



PROJECT CHECKLIST

For CPAC Team Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE TEAM LEADER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, INCLUDING THE SUPPLEMENTAL CHECKLIST REQUIRED BY THE SPECIFIC CPAC TEAM. ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LASALLE STREET, CHICAGO, ILLINOIS

PROJECT

Date: 3/9/06 Contact Person: Maribel Valdez
 ID No. (Spec, RX, Project): 45062 Tel: 7-8828 Fax: 7-1031 E-mail: _____
 Department: #41 Health Project Manager: Monica Ochoa
 Bureau: Public Information Tel: 7-9691 Fax: 7-8835 E-mail: _____
 Contract No. (if known) 26248 Estimated Value \$150,000
 Project Title/Description MEDICAL TRANSLATIONS, INTERPRETATIONS, AND LANGUAGE EXAMS

SCOPE STATEMENT

Attached is a detailed scope of services and/or specification

IMPORTANT: THIS IS A CRITICAL PORTION OF YOUR SUBMITTAL. IN ORDER FOR A TEAM TO ACCEPT YOUR SUBMITTAL YOU MUST COMPLETE ALL TEAM SPECIFIC SCOPE REQUIREMENTS AS SET FORTH IN THE SUPPLEMENTAL CHECKLIST FOR THAT TEAM.

The following is a general description of what would be included in a Scope of Services or Specification:
 A clear description of all anticipated services and products, including: time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

TYPE OF PROCUREMENT REQUESTED (check all that apply)

<input type="checkbox"/> Competitive Bid	<input type="checkbox"/> RFQ/RFP/RFS/RFI	<input checked="" type="checkbox"/> Sole Source	<input checked="" type="checkbox"/> Term Agreement	<input type="checkbox"/> One Shot
<input type="checkbox"/> Mod/Amendment	<input type="checkbox"/> Time Extension	<input type="checkbox"/> Additional Funding	<input type="checkbox"/> Small Order	<input type="checkbox"/> S/O Emergency

FORMS

<input type="checkbox"/> F-25* (add line items)	<input type="checkbox"/> F-10 *(special approval)	<input type="checkbox"/> SSRB** (Sole Source approval)
<input type="checkbox"/> F-26* (new term agreement)	<input type="checkbox"/> RX (one-shot requisition)	<input type="checkbox"/> OBM Authorization
<input type="checkbox"/> F-27* (time extension)	<input type="checkbox"/> APRF (all purpose request form)	
<input type="checkbox"/> F-29* (change vendor limit)		

** Sole source requests must include vendor quotes/proposal and MBE/WBE compliance requirements

FUNDING

City:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Bond	<input type="checkbox"/> Enterprise	<input type="checkbox"/> Grant*	<input type="checkbox"/> Other _____
State:	<input type="checkbox"/> IDOT/Transit	<input type="checkbox"/> IDOT/Highway		<input type="checkbox"/> Grant*	<input type="checkbox"/> Other _____
Federal:	<input type="checkbox"/> FHWA	<input type="checkbox"/> FTA	<input type="checkbox"/> FAA	<input checked="" type="checkbox"/> Grant*	<input type="checkbox"/> Other _____

Funding Strips 05-0847-0414395-0140-220140-05BZ80

* Attach copy of applicable grant agreement terms and conditions language:

TIME FRAME

Date Needed: 4/1/06 Requested Contract Term (y/m/d): 9/1/05-8/31/08

PRE BID/SUBMITTAL REQUIREMENTS

Requesting Pre Bid/Submittal Conference?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Requesting Pre Bid/Submittal be Mandatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Requesting Site Visit?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Requesting Site Visit be Mandatory?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041-4395 ADMIN 50 W WASHINGTON Chicago, IL 60601	REQUISITION: 26248 PAGE: 1 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 3/8/2006
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EQUISTION DESCRIPTION

PROFESSIONAL CONSULTING SERVICES FOR MEDICAL INTERPRETATION AND LANGUAGE EXAMS
 PECIFICATION NUMBER: 45062

OMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	94855	150,000.00	USD	0.00	0.00						
TO PROVIDE MEDICAL INTERPRETATION, TRANSLATION AND LANGUAGE EXAMINATION											
SUGGESTED VENDOR:			REQUESTED BY: Maribel E Valdez								
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0413320	0140	220140	0000	00000000	05BZ80	00000	0000	0.00
LINE TOTAL:											0.00

REQUISITION TOTAL: 0.00

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

Contract(s) in this request, answer applicable questions in each of the 4 major subjects areas below in accordance with the Instructions for Completion of Non-Competitive Procurement Form on the reverse side.

Request that negotiations be conducted only with Elizabeth Colon/ Heartland Alliance's Cross Cultural Interpreting Services for the product and/or services described herein.

Is this a request for: _____ (Name of Person or Firm) (One-Time Contract per Requisition # 26248 copy attached) or XX Term Agreement or _____ Delegate Agency (check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the Attach List) Pre-Assigned Specification No. _____ (Program Name) _____ Pre-Assigned Contract No. _____

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

Describe in detail the change in terms of dollars, time period, scope of services, etc., its relationship to the original contract and the specific reasons for change. Indicate both the original and the adjusted contract amount and/or expiration date with this change, as applicable. Attach copy of all supporting documents. Request approval for a contract amendment or modification to the following:

Contract # _____ Company or Agency Name: Heartland Alliance's Cross Cultural Interpreting Services

Specification # _____ Contract or Program Description: Elizabeth Colon, 773-751-4095

Mod # _____ (Attach List, if multiple)

Monica Ochoa
Original Name

7-9691
Telephone

Monica Ochoa
Signature

HEALTH
Department

1/31/06
Date

Indicate SEE ATTACHED in each box below if additional space needed:

() PROCUREMENT HISTORY

See attached explanation.

