

FILE COPY

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT (S)

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

Request that negotiations be conducted only with University of Illinois for the product and/or services described herein.

(Name of Person or Firm)

This is a request for: _____ (One-Time Contract per Requisition # copy attached) or Term Agreement (September 30, 2007 – September 30, 2010) 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 the 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:

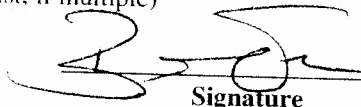
Contract # _____ Company or Agency Name: _____

Specification # _____ Contract or Program Description: _____

Mod # _____ (Attach List, if multiple)

BERENICE TOW

745-0590



HEALTH

9/25/08

Original Name

Telephone

Signature

Department

Date

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

() PROCUREMENT HISTORY

The Chicago Department of Public Health initiated a community collaborative to start the REACH 2010/Lawndale Health Promotion Project (LHPP). The collaborative is comprised of community residents, community health agencies, organizations, schools, churches and hospitals. The REACH 2010/LHPP is a multi layered community research project. The project provides case management, community outreach and provider trainings to the both North and South Lawndale community.

The REACH program is a federally-funded program that is being implemented to reduce the rate of diabetes and cardiovascular disease in the African American and Latino communities. The performance and outcome objectives are organized to monitor the program implementation and progress. The funding agency, the Centers for Disease Control (CDC) requires that all the REACH programs have an external evaluator for the program. The funding agency requires that the evaluators have community based participatory research experience, experience with minority health issues and are accepted by the REACH community collaborative. Three universities were established to provide diabetes (DM 2) and cardiovascular disease prevention evaluative services for the REACH program.

Given the history with researchers in these two minority populations. Special attention had to be placed in finding the appropriate people to form the evaluation team. In particular, the REACH collaborative looked for people who were both culturally sensitive and experienced in working with African American and Hispanics. Numerous evaluators were invited to be part of the collaboration. However, only three were chosen to form the LHPP evaluation team: University of Illinois, Loyola University and University of Chicago.

The University of Illinois Neighborhood Initiatives (UICNI) has been working with the project from the initial project implementation stages and was the evaluator for the original REACH 2010 grant.

The intent of this agreement is to provide evaluation services. Specifically providing community based participatory evaluation services to the REACH program. The importance of working and including the community throughout the evaluation process is vital to the program's success. The evaluation team at UIC will work with the Chicago Great Cities Institute Neighborhoods Initiative, and the Department of Community Health at the College of Nursing to provide evaluation services for REACH.

ESTIMATED COST

Evaluation for REACH 2010/LHPP includes community capacity survey data collection, case management evaluation, community outreach worker trainings, patient data collection and analysis, conducting presentation and community reports. The University agrees to fulfill the responsibilities detailed in this contract for the amount of \$36,428.00 subject to the final approval of the budget by the Center for Disease Control. The parties agree to review the proposed budget for subsequent years no later than August 30 of the each year of the contract. All parties agree that the final budget for evaluation activities in subsequent years are subject to the availability of funds for the total project.

SCHEDULED REQUIREMENTS

The scheduling of the evaluation process for the REACH U.S. program is based on the Federal grant requirements, October 1, 2007 - September 30, 2008 - Details on Page 4

EXCLUSIVE OR UNIQUE CAPABILITY

The UIC Neighborhoods Initiative is an organization unit of the University of Illinois at Chicago Great Cities Institute (www.uic.edu/cuppa/gci/uicni). Organized in 1994, the UICNI develops and sustains partnerships between the University of Illinois at Chicago and Chicago organizations or neighborhoods. Guided by core concepts developed in collaboration with community partners, the UICNI is the focal point for university and community collaboration in research education and service. It is through the UICNI that the University best fulfills its responsibilities as a land-grant university, which produces and applies knowledge for the betterment of the community.

The UICNI encompasses several community-based initiatives supported under service or research grants. Established programs include community health centers, school linked services, after school programs, USDA Food and Nutrition programs, case management, home care, health education, and community empowerment projects. The leadership of the UICNI has experience managing federal, state, and foundation supported programs. Example include grants from the Illinois Department of Human Services (Chicago Families Case Management, Teen REACH, Adolescent Health and Community Assessment), from the Federal Department and Human Services (Healthy Start, Healthy Tomorrow's Partnership for Children and the Healthy School/ Healthy Communities grants) and City of Chicago (West Cluster Empowerment Zone Grant).

