



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION**

Complete this cover form and the **Non-Competitive Procurement Application Worksheet** in detail. Refer to the page entitled **"Instructions for Non-Competitive Procurement Application"** for completing this application in accordance with its policy regarding NCRB. Complete "other" subject area if additional information is needed. Subject areas must be fully completed and responses merely referencing attachments will not be accepted and will be immediately rejected.

Department	Originator Name	Telephone	Date	Signature of Application Author
Health Contract Liaison	Christopher Shields Email Contract Liaison	312-747-9783 Telephone	9/07/2021	
Maribel Valdez	maribel.valdez@cityofchicago.org	312-747-8828		

List Name of NCRB Attendees/Department	
Christopher Shields	Assistant Deputy Commissioner
Maribel Valdez	Chief Contract Expediter

Request NCRB review be conducted for the product(s) and/or service(s) described herein.

Company: Integrated Solutions Consulting

Contact Person: George DeTella **Phone:** 630-885-5979 **Email:** george.detella@i-s-consulting.com

Project Description: Comprehensive emergency management plan (CEMP) services

This is a request for:

New Contract

Amendment / Modification

Contract Type

Type of Modification

Blanket Agreement Term: 84 (# of mo)

Time Extension Vendor Limit Increase Scope Change

Standard Agreement

Contract Number: 75725

Specification Number: 556663

Modification Number: 1

Department Request Approval	Recommended Approval
DEPARTMENT HEAD OR DESIGNEE	BOARD CHAIRPERSON
9/15/2022	2/9/22
DATE	DATE
Allison Aruade	Steven M. Lohoda
PRINT NAME	PRINT NAME

(FOR NCRB USE ONLY)

Recommend Approval/Date: _____

Return to Department/Date: _____

Rejected/Date: _____

Approved Rejected

CHIEF PROCUREMENT OFFICER 2/9/2022

DATE



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

All applicable information on this worksheet must be addressed using each question found on the "Instructions for Non-Competitive Procurement Application" In this application.

Justification for Non-Competitive Procurement Worksheet

PROCUREMENT HISTORY

In 2007, The Chicago Department of Public Health was in need of a comprehensive emergency planning framework to leverage and ensure compliance with a growing number of federal programs, grant requirements and compliance mandates. Integrated Solutions Consulting (ISC) had prepared the only known Comprehensive Public Health Emergency Plan (CPHEP), operating on the Integrated Electronic Planning Platform (IEPP) that is now referred to as the Comprehensive Emergency Management Platform (CEMP). CDPH entered into a Sole Source contract with Integrated Solutions Consulting to initiate the Comprehensive Emergency Management Program (CEMP) program to ensure that all plans, procedures and policies are consistent and integrated across the multiple federal compliance requirements, and the multiple federal preparedness programs from which CDPH receives funding. This program allows for a standard mechanism for plan development, testing, evaluation, review and modifications based on lessons learned, corrective action and improvement plans developed from the numerous drills, exercises and live events in which CDPH is an active participant

- The Chicago Department of Public Health entered into a sole source contract with Integrated Solutions Consulting in 2007 to complete a build-out of a comprehensive emergency management plan (CEMP) on a platform that provided jurisdictions an electronic system that facilitated the integration of comprehensive and department specific emergency planning doctrine.
- A new NCRB contract was executed in 2013 to account for services being provided from 2013-2018.
- CDPH has utilized the platform to house our emergency response plans and coordinate the completion of CDC Federal audits; local technical assessment reviews (LTAR / ORR), for the past 11 years.
- Based on CDPH's success with this program and to have the ability to integrate with our plans, the Illinois Department of Public Health (IDPH) entered into a sole source contract with Integrated Solutions Consulting in 2011, to implement a statewide unified emergency management platform for Public Health response.
- IDPH included in its grant language to all certified local health departments within Illinois, that use of the CEMP was a requirement to assure uniform plan development, to streamline sharing of plan structures and to perform the annual CDC -LTAR audits; which have been subsequently renamed as Operational Readiness Reviews (ORRs).
- Based on the Chicago Department of Public Health's use of the CEMP platform and CDC's approval of its use, IDPH rolled the platform out to all local health departments within Illinois.
- CDPH has received grant monies for the use of the platform (2017-2022), as part of the new PHEP cooperative agreement.

Maintaining the current relationship with this vendor serves multiple points:

- IDPH released this platform to all local health departments within the state of Illinois to assure a single tool for plan sharing and federal reporting; tying the application to the PHEP grant for 2012-2017 and for the new cooperative agreement which started July 2017 - June 2022.
- CDC approved the continued use of CEMP within our grant NOA.

A 5 year contract with 2 optional years will assure the program does not have a disruption in service between the 5



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

year Cooperative agreement cycles at CDC.

CITIES READINESS INITIATIVE DRILLS - The Grantee will conduct at least three (3) different CRI drills (not the same drill performed three times), alternating each year between anthrax and pandemic influenza scenarios.

The CRI Drill data should be submitted to the CDC's current DCIPHER platform and new platform when released in late 2022. Drill forms to be completed:

- i. Facility Setup Drill
- ii. Staff Notification and Assembly Drill
- iii. Site Activation Drill

Documentation on completion and submission of the CRI drills must also be submitted to the Department through the Grantee's CEMP. Due to their very narrow focus, conducting any of the three CRI drills individually does NOT meet the requirement of an annual exercise for the Grantee's separate PHEP award from the Department. To meet the requirements of the annual exercise in the separate PHEP award one or more of the CRI drills must be conducted in the broader context of exercising a PHEP capability.

ESTIMATED COST

Integrated Solutions Consulting (ISC) Fee Structure:

CDPH would pursue a continued Sole Source contract with ISC, to maintain the existing platform, maintain knowledge of existing subject material, maintain compliance to IDPH mandated information and Federal reporting system structure and assure expediency of statewide public health emergency response planning. CDPH has secured funding within the Public Health Emergency Preparedness (PHEP) grant, the Crisis Notification of Funding (NOFO) for the COVID-19 pandemic, which have been approved by the Project Grant office within CDC. Time-tables are based on yearly grant requirements, federal guidance for the performance of capabilities and expected audit reporting cycles within the PHEP grant. The amended contract would be for the complete 5 years base (8/1/2018 - 7/31/2023) , plus 2 additional optional years (8/1/2023 - July 31, 2025) to move the program into the next CDC Cooperative agreement without disruption of services.

The VLI value requested for the base contract is: \$1,008,276.20 and \$709,649.80 for the two options years for a total of \$1,717,926.00.

No. Deliverable	Cost
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Planning 1a Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	
	\$ 197,900.80

Planning 1b Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	
	\$ 69,000.00

Planning 1c Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	
	\$ 58,000.00

Planning 1d Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration	
	\$ 824,212.80



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

Projects 2a Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements. \$ 93,800.00

Projects 2b Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects. \$ 31,000.00

Projects 2c Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program. \$ 216,848.00

Projects 2d Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine. \$ 108,000.00

Projects 2e Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response \$ 419,900.00

Reporting 3a Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract. \$ 58,000.00

Reporting 3b Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring. \$ 49,475.20

Reporting 3c Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR) \$ 228,000.00

Administrative 4a Administrative, Travel, and Project Management \$ 68,131.00

Total budget costs for remaining contract period of August 1, 2021 to July 31, 2025: \$ 2,422,267.80

SCHEDULE REQUIREMENTS

Contractor and use of the CEMP platform ensure ongoing and sustainable access to statewide Public Health planning doctrine, integrated plan sharing, and uniform/accepted Federal auditing structures. Integrated Solutions Consulting has been contracted through the Illinois Department of Public Health (IDPH) to ensure all local health departments within the state of Illinois have access to this Comprehensive Emergency Management Program platform, through the Public Health Emergency Preparedness (PHEP) grant. The current CDC cooperative agreement began July 1, 2019 and run until June 30, 2024. A new Cooperative agreement for the next 5 year-cycle will initiate in August 2024. Chicago's specific deliverables are outlined below:

Scopes of Service:

1. Planning

- a. Identification of All-Hazard Plan elements not currently available in existing Comprehensive Emergency Management Program (CEMP) platform
- b. Cross-reference new capability measurements across existing plan elements
- c. Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines
- d. Assure the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes

2. Projects

- a. Assist with the integration into the CEMP of planning elements that cross-cut the PHEP capabilities, public health preparedness efforts and any new integrated federal partner elements



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

- b. Upload and cross-reference new capability measurements across existing plan elements
- c. Assist with the implementation of any data gathered from public health specific Hazard and Vulnerability Assessment into planning elements and doctrine
- d. Provide assistance in coordinating cross-jurisdictional planning elements
- e. Includes evaluation / gap assessment, maintenance and improvement planning

3. Reporting

- a. Assist with Federal reporting structures for grant compliance and monitoring
- b. Develop if deemed appropriate reporting structures to support grant project monitoring
- c. Assist with Federal audit structures
- d. This includes the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR) audit

4. Administrative

- a. Administrative, Travel, and Project Management

EXCLUSIVE OR UNIQUE CAPABILITY

Integrated Solutions Consulting (ISC) has prepared the nation's only known Comprehensive Emergency Management Plan (CEMP) platform. We have been unable to identify any other similar program or similar services provided by other organizations. ISC has a patent pending for their IEPP™, a program that provides jurisdictions with an emergency management planning system in a consistent and operational format. ISC's staff is knowledgeable and experienced in big city planning, as well operational response to some of the nation's largest disasters.

ISC is now the sole provider of the CEMP platform for all local health departments within the state of Illinois. Continued use of the CEMP platform, managed by ISC, has been incorporated into the State of Illinois Department of Public Health's PHEP grant requirements; language attached:

STATE OF ILLINOIS DEPARTMENT OF PUBLIC HEALTH PHEP Grant Agreement Language for Local Health departments, award period of: 2019-2024

1. Grant Scope of Work

B.1 The Grantee shall:

B.1.1 Meet these annual requirements (Performance Standards):

B.1.1.1. As part of the Department's formulation of an Emergency Medical Disaster Plan under 210 ILCS 50/3.255, the Grantee shall assist the Department in creating and coordinating volunteer medical response teams that can be deployed to assist when a locality's capacity is overwhelmed. The Grantee will build, sustain and advance the Grantee's Volunteer Management capability by doing all of the following:

B.1.1.1.1.

If the Grantee hosts a Medical Reserve Corps (MRC), the Grantee shall:

B.1.1.1.1.1.

Conduct one or more trainings, drills with varying scenarios as well as exercises, activities, or unplanned response events that cumulatively involve the majority of existing MRC unit members during the current grant year

B.1.1.1.1.2. Meet all of the federal MRC program criteria, as amended from time to time, including requirements that



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

the unit enter activities on a quarterly basis. Current requirements can be found at:
<https://mrc.hhs.gov/leaderFldr/QuestionsAnswers/Registration>

CriteriaFAQs;

B.1.1.1.1.3

Participate in a Technical Assistance Assessment when requested;

B.1.1.1.1.4.

Fully participate in a state notification drill or exercise when requested.

B.1.1.1.2. In the absence of an MRC Unit, the Grantee shall have an IDPH preapproved written agreement in place for the services of an MRC unit hosted by another entity, or by September 30, 2021, submit a detailed request and plan to IDPH for approval of an alternative volunteer unit. The Grantee must have continuous access to and the ability to fully use Illinois HELPS volunteer registration system by having at least two Local Health Department staff with a login and password and capable of registering volunteers.

B.1.1.1.3.

Regardless of whether an LHD hosts or is affiliated with an MRC or alternate volunteer unit, the Grantee must have continuous access to and the ability to fully use Illinois HELPS volunteer registration system by having at least two Local Health Department staff with a login and password and capable of registering volunteers.

B.1.1.1.4.

NOTICE: This award formula provides the Grantee an additional \$2,000 that is already included in the Grantee's maximum award if, and only if, IDPH has determined that a grantee actually hosted a Medical Reserve Corps (MRC) unit as of February 13, 2021.

B.1.1.2. The Grantee shall sustain or build the Community Preparedness capability including:

B.1.1.2.1. By November 15, 2021, or within 30 days of the Comprehensive Emergency Management Program (CEMP) platform being available for submission (whichever is later), the Grantee shall conduct a detailed and comprehensive self-assessment of the status of all PHEP Capabilities, Tasks and resource elements utilizing the Capability Planning Guide (CPG) Module in the Department's Comprehensive Emergency Management Program (CEMP). The Emergency Response Coordinator (ERC) may make recommendations concerning errors in the self-assessment which Grantee shall address in the revised self-assessment. Grantee shall actively participate in and cooperate with the Regional Hospital Coordinating Center (RHCC) in the healthcare coalition regional CPG capability assessment process.

B.1.1.2.2. By May 30, 2022, the Grantee shall conduct a Training and Exercise Planning Workshop (TEPW) to review, prioritize, and coordinate exercise and training activities to improve and validate actual preparedness capabilities. The detailed and comprehensive results of this TEPW will be incorporated into the multi-year training and exercise plan (MYTEP) document.

B.1.1.2.3. By June 30, 2022 the Grantee shall create and update its MYTEP in coordination with its healthcare coalition priorities (using the results of the Grantee's most current annual TEPW) for Department ERC's review and approval.

B.1.1.2.4. Every 5 years, the Grantee shall review and update its jurisdiction's detailed and comprehensive jurisdiction's Hazard Vulnerability Risk Assessment (HVA) in CEMP that, in coordination with its healthcare coalitions, prioritizes risks to the Grantee's public health and healthcare system including, but not limited to, more frequent and extreme weather events to include, but not be limited to, addressing the functional and access needs of at-risk individuals.

B.1.1.2.5. The Grantee shall update the HVA:

B.1.1.2.6. Whenever Grantee becomes aware of a new hazard(s) and/or new risk(s) to the public health and healthcare system in its jurisdiction, or

B.1.1.2.7. The local emergency management agency requests an HVA or update, or The Department-designated



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

healthcare coalition's RHCC requests an update of a regional HVA.

B.1.1.2.8. By June 30, 2022, the Grantee shall fully and actively participate in regional healthcare coalition meetings at least once per year, in accordance with the Department-designated healthcare coalition's governance structure as it applies to local health department members, as amended from time to time. In the event that a local health department is a member of more than one coalition, the local health department must attend at least one meeting for each coalition annually to meet this requirement.

B.1.1.2.9. The Grantee shall fully review and revise, as necessary, the Grantee's local emergency plans with its listed roles and responsibilities in the healthcare coalition's Regional Response Plan, and fully participate as requested by the Department-designated healthcare coalition's RHCC by June 30, 2022.

B.1.1.3. The Grantee shall sustain or build the Information Sharing capability including:

B.1.1.3.1. The Grantee shall continuously publish and maintain up to date Primary, Secondary, and Tertiary 24/7/365 after-hours emergency contact information for key Local Health Department staff, such as the communicable disease nurse, environmental health, and the Local Health Department administrator on a quarterly basis in CEMP. The Grantee shall continuously publish and maintain up to date 24/7/365 after-hours emergency contact information on the Local Health Department public web site and elsewhere, such that the general public, healthcare coalitions, hospitals, or other Public Health Emergency Planning and Response Stakeholders can find and promptly reach a staff person to report a suspected or actual public health incident or event in accordance with 77 Ill Adm. Code 615.340.

B.1.1.3.2. The Grantee shall submit a semi-annual comprehensive inventory list, including serial number, of all Starcom radios and any other state equipment issued to Local Health Department. Inventory list must include signature of inventory control staff person. Inventory list must be submitted no later than August 31 and February 28 each grant year.

B.1.1.3.3. The Grantee shall submit a separate equipment and property inventory list by October 31 and April 30 each grant year, to include all equipment purchased with grant funds during the prior grant year.

B.1.1.4. The Grantee shall build, sustain, and advance Grantee's Medical Countermeasure Dispensing and Administration capability, including all of the following:

B.1.1.4.1. Every other year or as directed by IDPH, based on the Grantee's last MCM Operational Readiness Review (ORR), the Grantee shall conduct general population Point of Dispensing (POD) planning for mass dispensing in coordination with the Healthcare coalition according to IDPH-MCM guidance and per CDC POD Standards, as amended from time to time, and fully participate in an MCM operational readiness review annually and a briefing by IDPH staff.

B.1.1.4.2. By June 30, 2022, the Grantee shall update "Baseline Data", regarding ability to Receive, Store, and Ship medical countermeasures, as amended from time to time, annually in CEMP using the Jurisdictional Data Sheet.

B.1.1.4.3.