(X) ESTIMATED COST

See attached explanation.

(X) SCHEDULED REQUIREMENTS

September 1, 2005 to August 31, 2008 -- deliverables extended to December 31, 2008. The scheduled requirements are based on grant funding timelines.

(X) EXCLUSIVE OR UNIQUE CAPABILITY

See attached explanation.

(X) OTHER

The Chicago Department of Public Health recognizes the need to provide public information material in several languages, and the need to effectively outreach to diverse groups. By securing a contract with Heartland Alliance's Cross Cultural Interpreting Services, this goal can be achieved.

APPROVED BY: _____
Department Head

Or Designee

2-28-06
Date

Board Chairperson

Date

Justification for Non-Competitive Procurement
Heartland Alliance's Cross Cultural Interpreting Services

ATTACHMENT

PROCUREMENT HISTORY

The Chicago Department of Public Health's (CDPH) Bioterrorism and Emergency Preparedness program requires that we reach out to special populations, especially non-English speaking residents and recent immigrants. Services that would benefit the program in achieving this goal include translation services, medical interpreter training, cultural sensitivity training, and interpretation services. After researching agencies that could provide some of these services, we realized that no one agency provides all these services with the exception of Heartland Alliance's Cross Cultural Interpreting Services (CCIS). This is the first time CCIS has been approached to comprehensively provide these services for the Chicago Department of Public Health. Attempts were made to identify other agencies that could provide all these services. Two additional agencies were identified (Bridges for Language, Training, and Staffing and Daley College) but these only provided some of the services required. Their prices also exceeded that of CCIS. More importantly, CCIS was the only agency that would be able to issue certification for staff training. Unless another agency is incorporated/created, or the other identified agencies include the additional required services, CCIS is the only agency that can provide the services needed to accomplish the goals for this program.

ESTIMATED COST

\$150,000. This amount already has a designated funding source under the Bioterrorism and Emergency Preparedness grant from the Centers for Disease Control and Prevention. FY 1 (9/1/05 to 8/31/06) - \$45,000, FY2 (9/1/06 to 8/31/07) \$52,000, FY3 (9/1/07 to 8/31/08) \$53,000. The scheduled costs were based on the agencies negotiate fees for providing the above-mentioned services. Because no other CDPH or city department provides the services, this contract can potentially serve the needs of other programs looking to enhance services to special populations. Given the wide scope of services, we believe the negotiated budgeted amount is very reasonable and best suits the financial limitations of our program. The schedule of compensation is attached.

EXCLUSIVE OR UNIQUE CAPABILITY

CCIS is a unique provider of comprehensive services to address the needs of hard to reach populations, especially in emergency situations. It is the first organization in Chicago to develop a clearinghouse for both training and assessing interpreters. CDPH would have access to 140 interpreters in 37 languages. CCIS is also the creator of the highly renowned interpretation education program, which has successfully trained over 1,000 students in the art and ethics of interpretation. It is the only agency that trains students as Certified Medical Interpreters. This certification is recognized by all hospitals and other healthcare settings in Chicago. CCIS has a success rate of 95% in assigning interpreters to health providers and is considered the premier interpretation service in Chicago. CCIS is the only agency we found to be prepared to train staff and translate Emergency Preparedness terminology, critical to this program. It only employs translators accredited by the American Translation Association. It is the only agency that ensures that each document is worked on by 2 translators to ensure accuracy of terminology, meaning, and tone. All their services are conveniently available twenty-four hours a day, 7 days a week – another critical requirement for this program. Given the need for translation services, cultural competency training, medical interpretation training, and interpretation services, the Chicago Department of Public Health sees CCIS as a comprehensive service provider to meet existing critical public information and awareness needs.

Schedule of Compensation
Heartland Alliance's Cross Cultural Interpreting Services
Date Contract Executed to August 31, 2008

Language assessment exam: oral and written. The exam will assess staff knowledge of interpreting as well as their fluency in their identified second language. The fee for the language assessment is \$85.00 per person.

Medical Interpreting Training: The 40-hour medical interpreting training teaches CDPH bilingual staff the code of ethics of interpreters, modes of interpreting, the role of the interpreter, memory development, cultural and ethical dilemmas, cultural competency, etc., by certified instructors. Training per person is \$500.00.

Translation Services: Health education and marketing material will be translated to *at least* the following languages by certified translators: Spanish, Polish, Chinese Vietnamese, Urdu, Arabic, Cambodian, Bosnian, French, Cantonese, Russian, German, Hindu, Japanese, and Mandarin. A retainer of \$16,500 has been designated for translations for FY1. Translation fees vary depending on the translation project but a minimum fee of \$75.00 has been set for each project.

Interpretation Services: CCIS will provide interpretation services by certified interpreters at CDPH determined sites for monolingual residents. The fee per hour is \$100 and \$5,000 has been identified for this service for FY1.

	FY1	FY2	FY3	Total
Language Assessments	\$ 3,500	\$ 2,000	\$ 2,000	\$ 7,500
Medical Interpreter Training	20,000	10,000	10,000	40,000
Translation Services	16,500	30,000	30,000	76,500
Interpretation Services	5,000	10,000	11,000	26,000
Total Costs	\$ 45,000	\$ 52,000	\$ 53,000	\$ 150,000

CCIS will be paid after a set of services has been rendered, for example, the translation of a brochure or the completion of assessment exams. CCIS will submit a voucher to the Comptrollers office after services have been rendered.