UICNI has over 20 years of experience conducting community outreach evaluation and working with minority communities in general. UICNI staff is multi-ethnic and understand the importance of developing community trust and relationships, as well as possessing the knowledge and experience of working in the field of diabetes and cardiovascular diseases. UICNI is well established and has extensive experience in working with diverse communities.

The Leadership, the staff of UICNI and members of the evaluation team is comprised of health providers, nutritionists, case managers, nurses and researchers who will assist with both the qualitative and quantitative evaluation. Dr. Boyd is also the Director of the UIC Great Cities Healthy Cities Collaborative. The UICNI principles of the Collaborative reflect a deep understanding, and commitment to conducting community based participatory research and evaluation. Dr. Boyd has extensive experience in community program evaluation including community based participatory research. She is also a board member for the Centers for Population health and Health Disparities located at the University of Illinois.

The following criteria were used in the selection of the evaluators: experience in working with communities, experience in working with minority populations, knowledge of diabetes, nutrition, cardiovascular diseases, knowledge of health disparities existing among minorities and participatory research skills.

OTHER

MBE/WBE Compliance Plan

UIC is a STATE UNIVERSITY and governmental agency exempt from MBE/WBE

APPROVED BY:

[Signature]
Department Head / Or Designee

May 1, 2008
Date

[Signature]
Board Chairperson

August 5, 2008
Date

DPS PROJECT CHECKLIST

For DPS Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____
CA/CN's Name	_____

IMPORTANT: PLEASE READ AND FOLLOW THE INSTRUCTIONS FOR COMPLETING THE PROJECT CHECKLIST AND CONTACT THE APPROPRIATE UNIT MANAGER IF YOU HAVE ANY FURTHER QUESTIONS. ALL INFORMATION SHOULD BE COMPLETED, ATTACH ALL REQUIRED MATERIALS AND SUBMIT FOR HANDLING TO THE DEPARTMENT OF PROCUREMENT SERVICES, ROOM 403, CITY HALL, 121 N. LAUREL STREET, CHICAGO, ILLINOIS 60602.

GENERAL INFORMATION:

Project No.: 38938
Contact Person: Maribel Valdez
Tel: 7-8828 **Fax:** 7-1031 **E-mail:** @cityofchicago.org
Project Manager: Berenice Tow
Tel: 5-0649 **Fax:** 7-9398 **E-mail:** @cityofchicago.org
Previous PO No.: (if known):
Description: To conduct analysis of process and performance measures for the REACH program

FUNDING:

Source: Corporate Bond Enterprise Grant* Other
 IDOT/Transit IDOT/Highway Grant* Other
 Federal: FHWA FTA FAA Grant* Other

FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
007	0563	041	1005	0100	220140			07EH90	109284

Estimated Value \$109,284

*IF GRANT FUNDED, A COPY OF THE APPROVED GRANT AND APPLICATION ARE REQUIRED and any other Terms and Conditions that may apply.

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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

Definition: A general description of what should be included in a Scope of Services or Specification: 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, and any applicable City ordinance or state/federal regulation or statute.

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

- Blanket Agreement
- Standard Agreement
- Small Orders

MOD/AMENDMENT

- Time Extension
- Vendor Limit Increase
- Scope Change/Price Increase/Additional Line Item(s)
- Other (specify):

Method: Requisition Special Approvals Non-Competitive Review Board (NCRB)

Contract Term: 3YRS **Requested Term (number of months):** 8/1/08 7/31/11

ADDITIONAL SUBMITTAL REQUIREMENTS:

Requesting Pre Bid/Submittal Conference? Yes No Requesting Site Visit? Yes No

07 JUL 18 PM 2:26

DPS PROJECT CHECKLIST

VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST

Required Attachments:

- Detailed Specifications including detailed description of the vehicle(s) or equipment, mounted equipment, if any, and options/accessories.
- Special Provisions (Delivery, Warranty, Manuals, Training, Additional Unit Purchase Options, Bid Submittal Information, etc.)
- Delivery Location(s)
- Technical Literature
- Drawings, if any
- Part Number List (Manufacturer; or Dealer; or Other Source:)
- Current Price List(s)/Catalog(s)
- Special Approval Form
- Exhibits and Attachments

If **Modification request**, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

- Detailed description of project listing obligations of each party.
 - The Schedule of Compensation
 - Deliverables
 - Request for individual contract services (if applicable)
 - The appropriate EPS form
 - ITSC (approved by BIS)
 - OBM (approved by Budget form/memo)
 - Grant document attached
- Attach any documentation indicating any previous purchase activity to assist in the procurement process

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, 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.

