



**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
RYAN WHITE PART A**

FY2013

Contract Period: March 1, 2013 – February 28, 2014

REQUEST FOR PROPOSALS

APPLICATION MATERIALS

FOR

FISCAL MONITORING

RFP OPENING DATE: May 20, 2013

RFP CLOSING DATE: June 17, 2013

**City St. Louis Department of Health
Grants Administration Office
1520 Market Street – Rm 4078
St. Louis, MO 63103
(314) 657-1582**

Note: If this RFP was downloaded from the City of St. Louis RFP Website each applicant must provide contact information to the RFP contact person in order to be notified of any changes in this RFP document.

NOTICE

BIDDER'S PRE-APPLICATION CONFERENCE

**FY2013 RYAN WHITE PART A, PART B, MINORITY AIDS INITIATIVES (MAI) AND
HOUSING OPPORTUNITES FOR PERSONS WITH AIDS (HOPWA)**

APPLICATION

ATTENDANCE RECOMMENDED
PLEASE RSVP!

DATE: Monday, June 3, 2013

TIME: 10:00 AM - 11:30 AM

LOCATION: Metropolitan Center for STD/HIV & Hepatitis Services
City of St. Louis Department of Health
1520 Market Street, 4th Floor
Director of Health
Communicable Disease Large Conference Room
St. Louis, MO 63103

CONTACT: Mr. Tory Johnson
City of St. Louis Department of Health
Grants Administration Office
1520 Market Street - Room 4078
St. Louis, MO 63103
314-657-1582
JohnsonTO@stlouis-mo.gov

**THE RYAN WHITE HIV/AIDS TREATMENT EXTENSION ACT OF 2009
RYAN WHITE PART A**

**APPLICATION FOR FUNDING
FOR
FISCAL MONITORING**

The **FISCAL MONITORING** Request for Proposals reflects the components each applicant must address to demonstrate their expertise and capacity to successfully fulfill the objectives and deliverables associated with coordinating fiscal monitoring for Department of Health (DOH) sub-grantees. Monitoring of fiscal activities includes ensuring that all sub-grantees of Ryan White Part A, Part B, MAI and HOPWA grant dollars use the funds they receive efficiently and in compliance with applicable regulations for each funding source. The support provided includes, but is not limited to, on-site fiscal monitoring of sub-grantees, testing of invoice records, reviewing sub-grantees' indirect cost allocation plans and ensuring that all Ryan White and HOPWA sub-grantees obtain an A-133 audit, if required. Proposals must be submitted following the format requirements, address each of the application components, and contain all required attachments to be considered for review.

I. APPLICATION FORMATTING REQUIREMENTS

Request for Proposals (RFP) may be obtained beginning May 20, 2013 from Tory Johnson at the City of St. Louis Department of Health, Grants Administration, 1520 Market St. – Room 4078, MO 63103, or downloaded from the St. Louis City website at www.stlouis-mo.gov or by contacting Mr. Johnson at (314) 657-1582 or JohnsonTO@stlouis-mo.gov.

All questions must be submitted in writing no later than Thursday, May 30, 2013 to Sylvia Nelson, Grants Administrator, City of St. Louis Department of Health, 1520 Market Street – Room 4078, St. Louis, MO 63103 or via email at NelsonS@stlouis-mo.gov. All questions will be responded to in writing to all parties having attended the pre-application conference.

An original, five (5) paper copies bound, one (1) copy unbound, and one (1) CD in Microsoft Word or PDF of the proposal must be submitted to the Grants Administration office by 3:00 p.m. Monday, June 17, 2013. ***Late or incomplete proposals will not be accepted.***

Applicants must adhere to the following:

- Applications must be in English
- Use 12-point font
- Use 8.5 by 11 inch white paper that can be photocopied
- Top, bottom, left, and right margins may not be less than one inch each
- Text may be either 1.5 or double-spaced
- Each copy must contain a Table of Contents
- CD must be properly formatted and be able to be read by Department of Health computers using Microsoft Word 95, 97 or XP.

NOTE: CD must contain the same information as original paper copy, i.e., (draft RFP's and resulting contracts, draft participation agreements and sole source contracts, organizational chart, resumes of key staff, most current financial statement, documentation of not for profit status, letters of support, current business license, etc.).