The Grantee shall fully and actively participate in site visits annually as directed by IDPH Regional Emergency Response Coordinator.

B.1.1.4.4.

The Grantee shall participate in an annual resource request with hospitals in its jurisdiction no later than June 15 each year.

B.1.1.5. Per the most recent version of the Department's Training and Exercise Guidance, as updated and amended from time to time, the Grantee shall conduct sufficient planning and preparation this year, as described in Homeland Security Exercise and Evaluation Program (HSEEP) Standards, as amended from time to time, so that by June 30, 2022, the Grantee is able to conduct exercise(s) or event(s) that fully test the CDC PHEP Capabilities of all of the following: 1) Medical Countermeasure Dispensing (determining actual throughput); 2) Information Sharing with all relevant entities, 3) Volunteer Management, and 4) Public Health Surveillance and Epidemiological Investigation (as part of a Disease Outbreak or a disease outbreak scenario-based exercise). These can be done simultaneously or separately so long as 2 other PHEP capabilities are also fully tested at the same time. Other PHEP Capabilities may be tested as determined by the event, HVA, CPG assessments, previous Grantee's AAR/IPs and current Department



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

Training and Exercise Guidance.

NOTE: The COVID-19 response will meet this requirement if, and only if, an AAR/IP is submitted and approved by June 30, 2022 demonstrating fulfillment of this requirement.

B.1.1.6. To use an event response to meet the annual exercise requirement, the Grantee must submit a written request to the Department ERC no less than 30 days prior to the start of a planned event, obtain prior written approval from IDPH, and document the event and request in the appropriate quarterly progress report or as soon as reasonably possible following a realworld event. The Department will evaluate each request on a case-by-case basis and may request additional information or require certain additional activities or condition its approval on certain minimum standards or actions.

B.1.1.7. The Grantee will conduct or significantly participate in an annual exercise or Department-approved disaster and complete the AAR/IP as described in the current Training and Exercise Guidance. However, CDC-defined CRI drills will not meet the requirement for an annual exercise. CRI drills may be included as part of larger exercise meeting the other requirements in this section.

B.1.1.8. The Grantee will write a detailed and comprehensive After-Action Report/Improvement Plan (AAR/IP) for all emergency response events and the annual exercise within 60 days following the exercise or event, but no later than 30 days after the grant year ends. The Grantee will post the AAR/IP in CEMP and immediately notify the Department ERC within 2 business days.

B.1.1.9. The Grantee will conduct staff notification (and other communication) drills, either individually or in combination, or as part of a larger exercise, as follows:

B.1.1.9.1. One incident command staff alert notification and assembly drill (in-person or virtual) each year outside of normal business hours according to the current Training and Exercise Guidance.

B.1.1.9.2. Have on file a signed Illinois Public Health Mutual Aid System (IPHMAS) agreement and participate in the IPHMAS; responding to all IPHMAS requests and participating in all exercises; and initiates one IPHMAS request as a drill or part of an exercise, or for an actual event.

B.1.1.9.3. Participate in at least one StarCom21 radio communication drill per quarter with other health departments and other response partners, such as the healthcare coalition, blood centers, and the Department per current Department Training and Exercise Guidance.

B.1.1.9.4. Continuously maintain at least two people that could function as the Grantee's Incident Commander. Each must have successfully completed IDPH T&E Guidance Response level 3 courses (including IS 100, 200, 300, 400, 700, and 800) by June 30, 2022.

B.1.1.9.5. Maintain detailed and comprehensive written records of the nature of Grantee's participation in these exercises and drills per the current Department Training and Exercise Guidance, as amended from time to time.

B.1.1.9.6. Provide timely response to CDC or Department-initiated, or other locally initiated regional notification/communication drills, including those conducted through telephone, SIREN, StarCom21, and/or other methods.

B.1.1.10. At least one employee of the Grantee with preparedness or response duties shall attend the Department's annual Integrated Public Health and Medical Preparedness Summit Conference.

B.1.1.11. The Grantee will report completion of these requirements in the Performance Measures modules in EGrAMS by their respective due dates, or within 30 days of receiving an executed grant if said due date has passed.

B.1.1.12. The Grantee will include in its work plans detailed and comprehensive Objectives and Activities addressing a minimum of three (3) Department-assigned Capabilities each year, such that, in combination with the required Performance Measures, all fifteen (15) capabilities are addressed by June 30, 2024.

B.1.1.1.2.1. Progress made on these work plan activities will be entered quarterly into the Work Plan Report and submitted in EGrAMS by their due date, or within 30 days of receiving an executed grant if said due date has passed.

B.1.1.1.2.2. Actual expenses associated with work plan activities shall be referenced in the quarterly work plan report within the quarter in which they were incurred and this shall include backup documentation such as paid bills and



**DEPARTMENT OF PROCUREMENT SERVICES
NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT WORKSHEET**

receipts attached to the expenditure report when requested.

B.1.2. Focus on these capabilities in the work plan:

B.1.2.1. The Grantee will build, sustain and advance Grantee's Information Sharing capability beyond what is minimally required for Performance Measures documentation. Grantee will review and update communications plan(s) based on recent AAR/IPs to address how the LHD will:

B.1.2.1.1. Identify stakeholders to be incorporated into information flow

B.1.2.1.2. Identify and develop rules and data elements for sharing

B.1.2.1.3. Exchange information to determine a common operating picture

B.1.2.2. The Grantee will build, sustain and advance Grantee's Fatality Management capability including documenting Grantee's defined local fatality management roles, capabilities, needs and responsibilities in relation to those of key local partners (including, but not limited to emergency management, coroners/medical examiners, healthcare organizations, and (funeral directors) in its emergency operations plan and healthcare coalition Regional, Response Plan. Considerations when revising your plan should include the local health department vs. local partners' roles in:

B.1.2.2.1. Recovery and preservation of remains

B.1.2.2.2. Identification of the deceased

B.1.2.2.3. Determination of cause and manner of death

B.1.2.2.4. Release of remains to an authorized individual

B.1.2.2.5. Provision of mental/behavioral health assistance for the grieving

B.1.2.2.6. Supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.

B.1.2.3. The Grantee will build, sustain, and advance the Grantee's Medical Surge capability by participating with its respective coalition in planning, training, exercising, and evaluating the annual medical surge annex such that the HPP Readiness and Operations Cycle is complete for pediatric surge by June 30, 2020; for infectious disease surge by June 30, 2021; for burn surge by June 30, 2022 for radiological surge by June 30, 2023; and for chemical surge by June 30, 2024.

B.1.2.4. The Grantee will participate in the continued development of the Coalition's Crisis Standards of Care Annex, including Local Health Department roles and responsibilities during conventional, contingency, and crisis standards of care.

OTHER

Please see attached MBE/WBE implementation plan for Integrated Solutions, Consulting.



DEPARTMENT OF PROCUREMENT SERVICES NON-COMPETITIVE REVIEW BOARD (NCRB) APPLICATION INSTRUCTIONS FOR NON-COMPETITIVE PROCUREMENT APPLICATION

INSTRUCTIONS FOR PREPARATION OF NON-COMPETITIVE PROCUREMENT APPLICATION

If a City Department has determined that the purchase of supplies, equipment, work and/or services cannot be done on a competitive basis, a justification must be prepared on this "Justification for Non-Competitive Procurement Application" in which procurement is requested on a or non-competitive basis in accordance with 65 ILCS 5/8-10-4 of the Illinois Compiled Statutes. Using this instruction sheet, all applicable information must be addressed on the worksheet. The information provided must be complete and in sufficient detail to allow for a decision to be made by the Non-Competitive Procurement Review Board. For Amendments, Modifications, 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.

Attach a DPS Checklist and any other required documentation; the Board will not consider justification with incomplete information documentation or omissions.

PROCUREMENT HISTORY

1. Describe the requirement and how it evolved from initial planning to its present status.
2. Is this a first time requirement or a continuation of previous procurement from the same source? If so, explain the procurement history.
3. Explain attempts made to competitively bid the requirement (attach copy of sources contacted).
4. Describe in detail all research done to find other sources; list other cities, companies in the industry, professional organizations contacted. List periodicals and other publications used as references.
5. Explain future procurement objectives. Is this a one-time request or will future requests be made for doing business with the same source?
6. Explain whether or not future competitive bidding is possible. If not, explain in detail.

ESTIMATED COST

1. What is the estimated cost for this requirement or for each contract, if multiple awards are contemplated? What is the funding source?
2. What is the estimated cost by fiscal year?
3. Explain the basis for estimating the cost and what assumptions were made and/or data used (i.e., budgeted amount, previous contract price, current catalog or cost proposal from firms solicited, engineering or in-house estimate, etc.)
4. Explain whether the proposed Contractor or the City has a substantial dollar investment in original design, tooling or other factors which would be duplicated at City expense if another source was considered. Describe cost savings or other measurable benefits to the City which may be achieved.
5. Explain what negotiation of price has occurred or will occur. Detail why the estimated cost is deemed reasonable.

SCHEDULE REQUIREMENTS

1. Explain how the schedule was developed and at what point the specific dates were known.
2. Is lack of drawings and/or specifications a constraining factor to competitive bidding? If so, why is the proposed Contractor the only person or firm able to perform under these circumstances? Why are the drawings and specifications lacking? What is the lead time required to get drawings and specifications suitable for competition? If lack of drawings and specifications is not a constraining factor to competitive bidding, explain why only one person or firm can meet the required schedule.
3. Outline the required schedule by delivery or completion dates and explain the reasons why the schedule is critical.
4. Describe in detail what impact delays for competitive bidding would have on City operations, programs, costs and budgeted funds.

EXCLUSIVE OR UNIQUE CAPABILITY

1. If contemplating hiring a person or firm as a Professional Service Consultant, explain in detail what professional skills, expertise, qualifications, and/or other factors make this person or firm exclusively or uniquely qualified for the project. Attach a copy of the cost proposal, scope of services, and Temporary Consulting Services Form.
2. Does the proposed firm have personnel considered unquestionably predominant in the particular field?
3. What prior experiences of a highly specialized nature does the person or firm exclusively possess that is vital to the job, project or program?
4. What technical facilities or test equipment does the person or firm exclusively possess of a highly specialized nature which is vital to the job?
5. What other capabilities and/or capacity does the proposed firm possess which is necessary for the specific job, project or program which makes them the only source who can perform the work within the required time schedule without unreasonable costs to the City?
6. If procuring products or equipment, describe the intended use and explain any exclusive or unique capabilities, features and/or functions the items have which no other brands or models possess. Is compatibility with existing equipment critical from an operational standpoint? If so, provide detailed explanation?
7. Is competition precluded because of the existence of patent rights, copyrights, trade secrets, technical data, or other proprietary data (attach documentation verifying such)?
8. If procuring replacement parts and/or maintenance services, explain whether or not replacement parts and/or services can be obtained from any other sources? If not, is the proposed firm the only authorized or exclusive dealer/distributor and/or service center? If so, attach letter from manufacturer on company letterhead.

MBE/WBE COMPLIANCE PLAN

- * All submissions must contain detailed information about how the proposed firm will comply with the requirements of the City's Minority and Women Owned Business program. All submissions must include a completed C-1 and D-1 form, which is available on the Procurement Services page on the City's intranet site. The City Department must submit a Compliance Plan, including details about direct and indirect compliance.

OTHER

1. Explain other related considerations and attach all applicable supporting documents, i.e., an approved "ITGB Form" or "Request For Individual Hire Form".

REVIEW AND APPROVAL

This application must be signed by both Originator of the request and signed by the Department Head. After review and final disposition from the Board, this application will be signed by the Board Chairman. After review and final disposition from the Board, this form will be presented to the Chief Procurement Officer recommending approval.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

TO: Aileen Velazquez
Chief Procurement Officer
Department of Procurement Services

FROM: Allison Arwady, MD
Commissioner
Department of Public Health

DATE: January 18, 2022

RE: Sole Source; Integrated Solutions Consulting – Revised
Request for two years Extension and Vendor Limit Increase (VLI)
Spec. No. 556663, Req. No. 422676

The Chicago Department of Public Health requests to extend the contract with Integrated Solutions for the two years allowed in the contract, and a Vendor Limit Increase to cover the expenditures for the two years extension as well as unforeseen expenditures for the remaining period of the contract. Every time a VLI or change of scope is requested in an approved Sole Source contract, the change(s) needs to go back to the NCRB for review and approval. Integrated Solutions Consulting provides a comprehensive emergency planning framework to leverage and ensure compliance with a growing number of federal programs, grant requirements, and compliance mandates. I have summarized the procurement history below.

In 2007, The Chicago Department of Public Health was in need of a comprehensive emergency planning framework to leverage and ensure compliance with a growing number of federal programs, grant requirements and compliance mandates. Integrated Solutions Consulting (ISC) had prepared the only known Comprehensive Public Health Emergency Plan (CPHEP), operating on the Integrated Electronic Planning Platform (IEPP) that is now referred to as the Comprehensive Emergency Management Platform (CEMP). CDPH entered into a Sole Source contract with Integrated Solutions Consulting to initiate the Comprehensive Emergency Management Program (CEMP) program to ensure that all plans, procedures and policies are consistent and integrated across the multiple federal compliance requirements, and the multiple federal preparedness programs from which CDPH receives funding. This program allows for a standard mechanism for plan development, testing, evaluation, review and modifications based on lessons learned, corrective action and improvement plans developed from the numerous drills, exercises and live events in which CDPH is an active participant

- The Chicago Department of Public Health entered into a sole source contract with Integrated Solutions Consulting in 2007 to complete a build-out of a comprehensive emergency management



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

plan (CEMP) on a platform that provided jurisdictions an electronic system that facilitated the integration of comprehensive and department specific emergency planning doctrine.

- NCRB contract was executed in 2013 to account for services being provided from 2013-2018.
- CDPH has utilized the platform to house our emergency response plans and coordinate the completion of CDC Federal audits; local technical assessment reviews (LTAR), for the past 9 years.
- Based on CDPH's success with this program and to have the ability to integrate with our plans, the Illinois Department of Public Health (IDPH) entered into a sole source contract with Integrated Solutions Consulting in 2011, to implement a statewide unified emergency management platform for Public Health response.
- IDPH included in its grant language to all certified local health departments within Illinois, that use of the CEMP was a requirement to assure uniform plan development, to streamline sharing of plan structures and to perform the annual CDC -LTAR audits; which have been subsequently renamed as Operational Readiness Reviews (ORRs).
- Based on the Chicago Department of Public Health's use of the CEMP platform and CDC's approval of its use, IDPH rolled the platform out to all local health departments within Illinois.
- CDPH has received grant monies for the use of the platform (2018-2022), as part of the new PHEP cooperative agreement.
- NCRB contract was executed in 2018 for services being provided through 2023 (base contract) and 2024-2025 for the (2) 1-year extensions.

Maintaining the current relationship with this vendor serves multiple points:

- IDPH released this platform to all local health departments within the state of Illinois to assure a single tool for plan sharing and federal reporting; tying the application to the PHEP grant for 2012-2017 and for the new cooperative agreement which started July 2017 through June 2022.
- CDC approved the continued use of CEMP within our grant NOA for 2018-2022.

Contract extension and vendor limit increase (VLI) requested:

- Due to SARSCoV-2 pandemic response, this contract has been utilized beyond our projected (peace time) yearly project requirements and as such, we have expended the original base



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

contract award value. Original contract values did not factor into the award for a 20+ month response, and as such are requesting a waiver to the Cardinal Rule to add additional monies to the base contract value.

- We are requesting from the Sole Source board approval of a vendor limit increase (VLI) for the base contract years of August 1, 2021 to July 31, 2023. These proposed costs will exceed the Cardinal Rule and are reflective of projected work burden as a result of the pandemic response.
- We are requesting from the Sole Source board to approve the (2) 1-year extension options with pre-established cost structures, to ensure continued assistance in meeting CDC requirements associated to the Preparedness awards.

Thank you in advance for your consideration of this request. If you have any questions or need additional information, please contact Maribel Valdez at 312-7474-8828 or John Pfeiffer 312-747-0128.

cc.: John O'Brien – DPS
Tiheta Hinton – DPS
Joseph Chan – DPS
Christopher Shields - CDPH
Maribel Chavez-Torres - CDPH
Sarah Murray – CDPH
File



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

TO: Aileen Velazquez
Chief Procurement Officer
Department of Procurement Services

FROM: Allison Arwady, MD
Commissioner
Department of Public Health

A handwritten signature in black ink, appearing to read "Allison Arwady".