Has the project been reviewed by DGS? Yes No

Attach copy of DGS Recommendation; Reservation(s); or participate under current contract.

Does the project include software? Yes No

If yes, is signed ITSC form attached? Yes No

Does the location involve:

A public way? Yes No

Any concession in the City's facilities? Yes No

Is it anticipated City Council approval of the project or contract will be required? Yes No

Estimated Cost

1. The estimated cost will be \$36,428 each year based on the REACH budget and contract period. The funding source will be REACH U.S. program, which is federally funded through the Centers for Disease Control (CDC).
2. The estimated cost by fiscal year is 5 years @ \$36,428 = \$182,140.00
3. Chicago has three REACH programs. The cost for this program is based on the average being paid by other grantees to evaluators doing similar work.
4. The proposed contractor does not have a substantial dollar investment in original design, tooling or other factors that will be duplicated at the City expense if another source was considered.
5. CDC will continue providing funding if it can demonstrate to the federal funding agency that the program is meeting the mandatory requirements for external evaluation and the program objectives for improving health. CDPH and the University of Illinois agreed upon amount of \$36, 428.00 per year.

Schedule Requirements

1. The scheduling of the evaluation process for the REACH program is based on the federal grant requirements. The funding cycle and the due date for evaluation do not coincide. While the funding cycle is from Sept. 30th of one year to Sept. 30th of the next year, the evaluation and progress reports are due 90 days after the grant period ends in December of each year.
2. Dr. Boyd has extensive experience in community participatory evaluation. She has a outstanding local, regional, and nation reputation for working with health disparities and minority health issues.
She is an African American researcher who has established a strong working relationship with the African American communities in Chicago. She has published numerous articles on community partnership development, health disparities and minority health issues. Dr. Boyd has over 20 years of experience, and knowledge in evaluation that will assist the REACH program in meeting its evaluation objectives. Her experience working with CDPH includes Healthy Start and the previous REACH 2010/LHPP project.
3. CDC requires that all REACH programs complete an application each year so that they may receive continuation funding for the following budget cycle.
4. As previously stated the REACH evaluation report is due in December, opting for a competitive bidding process would leave the program without sufficient time to recruit the evaluator for the program.



Chicago
R. Daley, Mayor
Director of Public Health

John M. Daley, M.D., F.A.C.S.
Director

535 North Dearborn Street
Chicago, Illinois 60604
312.745.8884
312.745.8888 (24 hours)

www.cityofchicago.org/health

Department: Chicago Department of Public Health
Program: Racial and Ethnic Approaches to Community Health
(REACH)
Contract Period: Sept. 30, 2007 through Sept. 30, 2012
Contact Person: Berenice Tow, 312.745.0590

Scope of Services

The Racial and Ethnic Approaches to Community Health (REACH) U.S. is a federally funded program that is being implemented to reduce the rate of diabetes and cardiovascular diseases (CVD) in the African American and Hispanic communities in Chicago. To achieve this goal, the program works closely with community residents, agencies, businesses, and schools, to improve the access to healthcare and health services. The REACH program is a multi layered community research project that provides, community outreach and health education.

The evaluation of the REACH is focused on the achievement of defined outcome objectives for the project period at the community levels, as well as process measures. The evaluators will conduct focus groups, special surveys, and primary data collection methods to measure participant program satisfaction.

As required by Department of Health and Human Services - Centers for Disease Control (CDC), it is necessary to have an external Evaluator to evaluate the REACH Program. The Chicago Department of Public Health (CDPH) would like to extend a contract in the amount of \$109,248 to the University of Illinois at Chicago (UIC) to perform the local evaluation of the CDPH-REACH Program during the project period of Sept. 30, 2007 through Sept. 30 2012. Experienced program evaluators will guide the evaluation from the University of Illinois at Chicago.

Dr. Cynthia Boyd, Director of the UIC Neighborhood Initiative will coordinate the evaluation team appointed in Year 1 to design and guide the process and outcomes' evaluation. Dr. Boyd has extensive experience in community program evaluation including community participatory research. Previous evaluations have included local evaluations for Healthy Start, Healthy Tomorrow's Partnership for Children, and a SPRANS grant, evaluating the efficacy of home visiting programs to low-income women among other work. Dr. Boyd is a co-director of the NIH supported Center for Reducing Risks in Vulnerable Populations of UIC College of Nursing.

Ms. Angela Ellison, MS, Associate Director of Community Engagement of the UIC Neighborhoods Initiative will be responsible for day-to-day guidance of the evaluation.