II. STATEMENT OF NEED, CONTRACTOR QUALIFICATION AND REQUIREMENTS

FISCAL MOINTORING SERVICES FOR RYAN WHITE PART A, PART B, MAI AND HOPWA

TOTAL TO BE AWARDED: \$30,000

FY 2013 – FY 2014 Grant Award

Part A, Part B and Minority AIDS Initiatives (MAI) of the Ryan White HIV/AIDS Treatment Extension Act of 2009 (Ryan White HIV/AIDS Program) provides assistance to Eligible Metropolitan Areas (EMAs) and Transitional Grant Areas (TGAs) that are most severely affected by the HIV/AIDS epidemic. This funding is awarded to the City of St. Louis by the Health Resources Services Administration (HRSA) under the U.S. Department of Health and Human Services. Housing Opportunities for Persons with AIDS (HOPWA) grant funding is awarded to the City of St. Louis by the U.S. Department of Housing and Urban Development (HUD) to assist with housing needs for low-income individuals living with HIV/AIDS.

The City of St. Louis, Department of Health, is seeking applicants that can coordinate fiscal monitoring activities to ensure that all sub grantees of Ryan White Part A, Part B, MAI and HOPWA use funds they are awarded efficiently and in compliance with applicable regulations. This coordination will be required for services performed for both the Missouri and Illinois portions of the TGA. The current service category and funding sources for the Missouri and Illinois portions of the TGA are listed below:

Ryan White Part A:

- Medical Case and Non-Medical Management
- Benefits Administration (inc. Database Administration, Quality Management and Core Medical Services)
- Mental Health/Psychiatric Services
- Treatment Adherence Counseling
- Illinois Core Medical and Support Services
- Food Bank/Home Delivered Meals and Medical Nutrition Therapy
- Emergency Housing and Short-term Rental Assistance

Minority AIDS Initiatives:

- Linkage to Care Medical Case Management
- Medical Case Management, inc. perinatal and young adult
- Early Intervention Counseling and Testing Services
- Psycho social Support
- Treatment Adherence Counseling
- Medical Transportation
- Childcare Services

Ryan White Part B:

- Medical Case Management
- Transitional Case Management

HOPWA:

- Housing services, inc. Short Term Rental, Mortgage and Utilities Assistance, Tenant Based Rental Assistance, Facility Based Assistance, Supportive Services and Housing Information Services
- Facility Based Housing and Case Management Services

FY2013 Estimated Service Categories and Awards		
Part A		
Service Categories	Award*	Subcontractors
Medical Case Management (including Non-Medical Case Management)	\$2,382,947	5
Benefits Administration (Missouri)	\$1,816,750	1
Mental Health	\$61,000	1
Treatment Adherence Counseling	\$50,000	1
Core Medical and Support Services (Illinois)	\$636,500	1
Food Bank/Home Delivered Meals/Medical Nutrition Therapy	\$165,000	1
Emergency Housing and Short-term Rental Assistance	\$170,000	1
Total Part A	\$5,282,197	11
Minority AIDS Initiatives (MAI)		
Service Categories	Award*	Subcontractors
Medical Case Management	\$143,000	2
Early Intervention Counseling and Testing Services	\$207,101	3
Psychosocial Support Services	\$22,000	2
Treatment Adherence Counseling Services	\$10,000	1
Medical Transportation	\$3,000	1
Childcare Services	\$1,000	1
Total MAI	\$386,101	10
Part B		
Service Categories	Award	Subcontractors
Medical Case Management	\$60,000	1
Transitional Case Management	\$60,000	1
Total Part B	\$120,000	2
Housing Opportunities for Persons with AIDS (HOPWA)		
Service Categories	Award*	Subcontractors
Housing services, including Short Term Rental, Mortgage and Utilities Assistance, Tenant Based Rental Assistance, Facility Based Assistance, Supportive Services and Housing Information Services	\$1,100,000	1
Facility Based Housing and Case Management Services	\$310,000	1
Total HOPWA	\$1,410,000	2

**Award amounts are estimates based on historical grant funding levels. Exact award amounts are pending notification by HRSA and HUD.*

Contractors will conduct subgrantee monitoring in accordance with relevant sections of HRSA Ryan White HIV/AIDS Program Part A and B National Monitoring Standards, as follows:

Universal Standards

- Section C: Standards 1 and 2
- Section D: Standards 1, 2, 3 and 4

- Section E: Standard 1
- Section F: Standard 1, 2, 3, 4, 5 and 6

Fiscal Standards

- Section A: Standards 4, 5 and 6
- Section B: Standards – ALL
- Section C: Standards 1, 2, 3, 4 and 5
- Section D: Standards – ALL
- Section E: Standards 1 and 2
- Section F: Standards – ALL
- Section G: Standards – ALL
- Section H: Standards – ALL
- Section K; Standards – ALL

Contractors will conduct subgrantee monitoring in accordance with relevant sections of U.S. Department of Housing and Urban Development (HUD) HOPWA Oversight and Monitoring Guide, as follows:

- **Chapter 8:** Audits Management
- **Chapter 9:** Financial Management and Documentation
- **Chapter 10:** Procurement + Property and Equipment Management

Qualifications:

The types of entities eligible to receive funds include, but are not limited to: Public Accounting Firms, Auditors, Public Accountants and Consultants (with an auditing and accounting background). Eligible applicants must demonstrate capacity/expertise to successfully employ Generally Accepted Accounting Principles (GAAP), as applied to areas of fiscal monitoring and auditing.

Applicants must have the ability to understand and be able develop a monitoring tool and schedule, and must be able to follow through on findings, concerns, corrective actions. Applicants must have the ability to conduct on-site fiscal monitoring and must be able to address all compliance requirements applicable to programs funded by the Department of Health Grants Administration. In addition, applicants must have the ability to develop fiscal monitoring reports and communicate regularly and effectively with the Department of Health Grants Administration and Fiscal Sections.

Evaluation Criteria:

Proposal submissions will be evaluated and selection based on the responses received to the project abstract and program narrative.

III. PROJECT ABSTRACT (Maximum of two (2) single-spaced pages)

The proposal must include a project abstract. The abstract can be a maximum of two single-spaced pages and should be an overview of the proposal. The abstract should include:

- A. Name and brief description of the applicant organization.
- B. A brief description of your organization's existing programs or services designed to provide fiscal monitoring for grant funded programs.

- C. A summary of the proposed program ability to attain the overarching objectives and budget request.

IV. PROGRAM NARRATIVE (Maximum of 10 double-spaced pages) (90 Points)

The program narrative should be a minimum of five pages and a maximum of 10 1.5 inch or double-spaced typewritten pages numbered consecutively. Applicants must respond to each of the required narrative proposal components (IV. A through C). The order of the responses must follow exactly the order provided below. The Applicant's primary response should be included in the body or text of the submitted proposal. The response to proposal components may not consist solely of references to attached materials. This is not to say that Applicants may not attach documentation or material to demonstrate capacity or prior projects, but the response must not consist exclusively of attached material and must include the Implementation plan.

A. Capability of the Applicant (35 Points)

- Describe the agency's overall mission and scope of services, including hours of operation.
- Briefly describe experience in providing the type of service requested in the RFP.
- Describe the agency's ability to follow regulations of OMB Circular A-133, Section .230 (b) (2).
- Describe the agency's ability to understand and monitor applicable sections of HRSA's Ryan White HIV/AIDS Program Part A and B National Monitoring Standards, including all relevant sub-grantee responsibilities outlined therein (<http://www.hab.hrsa.gov/manageyourgrant/granteebasics.html>).
- Describe the agency's ability to understand and monitor applicable sections of U.S. Department of Housing and Urban Development (HUD) HOPWA Oversight and Monitoring Guide, including all project sponsors responsibilities outlined therein (<http://www.hudhre.info/index.cfm?do=viewHopwaGuide>).

B. Service Delivery (35 Points)

- Describe the service(s) to be offered through the funding from this RFP. As part of this response, include how your organization will ensure compliance with the Contractor Qualifications stated in Section II.
- Explain how you will develop a fiscal monitoring tool and develop a fiscal monitoring schedule for funded programs.
- Describe your ability to conduct on-site monitoring activities at sub-grantee agencies throughout the Transitional Grant Area.
- Describe the management and staffing plan of your organization and how the requested service fits into your organizational structure. Include how many FTE(s) are requested. Provide a description of staff skills and their experience in providing fiscal monitoring services. Include an organizational chart and resumes of key staff as attachments.
- Please outline the key steps to be taken to begin providing the requested services. Include the activity, the anticipated start/end date and the personnel assigned to the activity.
- Describe the agency's communication and reporting plan to the Department of Health.