SCOPE OF SERVICES

**Contract between the Chicago Department of Public Health
And
Heartland's Cross-Cultural Interpreting Service (CCIS)**

**Contract Period: Date Contract Executed to August 31, 2008
Maximum Contract Amount: \$ 150,000**

PURPOSE:

1) Administer a language assessment exam that assesses bilingual CDPH staff fluency in over 40 languages, 2) teach the code of ethics and techniques of interpreting to increase access to quality services for CDPH's Limited-English Proficient (LEP), and 3) provide translation services for CDPH health education and marketing materials, 4) Provide interpretation services at CDPH locations when requested.

SCOPE OF SERVICES:

Language assessment exam: oral and written. The exam will assess staff knowledge of interpreting as well as their fluency in their identified second language. The exams are graded by a language facilitator and a report is returned to CCIS with the results. A written report will be provided on each CDPH staff assessed as well as recommendations for participation in the medical interpreter training.

Medical Interpreting Training: The 40-hour medical interpreting training teaches CDPH bilingual staff the code of ethics of interpreters, modes of interpreting, the role of the interpreter, memory development, cultural and ethical dilemmas, cultural competency, etc, by a certified instructor. In addition, the CDPH staff will be engaged in role-play, group discussions and other activities. Upon completion of the training, a certificate is awarded, which is recognized by the American Interpreters Association.

Translation Services: Health education and marketing material will be translated to *at least* the following languages by certified translators: Spanish, Polish, Chinese Vietnamese, Urdu, Arabic, Cambodian, Bosnian, French, Cantonese, Russian, German, Hindu, Japanese, and Mandarin

Interpretation Services: CCIS will provide interpretation services at CDPH determined sites for monolingual residents.

Fact Sheet

- SUMMARY** Heartland Health Outreach provides primary health care, mental health and addiction treatment services, and oral health care to homeless and low-income Chicagoans at various sites throughout the city and through street outreach.
- ORGANIZATION** Heartland Health Outreach is the health care partner of Heartland Alliance for Human Needs & Human Rights, a service-based human rights organization that provides housing, health care, human services, and human rights protections to more than 72,000 men, women, and children annually.
- PROGRAMS**
- Primary Care
Provides primary care at its community health center in Uptown and satellite sites in homeless shelters, soup kitchens, and drop-in centers, as well as through street outreach. Heartland Health Outreach works with other community health centers to provide health care, health education, and counseling to impoverished people throughout Chicago.
- Mental Health Care and Addiction Treatment Services
With nationally known model programs, Heartland Health Outreach provides innovative and culturally appropriate mental health services to the most poor and vulnerable people in the city. Daytime drop-in centers, case management services, and residential programs help people stay out of mental hospitals and off the streets. Heartland Health Outreach also offers specialized mental health care to refugees.
- Oral Health Care
Heartland Health Outreach provides dental services at five locations throughout the city to people with HIV, AIDS, or TB, as well as people who are homeless or very low-income.
- Multicultural Services
Heartland Health Outreach trains providers locally and nationally to practice culturally appropriate health care.
- STAFF AND VOLUNTEERS** More than 250 staff with expertise in social work, counseling, education, and cultural integration together with more than 250 volunteers.
- FUNDING** Funding is provided through city, state, and federal grants and contracts with contributions from individuals, civic groups, foundations, and corporations.
- CONTACT** Bonnifer Ballard, Director of Communications, 312.660.1314



a Heartland Alliance partner

Fact Sheet

SUMMARY	Heartland Alliance for Human Needs & Human Rights is a service-based human rights organization focused on investments in and solutions to help the most poor and vulnerable in society succeed. Heartland Alliance provides housing, health care, human services, and human rights protections.
PEOPLE SERVED	More than 72,000 people annually, including: homeless and low-income families, immigrants and refugees, travelers in crisis, survivors of domestic violence, people living with HIV/AIDS, survivors of state-sponsored torture, and other impoverished individuals.
PROGRAMS	Transitional and affordable supportive housing; primary, mental and oral health care; social services, legal services, education, and training; language interpretation; street outreach; homelessness prevention; human rights and poverty research; and public policy and advocacy.
STAFF	More than 600 staff with expertise in areas such as community development, property management, medical care, mental health, dentistry, social work, law, education, and public policy.
VOLUNTEERS	Nearly 900 volunteers contribute 98,975 hours of service annually and play important roles as mentors, therapists, and <i>pro bono</i> attorneys.
HISTORY	Founded as Travelers Aid and tracing its roots to the Immigrants' Protective League, Heartland Alliance has been helping the most poor and vulnerable people since 1888.
MISSION	To advance the human rights and respond to the human needs of endangered populations – particularly the poor, the isolated, and the displaced – by providing comprehensive and respectful services and promoting solutions leading to a more just global society.
FUNDING	71% grants and contracts; 18% contributions from individuals, corporations, and foundations; 6% third party revenue and program service fees; 3.8% rental and related revenue; 1% United Way; .2% interest and other income.
CONTACT	Bonnifer Ballard, Director of Strategic Communications, 312.660.1314



Providing paths from harm to hope since 1888



March 24, 2006

Monica Ochoa, MPH
 Community Relations Manager
 Chicago Department of Public Health
 Office of Public Information
 333 S. State Street
 DePaul Center, 2nd Floor
 Chicago, IL 60604

Dear Ms. Ochoa:

Re: Budget: Date Contract Executed to August 31, 2008

Here is the budget breakdown for services through August 31, 2008 for language services between the Chicago Department of Health and Heartland's Cross-Cultural Interpreting Services.

