission.

C. Qualitative Reporting

Respondents must describe the process for preparing and submitting quarterly narrative reports to CDPH. Plans should outline how the organization will document and communicate:

- Community engagement strategies employed
- Outreach and education activities conducted during the reporting period
- Identified social determinants of health and barriers to care
- Partnerships developed or maintained with community organizations
- CHW and navigator observations from the field, including cultural competency considerations
- CHW Fidelity: Quarterly review to ensure CHWs deliver sessions using Motivational Interviewing (MI), culturally responsive communication, and trauma-informed principles.
- Referral Directory Accuracy: Quarterly verification of oncology and specialty referral partners.

Quality Improvement

Respondents should describe how they will use KPI data to support continuous quality improvement (CQI) processes on an ongoing basis. Reliable and relevant data are necessary to ensure compliance, inform trends to be monitored, evaluate program results and performance, and adjust program delivery and policy to drive improved results. As part of the commitment to become more outcomes-oriented, CDPH seeks to actively and regularly collaborate (such as periodic meetings) with delegate agencies to review program performance, learn what works, and develop strategies to improve program quality throughout the term of the contract.

Compliance

Delegate agencies are required to establish policies and procedures to ensure that the privacy and confidentiality of supplier records for all client-level demographic and employment data, including both paper files and electronic databases, is maintained. Respondents must describe how they will fulfill all program administration and compliance requirements, including:

- Comply with all applicable privacy and information security regulations, including HIPAA.
- Participate in all program monitoring and evaluation activities coordinated by CDPH.
- Collaborate with the CDPH Program Director to review performance measures and establish annual benchmarks.
- Submit monthly fiscal invoices in accordance with CDPH reporting requirements.
- Participate in all site visits, meetings, and quality assurance activities as scheduled by CDPH.

- Maintain HIPAA-compliant patient tracking systems capable of monitoring the full cancer screening cascade from first CHW contact through treatment initiation.
- Ensure all CHWs and patient navigators receive initial and ongoing training, including cultural competency, MI proficiency, and cancer-specific content.

X. Bidder's Conference

A virtual Bidders' Conference has been scheduled for this RFP on June 16, 2026, 3:00PM CST. The purpose of the Bidders' Conference is to provide an overview of this RFP, describe the proposal review process, and answer prospective respondents' questions. Organizations planning to apply for funding are strongly encouraged to participate in a Bidders' Conference.

XI. Evaluation of Proposals

a. Selection/Review Criteria:

An Evaluation Committee made up of representatives from the Chicago Department of Public Health, other City, County or State Departments, and/or other community members may review and evaluate the proposals in accordance with the evaluation criteria. The Evaluation Committee will review the Respondent's Proposal to determine overall responsiveness and completeness of the Proposal with respect to the components outlined in the RFP.

Phase I: Technical and Eligibility Review

CDPH will assess a Respondent's compliance with and adherence to the stated submission requirements in the RFP. Phase I will include a review of Letters of Intent to partner, MOUs and/or MOA; and ACR Certification. Respondents found to be compliant and adherent to the RFP and without issues that would cause them to be ineligible from entering into an agreement will move to Phase II. Respondents that do not meet these eligibility requirements will **NOT** have their applications evaluated; incomplete applications will **NOT** be evaluated for this funding opportunity.

Phase II: Proposal Evaluation

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, as well as the eProcurement RFP Requirements/Questions found in Section 7-11. The Evaluation Committee will recommend either a short list of potential awardees from whom it needs clarification of RFP response; or a list indicating recommended awardees. All recommendations are presented for approval to the Commissioner of Public Health.

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, performing a demonstration, or hosting a site visit. CDPH reserves the right to negotiate separately with competing respondents for all, or any part of the services described in this RFP.

b. Evaluation Criteria

Category	Available Points
Community Reach	9
Alignment with CDPH Guiding Principles	8
Program Design, Scope of Work Activities, and Outcomes	35

Staffing Plan	8
Budget Justification and Fiscal Capacity	11
Organizational Experience & Capacity	16
Data Management, Compliance, Evaluation and Quality Improvement	13
Total Points	**100**

XII. RFP and Submission Information

e-Procurement system

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 a 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.

To complete an application for this RFP, RESPONDENTS 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. A***llow 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 delegate agencies are required to register in the iSupplier portal at 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.

1. **New Vendors –** Must register at www.cityofchicago.org/eProcurement.

2. **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.** 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
- **Questions on eProcurement for Delegate Agencies including:** 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.

a. For respondents who wish to submit more than one application to an RFP

Organizations submitting more than one proposal (maximum of three) may do so by submitting each proposal by a separate, unique registered account user with online bidding responsibilities, using their individual login information.

If you are having difficulty registering additional people, please refer to this handout

https://www.cityofchicago.org/content/dam/city/depts/dps/isupplier/training/Vendor_Create_New_Address_and_Contact.pdf

Here is a link to all additional technical assistance videos and handouts.

https://www.cityofchicago.org/city/en/depts/dps/isupplier/online-training-materials.html

Additionally, Respondents may contact CustomerSupport@cityofchicago.org or contact the Customer Support Center at 312-744-HELP to receive more specific instructions and troubleshooting.

XIII. Insurance Requirements

The Chicago Department of Finance (Finance) has established minimum insurance requirements for applicants awarded federal or state funds. Minimum insurance requirements are included with the supplemental documents of the solicitation.

Respondent, if selected, shall register with the City's online insurance certificate portal using the designated email registration link provided at http://www.cityofchicago.org/COI and as specified in Exhibit 122123 myCOI next steps. Respondent shall provide a current and valid email address for both the contractor and the contractor's insurance agent or provider, as described in further detail in Exhibit 122123 myCOI next Steps. The Selected Respondent is responsible for ensuring the submission of a certificate of insurance (COI) through the City's online insurance certificate portal prior to award of a contract. A Respondent selected for contract negotiation and award who fails to fulfill the requirement to register and submit a COI through the City's online insurance certificate portal may be deemed nonresponsive and the City may choose to instead engage a different Respondent for contract negotiation. If a Respondent is unable to register and submit the COI through the City's online insurance certificate portal and instead submits a printed insurance certificate prior to contract award, the City may accept a paper COI provided that written justification is provided explaining the Respondent's good faith efforts to comply with the terms of this section and the reasons why the submission could not be completed. Instructions for registering and submitting COIs are available at the following URL: http://www.cityofchicago.org/COI

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

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

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

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

   If any Respondent has provided any services for the City in researching, consulting, advising, drafting, or reviewing of this RFP or any services related to this RFP, such Respondent may be disqualified from further consideration.

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

the respondent has negotiated, entered into, or performed in violation of any of the provisions of this Ordinance shall be voidable by the City.

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

4. **Business Relationships with Elected Officials**: Pursuant to MCC Sect. 2-156-030(b), it is illegal for any elected official, 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 any business relationship that creates a financial interest on the part of the official, or the domestic partner or spouse of the official, or from whom or which he has derived any income or compensation during the preceding twelve months or from whom or which he reasonably expects to derive any income or compensation in the following twelve months. In addition, no elected official may participate in any discussion in any City Council committee hearing or in any City Council meeting or vote on any matter involving the person with whom the elected official has any business relationship that creates a financial interest on the part of the official, or the domestic partner or spouse of the official, or from whom or which he has derived any income or compensation during the preceding twelve months or from whom or which he reasonably expects to derive any income or compensation in the following twelve months. Violation of MCC Sect. 2-156-030 by any elected official with respect to this contract will be grounds for termination of this contract. The term financial interest is defined as set forth in MCC Chapter 2-156. Section 2-156-080 defines a " business relationship" as any contractual or other private business dealing of an official, or his or her spouse or domestic partner, or of any entity in which an official or his or her spouse or domestic partner has a financial interest, with a person or entity which entitles an official to compensation or payment in the amount of $2,500 or more in a calendar year; provided, however, a financial interest shall not include: (i) any ownership through purchase at fair market value or inheritance of less than one percent of the share of a corporation, or any corporate subsidiary, parent or affiliate thereof, regardless of the value of or dividends on such shares, if such shares are registered on a securities exchange pursuant to the Securities Exchange Act of 1934, as amended; (ii) the authorized compensation paid to an official or employee for his office or employment; (iii) any economic benefit provided equally to all residents of the City; (iv) a time or demand deposit in a financial institution; or (v) an endowment or insurance policy or annuity contract purchased from an insurance company. A "contractual or other private business dealing" shall not include any employment relationship of an official's spouse or domestic partner with an entity when such spouse or domestic partner has no discretion concerning or input relating to the relationship between that entity and the City.

5. **Compliance with Federal, State of Illinois and City of Chicago** regulations, ordinances, policies, procedures, rules, executive orders and requirements, including Disclosure of Ownership Interests Ordinance (Chapter 2-154 of the MCC); 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 MCC); Office of the Inspector General Ordinance (Chapter 2-56 of the MCC); Child Support Arrearage

Ordinance (Section 2-92-380 of the MCC); and Landscape Ordinance (Title 17 and 10-32 of the Municipal Code).

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

7. **Prohibition on Certain Contributions, Mayoral Executive Order 2011-4.** No Contractor or any person or entity who directly or indirectly has an ownership or beneficial interest in Contractor of more than 7.5% ("**Owners**"), spouses and domestic partners of such Owners, Contractors ,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 (Contractor 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 this Contract or Other Contract, including while this Contract or Other Contract is executory, (ii) the term of this Contract or any Other Contract between City and Contractor, and/or (iii) any period in which an extension of this Contract or Other Contract with the City is being sought or negotiated.

   Contractor represents and warrants 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 the Contractor or the date the Contractor approached the City, as applicable, regarding the formulation of this Contract, no Identified Parties have made a contribution of any amount to the Mayor or to his political fundraising committee.