The University of Illinois at Chicago evaluation team will be responsible for focusing on, but not limited to the following areas:

- The **University** will ensure that the Evaluation Team presents the data collection instruments and evaluation plan to the REACH program at the beginning of the evaluation process. (Minimally at the second or third of the Council meetings based on the frequency of these meetings).





Chicago
R. Daley, Mayor
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John E. Egan, M.D., F.A.C.S.
Director
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www.cityofchicago.org/health

- The **University** will ensure that the Evaluation Team presents findings first to the REACH program director, and then per request of the program to the REACH Steering Committee, and to the Community Council, at no less than on a semi-annual basis.
- The **University** will ensure that a member of the Evaluation Team attends and participates in the REACH Community Council meetings.
- The **University** will facilitate communication relative to the data collection and evaluation activities, and assist in REACH report preparation.
- The **University** will assist the **Department** in establishing mechanisms for monitoring the implementation, collection, analysis and reporting of program monitoring data utilizing available public data sets for the target community areas.
- The evaluation will determine the effect of the case management model of care in improving diabetes and CVD outcomes and increasing utilization of health resources.
- The evaluation team will assess pre and post intervention knowledge and the degree of individual behavioral change measured by awareness of risk factors and actions to reduce risks.
- Measures of community change: the change in community capacity to address needs and mobilize assets over time and the extent of community engagement of time measure by an assessment of the effectiveness and contributions of the REACH coalition overtime.

The evaluation process will also include individual interviews with program participants and coalition members, analysis of information collected through focus groups, review of historical documents, meeting minutes, survey methods to evaluate coalition members' satisfaction and direct observation.

Finally, a written evaluation report will be given to the Program director to submit along with the program progress report. This information will be sent to the funding agency the Centers for Disease Control (CDC).

The Evaluator will report directly to the Program Director, Berenice Tow of the REACH Program. When the Program Director is not available, the Evaluator will consult with the Assistant Commissioner of Chronic Disease Joseph Harrington.



UNIVERSITY OF ILLINOIS AT CHICAGO

Office of The Director
UIC Neighborhoods Initiative (MC 802)
845 South Damen Avenue, Suite 508
Chicago, Illinois 60612

Justification For Non-Competitive Procurement Partnership In Health Reach Program Evaluation

Procurement History:

In 1999, the Chicago Department of Public Health initiated a community collaborative to start the REACH 2010/Lawndale Health Promotion Project (LHPP). The collaborative was comprised of community residents, community health agencies, organizations, schools, churches and hospitals. REACH 2010/LHPP was a multi layered community research project. The project provides case management, outreach services, community capacity building, and provider trainings to the both North and South Lawndale community.

Per the collaborative, agreements with community health agencies, community organizations, and three universities were established to provide diabetes (DM 2) and cardiovascular disease prevention, and management services to both the South and North Lawndale community residents.

Given the history with researchers in these two minority populations. Special attention had to be placed in finding the appropriate people to form the evaluation team. In particular, the collaborative looked for people who were both culturally sensitive and experienced in working with African American and Hispanics. Numerous evaluators were invited to be part of the collaboration. However, only three were chosen to form the LHPP evaluation team: University of Illinois, Loyola University and University of Chicago. The funding ended for REACH 2010/LHPP in 2007. However new funding was received for CDC for an expanded version of the REACH Project to be called REACH Chicago.

The University of Illinois Neighborhood Initiatives (UICNI) has been working with the project from the initial project implementation stages and was the evaluator for the original REACH 2010 grant.

The intent of this agreement is to provide evaluation services. Specifically working with individuals that have experience in *participatory research*. The importance of working and including the community throughout the evaluation process is vital to the program's success.

UIC

UICNI has over 20 years of experience conducting community outreach evaluation and working with minority communities in general. UICNI staff is multi-ethnic and understand the importance of developing community trust and relationships, as well as possessing the knowledge and experience of working in the field of diabetes and cardiovascular diseases. UICNI is well established and has extensive experience in working with diverse communities.

The Leadership, the staff of UICNI and members of the evaluation team is comprised of health providers, nutritionists, case managers, nurses and researchers who will assist with both the qualitative and quantitative evaluation.

Dr. Boyd is also the Director of the UIC Great Cities Healthy Cities Collaborative. Listed below are the principles of the Collaborative which reflects a deep understanding and commitment to conducting community based participatory research and evaluation.