	FY1	FY2	FY3	Total
Language Assessments	\$ 3,500	\$ 2,000	\$ 2,000	\$ 7,500
Medical Interpreter Training	20,000	10,000	10,000	40,000
Translation Services	16,500	30,000	30,000	76,500
Interpretation Services	5,000	10,000	11,000	26,000
Total Costs	\$ 45,000	\$ 52,000	\$ 53,000	\$ 150,000

Should you have any questions, please feel free to contact me at 773.751.4095 or at ecolon@heartlandalliance.org.

Sincerely,

Elizabeth Colón, Director

Centers for Disease Control
and Prevention

Christine Kosmos
Chicago Department of Health
333 S. State Street, Room 200
Chicago, IL 60604

AUG 31 2005

Reference: Cooperative Agreement No. U90/CCU517008-06
Public Health Emergency Preparedness

Dear Ms. Kosmos:

Enclosed is your continuation award for the Public Health Emergency Preparedness program under Program Announcement Number AA154.

The Project Officer listed on the enclosed Contact List will be responsible for the review and programmatic monitoring of your assistance award. The Grants Management Officer, also listed, has been assigned the business management responsibilities for your award. Any correspondence directed to this office should include the original and two copies and reference the award number given above. It should be addressed to Angela Webb, Grants Management Officer, Acquisition and Assistance Branch VI.

All requests which require prior approval of the Grants Management Officer (i.e. redirection, carryover, contracting, etc.) must be co-signed by the Project Director and an official of your business office and should contain sufficient information to process such requests. If this procedure is not followed, your request will be returned unprocessed.

An annual Financial Status Report (FSR) must be submitted within 90 days after the end of the budget period and should include only funds authorized and expended during the budget period for which the report is being submitted. Please note page 2 of the award for the submission of progress reports.

If you have any questions concerning this award, please contact the appropriate individuals listed on the contact list in the Notice of Cooperative Agreement.

Sincerely,



Sharon Robertson
Grants Management Officer
Acquisition and Assistance Branch VI
Procurement and Grants Office

Enclosures

cc: Business Office
Van King/DSL

8/29/2005 93.283

DES AWARD NOTICE DATED

MY ADDITIONS OR RESTRICTIONS

IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

NO. 5. ADMINISTRATIVE CODES

CCU517008-06 CCU90

PERIOD 08/30/2010

THROUGH 08/30/2006

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF COOPERATIVE AGREEMENT
AUTHORIZATION (LEGISLATION/REGULATION)
PHS301(A)317(K)(1)(2)319 42USC241(A)

IC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM

EE NAME AND ADDRESS

CHICAGO DEPARTMENT OF HEALTH
CITY COMMISSIONER
SOUTH STATE STREET, ROOM 200
CHICAGO, IL 60604-3972

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)

CHRISTINE KOSMOS
DEPUTY COMMISSIONER
333 S STATE STREET, RM 200, CHICAGO DOH
CHICAGO, IL 60604

APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

AMOUNT FUNDS ONLY
PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL
ASSISTANCE

NUMERAL ON LINE) 1

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....	12,816,598
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS...	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...	0
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION	12,816,598

PERSONNEL SALARIES AND WAGES.....	4,263,379
PERSONNEL BENEFITS.....	1,454,531
TOTAL PERSONNEL COSTS.....	5,717,910
TRAVEL COSTS.....	0
RENT.....	286,150
UTILITIES.....	440,313
TELEPHONE.....	91,429
PHYSICIAN CARE-IMPATIENT.....	0
PHYSICIAN CARE-OUTPATIENT.....	0
REPAIRS AND RENOVATIONS.....	0
DEPRECIATION.....	482,553
EQUIPMENT/CONTRACTUAL COSTS.....	4,581,427
OTHER RELATED EXPENSES.....	0
OTHER STIPENDS.....	0
OTHER TUITION AND FEES.....	0
OTHER TRAVEL.....	0
TOTAL DIRECT COSTS.....	11,599,782
DIRECT COSTS (10.49 x OF SEM/TADC)	1,216,816
TOTAL APPROVED BUDGET.....	12,816,598
ADMINISTRATIVE FEE.....	0
FEDERAL SHARE.....	12,816,598
NON-FEDERAL SHARE.....	0

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 7	12,816,598	D. 10	12,816,598
B. 8	12,816,598	E. 0	0
C. 9	12,816,598	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.....	0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS...	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)

A. DEDUCTION	
B. ADDITIONAL COSTS	
C. MATCHING	<input checked="" type="checkbox"/>
D. OTHER RESEARCH (ADD/DEDUCT OPTION)	
E. OTHER (SEE REMARKS)	

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

A. THE GRANT PROGRAM LEGISLATION CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDUM IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCONSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED) YES NO

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

GRANTS MANAGEMENT OFFICER: (SIGNATURE) SHARON H. ROBERTSON (NAME-TYPED/PRINT) GRANTS MANAGEMENT OFFICER (TITLE)