   Contractor shall not: (a) coerce, compel or intimidate its employees to make a contribution of any amount to the Mayor or to the Mayor's political fundraising committee; (b) reimburse its 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 this Contract, and under any Other Contract for which no opportunity to cure will be granted. Such breach and default entitles the City to all remedies (including without limitation termination for default) under this Contract, under Other Contract, at law and in equity. This provision amends any Other Contract and supersedes any inconsistent provision contained therein.

   If Contractor violates this provision or Mayoral Executive Order No. 2011-4 prior to award of the Contract resulting from this specification, the Commissioner may reject Contractor's bid.

For purposes of this provision:

"Other Contract" means any agreement entered into between the Contractor and the City that is (i) formed under the authority of MCC 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 MCC Ch. 2-156, as amended.

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

8. (a) The City is subject to the June 16, 2014 "City of Chicago Hiring Plan" (the "2014 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 2014 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) Contractor is aware that City policy prohibits City employees from directing any individual to apply for a position with Contractor, either as an employee or as a subcontractor, and from directing Contractor to hire an individual as an employee or as a Subcontractor. Accordingly, Contractor must follow its own hiring and contracting procedures, without being influenced by City employees. Any and all personnel provided by Contractor under this Contract are employees or Subcontractors of Contractor, not employees of the City of Chicago. This Contract 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 Contractor.

(c) Contractor will not condition, base, or knowingly prejudice or affect any term or aspect of the employment of any personnel provided under this Contract, or offer employment to any individual to provide services under this Contract, 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 this Contract, 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 Contractor by a City employee or City official in violation of paragraph (b) above, or advocating a violation of paragraph (c) above, Contractor will, as soon as is reasonably practicable, report such communication to the Hiring Oversight Section of the City's Office of the Inspector General , and also to the head of the relevant City Department utilizing services provided under this Contract. Contractor will also cooperate with any inquiries by the City's Office of the Inspector General Hiring Oversight.

9. False Statements

(a) 1-21-010 False Statements

Any person who knowingly makes a false statement of material fact to the city in violation of any statute, ordinance or regulation, or who knowingly makes a false statement of material fact to the City in connection with any application, 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; Amend Coun. J. 3-18-09, p. 56013, § 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)

10. Labor Peace Agreement Ordinance (MCC 2-112-205)

All respondents must agree to comply with the requirements of Section 2-112-205, *Essential service contracts*, of the Municipal Code of Chicago, as provided below in part:

(a) *Definitions*. For purposes of this section, the following definitions shall apply:

"Commissioner" means the Commissioner of Public Health, or the Commissioner's designee.

"Contract" means an agreement entered into between the City, through the Department of Public Health, and a Contractor to perform Essential Services.

"Contractor" means a person, as defined by Section 1-4-090(e), contracting directly with the City through the Department of Public Health to perform Essential Services, where the Contractor has 20 or more employees. "Contractor" does not include hospitals licensed pursuant to the Illinois Hospital Licensing Act, 210 ILCS 85, or any hospital affiliate as defined by the Illinois Hospital Licensing Act, 210 ILCS 85/10.8(b), or any hospital licensed pursuant to the University of Illinois Hospital Act, 110 ILCS 330.

"Employee" means those employees directly performing Essential Services under a Contract. The term "Employee" excludes employees who work for the

Contractor, but do not provide Essential Services under the Contract, management or supervisory or other employees who do not enjoy a right to engage in strikes, work stoppages, or other concerted activities.

"Essential Services" means health and social services.

"Labor Peace Agreement" means an agreement between a Contractor and a labor organization that

(i) prohibits the labor organization and its members from engaging in work stoppages, boycotts, or any other activity that may interfere or hinder the performance of a Contract for the duration of the Contract; and

(ii) contains a means of resolving disputes between the Contractor and the labor organization.

(b) *Terms of Contracts.*

(1) The Commissioner, in the interest of preventing a disruption of Essential Services and protecting the City's financial and proprietary interest in the provision of such Essential Services, shall ensure that all Contracts that are entered into after the effective date of this section shall require:

(A) written notice be provided by the Contractor to the Commissioner administering the Contract, or the Commissioner's designee, within 72 hours of when the Contractor:

(i) becomes aware of any threatened, imminent, or actual strike, work stoppage, or other concerted activity that may interfere or hinder the work performed by Employees;

(ii) is informed that Employees seek to be represented by a labor organization, join a labor organization, or otherwise elect to self-organize for the purpose of engaging in concerted activity;

(iii) receives a notice or announcement from a labor organization that it represents or seeks to represent the Employees; or

(iv) enters into a Labor Peace Agreement, Collective Bargaining Agreement, or the expiration or breach of any such agreement.

(B) that the Contractor shall not prohibit, retaliate, or otherwise coerce Employees with respect to rights guaranteed by the First Amendment of the United States Constitution or any other rights afforded by federal or state laws.

(2) Within 90 days of subsection (b)(1)(A)(ii) or subsection (b)(1)(A)(iii) occurring, that the Contractor enter into a Labor Peace Agreement with the labor organization.

(c) The provisions of subsection (b) shall be material terms of any Contract entered into by the City, the breach of which by a Contractor shall be grounds to terminate or decline to renew the Contract.

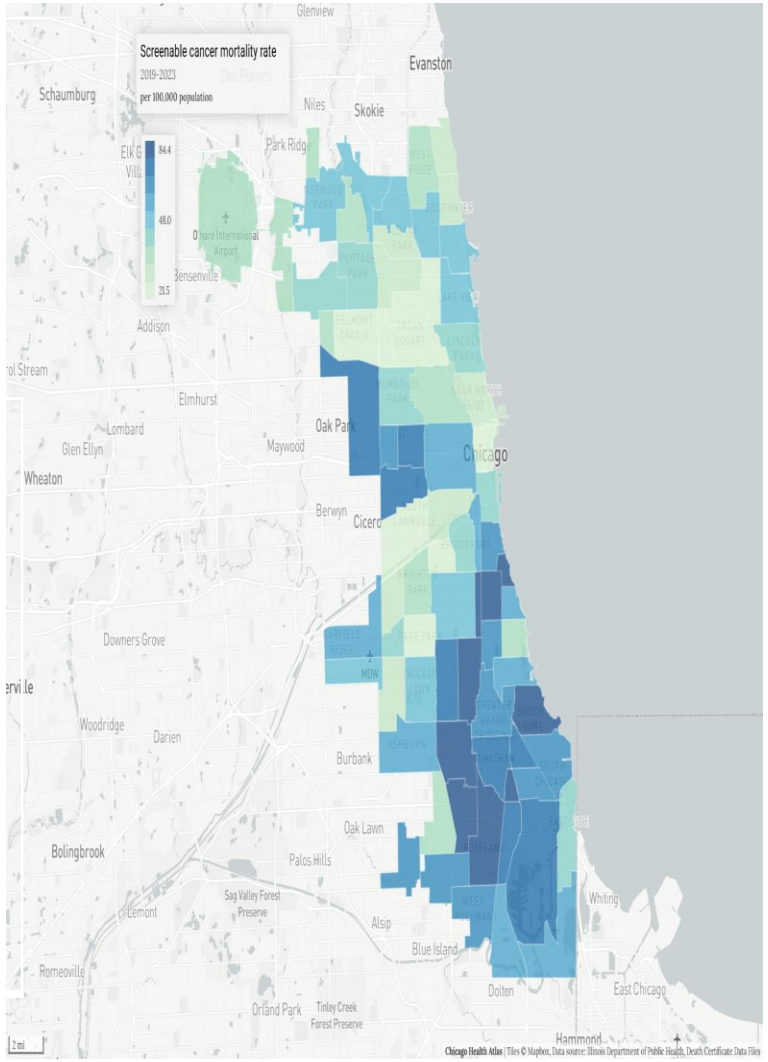
(d) A Contractor is in compliance with this Section 2-112-205 if (1) the Contractor remains in compliance with subsection (b), or (2) the Contractor and the Employees have a collective bargaining agreement with a labor organization, or (3) no labor organization represents or seeks to represent the Employees.

Appendix A: Target Populations And Priority Communities

- African American and Latino women
- Uninsured and underinsured women
- Chicago communities with the highest breast, cervical & colon cancer mortality disparities

Priority focus communities listed below:

- Calumet Heights
- East Garfield Park
- Englewood
- Fuller Park
- Grand Boulevard
- North Lawndale
- South Chicago
- South Deering
- Washington Heights
- West Englewood
- Auburn Gresham
- South Shore
- Roseland
- Austin
- Armour Square
- Bridgeport
- South Lawndale
- Douglas



Data Source: IDPH Vital Records, Chicago Health Atlas

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Budget Form Instructions - RFP

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. Follow these instructions to accurately complete the form.

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. Email Address: Please identify the contact email address for the Program.

D. Program Budget Year: 2026

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. For 2026, the standard mileage rate is 65.5 cents per mile.

D3. City Share: *This column will be automatically populated by formulas based on the information entered into 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 into 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 Form Instructions - RFP

Personnel Budget Form

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

Personnel Budget Allocation: 2026

A1. Position Title: List all positions that will be funded under this program during fiscal year 2026. This should include salaries that will be paid exclusively by funding sources other than the City.

A2. Number of Employees: For each position listed in column (A1), indicate the number of employees to be funded.

A3. Salary Rate: 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.

A4. Time Spent on Program: Please indicate the percentage (%) of time that this employee is anticipated to spend on this program.

A5. Pay Periods: List the number of pay periods per year.

A6. City Share: For each position listed, please indicate what amount of salary will be paid with City funds.

A7. Other Share *This information will be automatically generated by formulas*.
Other Share is generated by subtracting column (A6) from column (A8).

A8. Total Cost: *This information will be automatically generated by formulas*.
Total Cost is generated by multiplying columns (A2), (A3), and (A4).

A9. Summary of Job Responsibilities: Describe briefly the duties and responsibilities associated with each position listed in column (A1).

A10. Personnel Totals: *This information will be automatically generated by formulas*.
Personnel Totals indicates subtotals for columns (A2), (A6), (A7), and (A8).