DATE: January 18, 2022

RE: Sole Source; Integrated Solutions Consulting – Revised
Request for an exception of section I.B.2.d. for the Cardinal Change Policy;
PO 75725 Spec #556663 Comprehensive Emergency Management Plan (CEMP) Services

CDPH contracted with Integrated Solutions Consulting on August 1, 2018, after receiving initial approval by the NCRB in the amount of \$1,451,154.52 to provide comprehensive emergency management plan services with the initial term ending July 31, 2023. The initial contract amount took into the account of CDPH anticipated needs. The VLI request requires review and approval of the NCRB.

The global pandemic significantly altered our planned needs. Integrated Solutions Consulting has provided the needed emergency management plans to assist City's response to COVID-19. This VLI request is meant to address the unanticipated and ongoing city-wide COVID-19 pandemic that in emergency management planning to fight the crisis and possible third surge.

Thank you in advance for your consideration of this request. If you have any questions or need additional information, please contact John Pfeiffer 312-747-0128.

Cc: File

Attach required forms for each procurement type and detailed scope of services and/or specifications and forward original documents to the Chief Procurement Officer; City Hall, Room 806.

Date: **September 20, 2021**

Department Name: **Health**

Requisition No: **422676** Specification No: **556663**

PO No: **75725** Modification No: **1**

Contract Liaison: **Maribel Valdez**

Telephone: **312-747-8828**

Email: **Maribel.Valdez@cityofchicago.org**

Project / Program Manager: **Christopher Shields**

Telephone: **312-747-9783**

Email: **Christopher.Shields@cityofchicago.org**

For Blanket Agreements, the lead department must consult with other departments who may want to participate in the Blanket Agreement. If grant funded, attach copy of the approved grant application and other terms and conditions of the funding source.

Note:

- 1) Funding: Attach Information if multiple funding lines
- 2) Individual Contract Services: Include approval form signed by all parties
- 3) ITGB: IT project valued at \$100,000.00 or more, attach approval transmittal sheet.

*Contract Liaison Signature
Maribel Valdez
By signing this form, I attest that all information provided is true and accurate.

Project Title: Integrated Solutions VLI and two years extension

Project Description: The Chicago Department of Public Health is requesting an extension for 2 years and a vendor limit increase to cover the cost of the services from August 1, 2021 through July 31, 2025. This contract provides comprehensive management plan (CEMP) services for the emergency preparedness program.

Funding:

- Corporate Bond Enterprise Grant Other:
 IDOT/Transit IDOT/Highway FHWA FTA FAA

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	PROJECT	RPTG	ESTDOLLAR AMOUNT
01	020	0U23	041	3375	0999	220140	PO4120108003	20BJ01	\$1,476,060.80
02	021	0U10	041	3829	0140	220140	P4120108100	21AH02	\$946,207

Check One:
 New Contract Request

*By signing below, I attest the estimates provided for this contract are true and accurate.

Project / Program Manager Signature
Christopher Shields
Commissioner/Authorized Designer Signature

Purchase Order Information:

Contract Term (No. of Months): **60 Months**

Extension Options (Rate of Recurrence): **24 Months**

Estimated Spend/Value: **\$ 2,422,267.80**

Grant Commitment / Expiration Date: **re-occurs annually**

Pre-Bid/Submittal Conference: Yes No

Mandatory Site Visit

Purchase Order Type:

Blanket/Purchase Order (DUR)
 Master Consultant Agreement (Task Order)
 Standard/One-Time Purchase

Procurement Method:

Bid RFP RFQ RFI
 Small Order

Special Approvals Required:

Emergency
 Non-Competitive Review Board (NCRB)
 Request for Individual Contract Services
 Information Technology Governance Board (ITGB)
 IDOT Concurrence

Contract Type:

Architect Engineering Commodity Construction JOC SBI
 Professional Services Revenue Generating Vehicle & Heavy Equipment
 Work Service Joint Procurement Reference Contract

Safety Enhancing Vehicle Equipment (MCC 2-92-597) Yes ___ No

Modification/Amendment Type:

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

Modification or Amendment

Modification Information:

PO Start Date: **8/1/2018**

PO End Date: **7/31/2025**

Amount (Increase/Reduction):

MBE/WBE/DBE Analysis: (Attach MBE/WBE/DBE Goal Setting Memo)

Full Compliance Contract Specific Goals
 No Stated Goals Waiver Request

Risk Management / EDS / IDOT

Insurance Requirements (included) Yes No

EDS Certification of Filing (included) Yes No

IDOT Concurrence (required) Yes No

Vendor Information

Name: **Integrated Solutions Consulting**

Contact: **Daniel Martin, Ph.D., CEM, CFM**

Address: **220 S. Buchanan, Edwardsville, IL 62025**

E-mail: **dan.martin@i-s-consulting.com**

Phone: **847-477-6542**

Section I: General Contract Information	
Department Name	Department of Public Health (CDPH)
Department Contact Name	Christopher Shields
Department Contact Number	312-747-9783
Department Contact Email	Christopher.Shields@cityofchicago.org
Contract Number	75725
Contract Subject Name	Comprehensive Emergency Management Platform (CEMP) Services
Contract Initiation Date	August 1, 2018
Original Contract Amount	\$1,451,154.52
Original Contract Expiration Date	July 31, 2023
Budgeted amount for current year	\$1,444,887.19
Year to date expenditure	\$1,424,761.00
Are funds	<input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input checked="" type="checkbox"/> Grant
What is the funding strip?	020-0U23-0413375-0999-220140-P04120106003-20BH01 021-0U10-0413829-0140-220140-P04120106100-21AH02
If contract modification or task request is approved, will department have enough funds to cover new expenditure?	Yes – monies have been budgeted with base Preparedness grant and augmented by SARSCoV-2 grants
If no, what is the plan to address the short fall?	Schedule-B payments until a new contract can be executed
Section II: Contract Modifications	
Complete this section if you are modifying the value of an existing contract.	
Contract Value Increase	\$2,422,267.80
New total contract amount	\$3,873,422.32
New contract expiration date	July 31, 2025
Goods/services provided by this contract	Planning, Reporting support for the Preparedness Bureau of CDPH

Justification of need to modify this contract	Due to the SARSCoV-2 response this contract was utilized to support planning for the continued vaccine operations, which was beyond the original projected costs for the Preparedness programs baseline needs.
Impact of denial	Personnel support for vaccine operations planning will be reduced, CDPH Preparedness Bureau will lose operational integrity for regional plan sharing and annual CDC grant requirements.
Section III. Issue a Request for Services to a Master Consulting Agreement	
Complete this section if you want to issue a request for services to a Master Consulting Agreement	
Value of planned task order request	
Expiration date of planned task order request	
Scope of services	
Justification of need to issue request for services	
Impact of denial	
Section IV: Assessment of Office of Budget and Management Analyst	
Approve/Deny	Approve
OBM Analyst Initials	CEB
OBM Analyst Name/number	Chloe Belczak 312-744-5152



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Attachment
CDPH Statement of Uniqueness – ISC (CEMP)

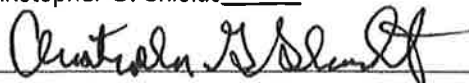
In 2007, The Chicago Department of Public Health identified a need to enhance operational capabilities of the department during incidents and disasters. An electronic system was needed to provide for proactive, detailed and performance-based planning doctrine, and to provide a comprehensive emergency planning framework to leverage and ensure compliance with a growing number of federal programs, grants requirements and compliance mandates. Integrated Solutions Consulting (ISC) provided the only known Comprehensive Emergency Management Plan (CEMP), operating on the Integrated Electronic Planning Platform (IEPP) that is now referred to as the Comprehensive Emergency Management Platform (CEMP). CDPH entered into a Sole Source contract with Integrated Solutions Consulting to initiate the Comprehensive Emergency Management Program (CEMP) program ensuring that all plans, procedures and policies are consistent and integrated across the multiple federal compliance requirements, and the multiple federal preparedness programs from which CDPH receives funding. This program allowed for a standard mechanism for plan development, testing, evaluation, review and modifications based on lessons learned, corrective action and improvement plans developed from the numerous drills, exercises and live events in which CDPH is an active participant.

The Chicago Department of Public Health initially contracted with Integrated Solutions Consulting in 2007 to provide an electronic system that facilitated the integration of comprehensive and department specific emergency planning doctrine. Added enhancements further expanded the system to allow for plan sharing across multiple jurisdictions and coordinate the completion of CDC Federal audits; local technical assessment reviews (LTAR), for the past 11 years.

As a result of this identified need by Chicago and subsequently by the Illinois Department of Public Health (IDPH), the CEMP platform was released to all local health departments in the state of Illinois; to maintain standardized planning doctrine, enhance plan sharing across jurisdictional boundaries, and to provide a standardized platform for completing Federal program audits by the Centers of Disease and Control (CDC). This platform is now mandated as a requirement in all local health departments within Illinois receiving Public Health Emergency Preparedness (PHEP) grant dollars

Integrated Solutions Consulting (ISC) has prepared the nation's only known Comprehensive Emergency Management Plan (CEMP) platform. We have been unable to identify any other similar program or similar services provided by other organizations. ISC has a patent pending for their IEPP™, a program that provides jurisdictions with an emergency management planning system in a consistent and operational format. ISC's staff is knowledgeable and experienced in big city planning, as well operational response to some of the nation's largest disasters.

Name of Preparer: Christopher G. Shields

Signature of Preparer:  Date: September 7, 2021



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Statement of Work

Detail specifications and Scope of Work for Integrated Solutions Consulting
August 1, 2021 – July 31, 2025

Scopes of Service:

1. Planning
 - a. Identification of All-Hazard Plan elements not currently available in existing Comprehensive Emergency Management Program (CEMP) platform
 - b. Cross-reference new capability measurements across existing plan elements
 - c. Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines
 - d. Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration
2. Projects
 - a. Assist with the integration into the CEMP of planning elements that cross-cut the PHEP capabilities, public health preparedness efforts and any new integrated federal partner elements
 - b. Upload and cross-reference new capability measurements across existing plan elements
 - c. Assist with the implementation of any data gathered from public health specific Hazard and Vulnerability Assessment into planning elements and doctrine
 - d. Provide assistance in coordinating cross-jurisdictional planning elements
 - e. Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response
3. Reporting
 - a. Assist with Federal reporting structures for grant compliance and monitoring
 - b. Develop if deemed appropriate reporting structures to support grant project monitoring
 - c. Assist with Federal audit structures
 - d. This includes the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR) audit
4. Administrative
 - a. Administrative, Travel, and Project Management

Objectives:



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Contractor and use of the CEMP platform ensure ongoing and sustainable access to statewide Public Health planning doctrine, integrated plan sharing, and uniform/accepted Federal auditing structures. Integrated Solutions Consulting has been contracted through the Illinois Department of Public Health (IDPH) to ensure all local health departments within the state of Illinois have access to this Comprehensive Emergency Management Program platform, through the Public Health Emergency Preparedness (PHEP) grant, starting in 2019 and ending 2024. A new cooperative agreement began July 1, 2019 and run until June 2024.

Deliverables:

1. Planning

- a. Contractor will evaluate the current All-Hazard plan elements, which encompasses any existing plans or program modules currently housed within the city of Chicago's section of the CEMP platform, conduct a planning gap analysis and provide a report to the Planning Director or designee on any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health. **This report is due within 90 days of the execution of this agreement, and at least annually through the term of the agreement.**
- b. Contractor will assist in the evaluation of new capability / Domain measurements defined in any Funding Opportunity Announcement (FOA) being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development. **This report is due annually within 45 days of the release of any new grant guidance or funding opportunity.** The contractor will work directly with the Planning Director or designee to implement strategy for compliance to these and future measures on an on-going basis, but minimally quarterly.
- c. Contractor will assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines. This process is evaluated as needed, based on changes within state and Federal guidance or law. The contractor will work directly with the Planning Director or designee on an on-going basis, but minimally quarterly.
- d. VLI utilization component: Over the remaining contract period of August 1, 2021 – July 31, 2025 as outlined in the attached budget; Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - associated to the continue vaccination campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration

2. Projects



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

- a. Contractor will assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements. **The initial integration project is due within 90 days of the execution of this agreement and at least annually through the term of the agreement.** The contractor will work directly with subject matter experts within CDPH or capability leads in the respective deliverable capability structures on an on-going basis, but minimally quarterly. Detailed reports will be provided to the Planning Director or designee, to assure projects remain focused on programmatic details on a requested basis, but **minimally quarterly.**
- b. Contractor will **annually** upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects. This will include any potential page development to capture capability / domain or other terminology requirements from Chicago, CDC or HHS ASPR. This report is due within 7 days of the release of the Federal Funding Opportunity Announcement (FOA), traditionally seen the first week of March.
- c. Contractor will provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program. These activities will be built from "Task Ordering" by CDPH staff and will require the contractor to identify in advance the hours necessary to complete the activity, prior to initiating any work.
- d. Contractor will assist with the implementation of any data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine. The contractor will work directly with subject matter experts within CDPH or capability leads in the respective deliverable capability structures on an on-going basis, but minimally quarterly. This will include assisting in the development of preparedness doctrine that utilizes the HVA results and the implementation of programmatic changes to existing planning or response capabilities. Final programmatic recommendations will be required by June 30, 2019, with the understanding that implementation of these recommendations might be phased over several years, based on available funding and staff resources.
- e. Contractor will provide assistance in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois. This includes but is not limited to identifying project planning elements from other local health departments that might be beneficial for implementation within Chicago, facilitate the electronic transfer of planning elements and provide technical assistance for integration of the planning elements. This activity is on-going and understood that all jurisdictions utilizing the CEMP platform develop, prepare, implement and review planning doctrine on varying timetables. Tasks include evaluation / gap assessment, maintenance and improvement planning. The



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

contractor will work directly with the Planning Director or designee on an on-going basis, but minimally quarterly. VLI component: Over the remaining contract period of August 1, 2021 – July 31, 2025 as outlined in the attached budget; Assist in coordinating cross-jurisdictional planning elements associated to the current and proposed future state of the COVID-2019 vaccination campaign.

3. Reporting

- a. Contractor will assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract. CDPH has regular audits conducted by internal compliance and external regulatory agencies and as such is required to provide documentation on project status, program applications and grant deliverables. The contractor is expected to be available to provide access to all documents contained within the CEMP platform when requested by any and all auditing agents.
- b. Contractor will work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project monitoring. Audits are generally un-scheduled events and as such the contractor will make provisions to be available to assist when requested.
- c. Contractor will work directly with the Planning Director or designee on the CDC Medical Countermeasures (MCM) Operational Readiness Review (ORR), which replaced the Technical Assessment Review (LTAR), for which CDPH and all local health departments in the country who receive PHEP funding are required to complete on an annual basis. Program material is assembled over the course of 2 months preceding the ORR audit, which generally occurs in the 3rd quarter of the grant year (January-March). The Contractor will make provisions to be available to assist when requested and be on-hand during the audit process.

4. Administrative

- a. Administrative, Travel, and Project Management. VLI component: Over the remaining contract period of August 1, 2021 – July 31, 2025 as outlined in the attached budget; Administration, Project Management, Travel and system maintenance

System Requirements:

Based on the Scope of Work, and previous concurrence with the Department of Innovation and Technology (DoIT) we believe this is not an IT related application, strictly a planning assistance application. Due to the nature of the existing system throughout Illinois, this vendor has the knowledge content needed to properly administer the system.



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

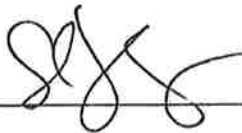
Maribel Chavez-Torres
Deputy Commissioner
312-747-9882
Maribel.Chavez-Torres@cityofchicago.org



Christopher G. Shields, BS, EMT-P
Assistant Commissioner
312-747-9783
Christopher.Shields@cityofchicago.org



Sarah Murray
Projects Administrator
312-745-0251
Sarah.Murray@cityofchicago.org





DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

**CDPH Schedule of Compensation
For Integrated Solutions Consulting**

The following estimated costs for the sole source contract for Integrated Solutions Consulting covers the remaining timeframe of base contract, plus execution of two (1yr) optional years with a vendor limit increase and estimated deliverables. The following costs also include projected work of deliverables, reporting requirements and administrative requirements.