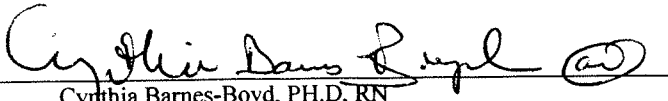
1. The Healthy City Collaborative (HCC) is a multidisciplinary workgroup that engages university researchers, external partners and community leadership in conversations and research to benefit the Health of Chicago.
2. The HCC research agenda is derived from the broadest definition of health, which acknowledges interrelationships among individual, social, environmental, political and economic contributors to the health of the City. In coordination with its partners, the HCC develops and promotes a responsive, mutually accepted research agenda.
3. The HCC collaborates with research centers and administrative units across the UIC campus to enhance the work of university and community scholars. These collaborations maximize the benefits of coordinated community involvement in research.
4. The HCC fully embraces principles of community based participatory research including:
 - a. Recognizing community as a unit of identity
 - b. Building on strengths and resources within the community
 - c. Facilitating collaborative, equitable involvement of all partners in all phases of the research
 - d. Integrating knowledge and intervention for the mutual benefit of all partners
 - e. Promoting a co-learning and empowering process that attends to social inequalities
 - f. Involving a cyclical and iterative process
 - g. Addressing health from both positive and ecological perspectives
 - h. Disseminating findings and knowledge gained to all partners
 - i. Fostering long-term commitment by all partners.¹
5. The HCC creates and sustains systems that facilitate the translation of knowledge acquired through research to practical application to improve the health of the city.

¹ Israel B, Schulz A, Parker E and Becker A. (1998). Review of community-based research: Assessing partnership approaches to improve public health. Annual Review of Public Health, 19, pp. 173-202]



6. Using processes such as critical analysis, collaborative assessment, consensus building and partnership-driven planning, the HCC promotes research that is relevant to communities and facilitate policy development that is responsive to input from communities.
7. Products of the HCC will be developed through authentic partnerships among units of the university, community and public partners. The attributes of these partnerships will be defined by all engaged partners. This approach acknowledges that each partnership has unique characteristics and processes that evolve over time.

The following criteria were used in the selection of the evaluators: experience in working with communities, experience in working with minority populations, knowledge of diabetes, nutrition, cardiovascular diseases, knowledge of health disparities existing among minorities and participatory research skills.



Cynthia Barnes-Boyd, PH.D, RN
Director of Neighborhood Initiatives, UIC
Director of Healthy Cities Collaborative, UIC
UIC Great Cities Institute

6/18/08
Date

UIC

UNIVERSITY OF ILLINOIS
AT CHICAGO

UIC Neighborhoods Initiative (MC 802)
Division of Community Health
845 South Damen Avenue, Suite 507
Chicago, Illinois 60612

May 23, 2008

Chicago Department of Public Health
333 S. State St.
Chicago, IL 60603

Re: REACH

We are a not-for-profit and are requesting a waiver in completing the Minority Business Enterprise commitment and Woman and Minority Business commitment.

If you have any questions please feel free to contact Angela Ellison, Associate Director of Community Engagement at 312-996-4880.

Thank you.



Cynthia Barnes-Boyd, PhD, FAAN
Director, Neighborhoods Initiative

CBB/bew

UIC

UNIVERSITY OF ILLINOIS AT CHICAGO

Office of The Director
UIC Neighborhoods Initiative (MC 802)
845 South Damen Avenue, Suite 508
Chicago, Illinois 60612

SCOPE OF SERVICES PROPOSAL Between THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS And THE CHICAGO DEPARTMENT OF PUBLIC HEALTH For REACH Chicago

This Agreement is made and entered into between the **Board of Trustees of the University of Illinois**, a body corporate and politic whose principal office is at Urbana, Illinois, on behalf of the **Neighborhood Initiatives, Division of Community Health**, hereinafter referred to as the **University**, hereby enter into an agreement for the Evaluation of the REACH Chicago Initiative with the **Chicago Department of Public Health** with principal address at 333 South State Street, Chicago, Illinois, 60604 hereinafter referred to as the **Department**.

I. SCOPE OF SERVICES

The **University** shall provide leadership to the Evaluation Team for the REACH Chicago as part of the above stated services.

The **University** and the **Department** agree that all REACH Chicago evaluation data will be managed and stored at the University of Illinois at Neighborhood Initiatives, Division of Community Health, but remains collectively owned by the **Department**. This evaluation data includes process, monitoring and summary data.

The **University** agrees that the data collected and analyzed in this Project is the property of the **Department**. The **Department** will receive hard copies and electronic data files of all data collected. The **University** understands that any analysis, publication or distribution of the data requires the written consent of the REACH Program Director as well as a written consent of the REACH Community Council. The **Department** requests that CDPH, LHPP and CDC are acknowledged in any publication, presentation or public distribution of the data.