C. Critical Service Delivery (20 Points)

- Briefly describe how your organization will ensure sub-grantee compliance. Clearly explain how you will document adherence to all applicable program standards as well as ensure compliance with all federal, state and local guidelines.
- Describe your ability to obtain financial records and information from sub-grantees, as well as, generate reports.
- Describe the agency's ability to ensure confidentiality of any sensitive sub-grantee or client-level data.

V. BUDGET AND FINANCIAL DATA (10 points)

A. Budget Narrative and Budget

1. Develop and submit the service budget that includes at a minimum the budget lines listed below. A budget narrative for each budget line should be included ensuring the level of detail required by the type of item funded.

Personnel Costs: Personnel costs should be explained by listing each staff member who will be supported from this RFP, their name (if possible), position title, percent full-time equivalency, and annual salary.

Fringe Benefits: List the components that comprise the fringe benefit rate, for example health insurance, taxes, unemployment insurance, life insurance, retirement plan, and tuition reimbursement.

Travel: Travel costs for local travel may be included. Explanation of travel costs should include the mileage rate and number of miles anticipated for on-site monitoring visits.

Other: All costs that do not fit into the previous categories should be classified under "other."

B. Financial Information

Provide the following financial documents:

- a. A summary of any relevant 2012/2013 contracts, including the funding sources.
- b. Listing of governing body members and officers, as applicable.
- c. Most recent audited financial report. Report must be from within the previous three years.
- d. Include your agency's most recent financial statements.

VI. OTHER REQUIREMENTS

Other Requirements:

- e. The successful bidder must obtain and maintain a current business license and pay all applicable taxes to the City of St. Louis.

- f. **M/W/DBE Participation:** It is the policy of the City of St. Louis to address the effects of identified discrimination against minority business enterprises and women’s business enterprises within its jurisdiction. Contractual services shall be allocated according to the policy. The method that the city shall employ to implement that policy is the establishment of a goal of at least 25% minority business enterprise participation and at least 5% women’s business enterprises participation in contracts and purchases wherein City funds are collected or expended. Please provide information on minority and women enterprise participation in your company.

- g. **Living Wage Requirements:** Bidders [Proponents] are hereby advised that the St. Louis Living Wage Ordinance #65597 and associated Regulations apply to the service [concession] [lease] [City Financial Assistance] for which [bids] [proposals] are being sought herein. This Ordinance requires that, unless specific exemptions apply, all individuals who perform work pursuant to a contract executed between the successful [bidder] [proponent] and the City [Agency] must be paid a minimum of the applicable Living Wage rates set forth in the attached Living Wage Bulletin (Attachment A), and, if the rates are adjusted during the term of the contract pursuant to the Ordinance., applicable rates after such adjustment is made. Each bidder [proponent] must submit the attached “Living Wage Acknowledgement and Acceptance Declaration” (Attachment B) with the bid [proposal] will result in rejection of the bid [proposal]. A successful bidder’s [proponent’s] failure to comply with contract provisions related to the Living Wage Ordinance may result in termination of the contract and the imposition of additional penalties as set forth in the Ordinance and Regulations.

Copies of the Ordinance and Regulations are available upon request from The Department of Health. A copy of the Living Wage Bulletin now in effect is attached.

VII. EVALUATION CRITERIA

The RFP will undergo the following evaluation process. The Grants Administration Office, in association with an independent review panel, will evaluate the proposal using the above criteria and provide recommendations to the Grantee and the Professional Service Agreement Committee (PSA), established under City of St. Louis Ordinance 64102. The PSA Committee will evaluate and make selection based on the responses received to the project abstract, program narrative and budget. The total points possible are 100, awarded as follows:

Capability of the Applicant	35 Points
Service Delivery	35 Points
Critical Service Delivery Issues	20 points
Budget and Financial Data	10 Points
 Total	 100 Points