Estimated Cost: \$2,422,267.80 Over the remaining contract period of August 1, 2021 – July 31, 2025 of Deliverables

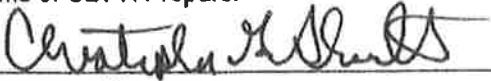
No.	Deliverable	Cost
Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	\$ 197,900.80
Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	\$ 69,000.00
Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	\$ 58,000.00
Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration	\$ 824,212.80
Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	\$ 93,800.00
Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	\$ 31,000.00
Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	\$ 216,848.00
Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	\$ 108,000.00
Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	\$ 419,900.00
Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	\$ 58,000.00
Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	\$ 49,475.20



DEPARTMENT OF PUBLIC HEALTH
CITY OF CHICAGO

Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	\$	228,000.00
Administrative 4a	Administrative, Travel, and Project Management	\$	68,131.00
Total budget for remaining contract period		\$	2,422,267.80

Christopher G. Shields
Name of CDPH Preparer


Signature of Preparer

September 7, 2021
Date

Cover Letter

September 7, 2021

Christopher Shields, BS EMT-P
Assistant Commissioner
Health Protection Bureau
Chicago Department of Public Health
333 S. State Street
Chicago, IL 60604

**RE: Comprehensive Emergency Management Plan Services Department of Public Health
Specification Number 556663, City Funded Professional Services Form Contract, Amended
September 2021**

Chris,

Integrated Solutions Consulting (ISC) is appreciative of the opportunity to continue supporting the Chicago Department of Public Health Emergency Preparedness, Response and Recovery Mission. This cover letter provides, in the pages which follow, *a detailed breakdown of the services and activities* within the Scope of Work, contained in **Specification Number 556663, City Funded Professional Services Form Contract, Amended September 2021**.

As a leading provider of emergency management and public health professional services, **ISC** is fully qualified to perform the entire range of activities, as described in the below. As the individual authorized to contractually obligate and negotiate for the firm, I can confirm that **ISC** understands the scope of the work, and will comply with all terms and conditions, as indicated in the Contract.

Should there be any questions, or if additional information is needed, please contact any our team, or myself at the email or phone number below. We appreciate the opportunity to submit, and look forward to being of service to the City of Chicago.

Respectfully Submitted,



Daniel Martin, Ph.D., CEM, CFM
Principal, Integrated Solutions Consulting, Inc.
dan_martin@i-s-consulting.com
847-477-6542

Detailed Services Breakdown

Multiyear Schedule

For this amendment, ISC shall provide professional services to support the assigned tasks, in the areas of *Planning, Projects, Reporting, and Administrative Functions*. ISC recognizes that this is a multiyear opportunity, as noted below:

- **Year 4** - 08/2021 - 07/2022
- **Year 5** - 08/2022 - 07/2023
- **Year 6** - 08/2023 - 07/2024 (*Option Year 1*)
- **Year 7** - 08/2024 - 07/2025 (*Option Year 2*)

Objective

Contractor and use of the CEMP platform ensure ongoing and sustainable access to statewide Public Health planning doctrine, integrated plan sharing, and uniform/accepted Federal auditing structures. Integrated Solutions Consulting has been contracted through the Illinois Department of Public Health (IDPH) to provide and support:

- All local health departments within the state of Illinois with the Comprehensive Emergency Management Program platform.
- All Health Care Coalitions within the state of Illinois with the Comprehensive Emergency Management Program platform.
- All Hospitals Emergency Medical Service (EMS) systems within the state of Illinois with the Comprehensive Emergency Management Program platform.

Contractor shall remain flexible to ensure tasks are completed on time and to client expectations. *This entails ISC commitment of our Company's resources and professional expertise to support the needs of CCDPH.*

Scope of Services

1. Planning

- Identification of All-Hazard Plan elements not currently available in existing Comprehensive Emergency Management Program (CEMP) platform
- Cross-reference new capability measurements across existing plan elements
- Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines
- Assure the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes

2. Projects

- Assist with the integration into the CEMP of planning elements that crosscut the PHEP capabilities, public health preparedness efforts and any new integrated federal partner elements
- Upload and cross-reference new capability measurements across existing plan elements
- Assist with the implementation of any data gathered from public health specific Hazard and Vulnerability Assessment into planning elements and doctrine
- Assist coordinating cross-jurisdictional planning elements
- Includes evaluation / gap assessment, maintenance, and improvement planning

3. Reporting

- Assist with Federal reporting structures for grant compliance and monitoring
- Develop, if deemed appropriate, reporting structures to support grant project monitoring
- Assist with Federal audit structures
- This includes the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR) audit

4. Administrative

- Project Management
- Travel

Deliverables

1. Planning

- a. Contractor will evaluate the current All-Hazard plan elements, which encompasses any existing plans or program modules currently housed within the City of Chicago's section of the CEMP platform, conduct a planning gap analysis, and provide a report to the CDPH designee on any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health. **This report is due within 90 days of the execution of this agreement, and at least annually through the term of the agreement.**
- b. Contractor will assist in the evaluation of new capability / Domain measurements defined in any Funding Opportunity Announcement (FOA) being pursued by CDPH, developing a crosswalk analysis against existing capability measures, plans, and procedures already in- place or development. **This report is due annually within 45 days of the release of any new grant guidance or funding opportunity.** The contractor will work directly with the CDPH designee to implement strategy for compliance to these and future measures on an on-going basis, but minimally quarterly.

- c. Contractor will assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, State, and Federal planning guidelines. This process is evaluated as needed, based on changes within State and Federal guidance or law. The contractor will work directly with the Planning Director or designee on an on-going basis, but **minimally quarterly**.
- d. The contractor will assure the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management program processes. This may include standard operating procedures, standard operating guides, playbooks, plans, and similar documents. All planning efforts will be led by a Bureau staff member/subject matter expert.

2. Projects

- a. Contractor will assist with the integration into the CEMP all planning elements that crosscut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements. **The initial integration project is due within 90 days of the execution of this agreement and at least annually through the term of the agreement.** The Contractor will work directly with subject matter experts within CDPH, or capability leads in the respective deliverable capability structures on an on-going basis, but minimally quarterly. Detailed reports will be provided to the CDPH designee, to assure projects remain focused on programmatic details on a requested basis, but **minimally quarterly**.
- b. Contractor will **annually** upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects. This will include any potential page development to capture capability / domain or other terminology requirements from the City of Chicago, CDC, or HHS ASPR. This report is due within 7 days of the release of the Federal Funding Opportunity Announcement (FOA).
- c. Contractor will provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing, or out-of-date projects, based on the needs of the program. These activities will be built from "Task Ordering" by CDPH staff and will require the contractor to identify in advance the hours necessary to complete the activity, prior to initiating any work.
- e. With respect to the implementation of any task order projects in accordance with this Agreement, the City will notify Contractor of projects through provision of task order requests from the City, in which the Commissioner or her authorized representative shall set forth project scope and a time for completion. Further, project orders requests shall request a proposal from the Contractor, which shall include among other elements, the Contractor's means, and methods for completing the requested project scope, the proposed schedule for completion of the projects and/or the terms under which such services will be provided, and a budget for the projects. The budget shall be consistent with the hourly rates contained within the Agreement. The task orders shall contain the maximum amount to be paid to the Contractor for the task order and shall be subject to

the terms of the Agreement. Compensation for all task order Services shall be as set forth in the task order and shall be based upon the hourly prices contained in the Agreement.

- f. Contractor will assist with the implementation of any data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine. The contractor will work directly with subject matter experts within CDPH, or capability leads in the respective deliverable capability structures on an on-going basis, but minimally quarterly. This will include assisting in the development of preparedness doctrine that utilizes the HVA results and the implementation of programmatic changes to existing planning or response capabilities.
- g. Contractor will provide support in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois. This includes but is not limited to identifying project planning elements from other local health departments that might be beneficial for implementation within Chicago, facilitate the electronic transfer of planning elements and provide technical assistance for integration of the planning elements. This activity is on-going and understood that all jurisdictions utilizing the CEMP platform develop, prepare, implement, and review planning doctrine on varying timetables. Tasks include evaluation / gap assessment, maintenance, and improvement planning. The contractor will work directly with the Planning Director or designee on an on-going basis, but minimally quarterly.

3. Reporting

- a. Contractor will assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract. CDPH has regular audits conducted by internal compliance and external regulatory agencies and as such is required to provide documentation on project status, program applications and grant deliverables. The contractor is expected to be available to provide access to all documents contained within the CEMP platform when requested by all auditing agents.
- b. Contractor will work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project monitoring. Audits are generally un-scheduled events and as such the contractor will make provisions to be available to assist when requested.
- c. Contractor will work directly with designated CDPH personnel on the CDC Medical Countermeasures (MCM) Operational Readiness Review (ORR), for which CDPH and all local health departments in the country who receive PHEP funding are required to complete on an annual basis. It is noted that program material is assembled over the course of 2 months preceding the ORR audit date. The Contractor will make provisions to be available to assist when requested and be on-hand during the audit process.

4. Administrative

a. *Administrative (i.e., software hosting services)*

1. **Hosting:** Contractor shall provide the City with the Comprehensive Emergency Management Platform (CEMP), which is a hosted service managed and operated by Contractor. All data provided by the City of Chicago remains the sole property of the City. Annual costs associated to this activity are: \$10,000.00 with an expected rate of inflation of 0% over the course of the Contract. The hosted environment schedule for updates for servers, peripherals, etc. shall be established on a monthly timeline. Any upgrades to the CEMP system shall be performed by the Contractor and included in the annual costs of hosting. Service disruptions to the system or its data shall be managed and calculated monthly, with downtime limits of 7.2 hours.

b. *Travel (i.e., ISC staff travel to Chicago for meetings, exercises, and program reviews).*
All Contractor travel will be subject to the City of Chicago travel guidelines, attached within this Agreement.

1. Contractor may be expected to travel to meetings for any of the following tasks: deployments, planning meetings, project meetings, audits or drills, training, and exercises.

c. *Project Management (i.e., project specific tasking – plan revamping, audit support etc.)*

1. The Chicago Department of Public Health (CDPH) will utilize task orders to define any new project management-related deliverables or activities with timelines and costs associated to the task order process, as described in this Agreement. Costs paid to Contractor will be based on an hourly scale by project staff title, with the rates for each position defined in the Agreement.

ESTIMATE

Date: October 25, 2021
Reference: Contract: Chicago Health Department PO #75725
Subject: Price Quote (ESTIMATE)

Expected Completion Dates						Budget					
Expected Completion Dates (Year 4) - 08.01.2021 to 07.31.2022						Year Four Budget - Current					
No.	Deliverable	Expected Start Date	Estimated Completion Date	Number of weeks	No.	Task	Invoice Date	Cost	Sub-Total and Total		
Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	5-Aug-21	2-Oct-21	8	Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	2-Oct-21	\$ 49,475.20	\$ 49,475.20		
Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	1-Aug-21	15-Sep-21	6	Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	15-Sep-21	\$ 17,250.00	\$ 66,725.20		
Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	16-Dec-21	14-Jan-22	4	Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	14-Jan-22	\$ 14,500.00	\$ 81,225.20		

ESTIMATE

Expected Completion Dates				Budget					
Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration.	1-Aug-21	30-Jun-22		Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration	30-Jun-22	\$ 500,000.00	\$ 581,225.20
Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Dec-21	11-Feb-22	8	Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Feb-22	\$ 23,450.00	\$ 604,675.20
Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	17-Mar-22	8-Apr-22	3	Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	8-Apr-22	\$ 7,750.00	\$ 612,425.20
Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	1-Apr-22	30-Jun-22	12	Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	30-Jun-22	\$ 54,212.00	\$ 666,637.20
Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	4-Nov-21	14-Dec-21	6	Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	14-Dec-21	\$ 27,000.00	\$ 693,637.20

ESTIMATE

ESTIMATE

Expected Completion Dates				Budget				
Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois, with lessons learned from pandemic response	1-Aug-21	30-Jul-22	Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois, with lessons learned from pandemic response	30-Jul-22	\$ 250,000.00	\$ 943,637.20
Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	1-Jun-22	30-Jun-22	Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	30-Jun-22	\$ 14,500.00	\$ 958,137.20
Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	1-Jun-22	30-Jun-22	Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	30-Jun-22	\$ 12,368.80	\$ 970,506.00
Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	20-Jan-22	8-Apr-22	Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	8-Apr-22	\$ 57,000.00	\$ 1,027,506.00
Administrative 4a	Administrative, Travel, and Project Management	1-Aug-21	30-Jun-22	Administrative 4a	Administrative, Travel, and Project Management	30-Jun-22	\$ 15,856.00	\$ 1,043,362.00

ESTIMATE

Expected Completion Dates (Year 5) 08.01.2022 to 07.31.2023							Year Fifth Budget - Proposed		
No.	Deliverable	Expected Start Date	Estimated Completion Date	Number of weeks	No.	Task	Invoice Date	Cost	Sub-Total and Total
Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	5-Aug-22	2-Oct-22	8	Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	2-Oct-22	\$ 49,475.20	\$ 49,475.20
Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	1-Aug-22	15-Sep-22	6	Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	15-Sep-22	\$ 17,250.00	\$ 66,725.20
Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	16-Dec-22	14-Jan-23	4	Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	14-Jan-23	\$ 14,500.00	\$ 81,225.20

ESTIMATE

Expected Completion Dates				Budget					
Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration	1-Aug-22	30-Jun-23	12	Projects 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes - to include pandemic campaign for COVID-2019 and the potential for a multi-focal vaccination campaign surrounding season influenza in conjunction with current pandemic vaccine administration	30-Jun-23	\$ 250,000.00	\$ 331,225.20
Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Dec-22	11-Feb-23	8	Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Feb-23	\$ 23,450.00	\$ 354,675.20
Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	17-Mar-23	8-Apr-23	3	Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	8-Apr-23	\$ 7,750.00	\$ 362,425.20
Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	1-Apr-23	30-Jun-23	12	Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	30-Jun-23	\$ 54,212.00	\$ 416,637.20

ESTIMATE

		Expected Completion Dates				Budget			
Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	4-Nov-22	14-Dec-22	6	Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	14-Dec-22	\$ 27,000.00	\$ 443,637.20
Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	1-Aug-22	30-Jun-23		Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	30-Jun-23	\$ 125,000.00	\$ 568,637.20
Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	1-Jun-23	30-Jun-23	4	Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	30-Jun-23	\$ 14,500.00	\$ 583,137.20
Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	1-Jun-23	30-Jun-23	4	Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	30-Jun-23	\$ 12,368.80	\$ 595,506.00
Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	20-Jan-23	8-Apr-23	10	Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	8-Apr-23	\$ 57,000.00	\$ 652,506.00
Administrative 4a	Administrative, Travel, and Project Management	1-Aug-22	30-Jun-23		Administrative 4a	Administrative, Travel, and Project Management	30-Jun-23	\$ 16,750.00	\$ 669,256.00

ESTIMATE

Expected Completion Dates (Year 6) - Option yr1 : 08.01.2023 to 07.31.2024					Year Six Budget - Proposed				
No.	Deliverable	Expected Start Date	Estimated Completion Date	Number of weeks	No.	Task	Invoice Date	Cost	Sub-Total and Total
Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	5-Aug-23	2-Oct-23	8	Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	2-Oct-23	\$ 49,475.20	\$ 49,475.20
Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	1-Aug-23	15-Sep-23	6	Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	15-Sep-23	\$ 17,250.00	\$ 66,725.20
Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	16-Dec-23	14-Jan-24	4	Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	14-Jan-24	\$ 14,500.00	\$ 81,225.20
Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes.	1-Aug-23	30-Jun-24		Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes.	30-Jun-24	\$ 37,106.40	\$ 118,331.60

ESTIMATE

Expected Completion Dates				Budget					
Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Dec-23	11-Feb-24	8	Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Feb-24	\$ 23,450.00	\$ 141,781.60
Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	17-Mar-24	8-Apr-24	3	Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	8-Apr-24	\$ 7,750.00	\$ 149,531.60
Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	1-Apr-24	30-Jun-24	12	Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	30-Jun-24	\$ 54,212.00	\$ 203,743.60
Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	4-Nov-23	14-Dec-23	6	Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	14-Dec-23	\$ 27,000.00	\$ 230,743.60
Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	1-Aug-23	30-Jun-24		Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	30-Jun-24	\$ 22,450.00	\$ 253,193.60