Budget Form Instructions - RFP

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[1]. These taxes and contributions, along with certain fringe benefits that a delegate may wish to offer its employees, are 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.

B1a. Social Security: The employer and employee tax rate for social security is 6.2%. The wage base limit is $128,400. This should be computed every payroll period.

B1b. Medicare: The employer and employee tax rate for Medicare tax is 1.45%. 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[2]: 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 Chicago 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.

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[1] 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.

[2] 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 Form Instructions - RFP

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: 2026

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).

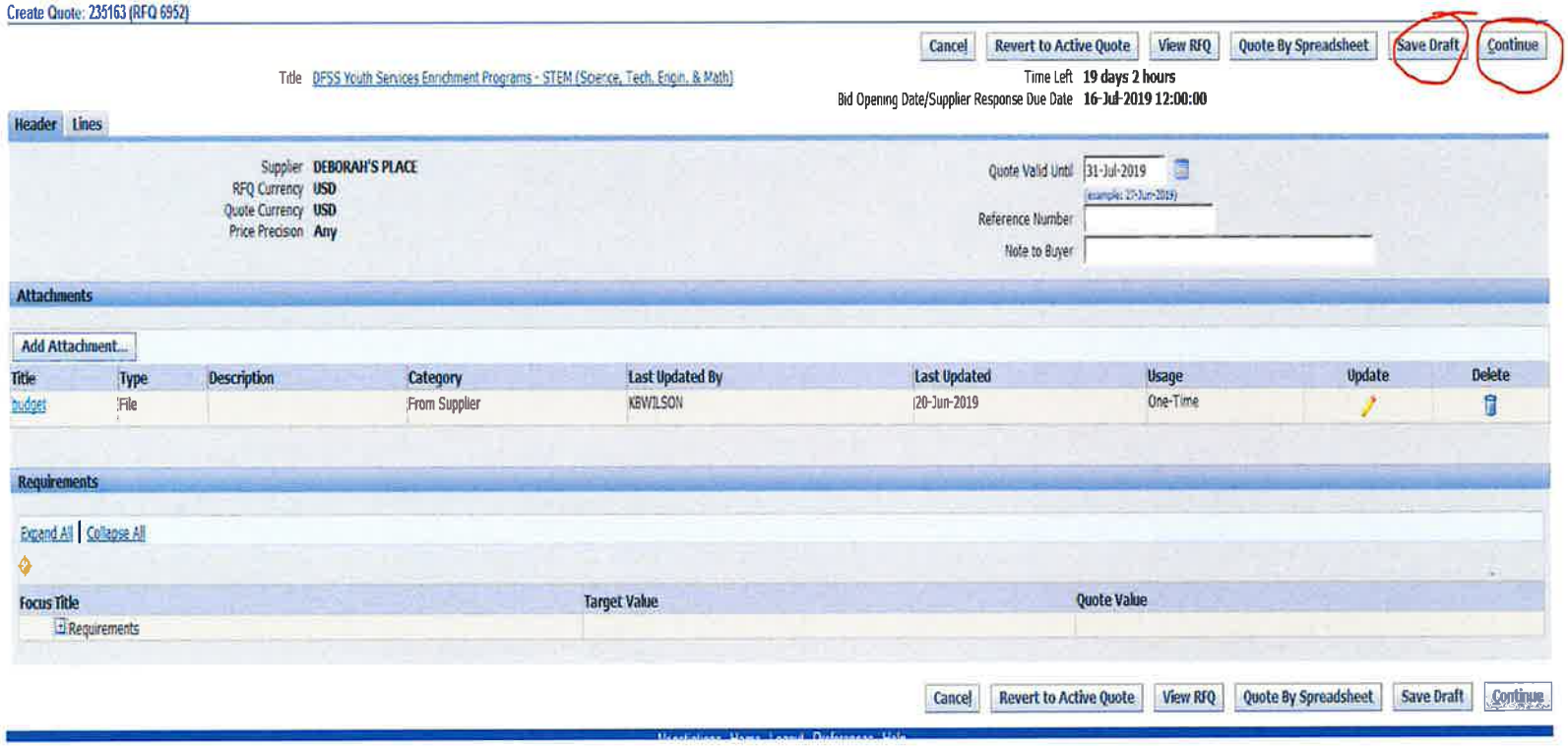
A5. Total Cost: Indicate the total amount budgeted for each expenditure type and account number.

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.

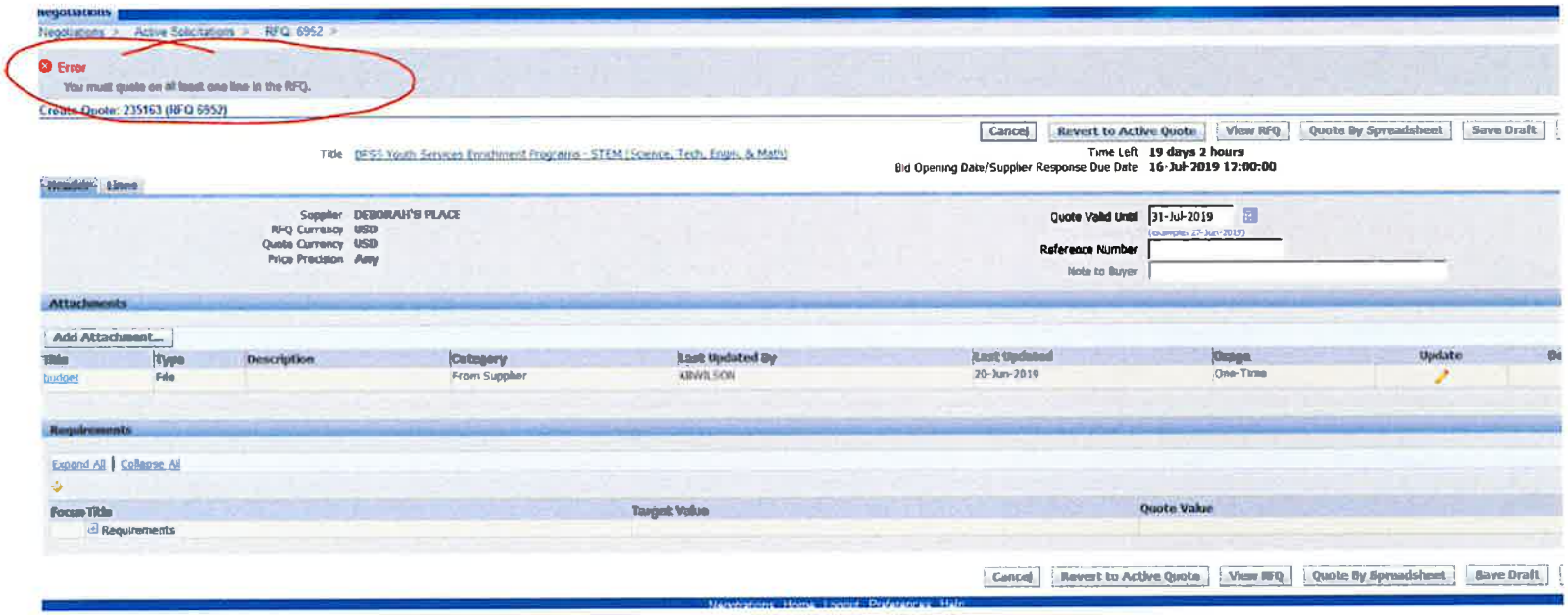
A7. Non-Personnel Totals: *This information will be automatically generated by formulas.* Non-Personnel Totals indicates totals for (A3), (A4), and (A5).

How to Submit an Application in the ePROCUREMENT System

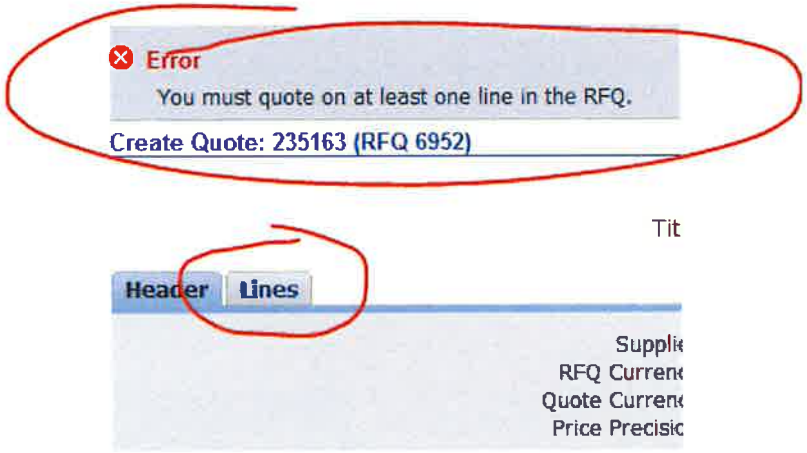
When you are ready to submit, start by saving your draft one last time. Then click Continue.