Dr. Cynthia Barnes-Boyd, on behalf of the **University**, shall function as Evaluation Team Leader for the REACH Chicago.

A. Specific responsibilities of the **University** include:

- The **University** will oversee the Evaluation Team's assessment of the quality and readiness of data. The **University** will ensure, after the Project Implementation Team has assessed the quality and readiness of data, that all finalized data is shared with the participating community agencies.

UIC

The **University** will ensure that the **Department** is provided a copy of all finalized data sets. The **University** will also ensure that original questionnaires/surveys/focus group reports are maintained at the University of Illinois at Chicago Neighborhoods Initiative, Division of Community Health and destroyed in accordance with the procedure described in the University' Institutional Review Board protocol.

- The **University** will ensure that the Evaluation Team presents the data collection instruments and evaluation plan to the REACH program at the beginning of the evaluation process (Minimally at the second or third of the Council meetings based on the frequency of these meetings).
- The **University** will ensure that the Evaluation Team presents findings first to the REACH program director, and then per request of the program to the REACH Steering Committee, and then to the Community Council, at no less than on a semi-annual basis.
- The **University** will ensure that a member of the Evaluation Team attends and participates in the REACH Community Council meetings.
- The **University** will facilitate communication relative to the data collection and evaluation activities, and assist with REACH report preparation.
- The **University** will assist the **Department** in establishing mechanisms for monitoring the implementation, collection, analysis and reporting of program monitoring data utilizing available public data sets for the target community areas.
- The **University** will be available to meet with the REACH Project Implementation Team on a monthly basis.
- The **University** will prepare a consolidated written progress report at least once per year, or as required by CDC. This report will be completed in April of each year or as requested by CDPH
- The **University** will serve as the primary University IRB for the evaluation activities. All evaluation consents will conform to the University' IRB requirements. All subject recruitment and data collection procedures will conform to the University' IRB approved protocol.
- The **University** will submit a copy of its Federal Wide Assurance with its IRB proposal to the **Department**.
- The **University** will participate in the preparation of the final report, as specified by CDC. The proposed date for this report is December of each year.

Both parties agree to review the scope of service and deliverables for subsequent grant years no later than September 1 of the preceding grant year.

II. DURATION OF CONTRACT/RENEWAL OPTIONS

The term of this agreement shall be from September 30, 2007 through September 30, 2010. This agreement may be automatically renewed by mutual written agreement of both parties until the end of the project September 29, 2010.

UIC

III. ADMINISTRATION OF CONTRACT

Program:

Cynthia Barnes-Boyd, Ph.D., FAAN
Director UIC Neighborhoods Initiative
Assistant Dean Community Health Initiatives
M/C802
845 South Damen, Room 506
Chicago, Illinois 60612
(312) 355-0732

Contractual:

The Board of Trustees of
the University of Illinois
310 Marshfield Building
M/C560
809 South Marshfield
Chicago, Illinois 60612-7227
(312) 996-3135

IV. COMPENSATION

The **University** agrees to fulfill the responsibilities detailed in this contract for the \$109,284.00 subject to the final approval of the budget by the Center for Disease Control. The parties agree to review the proposed budget for subsequent years no later than August 30 of the each year of the contract. All parties agree that the final budget for evaluation activities in subsequent years is subject to the availability of funds for the total project.

Method of payment

To receive payment The **University** will invoice the **Department** twice of year in the amount of \$18,214.00.

IV. APPROVAL AND EFFECTIVE DATE

This agreement shall not be binding until signed by all parties. The persons signing this agreement represent and warrant that they have authority to bind their respective parties.

**The Board of Trustees of the
University of Illinois**

Department

By: _____
Walter K. Knorr, Comptroller

Signed

Type or print name

Date

Type or print name

Date

SIGNATURES FOR CDPH:

Chicago Department of Public Health

Date _____

UIC

SIGNATURES FOR THE UNIVERSITY OF ILLINOIS:

Joan Shaver /js
Joan Shaver, Ph.D., RN, FAAN
Dean
College of Nursing

Date 6/3/08

x Cynthia Barnes-Boyd
Cynthia Barnes-Boyd, Ph.D., FAAN
Director, UIC Neighborhoods Initiatives
Assistant Dean, Community Health Initiatives