ESTIMATE

Expected Completion Dates						Budget					
No.	Deliverable	Expected Start Date	Estimated Completion Date	Number of weeks	No.	Task	Invoice Date	Cost	Sub-Total and Total		
Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	1-Jun-24	30-Jun-24	4	Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	30-Jun-24	\$ 14,500.00	\$ 267,693.60		
Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	1-Jun-24	30-Jun-24	4	Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	30-Jun-24	\$ 12,368.80	\$ 280,062.40		
Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	20-Jan-24	8-Apr-24	10	Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	8-Apr-24	\$ 57,000.00	\$ 337,062.40		
Administrative 4a	Administrative, Travel, and Project Management	1-Aug-23	30-Jun-24		Administrative e 4a	Administrative, Travel, and Project Management	30-Jun-24	\$ 17,245.00	\$ 354,307.40		
Expected Completion Dates (Year 7) - Option yr 2: 08.01.2024 to 07.31.2025						Year Seven Budget - Proposed					

ESTIMATE

Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	5-Aug-24	2-Oct-24	8	Planning 1a	Evaluate the current All-Hazard plan elements (existing plans or program modules) currently housed within the city of Chicago's section of the CEMP platform with a summary of any All-Hazard Plan elements that are either missing, incomplete or otherwise not currently used by the Chicago Department of Public Health.	2-Oct-24	\$ 49,475.20	\$ 49,475.20
Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	1-Jul-24	15-Aug-24	6	Planning 1b	Evaluate new capability / Domain measurements defined in any FOA being pursued by CDPH, developing a cross-walk analysis against existing capability measures, plans, procedures already in-place or development.	15-Aug-24	\$ 17,250.00	\$ 66,725.20
Expected Completion Dates									
Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	16-Dec-24	14-Jan-25	4	Planning 1c	Assist with the alignment of All-Hazard plan elements, which encompasses any existing plans or program modules between CDPH's Strategic Plan, state, and Federal planning guidelines.	14-Jan-25	\$ 14,500.00	\$ 81,225.20
Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes.	1-Aug-24	30-Jun-25		Planning 1d	Provide the flexibility to consult and assist with the development of planning elements to further PHEP and HPP comprehensive emergency management planning processes.	30-Jun-25	\$ 37,106.40	\$ 118,331.60
Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Dec-24	11-Feb-25	8	Projects 2a	Assist with the integration into the CEMP all planning elements that cross-cut the PHEP/HPP capabilities, public health preparedness efforts and any new integrated federal partner elements.	11-Feb-25	\$ 23,450.00	\$ 141,781.60
Budget									

ESTIMATE

Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	17-Mar-24	8-Apr-25	3	Projects 2b	Annually upload the PHEP/HPP combined grant capability measures onto the CEMP, in a format that is conducive to track progress towards year end deliverables and sustained multi-year projects.	8-Apr-25	\$ 7,750.00	\$ 149,531.60
Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	1-Apr-24	30-Jun-25	12	Projects 2c	Provide necessary subject matter experts (SME's) to support any Public Health preparedness planning efforts for new, existing or out-of-date projects, based on the needs of the program.	30-Jun-25	\$ 54,212.00	\$ 203,743.60
Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	4-Nov-24	14-Dec-25	6	Projects 2d	Assist with the implementation of a data gathered from public health specific Hazard and Vulnerability Assessment (HVA); tool currently in place for the hospital preparedness program at IDPH, into planning elements and doctrine.	14-Dec-25	\$ 27,000.00	\$ 230,743.60
Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	1-Aug-24	30-Jun-25		Projects 2e	Assist in coordinating cross-jurisdictional planning elements, as part of the uniform CEMP platform within Illinois; with lessons learned from pandemic response	30-Jun-25	\$ 22,450.00	\$ 253,193.60

ESTIMATE

Expected Completion Dates					Budget				
Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	1-Jun-24	30-Jun-25	4	Reporting 3a	Assist with Federal reporting structures for grant compliance and monitoring by providing detailed reports on project areas identified within the scopes of this contract.	30-Jun-25	\$ 14,500.00	\$ 267,693.60
Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	1-Jun-24	30-Jun-25	4	Reporting 3b	Work directly with program administrative and fiscal monitors to develop if deemed appropriate reporting structures to support grant project and fiscal monitoring.	30-Jun-25	\$ 12,368.80	\$ 280,062.40
Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	20-Jan-24	8-Apr-25	10	Reporting 3c	Work directly with the Planning Director or designee on the CDC Medical Countermeasure (MCM) Operational Readiness Review (ORR)	8-Apr-25	\$ 57,000.00	\$ 337,062.40
Administrative 4a	Administrative, Travel, and Project Management	1-Aug-24	30-Jun-25		Administrative 4a	Administrative, Travel, and Project Management	30-Jun-25	\$ 18,280.00	\$ 355,342.40
Total:								\$ 0	\$ 2,422,267.8

Letter of Acceptance

September 7, 2021

Christopher Shields, BS EMT-P
Assistant Commissioner
Health Protection Bureau
Chicago Department of Public Health
333 S. State Street
Chicago, IL 60604

**RE: Comprehensive Emergency Management Plan Services Department of Public Health
Specification Number 556663, City Funded Professional Services Form Contract, Amended
September 2021**

Chris,

Please consider this letter as **Integrated Solutions Consulting's (ISC)** formal agreement and acceptance of *all* terms and conditions contained within **Specification Number 556663, City Funded Professional Services Form Contract, Amended September 2021**.

As the individual authorized to contractually obligate and negotiate for the firm, I can confirm that **ISC** understands the scope of the project, and will comply with all terms and conditions, as indicated in the contract.

Should there be any questions, or if additional information is needed, please contact any our team, or myself at the email or phone number below. We appreciate the opportunity to submit, and look forward to being of service to the City of Chicago.

Respectfully Submitted,



Daniel Martin, Ph.D., CEM, CFM
Principal, Integrated Solutions Consulting, Inc.
220 S. Buchanan
Edwardsville, IL 62025
dan.martin@i-s-consulting.com
847-477-6542

Statement of Uniqueness

The Chicago Department of Public Health (CDPH) has identified a critical need to enhance the operational capabilities of the department during incidents and disasters, as reflected in recent events, such as COVID-19. In order for CDPH to reach a steady-state of high-level preparedness, CDPH has been utilizing a cloud-based electronic system to provide a platform for proactive, detailed, and performance-based planning doctrine since **2008**. This Knowledge Management System (KMS), also known as the **CEMP**, is part of the **Odysseus™** Enterprise System, which is a cloud-based suite of tools designed to enhance an organization's knowledge management process, increase operational effectiveness, increase collaboration and understanding, support knowledge transfer and retention through training and education, and ensure regulatory compliance, and maximizes funding efficiency.

Integrated Solutions Consulting (ISC) has developed and maintains the nation's only known Knowledge Management System, more commonly known in Illinois as the CEMP, that has been uniquely tailored and designed for CDPH and other Illinois public health departments. **ISC has implemented and supported CDPH since 2008**. The CEMP specifically supports CDPH in the following ways:

- Facilitates the efficient integration of comprehensive and department-specific public health and medical emergency planning doctrine in a consistent and operational format.
- The Odysseus™|KMS (also known as CEMP) features the unique characteristic of providing standardization and flexibility, while reducing redundancy and increasing version control with your organization's plans and doctrine.
- The Odysseus™|KMS (also known as CEMP) provides secure access, creating a safe and collaborative environment to promote increased participation. Our unique architecture allows for plans or portions of plans to be shared with other systems in a controlled environment.
- The Odysseus™|KMS (also known as CEMP) documents the planning process and tracks the planning collaboration among partners and committee members.

Over the course of the last several years, the Federal government, the State of Illinois, and the City of Chicago have allocated vast resources toward preparing for emergencies and catastrophic events. Numerous city officials, departments, and private sector partners have participated in this important mission, leading to a safer and more resilient community. In addition to COVID-19, several incidents including the H1N1 Pandemic, 2012 NATO Summit, 2014 Ebola Outbreak, 2016 Zika Virus have served to remind us of the importance of this mission and the level of commitment required to achieve successful outcomes.

In 2007, ISC developed the Comprehensive Emergency Management Program (CEMP), now known as the Odysseus™|KMS, to provide preparedness solutions to local and state health departments. Odysseus™ is the only process / system of its kind that can provide a high-level of preparedness and planning solutions specifically designed, developed, and proven for the planning, preparedness, and operational requirements of public health departments. It is protected by patent and trademarks laws and currently exclusive to ISC.

The terms Odysseus™ (the trademarked planning technology), KMS, and the CEMP (comprehensive planning developed on Odysseus™), are used by ISC's clients interchangeably and represent the totality of planning developed on the web-based system. From 2007 to the present date, ISC has implemented CEMP and Odysseus™ successfully for the Chicago Department of Public Health (CDPH), the Illinois Department of Public Health (IDPH), all 95 county and certified local health departments, and all 156 hospitals in the State of Illinois HPP Program.

As the creators of this successful planning system and the experts in its use and implementation, ISC has listed the following items as part of our Statement of Uniqueness.

Unique and Exclusive Technological Solution for Public Health Preparedness

Odysseus™ is the only process / system of its kind that can provide a high-level preparedness and planning solutions specifically designed, developed, and proven for the planning, preparedness, and operational requirements of public health departments. It is a wholly-owned and patented solution for preparedness planning developed completely by ISC. Odysseus™ was developed by working with preparedness organizations, including CDPH, to assess their preparedness needs and identify solutions to enhance preparedness programs. The system is unique in that it was created and developed entirely by ISC and cannot be licensed for use without ISC's consent. Additionally, as sole developers of the system, ISC continues to refine and develop the functionality of the system. These improvements are provided only to active users of the system.

Integrated Solutions Consulting provides the CEMP as a "Software as a Service" (SaaS) product. This allows the CEMP to expand to multiple users within a department at a very low cost. One of the fundamental tenets of effective planning is to form diverse planning groups with representatives from all departments involved in the plan. This methodology not only helps responding departments fully understand their roles and responsibilities but also exposes the planning process to multiple viewpoints and multi-disciplinary expertise. Due to the nature of planning, the ability to allow access to multiple users while being economically feasible increases the efficiency and effectiveness of preparedness planning by sharing information and involving more input from different stakeholders. The CDPH has seen this benefit as over a hundred unique users have

accessed the system since its initial deployment and planning has been shared and vetted by experts throughout the department.

In addition, any upgrades to the CEMP – Odysseus™ system are included in the implementation cost and licensing costs during the licensing agreement.

Technology is Supported with Industry Experts

ISC recognizes that our clients are in need of a contractor that not only understands the administrative elements of the Centers for Disease Control (CDC) Public Health Emergency Preparedness (PHEP) and Assistant Secretary of Preparedness and Response Hospital Preparedness Program (HPP) Grant Agreements but also possess proven technological and innovative solutions to improve operational readiness.

ISC offers a nationally recognized team with a client-focused culture and a unique combination of academic knowledge, practical understanding, and field experience. We feel that this blend of academic knowledge and practical experience makes us committed and fully qualified to fulfill all provisions of this project in providing CDPH with an efficient and effective comprehensive emergency management program, incorporating the latest analytical and methodological techniques, and providing an accurate output of hazard vulnerabilities. This thorough process is a hallmark of ISC's commitment to excellence and our track record of continuously providing client-focused, exceptional products that address the objectives of the assigned project as well as concurrent and future emergency management activities.

ISC will provide CDPH with a team that exhibits the following characteristics:

- **Focused Expertise Supported by a Multi-Disciplinary Perspective:** Our primary business is to assist in the development and implementation of proactive solutions for health preparedness departments by delivering comprehensive, all-hazard, and multi-disciplinary services.
- **Track-Record of Collaboration and Success:** Our team has partnered, collaborated, and successfully delivered on complex public health preparedness projects at the local, state, and federal levels.
- **Proven Best Management Practices:** We have a proven project management methodology that can ensure that this important project remains on budget, is quality-driven, properly staffed, and constantly focused on accomplishing the client's objectives.
- **Seasoned Professionals with Academic and Technical Expertise:** Our team combines academic achievement with technical excellence and seasoned public health professionals that can deliver research-based, national best-practices and lessons-learned.

CEMP is Uniquely Designed for CDPH

The CEMP is utilized statewide across the State of Illinois and helps the state and public health departments, including CDPH, to meet specific grant deliverables and priorities.

The CEMP incorporates planning elements and modules specific to the Illinois Department of Public Health that fulfill multiple programmatic requirements for the fifteen Public Health Emergency Preparedness (PHEP) and four Health Care Preparedness and Response programmatic capabilities, functions, and planning elements as well as State regulations and guidance.

Integrated Solutions Consulting, as developers of the CEMP, have teamed with CDPH to provide health preparedness consulting services, including providing strategies for the optimal use of the CEMP in preparedness and response efforts. This long-term working relationship started when CDPH purchased the CEMP in 2008 and resulted in the department obtaining a web-based planning platform that allows sharing of information both within the department and with external planning partners. The CEMP has been used by the department for over 13 years and continues to be used to the present day. In addition, this state-of-the-art planning system will be the focus of its future planning initiatives, which will be more important due to the lasting impacts of COVID-19.

Integrated Solutions Consulting designed, developed, and will maintain the CEMP for CDPH as well as 95 other local health departments and 156 hospitals in Illinois. As developers of the CEMP, and due to the 13-year working relationship ISC has with CDPH, ISC is in the unique position to maintain the CEMP as a system, provide consulting services on the best use of the CEMP, provide expertise on how to integrate comprehensive all hazards planning solutions into the system, and to continue the department's outstanding track record of securing federal funding through programmatic compliance.

Since 2007, ISC has worked with multiple local and regional health departments including CDPH, the DuPage County Health Department, the Cook County Department of Public Health, and the Illinois Department of Public Health focusing its efforts on improving Medical Countermeasure (MCM) planning and preparedness. In the course of the MCM planning development, the leadership of these organizations approved a decision to develop planning and preparedness in an innovative approach – developing an All-Hazard CEMP. The CEMP is a continual cycle integrating preparedness elements – planning, education, training, and exercising - efficiently and effectively.

By making ISC's Odysseus™ a foundation of their CEMP program, each department has streamlined its planning process and developed plans that were more accessible to its internal and external partners. The CEMP designed and developed on the Odysseus™ preparedness and planning system provided health departments with a web-based structure enabling the improvement of preparedness doctrine and programs to support

the maintenance and implementation of this doctrine. The CEMP provides public health departments with real solutions for many gaps commonly identified in preparedness and planning.

Efficient and Transparent Grants Performance Metrics Review Process

In addition to increasing the department's ability to satisfy qualitative compliance metrics, the CEMP has the value add of reducing the amount of time it traditionally takes to prepare for the Federal and State grant performance metrics, saving time and untold staff hours. This has allowed the focus to shift from simply assuring compliance, to improving existing plans, increasing coordination with partners, and allowing a higher level of operational success.

Specifically, the CDC's Operational Readiness Review (ORR) is a rigorous, evidence-based assessment used to evaluate PHEP program planning and operational functions. The ORR is a tool used to measure a jurisdiction's ability to execute a large emergency response requiring medical countermeasure (MCM) distribution and dispensing. The intended outcome of this assessment is to identify strengths and challenges facing preparedness programs and to offer opportunities for improvement and technical assistance.

Although, it is difficult to quantify the cost savings in increased efficiency and reduced staff hours exactly, assuring compliance with the MCM ORR has secured a measurable amount of funding from the CDC.

The CEMP also has many benefits beyond MCM planning. The CEMP provides each agency with an online forum to develop, implement, and maintain a truly comprehensive public health and hospital preparedness program that is guided to meet all state and federal requirements. In addition, Odysseus™ maintains an aggregation capability so that data collected can be aggregated and analyzed in various formats and shared throughout departments.

The system continually updates and develops intelligence modules based on Federal guidance. Currently, the CEMP has increased its' capabilities with effective customized solutions designed for CDPH. Some of the most recent and relevant module updates include:

- Center for Disease Control and Prevention (CDC) Public Health Preparedness Capabilities Module and Reporting Functionality
- Health and Human Services (HHS) Healthcare Preparedness Capabilities Module and Reporting Functionality
- Hospital Hazard Vulnerability Assessment Module
- Public Health Service Risk Assessment Module
- Training and Exercise Coordination Module and Reporting Functionality
- Workgroup Functionality

This sharing capability is vital to preparedness activities in the State. As public health events are regional in nature, a robust information sharing capability is essential to a prepared department and a protected city. As preparedness levels have risen throughout the State of Illinois, CDPH must have the capability to share information and best practices with its local, regional, and State partners to increase its capability and overall preparedness.

Odysseus™ was designed with the ability to share information from system to system. As planning becomes more effective when shared, Odysseus™ sharing functionality (federal to state, state to county, and county to local) makes it a unique and ideal solution for CDPH. This advantage has been recognized by many agencies, including the IDPH. IDPH purchased the system for all 95 local health departments and all 156 hospitals in Illinois with the intent of sharing information between departments and the healthcare to increase overall preparedness.