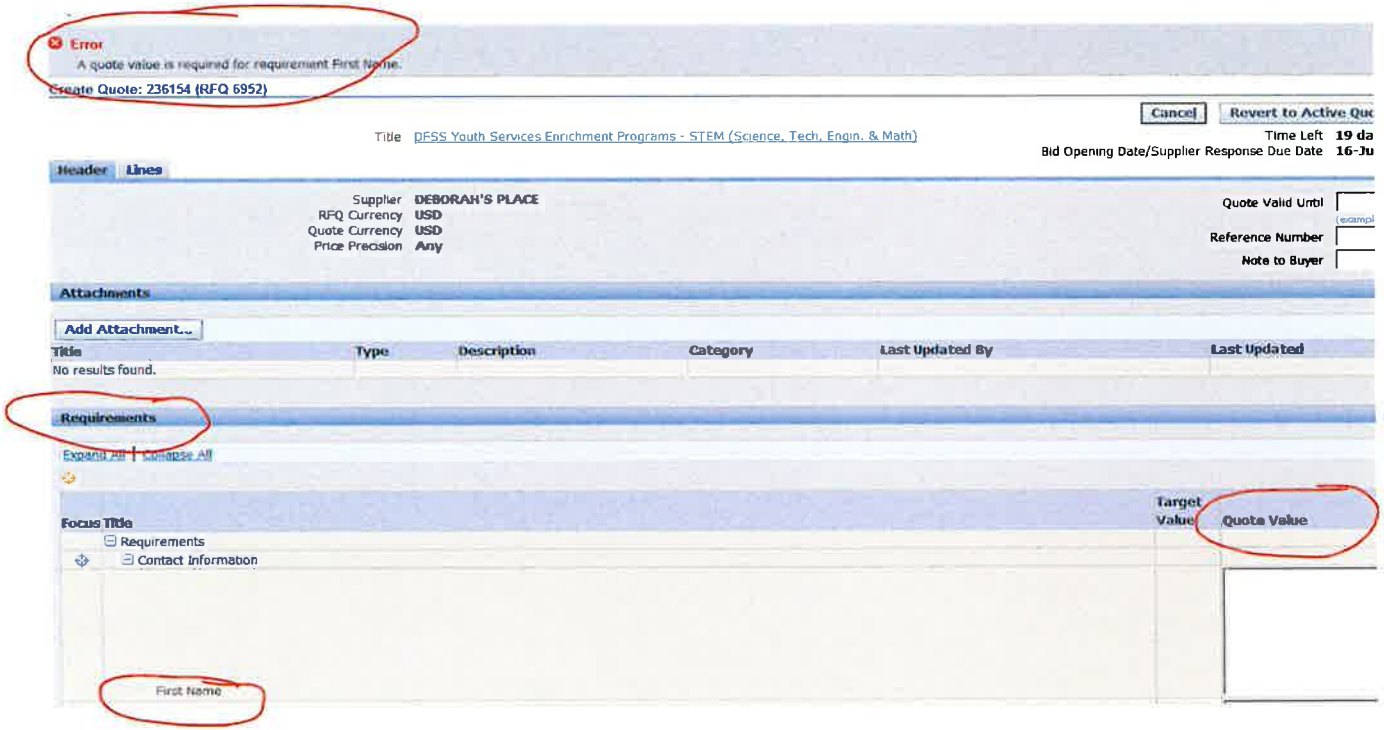
If you are missing information, you will be given an error message on the top of the page.



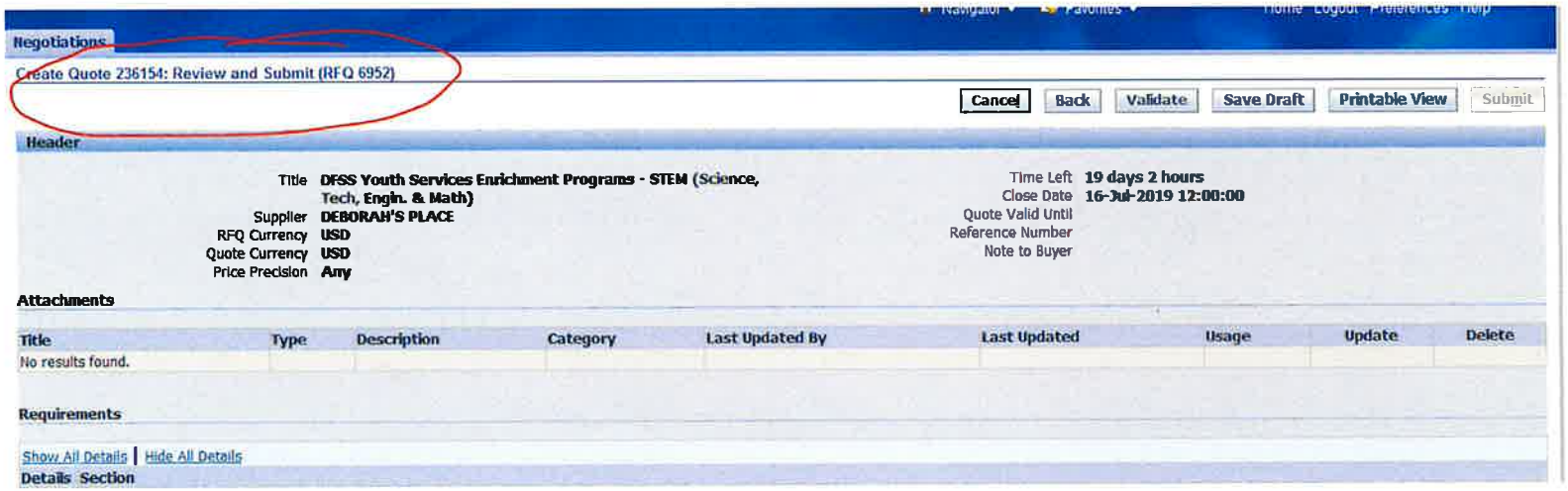
Usually the error messages direct to something left undone in the application.
In the last example, the error message indicated that the lines (found under the lines tab) had not been filled out.



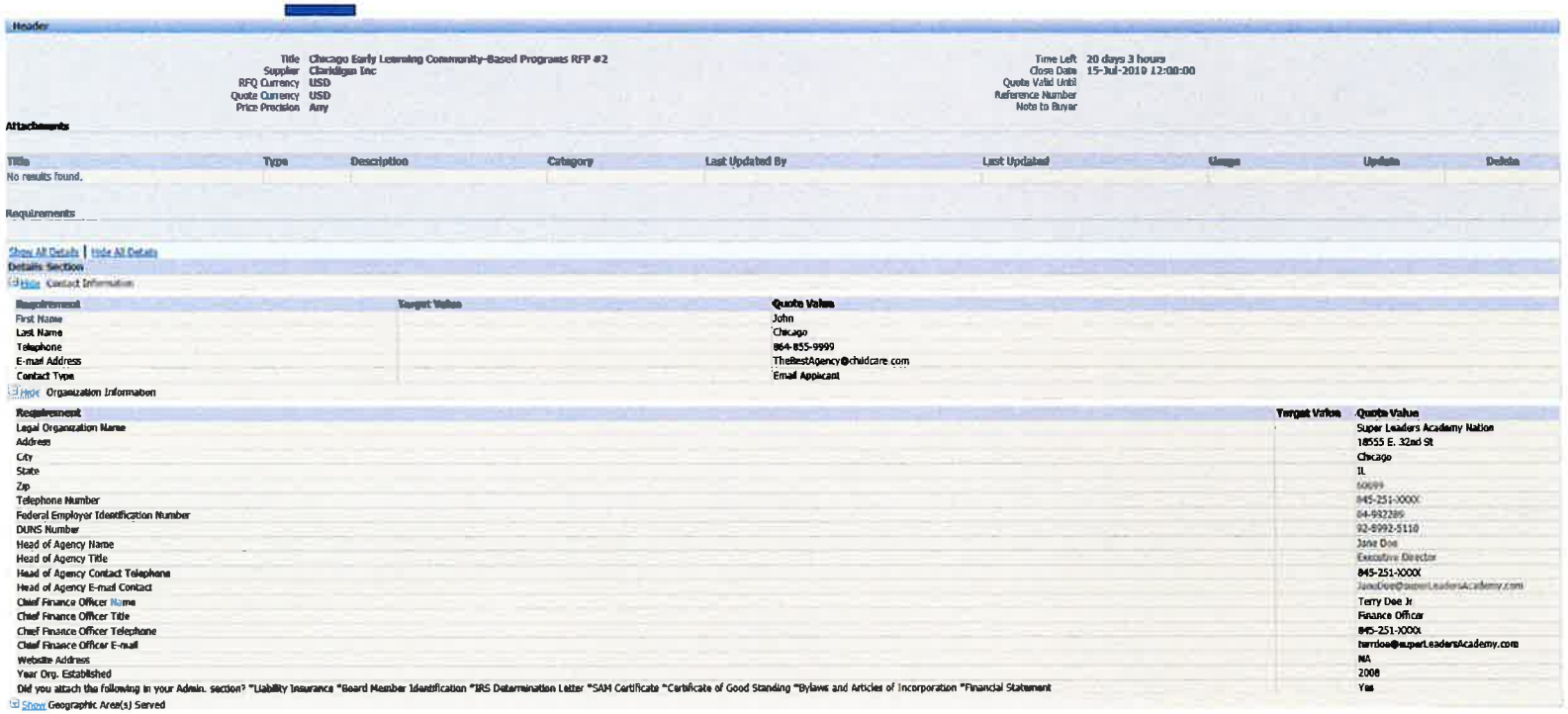
In this example, the error is about an unanswered question in the application (or Requirements section). The Quote Value refers to your (in this case, missing) answer.



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.