OBJ. CLASS. 41.51 18. CRS. E.I.N.: I-366005820-A4 19. LIST NO.: CO-101-E05

FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FIN. ABST	AMT. ACTION DIS. ABST
05-A217S 05-921027R	CCU517008	CCU90	2,150,000	
05-A217S 05-9213367	CCU517008	CCU90	10,666,598	

HS-5152-1 (CONTINUED)

DATE ISSUED.....: 08/29/2005
GRANT NO.....: U90/CCU517008-06
APPROVAL LIST NO: C0-101-E05

DIRECT ASSISTANCE BUDGET:
=====

PERSONAL SERVICE:	0
TRAVEL.....:	0
VACCINE.....:	0
OTHER SERVICE....:	0

**NOTICE OF
COOPERATIVE AGREEMENT**
(Continuation Sheet)

PAGE 2 OF 5

DATE ISSUED AUG 31 2005

AWARD NO. U90/CCU517005-06

Terms and Conditions

1. **INCORPORATION:** Program Announcement Number AA154, entitled "Public Health Emergency Preparedness" and the application dated July 12, 2005, are made a part of this award by reference.
2. **INDIRECT COST RATES:** Indirect costs are issued at 10.49% based on the certification signed by the City of Chicago Comptroller on April 21, 2005.
3. **FUNDING:** Attached is a spreadsheet that reflects total funding (financial assistance and any direct assistance) for your budget period 06 award.

Cities Readiness Initiative (CRI) - This award includes \$2,150,000 to ensure that selected cities are prepared to provide oral medications during an event to 100 percent of their affected populations. This generally will entail enhancing each city's capability to establish a network of points of dispensing (POD) staffed with trained/exercised paid and/or volunteer staff. In the wake of a catastrophic bioterrorism event, even the largest POD network that the jurisdiction is capable of mounting on its own may be insufficient to protect its citizens - in which case, the grantee may elect to request staff and other resources from the Federal Government to augment the POD network or to deploy elements of the United States Postal Service to complement the POD network with direct delivery of antibiotics to residences.

Flu Vaccine: All grantees that plan to use Bioterrorism Cooperative Agreement (BTCA) funds to purchase flu vaccine for use in bioterrorism vaccination exercises must follow the CDC guidance effective August 1, 2004. Please note that all requests to use BTCA funds to purchase flu vaccine for use in bioterrorism vaccination exercises must be approved by the grantee's CDC project officer.

4. **REVIEW SUMMARY:** Please see the Review Summary included with the Notice of Award for any specific disapprovals, restrictions, or items requiring additional information.

AWARD RESTRICTIONS: \$37,500 of your award is restricted. Please submit your request to release restrictions via the DSLR MIS by November 30, 2005.

5. **REPORTING REQUIREMENTS:** NOTE - Pay particular attention to the enclosed Review Summary. A reply is required to all weaknesses by November 1, 2005.

Quarterly Progress Reports - Progress reports for activities undertaken in this budget period, as well as special topics related to the goals and objectives, are due on **January 15, 2006** (for activities undertaken August 31-November 30, 2005), **April 15, 2006** (for activities undertaken December 1, 2005-February 28, 2006), **July 15, 2006** (for activities undertaken March 1-May 30, 2006). These reports must be submitted through the DSLR MIS. CDC will provide templates for these reports to assess program outcomes related to activities undertaken in this budget period. In addition, you may be required to submit information upon request based on changing threat status or national security priorities.

Estimated Financial Status Report (FSR) - An estimated FSR for the period August 31, 2005 through February 28, 2006 is due to the Grants Management Officer named below by **May 30, 2006**.

Final Reports - An original and two copies of the final FSR is due to the Grants Management Officer named below by **November 30, 2006**. Final project reports (for activities from June 1-August 30, 2006) should be submitted through the DSLR MIS by **November 30, 2006**.

**NOTICE OF
COOPERATIVE AGREEMENT
(Continuation Sheet)**

PAGE 3 OF 5

DATE ISSUED AUG 8 1 26 05

AWARD NO. U90/CCU517005-06

6. **CORRESPONDENCE:** All correspondence regarding this award must be identified with the award number as shown at the top right of this page.
7. **PRIOR APPROVAL:** All requests which require prior approval must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. **Any requests received which reflect only one signature will be returned to the grantee unprocessed.**
8. **INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the Astandard patent rights@ clauses in 37 CFR 401.14.
9. **PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant/Cooperative Agreement Number U90/CCU017010 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.
10. **EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.
11. **ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
12. **FRAUD, WASTE OR ABUSE HOTLINE NOTICE:** For your information, the United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous
13. **AUDIT REQUIREMENT:**
You must comply with the audit requirements of OMB Circular A-133, Audits of State, Local Governments and Non-Profit Organizations, revised June 30, 1997, which rescinded OMB Circular A-128 AAudits of State and Local Governments. It is very helpful to CDC managers if you choose to send a courtesy copy of completed audits and any management letters on a voluntary basis to the following address:

Centers for Disease Control and Prevention (CDC)
ATTN: Audit Resolution, Mail Stop E-15
2920 Brandywine Road
Atlanta, Georgia 30341-4146

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of A-133 (total Federal grant or cooperative agreement funds received exceed \$300,000). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of the your

**NOTICE OF
COOPERATIVE AGREEMENT**
(Continuation Sheet)

PAGE 4 OF 5

DATE ISSUED *Aug 31 2005*

AWARD NO. U90/CCU517005-06

own records. If a subrecipient is not required to have an OMB A-133 audit, you are still required by OMB A-133 to perform adequate monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipient's records and financial statements. **YOU SHOULD INCLUDE THESE REQUIREMENTS IN SUBRECIPIENT CONTRACTS.**

For technical assistance with audits, you or your auditor may call the DHHS Office of Audit Services at (800) 732-0679 ext.108, or (816) 374-6714 ext. 108.