Reliable and Safe

The CEMP provides a web-based system providing a high level of security and redundancy, layered access and dissemination, and the ability to manage planning with active version control protocols.

The Odysseus™ product suite is provided as a hosted service to ISC clients. The production environment is hosted on dedicated servers with Amazon Web Services (AWS) on their Amazon Elastic Compute Cloud (EC2) plan; with a backup, staging, and production server configuration. The service level agreement commits to “99.95% monthly uptime”. The AWS plan allows ISC to scale its capacity on-demand due to the use of its virtual server configuration.

Odysseus is Different and Unique from other Solutions

While this product offers features and services similar to other content management products utilized by other public health agencies, Odysseus™ is different in that its primary focus is to enhance emergency management and public health planning and preparedness. Odysseus™ is the only known system of its kind that was developed by emergency management and preparedness professionals for the sole purpose of planning and enhancing organizational preparedness.

In addition, it offers unique customized services purely dedicated to the maintenance of complex emergency plans. It is important to note that this system is not solely a content management product; instead, it is an internet-based secured avenue to create, edit, and maintain public health emergency plans with advanced customization and facilitation, which promotes increased plan quality and compliance. Moreover, plan quality and increased preparedness are achieved because the Odysseus™ system goes far beyond serving as a storehouse for public health documents. Instead, this system is

uniquely designed to facilitate the management and utilization of the following services, which are critical to the overall public health preparedness operations:

- Improved integration of comprehensive emergency management doctrine in a consistent and operational format
- Development of an innovative structure that enables various levels of secure access to limit or expand information dissemination
- Implementation of a scalable platform that can be modified with regards to structure and content to meet the needs of a department, regional authority, or a state agency
- Management of planning committees to include assigned responsibilities, meeting schedules, and public outreach efforts
- Enhanced accessibility, efficiency, and effectiveness of exercise and training programs throughout the planning cycle
- Programmatic compliance of performance-based and incentive-based grant measures with governing bodies
- Use of the system as an efficient and effective information sharing and storing tool during actual incidents

The CEMP is unique because it is a web-based preparedness and planning system with the ability to increase planning and program standardization; through standardization, preparedness doctrine is realized. The CEMP's use of proactive and user-friendly cloud computing technologies enables CDPH, Illinois Local Health Departments, public partners, and private partners (as appropriate) to share, collaborate, and develop "ideal" preparedness planning and programs. This ability to provide "knowledge transfer" instantaneously throughout the State is perhaps the greatest strength of the system.

Due to the distinct characteristics and services offered by the Odysseus™ system, it is the only process/system of its kind. While other products are web-based or provide comparable services, they either lack the emergency management/public health focus and expertise or fail to address the programmatic and comprehensive needs of public health preparedness agencies. This claim is validated by extensive research conducted by ISC to compare current web-based applications being offered to the emergency preparedness community. This research included conducting comprehensive searches for related products; documenting promotional pieces in emergency management and public health related publications; informal interviews with emergency preparedness agencies and representatives to determine what kinds of systems were being utilized; and attending various emergency preparedness trade shows and conferences across the country to assess current and up-and-coming services and products being offered.

Once products were identified, ISC thoroughly compared these products with Odysseus™ and the CEMP concept. Again, while other products promote collaboration via a web-enabled environment, no system other than Odysseus™ truly allows for the

customization and programmatic integration of all planning, educating, training, and exercising, and response-oriented needs of emergency preparedness programs. It should also be noted that this system is unique in that it is offered on a Software-as-a-Service basis and gives CDPH the ability to integrate preparedness and planning efficiently at the local level. The key benefits of SaaS design are a significant advancement in emergency preparedness/planning platforms by providing the right mix of flexibility and standardization based on the clients' needs.

Client#: 1246324

INTEGSOLS

ACORDTM

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2021

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

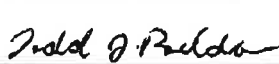
PRODUCER USI Insurance Services LLC 312 Elm Street, Suite 2400 Cincinnati, OH 45202 855 874-1390	CONTACT NAME:
	PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: dustin.stevens@usi.com
INSURED Integrated Solutions Consulting Corp P.O. Box 304 Prospect Heights, IL 60070	INSURER(S) AFFORDING COVERAGE NAIC #
	INSURER A : Hartford Casualty Insurance Company 29424
	INSURER B : Pacific Insurance Company Ltd 10046
	INSURER C : Lloyd's of London NONAIC
	INSURER D : ZZZ*** Hartford Insurance Group 29424
	INSURER E : INSURER F :

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	X	X	83SBAAA5980	01/15/2021	01/15/2022	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$50,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COMP/OP AGG \$2,000,000 \$
A	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	83SBAAA5980	01/15/2021	01/15/2022	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$10000	X	X	83SBAAA5980	01/15/2021	01/15/2022	EACH OCCURRENCE \$5,000,000 AGGREGATE \$5,000,000 \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below N N/A X			83WECID6730	01/15/2021	01/15/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
C	Cyber Liability			H21PVS5070200	04/09/2021	04/09/2022	\$1,000,000
D	E&O			MPP903309705	01/15/2021	01/15/2022	\$2,000,000
	Employee Theft			33BDDII8515	06/09/2021	06/09/2022	\$1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 Blanket Additional Insured, Primary and Non-Contributory and Blanket waiver of Subrogation are included in General Liability shown above if required by written contract prior to loss.

CERTIFICATE HOLDER City of Chicago Department of Public Health 333 S State St 2nd Floor Chicago, IL 60604	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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**FOR
NON-CONSTRUCTION
PROJECTS ONLY**

SCHEDULE C-1
MBE/WBE Letter of Intent to Perform as a
Subcontractor, Supplier, or Consultant

Project Name: CEMP SERVICES

Specification No.:556663

From: Mier Consulting Group
(Name of MBE/WBE Firm))

To: Integrated Solutions Consulting (ISC) and the City of Chicago.
(Name of Prime Contractor

The MBE or WBE status of the undersigned is confirmed by the attached City of Chicago or Cook County, Illinois Certification Letter. 100% MBE or WBE participation is credited for the use of a MBE or WBE "manufacturer." 60% participation is credited for the use of a MBE or WBE "regular dealer."

The undersigned is prepared to perform the following services in connection with the above-named project/contract. If more space is required to fully describe the MBE or WBE proposed scope of work and/or payment schedule, including a description of the commercially useful function being performed. Attach additional sheets as necessary:

Consulting services in support of the ISC Deliverables

The above-described performance is offered for the following price and described terms of payment:

SUB-SUBCONTRACTING LEVELS

A zero (0) must be shown in each blank if the MBE or WBE will not be subcontracting any of the work listed or attached to this schedule.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to non-MBE/WBE contractors.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to MBE or WBE contractors.

NOTICE: If any of the MBE or WBE scope of work will be subcontracted, list the name of the vendor and attach a brief explanation, description and pay item number of the work that will be subcontracted. MBE/WBE credit will not be given for work subcontracted to Non-MBE/WBE contractors, except for as allowed in the Special Conditions Regarding Minority Business Enterprise Commitment and Women Business Enterprise Commitment.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, within three (3) business days of your receipt of a signed contract from the City of Chicago.

The undersigned has entered into a formal written mentor protégé agreement as a subcontractor/protégé with you as a Prime Contractor/mentor: (X) Yes () No

NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES.

09/13/2021

(Signature of President/Owner/CEO or Authorized Agent of MBE/WBE)

(Date)

Steven A. Mier, MPH President

(Name/Title-Please Print)

steve@themiergroup.com

773-354-2136

(Email & Phone Number)



DEPARTMENT OF PROCUREMENT SERVICES

CITY OF CHICAGO

MAR 08 2019

Steven Mier
Mier Consulting Group, Inc.
10637 S. Oakley Avenue
Chicago, IL 60643

Dear Mr. Mier:

We are pleased to inform you that **Mier Consulting Group, Inc.** is recertified as a **Minority-Owned Business Enterprise ("MBE")** by the City of Chicago ("City"). This **MBE** certification is valid until **03/01/2024**; however, your firm's certification must be revalidated annually. In the past the City has provided you with an annual letter confirming your certification; such letters will no longer be issued. Therefore, we require you to be even more diligent in filing your **annual No-Change Affidavit 60 days** before your annual anniversary date.

It is now your responsibility to check the City's certification directory and verify your certification status. As a condition of continued certification during the five-year period stated above, you must file an **annual No-Change Affidavit**. Your firm's annual No-Change Affidavit is due by **03/01/2020, 03/01/2021, 03/01/2022, and 03/01/2023**. Please remember, you have an affirmative duty to file your No-Change Affidavit 60 days prior to the date of expiration. Failure to file your annual No-Change Affidavit may result in the suspension or rescission of your certification.

Your firm's five-year certification will expire on **03/01/2024**. You have an affirmative duty to file for recertification **60 days** prior to the date of the five-year anniversary date. Therefore, you must file for recertification by **1/01/2024**.

It is important to note that you also have an ongoing affirmative duty to notify the City of any changes in ownership or control of your firm, or any other fact affecting your firm's eligibility for certification **within 10 days** of such change. These changes may include but are not limited to a change of address, change of business structure, change in ownership or ownership structure, change of business operations, gross receipts and or personal net worth that exceed the program threshold. Failure to provide the City with timely notice of such changes may result in the suspension or rescission of your certification. In addition, you may be liable for civil penalties under Chapter 1-22, "False Claims", of the Municipal Code of Chicago.

Please note – you shall be deemed to have had your certification lapse and will be ineligible to participate as an **MBE** if you fail to:

- File your annual No-Change Affidavit within the required time period;
- Provide financial or other records requested pursuant to an audit within the required time period;

- Notify the City of any changes affecting your firm's certification **within 10 days** of such change; or
- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the **City's Inspector General at chicagoinspectorgeneral.org, or 866-IG-TIPLINE (866-448-4754).**

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):

541611 - Administrative and General management Consulting Services

541690 - Biologic consulting services

541690 - Chemical consulting services

541690 - Radio consulting services

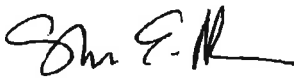
541690 - Safety consulting services

541690 - Security consulting services

Your firm's participation on City contracts will be credited only toward **MBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Shannon E. Andrews *mg*
Chief Procurement Officer

SEA/sI



FOR
NON-CONSTRUCTION
PROJECTS ONLY

SCHEDULE C-1

MBE/WBE Letter of Intent to Perform as a
Subcontractor, Supplier, or Consultant

Project Name: CEMP SERVICES

Specification No.:556663

From: Mena Tours and Travel
(Name of MBE/WBE Firm)

To: Integrated Solutions Consulting (ISC) and the City of Chicago.
(Name of Prime Contractor)

The MBE or WBE status of the undersigned is confirmed by the attached City of Chicago or Cook County, Illinois Certification Letter. 100% MBE or WBE participation is credited for the use of a MBE or WBE "manufacturer." 60% participation is credited for the use of a MBE or WBE "regular dealer."

The undersigned is prepared to perform the following services in connection with the above-named project/contract. If more space is required to fully describe the MBE or WBE proposed scope of work and/or payment schedule, including a description of the commercially useful function being performed. Attach additional sheets as necessary:
Travel, Conference, Event, and General Organizallon and Support

The above-described performance is offered for the following price and described terms of payment:

SUB-SUBCONTRACTING LEVELS

A zero (0) must be shown in each blank if the MBE or WBE will not be subcontracting any of the work listed or attached to this schedule.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to non-MBE/WBE contractors.

0 % of the dollar value of the MBE or WBE subcontract that will be subcontracted to MBE or WBE contractors.

NOTICE: If any of the MBE or WBE scope of work will be subcontracted, list the name of the vendor and attach a brief explanation, description and pay item number of the work that will be subcontracted. MBE/WBE credit will not be given for work subcontracted to Non-MBE/WBE contractors, except for as allowed in the Special Conditions Regarding Minority Business Enterprise Commitment and Women Business Enterprise Commitment.

The undersigned will enter into a formal written agreement for the above work with you as a Prime Contractor, conditioned upon your execution of a contract with the City of Chicago, within three (3) business days of your receipt of a signed contract from the City of Chicago.

The undersigned has entered into a formal written mentor protégé agreement as a subcontractor/protégé with you as a Prime Contractor/mentor. Yes No

NOTICE: THIS SCHEDULE AND ATTACHMENTS REQUIRE ORIGINAL SIGNATURES.

Giselle L Sanchez Sept. 14, 2021
(Signature of President/Owner/CEO or Authorized Agent of MBE/WBE) (Date)

Giselle L Sanchez President
(Name/Title-Please Print)

giselle@mena.Travel or Admin@mena.Travel
(Email & Phone Number)

- File your recertification within the required time period.

Please be reminded of your contractual obligation to cooperate with the City with respect to any reviews, audits or investigation of its contracts and affirmative action programs. We strongly encourage you to assist us in maintaining the integrity of our programs by reporting instances or suspicions of fraud or abuse to the City's Inspector General at chicagoinspectorgeneral.org, or **866-IG-TIPLINE (866-448-4754)**.

Be advised that if you or your firm is found to be involved in certification, bidding and/or contractual fraud or abuse, the City will pursue decertification and debarment. In addition to any other penalty imposed by law, any person who knowingly obtains, or knowingly assists another in obtaining a contract with the City by falsely representing the individual or entity, or the individual or entity assisted is guilty of a misdemeanor, punishable by incarceration in the county jail for a period not to exceed six months, or a fine of not less than \$5,000 and not more than \$10,000 or both.

Your firm's name will be listed in the City's Directory of Minority and Women-Owned Business Enterprises in the specialty area(s) of:

NAICS Code(s):

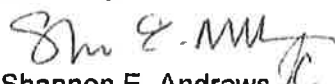
561510 – Travel Agencies

561599 – All Other Arrangement and Reservation Services (e.g., airline, car rental, and hotel reservation services)

Your firm's participation on City contracts will be credited only toward **MBE/WBE** goals in your area(s) specialty. While your participation on City contracts is not limited to your area of specialty, credit toward goals will be given only for work that is self-performed and providing a commercially useful function that is done in the approved specialty category.

Thank you for your interest in the City's Minority, Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Program.

Sincerely,



Shannon E. Andrews
Chief Procurement Officer

SEA/lj



SCHEDULE D-1
Compliance Plan Regarding DBE Utilization
Affidavit of Prime Contractor

**FOR
NON-CONSTRUCTION
PROJECTS ONLY**

**MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-1 WILL CAUSE THE
BID TO BE REJECTED. DUPLICATE AS NEEDED.**

Project Name: Comprehensive Emergency Management Program (CEMP) Services

Specification No.: 556663 _____

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of Integrated Solutions Consulting (ISC)

(Name of Prime Consultant/Contractor)

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

All DBE firms included in this plan have been certified as such by the City of Chicago or Illinois Uniform Certification Program (Letters of Certification Attached).

- I. **DBE Prime Consultant/Contractor:** If prime contractor is a certified DBE firm, attach copy of DBE Letter of Certification.
- II. **DBEs as Joint Ventures:** If the Prime Consultant is a joint venture and one or more joint venture partners are certified DBEs, attach copies of Letters of Certification, Schedule B form, and a copy of a Joint Venture Agreement clearly describing the role of each DBE firm (s) and its ownership interest in the joint venture.
- A. **DBE Sub-Consultants:** this section for each MBE/WBE Subcontractor/Supplier/Consultant participating on this contract:

1. Name of DBE: Mier Group Consulting, Inc. _____
Address: 10637 South Oakley Avenue, Chicago IL, 60643 _____
Contact Person: Steve Mier _____
Phone Number 773-354-2136 _____
Dollar Value of Participation. \$ 500,000.00 _____
Percentage of Participation; A minimum of 25% _____

2. Name of DBE: Mena Tours and Travel _____
Address: 5209 North Clark, Chicago IL, 60640 _____
Contact Person: Giselle Sanchez _____
Phone Number 773-562-5704 _____
Dollar Value of Participation. \$100,000.00 _____
Percentage of Participation A minimum of 5% _____

3. Name of DBE: _____
 Address: _____
 Contact Person: _____
 Phone Number _____
 Dollar Value of Participation; \$ _____
 Percentage of Participation % _____

4. Attach Additional Sheets as Needed

ii. Summary of DBE Proposal

DBE Firm Name	Dollar Amount Participation \$	Percent Amount Participation %
Mier Group Consulting Inc	\$ 500,000.00	A minimum of 25%
Mena Travel and Tours	\$ 100,000.00	A minimum of 5%
Total Direct DBE Participation	\$ 600,000.00	A minimum of 30%

The Prime Contractor designates the following person as its DBE Liaison Officer:
George DeTella 630-885-5979

(Name- Please Print or Type)

(Phone)

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

Integrated Solutions Consulting (ISC)

(Name of Prime Contractor – Print or Type)

State of: Illinois

Dan Martin

County of: Cook

(Signature)

Dan Martin, Principal

(Name/Title of Affiant – Print or Type)

09/15/2021

(Date)

On this 15th day of September 21, the above signed officer

DANIEL MARTIN

(Name of Affiant)

personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

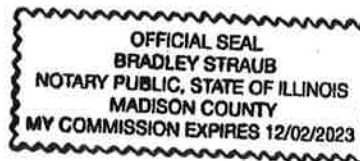
IN WITNESS WHEREOF, I hereunto set my hand and seal.