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

Title	Chicago Early Learning Community-Based Programs RFP #2	Time Left	20 days 3 hours
Supplier	Clarkligan Inc	Close Date	15-Jul-2010 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

Hide Contact Information

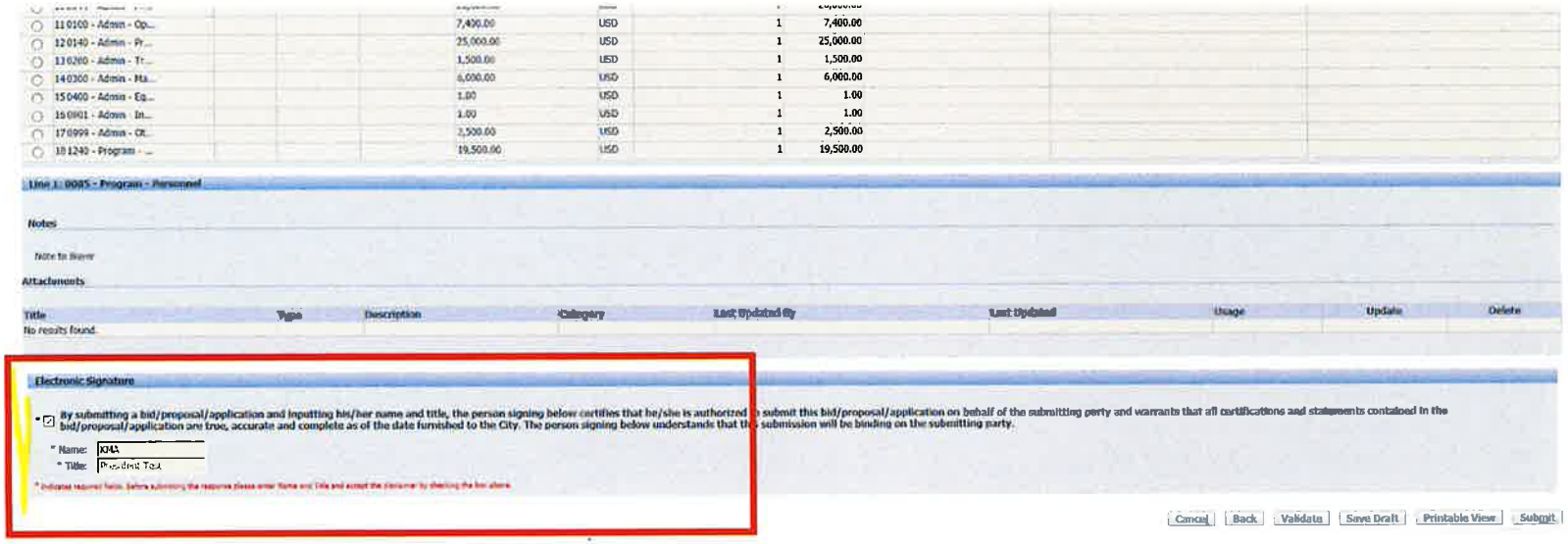
Requirement	Target Value	Quote Value
First Name		John
Last Name		Chicago
Telephone		864-855-9999
E-mail Address		TheBestAgency@childcare.com
Contact Type		Email Applicant

Hide Organization Information

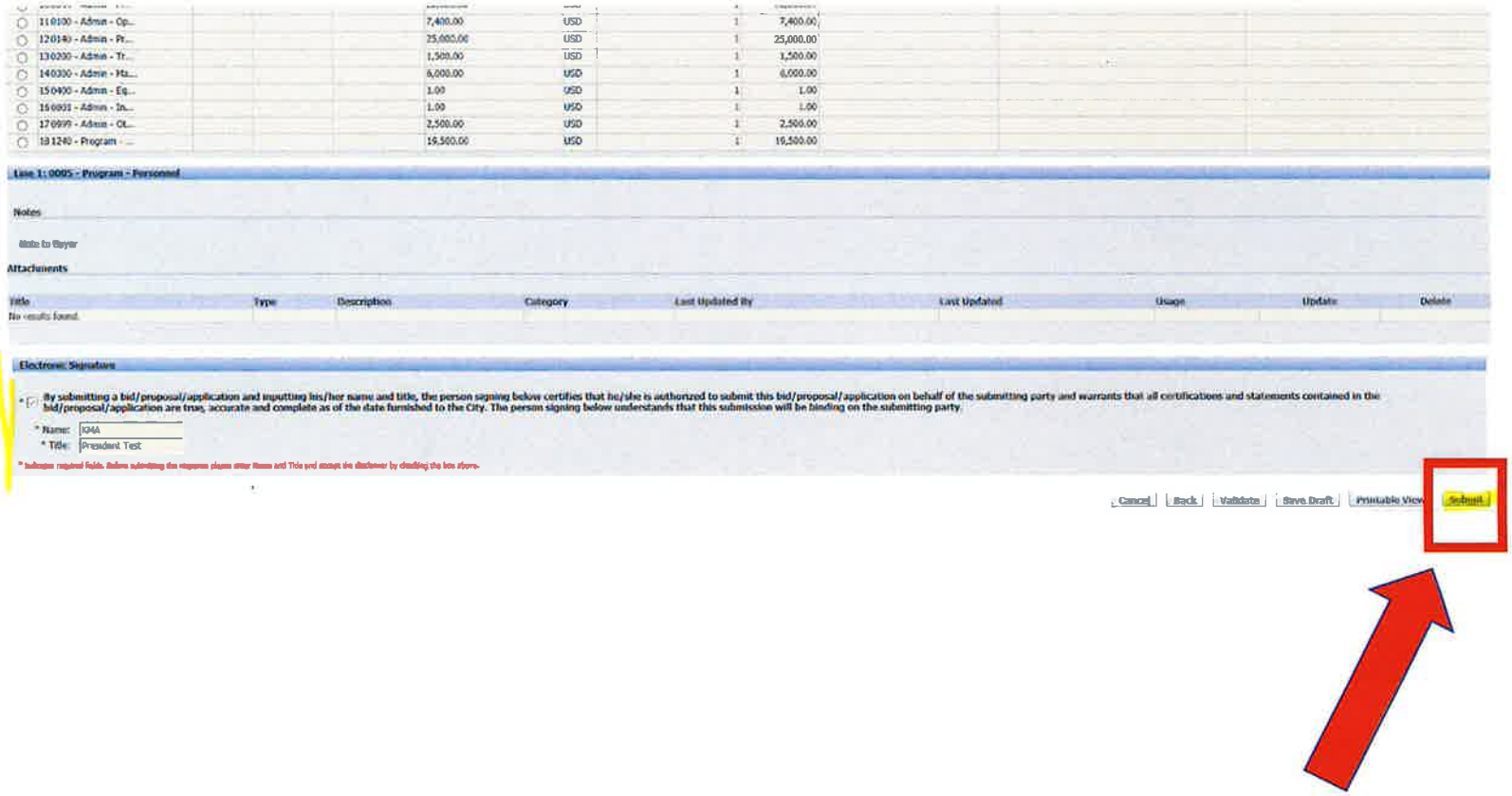
Requirement	Target Value	Quote Value
Legal Organization Name		Super Leaders Academy Nation
Address		18555 E. 32nd St
City		Chicago
State		IL
Zip		60699
Telephone Number		845-251-XXXX
Federal Employer Identification Number		04-932289
DUNS Number		92-8992-5110
Head of Agency Name		Jane Doe
Head of Agency 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

Show Geographic Area(s) Served

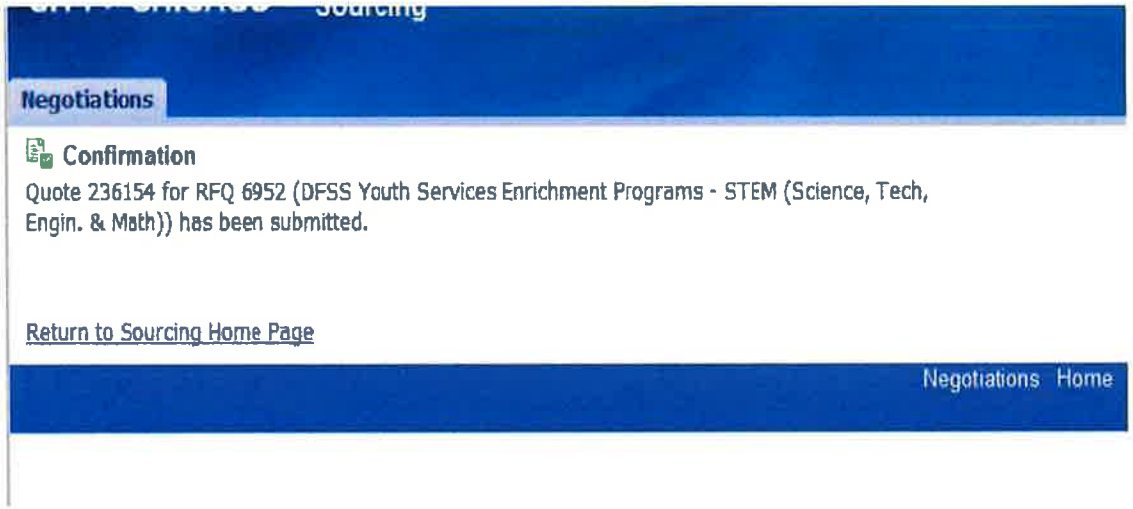
At the bottom of the screen you will be asked to provide an electronic signature. Be sure to fill in the signature before checking the box!



Then click “Submit”.



Make sure a submittal confirmation screen results. The eProcurement system will send a confirmation email upon submission



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

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 or (312) 744-HELP (4357).

Exhibit ( )

Registration and Submittal of Certificate of Insurance through myCOI

You will receive a registration e-mail from registration@myCOItracking.com. Please follow the instructions in the e-mail to complete your registration with myCOI. Outlined within this exhibit are step by step instructions on how to register.

Contractor's organizational contact for this contract and insurance related matters as well as your insurance agent's contact information will be needed for registration.

You do not need to provide a certificate of insurance during your registration; myCOI will work with your agent using the information provided during registration to obtain the certificate of insurance directly from your agent.

Once the certificate of insurance is submitted by your agent and is approved for compliance by myCOI notification will be provided.