14. **PAYMENT INFORMATION:** Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward the DHHS Manual for Recipients Financed Under the Payment Management System (PMS), PMS-270 and PMS-272 forms.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, P.O. Box 6021 Rockville, MD 20852.

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service, Federal Express, or other commercial service, the correspondence should be addressed as follows: Division of Payment Management, FMS/PSC/HHS, Rockwall Building #1, Suite 700, 11400 Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the Notice of Grant/Cooperative Agreement to your payment request form.

**NOTICE OF
COOPERATIVE AGREEMENT**
(Continuation Sheet)

PAGE 5 OF 5

DATE ISSUED AUG 31 2005

AWARD NO. U90/CCU517005-06

15. **CDC CONTACT NAMES:**

Business and Grants Policy Contact

Angela Webb, Grants Management Officer
Centers for Disease Control and Prevention (CDC)
Acquisition and Assistance, Branch VI
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146
Telephone: 770-488-2784; FAX: 770-488-2670
Email: aqw6@cdc.gov

Programmatic Contact

John Scott, Project Officer
Division Office of State & Local Readiness
Office of Terrorism Preparedness and Response
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, Mailstop D-29
Telephone: (404) 639-7441
Atlanta, GA 30333
Email Address: jps5@cdc.gov

CHICAGO
Public Health Emergency Preparedness--Program Announcement AA154-Budget Year 06

EWIDS

Level 1 Lab

Total

Financial Assistance					
Personnel	\$3,956,507	\$0	\$306,872	\$0	\$4,263,379
Fringe	\$1,356,293	\$0	\$98,238	\$0	\$1,454,531
Consultant	\$0	\$0	\$0	\$0	\$0
Equipment	\$34,150	\$0	\$252,000	\$0	\$286,150
Supplies	\$188,033	\$0	\$252,280	\$0	\$440,313
Travel	\$82,307	\$0	\$9,122	\$0	\$91,429
Other	\$342,468	\$0	\$140,085	\$0	\$482,553
Contracts	\$3,694,147	\$0	\$887,280	\$0	\$4,581,427
Total Direct Cost	\$9,653,905	\$0	\$1,945,877	\$0	\$11,599,782
Total Indirect Cost	\$1,012,693	\$0	\$204,123	\$0	\$1,216,816
TOTAL--FA	\$10,666,598	\$0	\$2,150,000	\$0	\$12,816,598

Direct Assistance					
Personnel	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
TOTAL--DA	\$0	\$0	\$0	\$0	\$0
TOTAL AWARD	\$10,666,598	\$0	\$2,150,000	\$0	\$12,816,598

Schedule of Compensation
Heartland Alliance's Cross Cultural Interpreting Services
September 1, 2005 to August 31, 2008

See per contract being executed

Language assessment exam: oral and written. The exam will assess staff knowledge of interpreting as well as their fluency in their identified second language. The fee for the language assessment is \$85.00 per person.

Medical Interpreting Training: The 40-hour medical interpreting training teaches CDPH bilingual staff the code of ethics of interpreters, modes of interpreting, the role of the interpreter, memory development, cultural and ethical dilemmas, cultural competency, etc. Training per person is \$500.00.

Translation Services: Health education and marketing material will be translated to *at least* the following languages: Spanish, Polish, Chinese Vietnamese, Urdu, Arabic, Cambodian, Bosnian, French, Cantonese, Russian, German, Hindu, Japanese, and Mandarin. A retainer of \$16,500 has been designated for translations for FY1. Translation fees vary depending on the translation project but a minimum fee of \$75.00 has been set for each project.

Interpretation Services: CCIS will provide interpretation services at CDPH determined sites for monolingual residents. The fee per hour is \$100 and \$5,000 has been identified for this service for FY1.

	FY1	FY2	FY3	Total
Language Assessments	\$ 3,500	\$ 2,000	\$ 2,000	\$ 7,500
Medical Interpreter Training	20,000	10,000	10,000	40,000
Translation Services	16,500	30,000	30,000	76,500
Interpretation Services	5,000	10,000	11,000	26,000
Total Costs	\$ 45,000	\$ 52,000	\$ 53,000	\$ 150,000

CCIS will be paid after a set of services has been rendered, for example, the translation of a brochure or the completion of assessment exams. CCIS will submit a voucher to the Comptrollers office after services have been rendered.



January 26, 2006

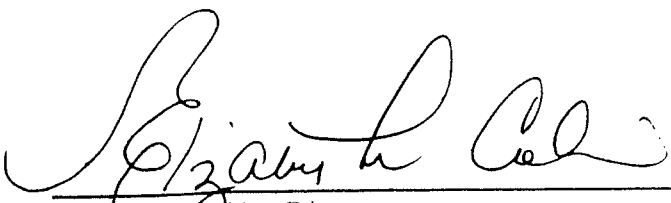
Monica Ochoa-Delgado, MPH
 Community Relations Manager
 Chicago Department of Public Health
 DePaul Center, 2nd Floor
 333 South State Street
 Chicago, IL 60604

Dear Monica:

Here is the budget for period September 1, 2005 to August 31, 2008 as requested.