VIII. RFP TERMS

- A. The City reserves and may exercise one or more of the following rights and options regarding this RFP:
- To reject any and all bids, to seek additional bids, to enter into negotiations and subsequently contract with more than one Bidder at any time during the process.
 - To evaluate separately the individual components of each bid such as any proposed subsystem, product or service, and to contract with such Bidder for any individual component.
 - To cancel or withdraw this RFP without the substitution of another RFP or alter the terms and conditions of this RFP.
 - To modify specific terms and conditions in this document prior to execution.
 - The City reserves the right to renew the contract for an additional one year term for up to four consecutive years.
- B. Contents of Proposals: All materials submitted in accordance with this RFP will become and remains the property of the City and will not be returned. All Proposals shall be considered public records, but may be deemed and treated as closed or exempt by the City Counselor's Office, at the sole discretion of the City Counselor's Office, pursuant to the City's understanding and interpretation of the laws of the State of Missouri. All Proposal material may be treated as open records. The City cannot guarantee confidentiality of any materials during the evaluation process or at any other time. Thus, Proposals and communications exchanged in response to this RFP should be assumed to be subject to public disclosure.

APPLICATION COVER SHEET

APPLICANT INFORMATION																			
1) LEGAL NAME:																			
2) MAILING Address Information (include mailing address, street, city, county, state and zip code):	Check if address change <input type="checkbox"/>																		
3) PAYEE Mailing Address (if different from above):																			
Check if address change <input type="checkbox"/>																			
4) Federal Tax ID No.:																			
5) TYPE OF ENTITY (check all that apply): <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> City</td> <td style="width: 33%;"><input type="checkbox"/> Nonprofit Organization*</td> <td style="width: 33%;"><input type="checkbox"/> Individual</td> </tr> <tr> <td><input type="checkbox"/> County</td> <td><input type="checkbox"/> For Profit Organization*</td> <td><input type="checkbox"/> FQHC</td> </tr> <tr> <td><input type="checkbox"/> Other Political Subdivision</td> <td><input type="checkbox"/> Community-Based Organization</td> <td><input type="checkbox"/> State Controlled Institution of Higher Learning</td> </tr> <tr> <td><input type="checkbox"/> State Agency</td> <td><input type="checkbox"/> Minority Organization</td> <td><input type="checkbox"/> Hospital</td> </tr> <tr> <td><input type="checkbox"/> Indian Tribe</td> <td></td> <td><input type="checkbox"/> Private</td> </tr> <tr> <td></td> <td></td> <td><input type="checkbox"/> Other (specify): _____</td> </tr> </table>		<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual	<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC	<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> State Controlled Institution of Higher Learning	<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital	<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private			<input type="checkbox"/> Other (specify): _____
<input type="checkbox"/> City	<input type="checkbox"/> Nonprofit Organization*	<input type="checkbox"/> Individual																	
<input type="checkbox"/> County	<input type="checkbox"/> For Profit Organization*	<input type="checkbox"/> FQHC																	
<input type="checkbox"/> Other Political Subdivision	<input type="checkbox"/> Community-Based Organization	<input type="checkbox"/> State Controlled Institution of Higher Learning																	
<input type="checkbox"/> State Agency	<input type="checkbox"/> Minority Organization	<input type="checkbox"/> Hospital																	
<input type="checkbox"/> Indian Tribe		<input type="checkbox"/> Private																	
		<input type="checkbox"/> Other (specify): _____																	
<i>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</i>																			
6) PROPOSED BUDGET PERIOD:	Start Date: _____ End Date: _____																		
7) COUNTIES SERVED BY PROJECT:																			
8) AMOUNT OF FUNDING REQUESTED:	10) PROJECT CONTACT PERSON																		
9) PROJECTED EXPENDITURES Does applicant's projected state or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in line 8 above)? ** Yes <input type="checkbox"/> No <input type="checkbox"/> <i>**Projected expenditures should include funding for all activities including "pass through" federal funds from all state agencies and non project-related DSHS funds.</i>	Name: Phone: Fax: E-mail:																		
	11) FINANCIAL OFFICER																		
	Name: Phone: Fax: E-mail:																		
The facts affirmed by me in this proposal are truthful and I understand that the truthfulness of the facts affirmed herein are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the applicant and I (the person signing below) am authorized to represent the applicant.																			
12) REPRESENTATIVE Name: Title: Phone: Fax: E-mail:	AUTHORIZED <input type="checkbox"/> Check if change <input type="checkbox"/>																		
	13) SIGNATURE OF AUTHORIZED REPRESENTATIVE																		
	14) DATE																		

APPLICATION CHECKLIST

Please review and enclose this checklist to ensure that your application is complete. Applications that do not contain a copy of each of the items below will be considered incomplete and will not be reviewed. The inclusion of letters of support and any other requested documentation is strongly suggested.