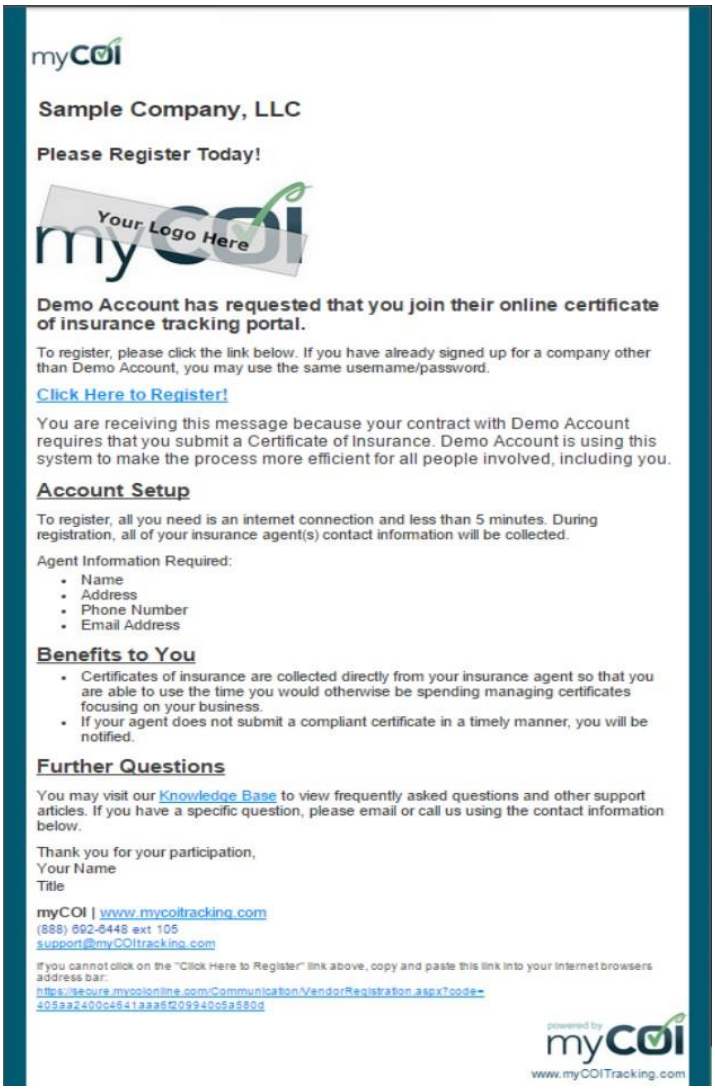
Please add the following e-mail addresses to your safe sender list to ensure you receive all e-mail communication from myCOI: registration@myCOItracking.com, certificaterequest@myCOIsolution.com

If you have any questions, please contact myCOI directly at 317-759-9426, Ext. 105 or via e-mail at support@myCOItracking.com.

The Vendor Registration Process

myCOI's vendor registration takes approximately five minutes to complete. You, as the vendor, will set-up your sign-in information and provide some basic contact information for your insurance agent.

From here, you will not be contacted by myCOI unless your insurance agent is not responsive to our requests. This five minute registration process is intended to replace the hours of frustration vendors can experience when they are placed in the middle of communications between their insurance agent and a compliance administrator.



myCOI

Sample Company, LLC

Please Register Today!

Your Logo Here

Demo Account has requested that you join their online certificate of insurance tracking portal.

To register, please click the link below. If you have already signed up for a company other than Demo Account, you may use the same username/password.

Click Here to Register!

You are receiving this message because your contract with Demo Account requires that you submit a Certificate of Insurance. Demo Account is using this system to make the process more efficient for all people involved, including you.

Account Setup

To register, all you need is an internet connection and less than 5 minutes. During registration, all of your insurance agent(s) contact information will be collected.

Agent Information Required:

- Name
- Address
- Phone Number
- Email Address

Benefits to You

- Certificates of insurance are collected directly from your insurance agent so that you are able to use the time you would otherwise be spending managing certificates focusing on your business.
- If your agent does not submit a compliant certificate in a timely manner, you will be notified.

Further Questions

You may visit our Knowledge Base to view frequently asked questions and other support articles. If you have a specific question, please email or call us using the contact information below.

Thank you for your participation,
Your Name
Title

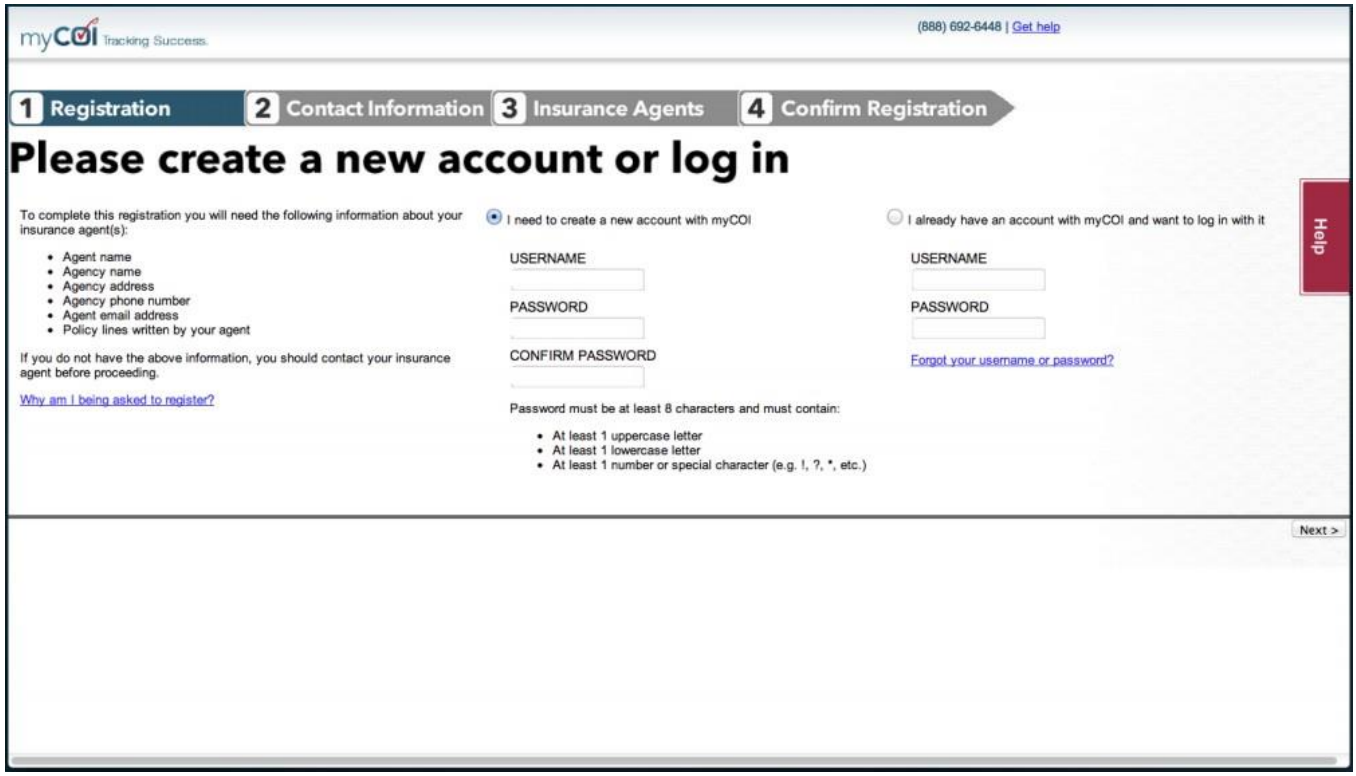
myCOI | www.mycoitracking.com
(888) 692-6448 ext 105
support@myCOItracking.com

If you cannot click on the "Click Here to Register" link above, copy and paste this link into your internet browsers address bar:
https://secure.mycoionline.com/Communication/VendorRegistration.aspx?code=405aa2400c4641aaa6f209940c5a580d

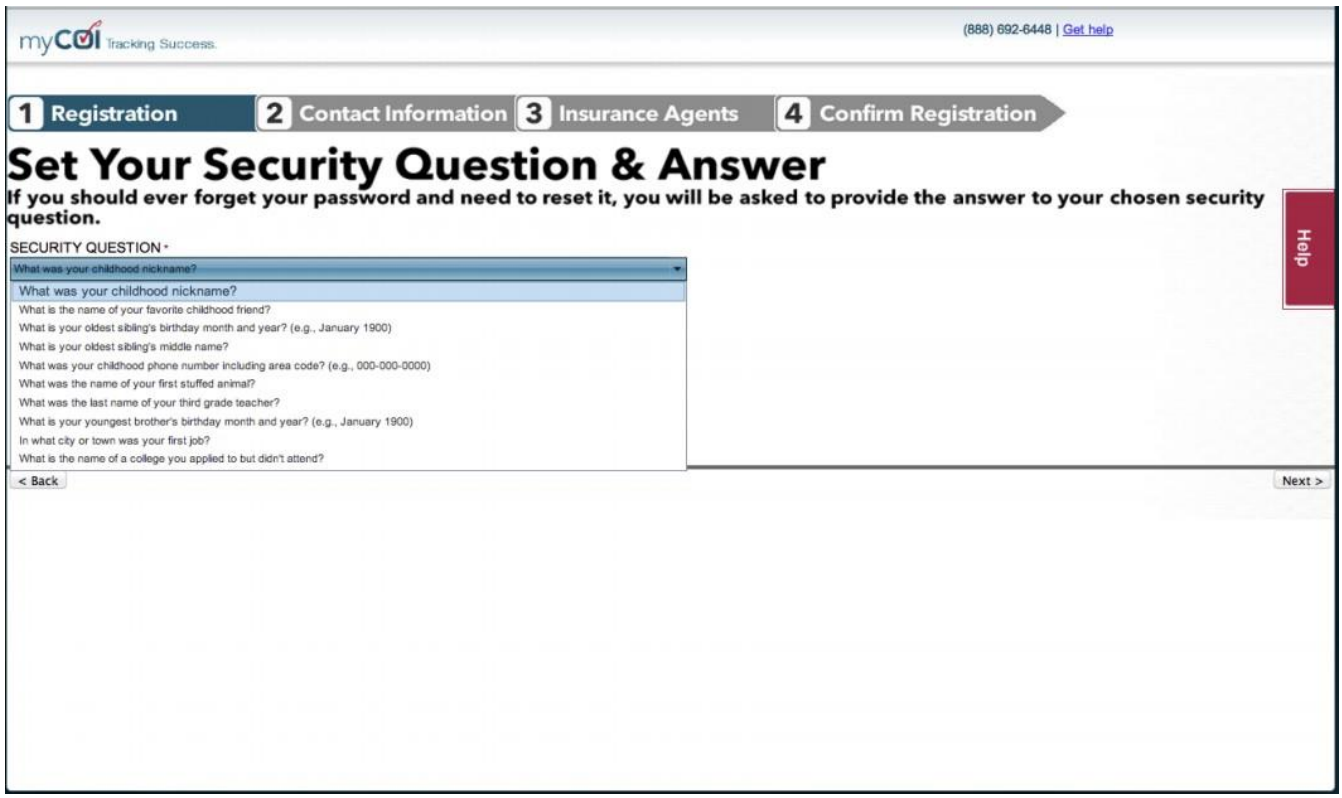
powered by myCOI
www.myCOITracking.com

The process begins with you receiving a registration invitation from myCOI. Selecting the "Click Here to Register" link will begin take you directly to the registration page.