Date 6/3/08

UIC

Summary Statement

**Division of Adult and Community Health
Centers for Disease Control and Prevention (CDC) FY 2008**

**Peer Review: CDC-RFA-DP07-707
Racial and Ethnic Approaches to Community Health across the US**

Date Reviewed: August 6 – 9, 2007

Applicant/Application #: City of Chicago #5437

Principal Investigator/Program Director: Erica Salem

Requested Amount: \$450,000

Recommendation:

Approved Disapprove

Final Score: points (maximum 100 possible points): 92.7

Human Subjects Issues: - Not Applicable

Program Consultant's Signature: _____

Project Description

The Chicago Dept of Public Health together with the Lawndale Health Promotion Project coalition and the University of Ill at Chicago Neighborhoods Initiative propose to eliminate the racial and ethnic disparities that lead to a disproportionate prevalence of diabetes and CVD in Chicago's Greater Lawndale neighborhood.

The goals are to: 1) improve access to culturally and linguistically competent preventive and primary care services through community outreach, 2) increase community awareness of diabetes and CVD health disparities, thereby gaining commitment to promoting healthy lifestyle behaviors, 3) enhance the quality of culturally and linguistically appropriate health care, health education and promote patient empowerment to sustain individual health , and 4) improve the community environment to support culturally competent health promotion that sustains healthier lifestyles.

Intervention strategies are to: 1) refine and expand the role of the community health worker to conduct community outreach, assessments and policy, 2) educate and mobilize community members towards health promotion, 3) support groups at community based organizations, and 4) promote healthy lifestyle behaviors by supporting the community environment through community engagement, & partnerships.



Grant Number: 1U58DP000968-01

Principal Investigator(s):
Terry Mason, MD

Project Title: CHICAGO REACH US ACTION COMMUNITY PROGRAM

ASSISTANT COMMISSIONER
CHICAGO DEPT OF PUBLIC HEALTH
333 SOUTH STATE STREET, RM 200
CHICAGO, IL 60604

Budget Period: 09/30/2007 – 09/29/2008
Project Period: 09/30/2007 – 09/29/2012

Dear Business Official:

The Centers for Disease Control hereby awards a grant in the amount of \$415,390 (see "Award Calculation" in Section I and "Terms and Conditions" in Section III) to CHICAGO CITY DEPARTMENT OF FINANCE in support of the above referenced project. This award is pursuant to the authority of 301A,311BC,317K2(42USC241A,243BC247BK2) and is subject to the requirements of this statute and regulation and of other referenced, incorporated or attached terms and conditions.

Acceptance of this award including the "Terms and Conditions" is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

Award recipients are strongly encouraged to submit to PubMed Central (PMC), upon acceptance for publication, an electronic version of peer-reviewed, original research publications, resulting from research supported in whole or in part, with direct costs from Centers for Disease Control. The author's final manuscript is defined as the final version accepted for journal publication, and includes all modifications from the publishing peer review process. For additional information, please visit <http://publicaccess.nih.gov/>.

If you have any questions about this award, please contact the individual(s) referenced in Section IV.

Sincerely yours,

Nealean K. Austin

Grants Management Officer

NATIONAL CENTER FOR CHRONIC DISEASE PREV AND HEALTH PROMO

Additional information follows

SECTION III – TERMS AND CONDITIONS – 1U58DP000968-01

This award is based on the application submitted to, and as approved by, CDC 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 and program regulation cited in this Notice of Award.
- b. The restrictions on the expenditure of federal funds in appropriations acts to the extent those restrictions are pertinent to the award.
- c. 45 CFR Part 74 or 45 CFR Part 92 as applicable.
- d. The HS Grants Policy Statement, including addenda in effect as of the beginning date of the budget period.
- e. This award notice, INCLUDING THE TERMS AND CONDITIONS CITED BELOW.

Treatment of Program Income:
Additional Costs

SECTION IV – DP Special Terms and Conditions – 1U58DP000968-01

APPROVAL LIST: C0270A07
GRANTEE: City of Chicago
GRANTEE NUMBER: 1 U58 DP 000968-1

TERMS AND CONDITIONS OF AWARD

1. **INCORPORATION:** Funding Opportunity Number DP07-707 and the application dated May 7, 2007, and all applicable laws and regulations, are made a part of this award by reference.

2. **AWARDED FUNDS:** This Notice of Cooperative Agreement awards funds in the amount of \$415,390 for Year 1, September 30, 2007, through September 29, 2008. The project period ends September 29, 2012.