Application Cover Sheet _____

III. Project Abstract _____

IV. Program Narrative _____

A. Capability of Applicant

Services/Experience _____

Staff Training/Orientation _____

Auditing Capabilities _____

B. Service Delivery

Service Description _____

Management/Staffing Plan _____

(Attach organizational chart and resumes of key staff.)

Monitoring Tool _____

Statement of Need? _____

C. Critical Service Delivery

Compliance _____

Confidentiality _____

Reporting _____

V. Budget and Financial Data

Budget Narrative and Budget

1. Budget and Narrative _____

2. Financial Information (Attachments)

a. Organization's Budget _____

b. Contracts-Sources (2011/2012) _____

c. Listing of Board Members _____

d. Current financial report _____

VI. Other Requirements

a. Current business license _____

b. Statement of M/W/DBE
Participation _____

c. Living Wage Declaration Form _____

PROPOSAL ATTACHMENTS

- **Organizational Chart**
- **Resumes and Job Descriptions of Key Staff** (Include for All staff positions that will be financially supported by this contract if awarded)
- **Financial Information (as stated in Section V.)**
- **Other Requirements Documentation (as stated in Section VI.)**

Attachment A: Living Wage Adjustment Bulletin

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ADJUSTMENT BULLETIN

NOTICE OF ST. LOUIS LIVING WAGE RATES EFFECTIVE APRIL 1, 2013

In accordance with Ordinance No. 65597, the St. Louis Living Wage Ordinance (“Ordinance”) and the Regulations associated therewith, the City Compliance Official for the City of St. Louis has determined that the following living wage rates are now in effect for employees of covered contracts:

- 1) Where health benefits as defined in the Ordinance are provided to the employee, the living wage rate is **\$12.21** per hour (130% of the federal poverty level income guideline for a family of three); and
- 2) Where health benefits as defined in the Ordinance are **not** provided to the employee, the living wage rate is **\$15.92** per hour (130% of the federal poverty level income guideline for a family of three, plus fringe benefit rates as defined in the Ordinance).
- 3) Wages required under Chapter 6.20 of the Revised Code of the City of St. Louis: **\$3.71** per hour.

These rates are based upon federal poverty level income guidelines as defined in the Ordinance and these rates are effective as of **April 1, 2013**. These rates will be further adjusted periodically when the federal poverty level income guideline is adjusted by the U.S. Department of Health and Human Services or pursuant to Chapter 6.20 of the Revised Code of the City of St. Louis.

The Ordinance applies to employers who are covered by the Ordinance as defined in the Ordinance, where the contract or grant is entered into or renewed after the effective date of the Ordinance, which is November 3, 2002. A copy of the Ordinance may be viewed online at <http://www.stlouiscity.com/livingwage> or obtained from:

City Compliance Official
DBE Program Office (4th Floor)
11495 Natural Bridge Road
St. Louis, MO 63044
(314) 551-5000

Attachment B: Living Wage Acknowledgement

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE COMPLIANCE PROVISIONS: This contract [agreement] is subject to the St. Louis Living Wage Ordinance 65597 and the Regulations associated therewith, copies of which are attached hereto and incorporated herein by this reference. The Ordinance and Regulations require the following compliance measures, and Contractor hereby agrees to comply with these measures:

1. **Minimum Compensation:** Contractor hereby agrees to pay an initial hourly wage to each employee performing services related to this contract [agreement] in an amount no less than the amount stated on the attached Living Wage Bulletin. The initial rate shall be adjusted each year no later than April 1, and Contractor hereby agrees to adjust the initial hourly rate to the adjusted rate specified in the Bulletin at the time the Bulletin is issued.
2. **Notification:** Contractor shall provide the Living Wage Bulletin to all employees, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees within thirty (30) days of contract execution for existing employees and within thirty (30) days of employment for new employees.
3. **Posting:** Contractor shall post the Living Wage Bulletin, together with a “Notice of Coverage”, in English, Spanish, and other languages spoken by a significant number of the Contractor’s employees, in a prominent place in a communal area of each worksite covered by the Contract.
4. **Subcontractors—Service Contracts:** Contractor hereby agrees to require Subcontractors, as defined in the Regulations, to comply with the requirements of the Living Wage Regulations, and hereby agrees to be responsible for the compliance of such Subcontractors. Contractor shall include these Living Wage Compliance Provisions in any contract with such Subcontractors.]
5. **Term of Compliance—Service Contracts:** Contractor hereby agrees to comply with these Living Wage Compliance Provisions and with the Regulations for as long as work related to this contract is being performed by Contractor’s employees, and to submit the reports required by the Regulations for each calendar year or portion thereof during which such work is performed.]
6. **Reporting:** Contractor shall provide the Annual Reports and attachments required by the Ordinance and Regulations.
7. **Penalties:** Contractor acknowledges and agrees that failure to comply with any provision of the Ordinance and/or Regulations and/or providing false information may result in the imposition of penalties specified in the Ordinance and/or Regulations, which penalties, as provided in the Ordinance and Regulations, may include, without limitation, per order of the City Compliance Official, the following:
 - Suspension and/or termination of the contract, subcontract, lease, concession agreement or financial assistance agreement by the City.
 - Forfeiture and repayment of any or all of the financial assistance awarded by the City of St. Louis.
 - Barring the Contractor or CFAR from eligibility for future City contracts and/or financial assistance until all ordered relief has been made or paid in full.
 - Liquidated damages payable to the City of St. Louis in the amount of \$500 for each week, or part thereof, that an employee has not been provided wages and benefits in accordance with the Living Wage Ordinance. Each weekly violation shall constitute a separate violation of the Ordinance and must be demonstrated separately.

ST. LOUIS LIVING WAGE ORDINANCE

LIVING WAGE ACKNOWLEDGMENT AND ACCEPTANCE DECLARATION

(To be completed by each respondent to a bid/proposal solicitation when that solicitation has included Living Wage Advertisement/Solicitation Language.)

CONTRACTING AGENCY: _____

AGENCY CONTRACT NUMBER: _____

DATE: _____ **PREPARED BY:** _____

PREPARER'S TELEPHONE NUMBER: _____

PREPARER'S E-MAIL ADDRESS: _____

PREPARER'S CELL PHONE NUMBER: _____

PREPARER'S ADDRESS AND ZIP CODE: _____

As the authorized representative of the above-referenced bidder or proponent, I hereby acknowledge that the bidder/proponent understands that the contract or agreement that will be executed with a successful bidder/proponent pursuant to this solicitation is subject to the St. Louis Living Wage #65597 and the Regulations associated therewith. The bidder/proponent hereby agrees to comply with the Ordinance and the associated Regulations if awarded a contract pursuant to this solicitation. I am authorized to make the above representations on behalf of the bidder or proponent.

AUTHORIZED REPRESENTATIVE CERTIFICATION:

_____ (Signature)

NAME: _____

TITLE: _____

DATE: _____



NOTICE TO EMPLOYEES CITY OF ST. LOUIS LIVING WAGE ORDINANCE

This employer is a contractor with the City of St. Louis. This contract is subject to the Living Wage Ordinance (LWO) Number 65597 established by the Board of Aldermen. If you are an employee performing any service under this contract, you must be paid a "Living Wage."

THESE ARE YOUR RIGHTS...

Living Wage

If you are an employee performing services under a City contract, you must be paid not less than the living wage rate of \$12.21 per hour plus at least \$3.71 per hour for health benefits or \$15.92 per hour without health benefits.

Retaliation

You cannot be transferred, demoted or terminated for reporting violations of the Living Wage Program. All acts of retaliation can be reported to the Office of Certification and Compliance by calling the Living Wage Hotline.

You may Report Living Wage Violations to:

City Department Administering this Contract/DLWL

City Department Phone Number

OR

**OFFICE OF DBE PROGRAMS-CERTIFICATION AND COMPLIANCE
LIVING WAGE HOTLINE (314) 890-1809**

HAND-OUT NE-021409

Dated: February 12, 2013