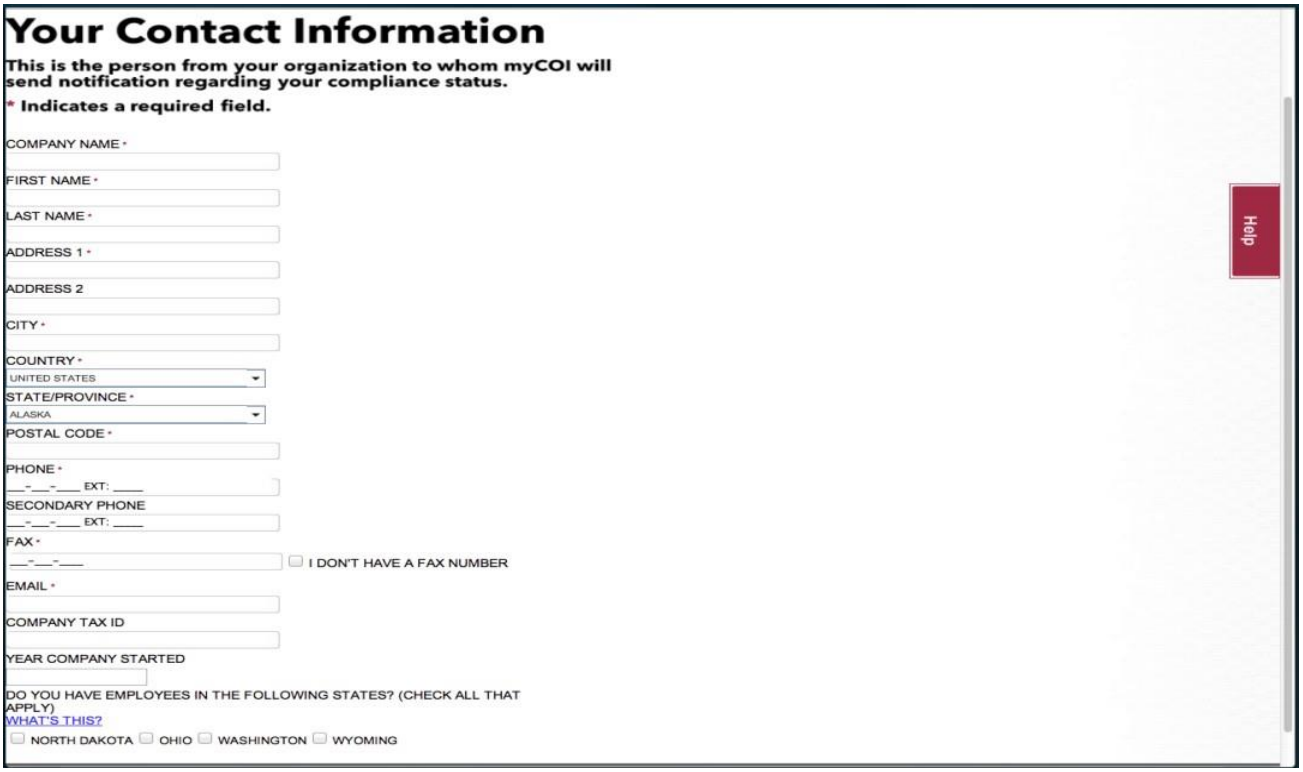
The first page of the registration will ask you to set up a user name and password.



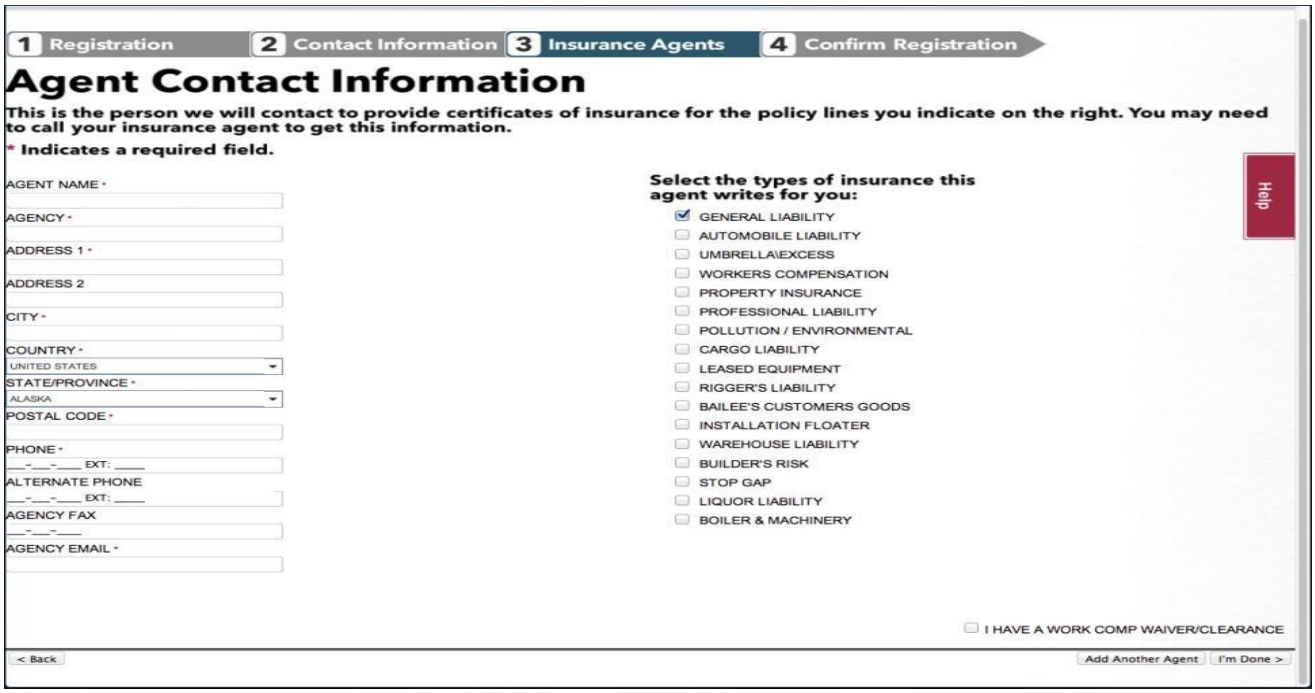
Next, you will then set a security question.



The next part of the registration will ask you to review and confirm that the contact information myCOI has on file is correct. If the information is incorrect, you will revise the information on this screen before moving forward.



Next you will be asked to add your insurance agent contact information and select the policy lines the insurance agent writes for you. If you have multiple insurance agents, there is an "add another agent" button located at the bottom of the screen.



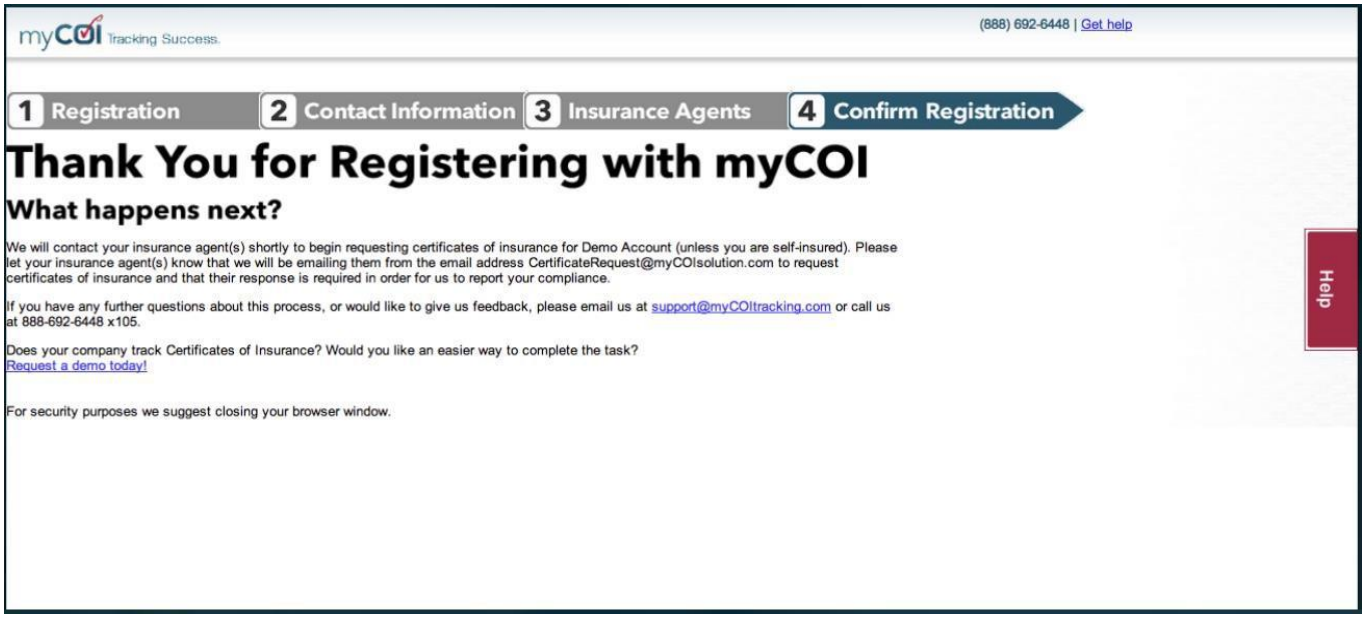
Once you are finished adding your insurance agent(s), click the "I'm Done" button.