Bradley Straub

(Notary Public Signature)

SEAL:

Commission Expires: 12-02-2023





SCHEDULE D-1
Compliance Plan Regarding DBE Utilization
Affidavit of Prime Contractor

**FOR
NON-CONSTRUCTION
PROJECTS ONLY**

**MUST BE SUBMITTED WITH THE BID. FAILURE TO SUBMIT THE SCHEDULE D-1 WILL CAUSE THE
BID TO BE REJECTED. DUPLICATE AS NEEDED.**

Project Name: Comprehensive Emergency Management Program (CEMP) Services

Specification No.: 556663 _____

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of Integrated Solutions Consulting (ISC)
(Name of Prime Consultant/Contractor)

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

All DBE firms included in this plan have been certified as such by the City of Chicago or Illinois Uniform Certification Program (Letters of Certification Attached).

- I. **DBE Prime Consultant/Contractor:** If prime contractor is a certified DBE firm, attach copy of DBE Letter of Certification.
- II. **DBEs as Joint Ventures:** If the Prime Consultant is a joint venture and one or more joint venture partners are certified DBEs, attach copies of Letters of Certification, Schedule B form, and a copy of a Joint Venture Agreement clearly describing the role of each DBE firm (s) and its ownership interest in the joint venture.
- A. **DBE Sub-Consultants:** this section for each MBE/WBE Subcontractor/Supplier/Consultant participating on this contract:

1. Name of DBE:	_____
Address:	_____
Contact Person:	_____
Phone Number	_____
Dollar Value of Participation.	_____
Percentage of Participation;	_____
2. Name of DBE:	_____
Address:	_____
Contact Person:	_____
Phone Number	_____
Dollar Value of Participation.	_____
Percentage of Participation	_____

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

Phone Number: _____
Dollar Value of Participation \$ _____
Percentage of Participation % _____
Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%
Total Participation % _____

3. Name of MBE/WBE: Mier Group Consulting Inc.
Address: 10637 South Oakley Avenue, Chicago, IL 60643
Contact Person: Steve Mier
Phone Number: 773-354-2136
Dollar Value of Participation \$ 500,000
Percentage of Participation % 25
Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%
Total Participation % _____

4. Name of MBE/WBE: _____
Address: _____
Contact Person: _____
Phone Number: _____
Dollar Value of Participation \$ _____
Percentage of Participation % _____
Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%
Total Participation % _____

5. Attach Additional Sheets as Needed

ii. Indirect Participation of MBE/WBE Firms

NOTE: This section need not be completed if the MBE/WBE goals have been met through the direct participation outlined in Section I. If the MBE/WBE goals have not been met through direct participation, Contractor will be expected to demonstrate that the proposed MBE/WBE direct participation represents the maximum achievable under the circumstances. Only after such a demonstration will indirect participation be considered.

MBE/WBE Subcontractors/Suppliers/Consultants proposed to perform work or supply goods or services where such performance does not directly relate to the performance of this contract:

1. Name of MBE/WBE: Mena Tours and Travel
Address: 5209 North Clark, Chicago, IL 60640
Contact Person: Giselle Sanchez

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

Phone Number 773-562-5704
Dollar Value of Participation \$ 100,000
Percentage of Participation % 25
Mentor Protégé Agreement (attach executed copy): () Yes (x) No Add'l Percentage Claimed: ____%
Total Participation % 5

2. Name of MBE/WBE: _____
Address: _____
Contact Person: _____
Phone Number: _____
Dollar Value of Participation \$ _____
Percentage of Participation % _____
Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%
Total Participation % _____

3. Name of MBE/WBE: _____
Address: _____
Contact Person: _____
Phone Number: _____
Dollar Value of Participation \$ _____
Percentage of Participation % _____
Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%
Total Participation % _____

4. Name of MBE/WBE: _____
Address: _____
Contact Person: _____
Phone Number: _____
Dollar Value of Participation \$ _____
Percentage of Participation % _____
Mentor Protégé Agreement (attach executed copy): () Yes () No Add'l Percentage Claimed: ____%
Total Participation % _____

5. Attach Additional Sheets as Needed

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

III. Summary of MBE/WBE Proposal

A. MBE Proposal (Direct & Indirect)

1. MBE Direct Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Mier Group Consulting Inc	\$500,000	Minimum of 25%
Total Direct MBE Participation	\$500,000	Minimum of 25%

2. MBE Indirect Participation

MBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Total Indirect MBE Participation		

B. WBE Proposal (Direct & Indirect)

1. WBE Direct Participation

WBE Firm Name	Dollar Amount Participation (\$)	Percent Amount Participation (%)
Mena Travel and Tours	\$100,000	Minimum of 5%
Total Direct WBE Participation	\$100,000	Minimum of 5%

2. WBE Indirect Participation

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

Schedule D-1: Prime Contractor Affidavit-MBE/WBE Compliance Plan

The Prime Contractor designates the following person as its MBE/WBE Liaison Officer:
Susan Martin 847-354-5819

(Name- Please Print or Type)

(Phone)

I DO SOLEMNLY DECLARE AND AFFIRM UNDER PENALTIES OF PERJURY THAT THE CONTENTS OF THE FOREGOING DOCUMENT ARE TRUE AND CORRECT, THAT NO MATERIAL FACTS HAVE BEEN OMITTED, AND THAT I AM AUTHORIZED ON BEHALF OF THE PRIME CONTRACTOR TO MAKE THIS AFFIDAVIT.

Integrated Solutions Consulting Corp.

(Name of Prime Contractor - Print or Type)

State of: Illinois



(Signature)

County of: MADISON

Daniel Martin

(Name/Title of Affiant - Print or Type)

01/13/22

(Date)

On this 13th day of JAN, 2022, the above signed officer DANIEL MARTIN

(Name of Affiant)

personally appeared and, known by me to be the person described in the foregoing Affidavit, acknowledged that (s)he executed the same in the capacity stated therein and for the purposes therein contained.

IN WITNESS WHEREOF, I hereunto set my hand and seal



(Notary Public Signature)

SEAL:

Commission Expires: 12-02-2023





CERTIFICATE OF FILING FOR
CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 165620

Certificate Printed on: 10/26/2021

Date of This Filing: 09/01/2021 02:41 PM

Original Filing Date: 09/01/2021 02:41 PM

Disclosing Party: Integrated Solutions
Consulting, Corporation

Title: President

Filed by: John Rogan

Matter: COMPREHENSIVE EMERGENCY
MANAGEMENT PLAN (CEMP) SERVICES

Applicant: Integrated Solutions Consulting,
Corporation

Specification #: 556663

Contract #: 75725

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting <https://webapps1.chicago.gov/eds> and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.



CITY OF CHICAGO
ECONOMIC DISCLOSURE STATEMENT and AFFIDAVIT
Related to Contract/Amendment/Solicitation
EDS # 118237

SECTION I -- GENERAL INFORMATION

A. Legal name of the Disclosing Party submitting the EDS:

Integrated Solutions Consulting, Corporation

Enter d/b/a if applicable:

The Disclosing Party submitting this EDS is:

the Applicant

B. Business address of the Disclosing Party:

220 South Buchanan
Edwardsville, IL 62025
United States

C. Telephone:

847-477-6542

Fax:

D. Name of contact person:

John Rogan

F. Brief description of contract, transaction or other undertaking (referred to below as the "Matter") to which this EDS pertains:

Comprehensive Emergency Management Program (CEMP)

Which City agency or department is requesting this EDS?

DEPT OF HEALTH

Specification Number

556663

Contract (PO) Number

75725

Revision Number

Release Number

User Department Project Number

SECTION II -- DISCLOSURE OF OWNERSHIP INTERESTS

A. NATURE OF THE DISCLOSING PARTY

1. Indicate the nature of the Disclosing Party:

Privately held business corporation

Is the Disclosing Party incorporated or organized in the State of Illinois?

Yes

B. DISCLOSING PARTY IS A LEGAL ENTITY:

1.a.1 Does the Disclosing Party have any directors?

Yes

1.a.3 List below the full names and titles of all executive officers and all directors, if any, of the entity. Do not include any directors who have no power to select the entity's officers.

Officer/Director: Dr. Daniel W Martin

Title: President

Role: Both

Officer/Director: Mr. Daiko Abe

Title: Director

Role: Both

Officer/Director: Ms. Lauren Martin

Title: Director

Role: Both

2. Ownership Information

Please provide ownership information concerning each person or entity that holds, or is anticipated to hold (see next paragraph), a direct or indirect beneficial interest in excess of 7.5% of the Applicant. Examples of such an interest include shares in a corporation, partnership interest in a partnership or joint venture, interest of a member or manager in a limited liability company, or interest of a beneficiary of a trust, estate, or other similar entity. Note: Each legal entity below may be required to submit an EDS on its own behalf.

Please disclose present owners below. Please disclose anticipated owners in an attachment submitted through the "Additional Info" tab. "Anticipated owner" means an individual or entity in existence at the time application for City action is made, which is not an applicant or owner at such time, but which the applicant expects to assume a legal status, within six months of the time the City action occurs, that would render such individual or entity an applicant or owner if they had held such legal status at the time application was made.

- Dr. Daniel Martin - 85.0%

Owner Details

Name	Business Address
Dr. Daniel Martin	220 South Buchanan Suite I Edwardsville, IL United States

SECTION III -- INCOME OR COMPENSATION TO, OR OWNERSHIP BY, CITY ELECTED OFFICIALS

A. Has the Disclosing Party provided any income or compensation to any City elected official during the 12-month period preceding the date of this EDS?

No

B. Does the Disclosing Party reasonably expect to provide any income or compensation to any City elected official during the 12-month period following the date of this EDS?

No

D. Does any City elected official or, to the best of the Disclosing Party's knowledge after reasonable inquiry, any City elected official's spouse or domestic partner, have a financial interest (as defined in [Chapter 2-156 of the Municipal Code](#) ("MCC")) in the Disclosing Party?

No

SECTION IV -- DISCLOSURE OF SUBCONTRACTORS AND OTHER RETAINED PARTIES

The Disclosing Party must disclose the name and business address of each subcontractor, attorney, lobbyist (as defined in [MCC Chapter 2-156](#)), accountant, consultant and any other person or entity whom the Disclosing Party has retained or expects to retain in connection with the Matter, as well as the nature of the relationship, and the total amount of the fees paid or estimated to be paid. The Disclosing Party is not required to disclose employees who are paid solely through the Disclosing Party's regular payroll.

If the Disclosing Party is uncertain whether a disclosure is required under this Section, the Disclosing Party must either ask the City whether disclosure is required or make the disclosure.

1. Has the Disclosing Party retained or does it anticipate retaining any legal entities in connection with the Matter?

No

3. Has the Disclosing Party retained or does it anticipate retaining any persons in connection with the Matter?

No

SECTION V -- CERTIFICATIONS

A. COURT-ORDERED CHILD SUPPORT COMPLIANCE

Under [MCC Section 2-92-415](#), substantial owners of business entities that contract with the City must remain in compliance with their child support obligations throughout the contract's term.

Has any person who directly or indirectly owns 10% or more of the Disclosing Party been declared in arrearage of any child support obligations by any Illinois court of competent jurisdiction?

No

B. FURTHER CERTIFICATIONS

1. [This certification applies only if the Matter is a contract being handled by the City's Department of Procurement Services.] In the 5-year period preceding the date of this EDS, neither the Disclosing Party nor any Affiliated Entity has engaged, in connection with the performance of any public contract, the services of an integrity monitor, independent private sector inspector general, or integrity compliance consultant (i.e. an individual or entity with legal, auditing, investigative, or other similar skills, designated by a public agency to help the agency monitor the activity of specified agency vendors as well as help the vendors reform their business practices so they can be considered for agency contracts in the future, or continue with a contract in progress).

I certify the above to be true

2. The Disclosing Party and its Affiliated Entities are not delinquent in the payment of any fine, fee, tax or other source of indebtedness owed to the City of Chicago, including, but not limited to, water and sewer charges, license fees, parking tickets, property taxes and sales taxes, nor is the Disclosing Party delinquent in the payment of any tax administered by the Illinois Department of Revenue.

I certify the above to be true

3. The Disclosing Party and, if the Disclosing Party is a legal entity, all of those persons or entities identified in Section II(B)(1) of this EDS:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from any transactions by any federal, state or local unit of government;
- b. have not, during the 5 years before the date of this EDS, been convicted of a criminal offense, adjudged guilty, or had a civil judgment rendered against them in connection with: obtaining, attempting to obtain, or performing a public (federal, state or local) transaction or contract under a public transaction; a violation of federal or state antitrust statutes; fraud; embezzlement; theft; forgery; bribery; falsification or destruction of records; making false statements; or receiving stolen property;
- c. are not presently indicted for, or criminally or civilly charged by, a governmental entity (federal, state or local) with committing any of the offenses set forth in subparagraph (b) above;
- d. have not, during the 5 years before the date of this EDS, had one or more public transactions (federal, state or local) terminated for cause or default; and

- e. have not, during the 5 years before the date of this EDS, been convicted, adjudged guilty, or found liable in a civil proceeding, or in any criminal or civil action, including actions concerning environmental violations, instituted by the City or by the federal government, any state, or any other unit of local government.

I certify the above to be true

4. The Disclosing Party understands and shall comply with the applicable requirements of MCC [Chapter 2-56 \(Inspector General\)](#) and [Chapter 2-156 \(Governmental Ethics\)](#).

I certify the above to be true

5. Neither the Disclosing Party, nor any [Contractor](#), nor any [Affiliated Entity](#) of either the Disclosing Party or any [Contractor](#), nor any [Agents](#) have, during the 5 years before the date of this EDS, or, with respect to a [Contractor](#), an [Affiliated Entity](#), or an [Affiliated Entity](#) of a [Contractor](#) during the 5 years before the date of such [Contractor's](#) or [Affiliated Entity's](#) contract or engagement in connection with the Matter:

- a. bribed or attempted to bribe, or been convicted or adjudged guilty of bribery or attempting to bribe, a public officer or employee of the City, the State of Illinois, or any agency of the federal government or of any state or local government in the United States of America, in that officer's or employee's official capacity;
- b. agreed or colluded with other bidders or prospective bidders, or been a party to any such agreement, or been convicted or adjudged guilty of agreement or collusion among bidders or prospective bidders, in restraint of freedom of competition by agreement to bid a fixed price or otherwise; or
- c. made an admission of such conduct described in subparagraph (a) or (b) above that is a matter of record, but have not been prosecuted for such conduct; or
- d. violated the provisions referenced in [MCC Subsection 2-92-320\(a\)\(4\)\(Contracts Requiring a Base Wage\)](#); [\(a\)\(5\)\(Debarment Regulations\)](#); or [\(a\)\(6\)\(Minimum Wage Ordinance\)](#).

I certify the above to be true

6. Neither the Disclosing Party, nor any [Affiliated Entity](#) or [Contractor](#), or any of their employees, officials, [agents](#) or partners, is barred from contracting with any unit of state or local government as a result of engaging in or being convicted of

- bid-rigging in violation of [720 ILCS 5/33E-3](#);
- bid-rotating in violation of [720 ILCS 5/33E-4](#); or
- any similar offense of any state or of the United States of America that contains the same elements as the offense of bid-rigging or bid-rotating.

I certify the above to be true

7. Neither the Disclosing Party nor any Affiliated Entity is listed on a Sanctions List maintained by the United States Department of Commerce, State, or Treasury, or any successor federal agency.