	Budget 05	Budget 06-07	Budget 07-08	Total
A. Language Assessments	3,500	2,000	2,000	7,500
B. Medical Interpreter Training	20,000	10,000	10,000	40,000
C. Translations	16,500	30,000	30,000	76,500
D. Interpretation Services	5,000	10,000	11,000	26,000
TOTAL DIRECT COSTS	45,000	52,000	53,000	150,000

Budget Maximum over a three year period: \$150,000


 Elizabeth Colón, Director

Jan. 26, 2006



April 10, 2006

Monica Ochoa-Delgado
Community Relations Manager
Chicago Department of Public Health
Office of Public Information
DePaul Center, 2nd Floor
Chicago, IL 60604

Dear Monica:

I understand that you may have some concerns regarding our status as a non-MBE/WBE organization. By highlighting the salient points in the history and motivation of our organization, I hope to better elucidate the truth-- that doing business with Heartland's Cross-Cultural Interpreting Services (CCIS) a program of Heartland Health Outreach (HHO) is not only economically feasible, but more importantly, socially admirable.

Since 1888, Heartland Alliance for Human Needs and Human Rights (HA) has been striving to promote human rights and advocate social justice by providing unparalleled support for society's poorest and most vulnerable members. Although the organization may not be minority- or women-owned, it seeks to promote the well-being and dignity of *all* people: men, women, and children, regardless of race or ethnicity. Commitment to this mission has earned Heartland Alliance a reputation for excellence, corroborated by its selection as the lead agency for the facilitation of aid to Hurricane Katrina victims. As a diverse and dedicated organization, it is clear we are prepared to tackle any task and excel in any endeavor that may come our way.

Heartland Health Outreach (HHO) an affiliate partner of Heartland Alliance mission is to improve the health and disadvantaged populations – individuals and communities without access to healthcare-through the provision of culturally competent, multidisciplinary services designed to prevent illness and improve physical, mental and social well-being, and through advocacy that promotes the right to access comprehensive, integrated systems of care.

As a proud part of Heartland Health Outreach, CCIS has played its own role in developing innovative methods of furthering aid to those members of society may be most vulnerable: the non-English-speaking men and women of Chicago. CCIS aspires to break down language and cultural barriers between two parties, facilitating communication that may be crucial to healthcare or other transactions. As the first organization in Chicago to develop a clearinghouse for both training and assessing interpreters, CCIS has been a leader from the get-go. The organization has undergone monumental growth since the ten years since its inception, and now offers providers access to 140 interpreters in thirty-six languages.

CCIS is also the proud creator of a highly renowned interpretation education program that has successfully trained over 1,000 students in the art and ethics of interpretation. CCIS-employed translators complete this 40-hour training program, and upon successful completion of their examinations, accept assignments to work in the community, legal, or healthcare fields. The

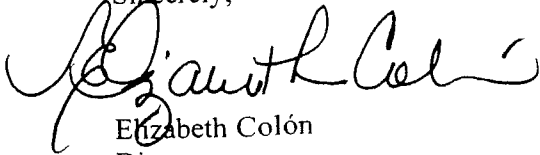
relationship with these interpreters is an extraordinarily successful one on both sides: CCIS gets to work with a group of highly-skilled, professional interpreters, and also is able to provide jobs to many immigrants and minorities. Employment with CCIS gives these individuals the opportunity to utilize their talents and skills to embark upon a challenging yet rewarding career—something they may not have been able to do otherwise. With a success rate of over 95% in assigning these interpreters to providers, CCIS is the premier interpretation service in Chicago.

In addition to providing outstanding interpretation services, CCIS also offers translation services in over 70 languages. CCIS employs only translators accredited by the American Translation Association (ATA) or those who have had over five years of experience in the field. In keeping with commitment to excellence, each document is worked on by two translators to ensure accuracy of terminology, meaning, and tone. We understand that convenience is a high priority for both translation and interpretation; thus we are prepared to offer these services available twenty-four hours a day, seven days a week.

By collaborating with other organizations in the community to identify the newest needs and changes in languages, CCIS is able to consistently guarantee the highest quality interpretation and translation service possible. In addition, a contract with CCIS is also a contract with all of Heartland Alliance, and thus promotes human rights and dignity for those members of our society who need it the most: the poor, the isolated, and the displaced.

Monica, please let me know if there is any additional information that you need. I'm excited about our working together on this project and look forward to starting soon. Please feel free to contact me at 773.751.4095 with any further questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Elizabeth Colón". The signature is fluid and cursive, with a large initial "E" and "C".

Elizabeth Colón
Director



April 7, 2006

Chicago Department of Public Health
Attention: Monica Ochoa-Delgado, MPH
333 S. State, DePaul Center, 2nd Fl.
Chicago, IL 60604

RE: Request to issue a sole source to Heartland's Cross-Cultural Interpreting Services of Heartland Health Outreach

Dear Monica,

The Chicago Department of Public Health (CDPH) and Heartland's Cross Cultural Interpreting Services (CCIS) of Heartland Health Outreach (HHO) have entered into a partnership in which CCIS has agreed to provide services for the CDPH's Bioterrorism and Emergency Preparedness Program.

This agreement will be executed through August 31, 2008 and will have a maximum compensation of \$150,000.00. The deliverables include assessment and training in medical interpreter and medical terminology for CDPH staff who will serve as qualified medical interpreters, translation services for community education and marketing materials in over 70 languages, and interpretation services when requested.