Including the agent's correct email address and selecting the correct types of insurance the agent writes is critical to myCOI's success in obtaining the necessary insurance documents.

On the next screen, you will be able to confirm the information you entered for your insurance agent(s). You are able to go back and revise the information if needed. Once you have confirmed that all insurance agents have been added and all data is correct, click the "Next" button.

This completes the myCOI registration process! The myCOI system will automatically reach out to your insurance agent(s), using the email address you provided during registration, to obtain a copy of the

certificate of insurance and any other necessary insurance related documents.



DEPARTMENT OF PUBLIC HEALTH

CDPH-041-DELEGATE AGENCY - BASE 4-SAM

Contractor must provide and maintain at Contractor's own expense, during the term of the Agreement and during the time period following expiration if Contractor 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.

A. INSURANCE REQUIRED FROM CONTRACTOR

1) Workers' Compensation and Employer's Liability

Workers' Compensation Insurance, as prescribed by applicable law covering all employees who are to provide a service under this Agreement and Employer's 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.

The Contractor 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

Commercial General Liability Insurance or equivalent must be maintained with limits of not less than $1,000,000 per occurrence and $2,000,000 aggregate 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 (for a minimum of two (2) years following project completion), explosion, collapse, underground, separation of insureds, defense, contractual liability (not to include endorsement CG 21 39 or equivalent), no exclusion for damage to work performed by Subcontractors, any limitation of coverage for designated premises or project is not permitted (not to include endorsement CG 21 44 or equivalent) and any endorsement modifying or deleting the exception to the Employer's Liability exclusion is not permitted. Where the general aggregate limit applies, the general aggregate must apply per project/location and once per policy period if applicable, or Contractor may obtain separate insurance to provide the required limits which will not be subject to depletion because of claims arising out of any other work or activity of Contractor. If a general aggregate applies to products/completed operations, the general aggregate limits must apply per project and once per policy period.

The City must be provided additional insured status with respect to liability arising out of Contractor's work, services or operations and completed operations performed on behalf of the City. Such additional insured coverage must be provided on ISO form CG 2010 10 01 and CG 2037 10 01 or on an endorsement form at least as broad for ongoing operations and completed operations. The City's additional insured status must apply to liability and defense of suits arising

out of Contractor's acts or omissions, whether such liability is attributable to the Contactor or 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. A copy of the physical "Additional Insured" endorsement must accompany the Certificate of Insurance when submitted. Contractor's liability insurance must be primary without right of contribution by any other insurance or self-insurance maintained by or available to the City.

The Contractor 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

A Business Auto Policy covering any motor vehicles (owned, non-owned and hired) which are used in connection with work, services, or operations to be performed, must be maintained by the Contractor. Limits of not less than $1,000,000 per accident for bodily injury and property damage and covering the ownership, maintenance, or use of any auto whether owned, leased, non-owned or hired used in the performance of the work or services. The City is to be added as an additional insured on a primary, non-contributory basis. A copy of the physical "Additional Insured" endorsement must accompany the Certificate of Insurance when submitted.

The Contractor 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) Umbrella or Excess

Umbrella or Excess Liability Insurance must be maintained with limits of not less than $2,000,000 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 the right of contribution by any other insurance or self-insurance maintained by or available to the City.

The Contractor may use a combination of primary and Excess/Umbrella policies to satisfy the limits of liability required under Workers' Compensation, Employer's Liability, Commercial General Liability, and Automobile Liability.

5) Sexual Abuse or Molestation (SAM) Liability

Where the CGL policy referenced above is not endorsed to include affirmative coverage for sexual abuse or molestation, Contractor shall obtain and maintain a policy covering Sexual Abuse and Molestation for all employees for the actual or threatened abuse or molestation of any person in the care, custody, or control of any insured, including negligent employment, investigation, and supervision. The policy shall provide coverage for both defense and indemnity with liability limits of not less than $1,000,000 per occurrence or claim with a $2,000,000 aggregate limit.

The City and other entities as required by the City must be provided additional insured status on the CGL and SAM policies with respect to liability arising out of Contractor's work, services or operations performed on behalf of the City. The City's additional insured status must apply to liability and defense of suits arising out of Contractor's acts or omissions. 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. Contractor's liability insurance must be primary without the right of contribution by any other insurance or self-insurance maintained by or available to the City.

Contractor's 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.

Insurance coverages that begin with "when," "if," or "where," are considered conditional, and it is the Contractor's responsibility to obtain the applicable coverage when performing such work, service, or operation as described in the conditional coverage paragraph(s). If it is determined that a conditional coverage is not initially applicable, it is the Contractor's continuing responsibility to update the insurance coverage as needed. If at any time, the Contractor or City determines that a conditional coverage is applicable, the Contractor shall not perform the work, service, or operation in connection with the contract until evidence of all applicable insurance coverage is provided to the City.

6) Professional Liability (when applicable)

When any professional consultants perform work, services, or operations in connection with this Agreement, Professional Liability Insurance covering acts, errors, or omissions must be maintained with limits of not less than $1,000,000 per claim. 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) Valuable Papers (when applicable)

When any plans, designs, drawings, specifications, media, data, records, reports, and other documents are produced or used under this Agreement, Valuable Papers Insurance must be maintained in an amount to insure against any loss whatsoever and must have limits sufficient to pay for the re-creation and reconstruction of such records.

8) Blanket Crime (when applicable)

Crime Insurance or equivalent covering all persons handling funds under this Agreement, against loss by employee dishonesty, forgery or alteration, funds transfer fraud, robbery, theft, destruction or disappearance, computer fraud, credit card forgery, and other related crime risks. The policy limit shall be written to cover losses in the amount of the maximum monies collected or received and in the possession of Contractor at any given time under this Agreement.

9) Medical Professional Liability (when applicable)

Medical Professional Liability Insurance must be maintained or cause to be maintained, covering acts, errors, or omissions related to the supplying of or failure to supply medical services or health care services by healthcare profesionals with limits of not less than $5,000,000. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede commencement of medical services under this Contract. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

10) Professional/Pharmacists Liability (when applicable)

When any, pharmaceutical services or other professional services are performed in connection with this Agreement, Professional/Pharmacists Liability Insurance must be maintained covering acts, errors, or omissions relating to the dispensing of drugs or pharmacy activities with limits of not less than $**5,000,000** per claim. When policies are renewed or replaced, the policy retroactive date must coincide with, or precede start of the Services under the Agreement. A claims-made policy which is not renewed or replaced must have an extended reporting period of two (2) years.

11) Property

Contractor is responsible for all loss or damage to City property at full replacement cost as a result of the Agreement.

Contractor is responsible for all loss or damage to personal property (including materials, equipment, tools and supplies) owned or used by Contractor.

B. Additional Requirements

Evidence of Insurance. Contractor must furnish the City of Chicago, Certificates of Insurance (COI) and additional insured endorsement, or other evidence of insurance, to be in force on the date of this Agreement, and renewal COIs and endorsement, or such similar evidence, if the coverages have an expiration or renewal date occurring during the term of this Agreement. The Contractor must submit evidence of insurance prior to execution of Agreement. The receipt of any COI 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 COI are in compliance with all requirements of the 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 Contractor, 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. Contractor 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 the Contractor 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 Contractor to comply with required coverage and terms and conditions outlined herein will not limit Contractor's liability or responsibility nor does it relieve Contractor 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. Consistent with State law, Contractor 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. See 215 ILCS 5/143.16 and 143.17(a). A copy of the physical endorsements must accompany the Certificate of Insurance for General Liability, Automobile Liability and Workers Compensation in order to comply with the insurance requirements.

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

Waiver of Subrogation. Contractor hereby waives its rights and its insurer(s)' rights of, 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. The Contractor agrees to obtain any endorsement that may be necessary to affect this waiver of subrogation, but this provision applies regardless of whether the City receives a waiver of subrogation endorsement for Contractor's insurer(s).

Contractors Insurance Primary. All insurance required of Contractor under this Agreement shall be endorsed to state that Contractor's insurance policy is primary and not contributory with any insurance carrier by the City.

Acceptability of Insurers. Insurance is to be placed with insurers authorized to conduct business in the state with a current A.M. Best rating of no less than A-, Class VIII, unless otherwise approved by the City.

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

No Contribution by the City. Any insurance or self-insurance programs maintained by the City do not contribute with insurance provided by Contractor 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 Contractor maintains higher limits and/or broader coverage than the minimums shown herein, the City requires and shall be entitled the higher limits and/or broader coverage maintained by Contractor. Any available insurance proceeds in excess of the specified minimum limits of insurance and coverage shall be available to the City.

Joint Venture or Limited Liability Company. If Contractor 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 Contractor. If Contractor desires additional coverages, the

Contractor will be responsible for the acquisition and cost.

Insurance required of Subcontractors. Contractor shall name the Subcontractor(s) as a named insured(s) under Contractor's insurance or Contractor will require each Subcontractor(s) to provide and maintain Commercial General Liability, Commercial Automobile Liability, Worker's Compensation, Employers Liability and Professional Liability Insurance, and when applicable Excess/Umbrella Liability Insurance with coverage at least as broad as in outlined in Section A, Insurance Required. The limits of coverage will be determined by Contractor. Contractor shall determine if Subcontractor(s) must also provide any additional coverage or other coverage outlined in Section A, Insurance Required. The Contractor is responsible for ensuring that each Subcontractor has named the City of Chicago as an additional insured where required, as well as specifically naming the City of Chicago as an additional insured on any endorsement form at least as broad and acceptable to the City. The Contractor 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, the Contractor 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 Contractor'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 Division maintains the right to modify, delete, alter or change these requirements.