3. **HUMAN SUBJECTS:** None

Notice: Under governing regulations, Federal Funds administered by the Department of Health and Human Services (DHHS) shall not be expended for research involving human subjects, and individuals shall not be enrolled in such research, without prior approval by the Office of Human Research Protection (OHRP) of an assurance to comply with the requirements of 45 CFR 46 to protect human research subjects. Whenever an institution receives funding from a DHHS agency award to support such research, the awardee institution bears the ultimate responsibility for protecting human subjects under the award. This restriction applies to all collaborating sites without OHRP-approved assurances, whether domestic or foreign, and compliance must be ensured by the awardee.

4. **SUMMARY STATEMENTS:** The recipient must respond to the weaknesses noted in the attached Summary Statement. Your response must be submitted to the Grants Management Officer for review and approval on or before October 30, 2007.

5. **INDIRECT COSTS:** June 8, 2007 14.03%
Indirect Cost rate is referred to as a fixed Rate or fixed Rate with a carry-forward adjustment. The City's federal cognizant agency is the U.S. Department of Housing and Urban Development (HUD)

6. REPORTING REQUIREMENTS:

Award recipients under this Program Announcement are required to submit an Annual Progress Report. However, in an effort to streamline the non-competing continuation process, you are required to submit an Interim Progress Report, which will serve as your non-competing continuation application. You will receive specific guidance regarding the submission date and content of your Interim Progress Report.

The Annual Progress Report is due 90 days after the end of the budget period. The Annual Progress Report is due December 30, 2008.

Fax Numbers:

University and Non-Profit Payment Branch (301) 443-2672

Governmental and Tribal Payment Branch (301) 443-2569

Cross Servicing Payment Branch: (301) 443-0377

15. AUDIT FILING COMPLIANCE: You must comply with the audit requirement of OMB Circular A-133, revised December 31, 2002. Please send a courtesy copy of completed audits and any management letters, on a voluntary basis, to the following

Centers for Disease Control and Prevention (CDC)
Attention: Head, Acquisition Assistance Oversight and Evaluation
2920 Brandywine Road, NE
Atlanta, GA 30341

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of OMB A-133 (total Federal grant or cooperative agreement funds received exceed \$500,000). 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 your own records. If a subrecipient is not required to have audits necessitate adjustment of your 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 subrecipients records and financial statements should include these requirements in subrecipient contracts.

If an audit is due under OMB Circular A-133, it must be submitted, with a data collection form, to the Federal Audit Clearinghouse within nine (9) months of the end of organizations fiscal year/audit period.

Acceptance of the Terms of an Award:

By drawing or otherwise obtaining funds from the grant payment system, the recipient acknowledges acceptance of the terms and conditions of the award and is obligated to perform in accordance with the requirements of the award. If the recipient cannot accept the terms, the recipient should notify the Grant Management Officer.

CDC CONTACT LIST

Grants Management Officer (GMO)
Nealean K. Austin
Grants Management Officer
Procurement and Grants Office
Acquisition and Assistance Branch
Mail Stop E-09
2920 Brandywine Road, Rm. 3000
Atlanta, GA 30341
Telephone: (770) 488-2722
Fax: (770) 488-2777

Business and Grants Policy Contact
Patricia French
Grants Management Specialist
Procurement and Grants Office
Acquisition and Assistance Branch
Mail Stop E-09
2920 Brandywine Rd., Rm. 3000
Atlanta, GA 30341
Telephone: (770) 488-2758
Fax: (770) 488-2777
E-mail: pff6@cdc.gov

**CITY OF CHICAGO
 PURCHASE REQUISITION**

Copy (Department)

DELIVER TO: 041-1005 DEPAUL 2FL 333 S. STATE ST. 2ND FLOOR Chicago, IL 60604	REQUISITION: 38938 PAGE: 1 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 6/20/2008
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REQUISITION DESCRIPTION

NEW PROFESSIONAL SERVICE CONTRACT WITH U OF I TO CONDUCT AN ANALYSIS AND PERFORMANCE MEASUREMENT FOR THE EACH PROGRAM
 SPECIFICATION NUMBER: 66944

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST						
1	94855	109,284.00	USD	0.00	0.00						
ANALYSIS OF PROCESS AND PERFORMANCE MEASURES FOR THE REACH COMMUNITY OUTREACH COMPONENT AND PEER CASE MANAGEMENT											
SUGGESTED VENDOR:			REQUESTED BY: Maribel E Valdez								
DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	007	0563	0411005	0100	220140	0000	00000000	07EH90	00000	0000	0.00
LINE TOTAL:											0.00
REQUISITION TOTAL:											0.00