We believe CCIS should be the sole source provider for these agreed activities based on the following facts:

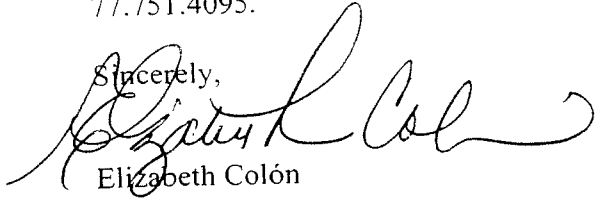
1. CCIS specializes in the translations of Emergency Preparedness materials
2. CCIS has the capacity to translate documents in over 70 languages by using professional translators accredited by the American Translators Associations (ATA) or by professionals with over five years experience in the field.
3. CCIS was the first program of its kind in Chicago to provide a clearinghouse of trained bilingual, bicultural interpreters. Since its inception in 1996, CCIS has trained over 1,000 individuals in the intricacies of interpreting.
4. Last year, CCIS provided over 22,000 interpretation hours to hospitals, schools, not-profits organizations, community-based organizations, social service agencies and businesses.
5. As a program of Heartland Alliance, CCIS is familiar with the City process and has worked with the City of Chicago/ CDPH in the past on numerous projects.
6. CCIS was invited to participate in the LEP Task Force convened by the Illinois Department of Human Services to address the language needs of their consumers and has served on numerous cultural competency committees in Chicago.
7. CCIS is a founding member of the Illinois Association of Healthcare Interpreters (IAHI).

Other factors that strengthen our partnership with CDPH is our availability to be reached 24 hours a day for on-site and telephone interpretation and translations services.

Attached please find additional information which includes a brief description of CCIS and Heartland's services.

We look forward to our continued partnership. If you require additional information, please contact me at 77.751.4095.

Sincerely,

A handwritten signature in black ink, appearing to read 'Elizabeth Colón', written in a cursive style.

Elizabeth Colón
Director

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

Contract Name _____
Specification No. _____

State of Illinois
County (City) of Cook

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of:

Heartland Health Outreach
Name of Bidder/Proposer

and that I have personally reviewed the material and facts set forth herein describing our proposed plan to achieve the MBE/WBE goals of this contract.

All MBE/WBE firms included in this plan have been certified as such by the City of Chicago (Letters of Certification Attached).

I. Direct Participation of MBE/WBE Firms

(Note: The bidder/proposer shall, in determining the manner of MBE/WBE participation, first consider involvement with MBE/WBE firms as joint venture partners, subcontractors, and suppliers of goods and services directly related to the performance of this contract.)

- A. If bidder/proposer is a certified MBE or WBE firm, attach copy of City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)
- B. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.
- C. MBE/WBE Subcontractors/Suppliers/Consultants:

- 1. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *

(See next page)

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

2. Name of MBE/WBE: God Be Glorified, Inc. dba (*) GBG Inc.
Address: 40 West 162nd Street South Holland, IL 60473
Contact Person: Charles Hilson Phone: 708-333-3378
Dollar Amount Participation \$ 218,352
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes XX No _____ *
3. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *
4. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *
5. Name of MBE/WBE: _____
Address: _____
Contact Person: _____ Phone: _____
Dollar Amount Participation \$ _____
Percent Amount of Participation: _____ %
Schedule C-1 attached? Yes _____ No _____ *
6. Attach additional sheets as needed.

* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

II. Summary of MBE/WBE Proposal:

A. MBE Proposal

1. MBE Direct Participation (from Section I.)

MBE Firm Name	Dollar Amount	Percent Amount
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct MBE Participation	\$ _____	_____ %

2. MBE Indirect Participation (from Section II.)

MBE Firm Name	Dollar Amount	Percent Amount
God Be Glorified, Inc.	\$ 218,352	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect MBE Participation	\$ 218,352	_____ %

B. WBE Proposal

1. WBE Direct Participation (from Section I.)

WBE Firm Name	Dollar Amount	Percent Amount
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Direct WBE Participation	\$ _____	_____ %

2. WBE Indirect Participation (from Section II)

WBE Firm Name	Dollar Amount	Percent Amount
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
_____	\$ _____	_____ %
Total Indirect WBE Participation	\$ _____	_____ %

SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The contractor designates the following person as their MBE/WBE Liaison Officer:

Name: Heidi Nelson Phone Number: 773.751.4109

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the contractor, to make this affidavit.

Heidi R. Nelson
Signature of Affiant (Date)

State of Illinois
County of Cook

This instrument was acknowledged before me on 4/10/06 (date)

by Heidi Nelson
as Executive Director
of Heartland Health Outreach
of Heartland Alliance.

(name /s of person/s)
(type of authority, e.g., officer, trustee, etc.)
(name of party on behalf of whom instrument was executed).



S. Silvern
Signature of Notary Public

**DBE/MBE/WBE
Certification**

City of Chicago
Department of Procurement Services

Application/Information Submitted By:

Vendor Name: God Be Glorified Inc. dba GOD-G-B-G-INC.

Address: 40 West 142nd Street South Hillside, IL 60473

Phone: 708-338-3378

Received by: M. Bunn

PLEASE NOTE: Schedule A/Cashier's c/k

**APPLICATIONS/INFORMATION RECEIVED AFTER 3:00 P.M.
WILL BE PROCESSED AFTER 8:30 A.M. THE NEXT DAY.**

TIME STAMP

WHITE: Vendor Copy YELLOW: Procurement Dept. Copy PINK: Certification Division Copy GPC-182180-26-1