I certify the above to be true

8. [FOR APPLICANT ONLY]

- i. Neither the Applicant nor any "controlling person" [see MCC Chapter 1-23, Article I for applicability and defined terms] of the Applicant is currently indicted or charged with, or has admitted guilt of, or has ever been convicted of, or placed under supervision for, any criminal offense involving actual, attempted, or conspiracy to commit bribery, theft, fraud, forgery, perjury, dishonesty or deceit against an officer or employee of the City or any "sister agency" ; and
- ii. the Applicant understands and acknowledges that compliance with Article I is a continuing requirement for doing business with the City.

NOTE: If MCC Chapter 1-23, Article I applies to the Applicant, that Article's permanent compliance timeframe supersedes 5-year compliance timeframes in this Section V.

I certify the above to be true

9. [FOR APPLICANT ONLY] The Applicant and its Affiliated Entities will not use, nor permit their subcontractors to use, any facility listed as having an active exclusion by the U.S. EPA on the federal System for Award Management ("SAM")

I certify the above to be true

10. [FOR APPLICANT ONLY] The Applicant will obtain from any contractors/ subcontractors hired or to be hired in connection with the Matter certifications equal in form and substance to those in Certifications (2) and (9) above and will not, without the prior written consent of the City, use any such contractor/subcontractor that does not provide such certifications or that the Applicant has reason to believe has not provided or cannot provide truthful certifications.

I certify the above to be true

11. To the best of the Disclosing Party's knowledge after reasonable inquiry, the following is a complete list of all current employees of the Disclosing Party who were, at any time during the 12-month period preceding the date of this EDS, an employee, or elected or appointed official, of the City of Chicago.

None

12. To the best of the Disclosing Party's knowledge after reasonable inquiry, the following is a complete list of all gifts that the Disclosing Party has given or caused to be given, at any time during the 12-month period preceding the execution date of this EDS,

to an employee, or elected or appointed official, of the City of Chicago. For purposes of this statement, a "gift" does not include: (i) anything made generally available to City employees or to the general public, or (ii) food or drink provided in the course of official City business and having a retail value of less than \$25 per recipient, or (iii) a political contribution otherwise duly reported as required by law.

None

C. CERTIFICATION OF STATUS AS FINANCIAL INSTITUTION

The Disclosing Party certifies, as defined in [MCC Section 2-32-455\(b\)](#), the Disclosing Party

is not a "financial institution"

D. CERTIFICATION REGARDING FINANCIAL INTEREST IN CITY BUSINESS

Any words or terms defined in [MCC Chapter 2-156](#) have the same meanings if used in this Part D.

1. In accordance with [MCC Section 2-156-110](#): To the best of the Disclosing Party's knowledge after reasonable inquiry, does any official or employee of the City have a financial interest in his or her own name or in the name of any other person or entity in the Matter?

No

E. CERTIFICATION REGARDING SLAVERY ERA BUSINESS

If the Disclosing Party cannot make this verification, the Disclosing Party must disclose all required information in the space provided below or in an attachment in the "Additional Info" tab. Failure to comply with these disclosure requirements may make any contract entered into with the City in connection with the Matter voidable by the City.

The Disclosing Party verifies that the Disclosing Party has searched any and all records of the Disclosing Party and any and all predecessor entities regarding records of investments or profits from slavery or slaveholder insurance policies during the slavery era (including insurance policies issued to slaveholders that provided coverage for damage to or injury or death of their slaves), and the Disclosing Party has found no such records.

I can make the above verification

SECTION VI -- CERTIFICATIONS FOR FEDERALLY FUNDED MATTERS

Is the Matter federally funded? For the purposes of this Section VI, tax credits allocated by the City and proceeds of debt obligations of the City are not federal funding.

Yes

A. CERTIFICATION REGARDING LOBBYING

1.a Are there any persons who have made lobbying contacts on behalf of the Disclosing Party with respect to the Matter?

No

1.c. Are there any legal entities who have made lobbying contacts on behalf of the Disclosing Party with respect to the Matter?

No

2. The Disclosing Party has not spent and will not expend any federally appropriated funds to pay any person or entity listed in paragraph A(1) above for his or her lobbying activities or to pay any person or entity to influence or attempt to influence an officer or employee of any agency, as defined by applicable federal law, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress, in connection with the award of any federally funded contract, making any federally funded grant or loan, entering into any cooperative agreement, or to extend, continue, renew, amend, or modify any federally funded contract, grant, loan, or cooperative agreement.

I certify to the above.

3. The Disclosing Party will submit an updated certification at the end of each calendar quarter in which there occurs any event that materially affects the accuracy of the statements and information set forth in paragraphs A(1) and A(2) above.

I certify to the above.

4. The Disclosing Party certifies that either:

- i. it is not an organization described in [section 501\(c\)\(4\) of the Internal Revenue Code of 1986](#) or
- ii. it is an organization described in [section 501\(c\)\(4\) of the Internal Revenue Code of 1986](#) but has not engaged and will not engage in "Lobbying Activities," as that term is defined in the [Lobbying Disclosure Act of 1995](#), as amended.

I certify to the above.

5. If the Disclosing Party is the Applicant, the Disclosing Party must obtain certifications equal in form and substance to paragraphs A(1) through A(4) above from all subcontractors before it awards any subcontract and the Disclosing Party must maintain all such subcontractors' certifications for the duration of the Matter and must make such certifications promptly available to the City upon request.

I certify to the above.

B. CERTIFICATION REGARDING EQUAL EMPLOYMENT OPPORTUNITY

If the Matter is federally funded, federal regulations require the Applicant and all proposed subcontractors to submit the following information with their bids or in writing at the outset of negotiations.

1. Have you developed and do you have on file affirmative action programs pursuant to applicable federal regulations? (See [41 CFR Part 60-2](#).)

Yes

2. Have you filed with the Joint Reporting Committee, the Director of the Office of Federal Contract Compliance Programs, or the Equal Employment Opportunity Commission all reports due under the applicable filing requirements?

Yes

3. Have you participated in any previous contracts or subcontracts subject to the equal opportunity clause?

Yes

SECTION VII - FURTHER ACKNOWLEDGMENTS AND CERTIFICATION

The Disclosing Party understands and agrees that:

- A. The certifications, disclosures, and acknowledgments contained in this EDS will become part of any contract or other agreement between the Applicant and the City in connection with the Matter, whether procurement, City assistance, or other City action, and are material inducements to the City's execution of any contract or taking other action with respect to the Matter. The Disclosing Party understands that it must comply with all statutes, ordinances, and regulations on which this EDS is based.
- B. The City's Governmental Ethics Ordinance, [MCC Chapter 2-156](#), imposes certain duties and obligations on persons or entities seeking City contracts, work, business, or transactions. The full text of this ordinance and a training program is available on line at www.cityofchicago.org/Ethics, and may also be obtained from

the City's Board of Ethics, 740 N. Sedgwick St., Suite 500, Chicago, IL 60610, (312) 744-9660. The Disclosing Party must comply fully with this ordinance.

I acknowledge and consent to the above

The Disclosing Party understands and agrees that:

- C. If the City determines that any information provided in this EDS is false, incomplete or inaccurate, any contract or other agreement in connection with which it is submitted may be rescinded or be void or voidable, and the City may pursue any remedies under the contract or agreement (if not rescinded or void), at law, or in equity, including terminating the Disclosing Party's participation in the Matter and/or declining to allow the Disclosing Party to participate in other City transactions. Remedies at law for a false statement of material fact may include incarceration and an award to the City of treble damages.
- D. It is the City's policy to make this document available to the public on its Internet site and/or upon request. Some or all of the information provided in, and appended to, this EDS may be made publicly available on the Internet, in response to a Freedom of Information Act request, or otherwise. By completing and signing this EDS, the Disclosing Party waives and releases any possible rights or claims which it may have against the City in connection with the public release of information contained in this EDS and also authorizes the City to verify the accuracy of any information submitted in this EDS.
- E. The information provided in this EDS must be kept current. In the event of changes, the Disclosing Party must supplement this EDS up to the time the City takes action on the Matter. If the Matter is a contract being handled by the City's Department of Procurement Services, the Disclosing Party must update this EDS as the contract requires. NOTE: With respect to Matters subject to MCC Article I of Chapter 1-23 (imposing PERMANENT INELIGIBILITY for certain specified offenses), the information provided herein regarding eligibility must be kept current for a longer period, as required by MCC Chapter 1-23 and Section 2-154-020.

I acknowledge and consent to the above

APPENDIX A - FAMILIAL RELATIONSHIPS WITH ELECTED CITY OFFICIALS AND DEPARTMENT HEADS

This Appendix is to be completed only by (a) the Applicant, and (b) any legal entity which has a direct ownership interest in the Applicant exceeding 7.5%. It is not to be completed by any legal entity which has only an indirect ownership interest in the Applicant.

Under MCC Section 2-154-015, the Disclosing Party must disclose whether such Disclosing Party or any "Applicable Party" or any Spouse or Domestic Partner thereof

currently has a "familial relationship" with any elected city official or department head. A "familial relationship" exists if, as of the date this EDS is signed, the Disclosing Party or any "Applicable Party" or any Spouse or Domestic Partner thereof is related to the mayor, any alderman, the city clerk, the city treasurer or any city department head as spouse or domestic partner or as any of the following, whether by blood or adoption: parent, child, brother or sister, aunt or uncle, niece or nephew, grandparent, grandchild, father-in-law, mother-in-law, son-in-law, daughter-in-law, stepfather or stepmother, stepson or stepdaughter, stepbrother or stepsister or half-brother or half-sister.

"Applicable Party" means (1) all corporate officers of the Disclosing Party, if the Disclosing Party is a corporation; all partners of the Disclosing Party, if the Disclosing Party is a general partnership; all general partners and limited partners of the Disclosing Party, if the Disclosing Party is a limited partnership; all managers, managing members and members of the Disclosing Party, if the Disclosing Party is a limited liability company; (2) all principal officers of the Disclosing Party; and (3) any person having more than a 7.5% ownership interest in the Disclosing Party. "Principal officers" means the president, chief operating officer, executive director, chief financial officer, treasurer or secretary of a legal entity or any person exercising similar authority.

Does the Disclosing Party or any "Applicable Party" or any Spouse or Domestic Partner thereof currently have a "familial relationship" with an elected city official or department head?

No

APPENDIX B - BUILDING CODE SCOFFLAW/PROBLEM LANDLORD CERTIFICATION

This Appendix is to be completed only by (a) the Applicant, and (b) any legal entity which has a direct ownership interest in the Applicant exceeding 7.5% (an "Owner"). It is not to be completed by any legal entity which has only an indirect ownership interest in the Applicant.

Pursuant to MCC Section 2-154-010, is the Applicant or any Owner identified as a building code scofflaw or problem landlord pursuant to MCC Section 2-92-416??

No

ADDITIONAL INFO

Please add any additional explanatory information here. If explanation is longer than 1000 characters, you may add an attachment below. Please note that your EDS, including all attachments, becomes available for public viewing upon contract award. Your attachments will be viewable "as is" without manual redaction by the City. You

are responsible for redacting any non-public information from your documents before uploading.

List of vendor attachments uploaded by City staff

None .

List of attachments uploaded by vendor

None .

CERTIFICATION

Under penalty of perjury, the person signing below: (1) warrants that he/she is authorized to execute this EDS, and all applicable appendices, on behalf of the Disclosing Party, and (2) warrants that all certifications and statements contained in this EDS, and all applicable appendices, are true, accurate and complete as of the date furnished to the City. Submission of this form constitutes making the oath associated with notarization.

/s/ 09/14/2021

John Rogan

President

Integrated Solutions Consulting, Corporation

This is a printed copy of the Economic Disclosure Statement, the original of which is filed electronically with the City of Chicago. Any alterations must be made electronically, alterations on this printed copy are void and of no effect.

Application Preview

Applicant Information

IDPH - CITIES READINESS (CRI)
GRANT DELIVERABLES

1. Applicant Information

- a. Applicant Name
- b. Does Business as
- c. Address
- d. Address 2
- e. City State Zip
- f. Federal ID Number DUNS Number
- g. Applicant fiscal year (beginning month and day)

- h. Agency Type
 - Governmental

- i. Web site (if applicable)

Department Name:

Division Name:
(optional)

Telephone #

Fax #

Email

SAM Cage Code:

SAM Expiry Date:

Chief Officer Information

Name

Title

Address Line 1

Address Line 2

City

State

Zip

Telephone #

Fax #

Email

- j. If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.

Name	FEIN

- k. Illinois Department of Human Rights Number
(if applicable):

- l. Will the proposed project cover the entire state? Yes/No Yes No

If No, please check the specific Counties from the list below

- Adams
- Alexander
- Bond
- Boone
- Brown
- Bureau
- Calhoun
- Carroll
- Cass
- Champaign
- Christian
- Clark

- | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Clay | <input type="checkbox"/> Clinton | <input type="checkbox"/> Coles | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Cumberland | <input type="checkbox"/> DeKalb | <input type="checkbox"/> DeWitt |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> DuPage | <input type="checkbox"/> Edgar | <input type="checkbox"/> Edwards |
| <input type="checkbox"/> Effingham | <input type="checkbox"/> Fayette | <input type="checkbox"/> Ford | <input type="checkbox"/> Franklin |
| <input type="checkbox"/> Fulton | <input type="checkbox"/> Gallatin | <input type="checkbox"/> Greene | <input type="checkbox"/> Grundy |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardin | <input type="checkbox"/> Henderson |
| <input type="checkbox"/> Henry | <input type="checkbox"/> Iroquois | <input type="checkbox"/> Jackson | <input type="checkbox"/> Jasper |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Jersey | <input type="checkbox"/> Jo Daviess | <input type="checkbox"/> Johnson |
| <input type="checkbox"/> Kane | <input type="checkbox"/> Kankakee | <input type="checkbox"/> Kendall | <input type="checkbox"/> Knox |
| <input type="checkbox"/> Lake | <input type="checkbox"/> LaSalle | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Lee |
| <input type="checkbox"/> Livingston | <input type="checkbox"/> Logan | <input type="checkbox"/> McDonough | <input type="checkbox"/> McHenry |
| <input type="checkbox"/> McLean | <input type="checkbox"/> Macon | <input type="checkbox"/> Macoupin | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Marion | <input type="checkbox"/> Marshall | <input type="checkbox"/> Mason | <input type="checkbox"/> Massac |
| <input type="checkbox"/> Menard | <input type="checkbox"/> Mercer | <input type="checkbox"/> Monroe | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Morgan | <input type="checkbox"/> Moultrie | <input type="checkbox"/> Ogle | <input type="checkbox"/> Peoria |
| <input type="checkbox"/> Perry | <input type="checkbox"/> Piatt | <input type="checkbox"/> Pike | <input type="checkbox"/> Pope |
| <input type="checkbox"/> Pulaski | <input type="checkbox"/> Putnam | <input type="checkbox"/> Randolph | <input type="checkbox"/> Richland |
| <input type="checkbox"/> Rock Island | <input type="checkbox"/> St. Clair | <input type="checkbox"/> Saline | <input type="checkbox"/> Sangamon |
| <input type="checkbox"/> Schuyler | <input type="checkbox"/> Scott | <input type="checkbox"/> Shelby | <input type="checkbox"/> Stark |
| <input type="checkbox"/> Stephenson | <input type="checkbox"/> Tazewell | <input type="checkbox"/> Union | <input type="checkbox"/> Vermilion |
| <input type="checkbox"/> Wabash | <input type="checkbox"/> Warren | <input type="checkbox"/> Washington | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> White | <input type="checkbox"/> Whiteside | <input type="checkbox"/> Will | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Winnebago | <input type="checkbox"/> Woodford | | |

m. **LEGISLATIVE DISTRICT of Proposed Program / Project (If you selected 'NO' for 'Will the proposed project cover the entire state?', please select the Legislative Districts below)**

State Senate District

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Senate District 01 | <input type="checkbox"/> Senate District 02 | <input type="checkbox"/> Senate District 03 | <input type="checkbox"/> Senate District 04 |
| <input type="checkbox"/> Senate District 05 | <input type="checkbox"/> Senate District 06 | <input type="checkbox"/> Senate District 07 | <input type="checkbox"/> Senate District 08 |
| <input type="checkbox"/> Senate District 09 | <input type="checkbox"/> Senate District 10 | <input type="checkbox"/> Senate District 11 | <input type="checkbox"/> Senate District 12 |
| <input type="checkbox"/> Senate District 13 | <input type="checkbox"/> Senate District 14 | <input type="checkbox"/> Senate District 15 | <input type="checkbox"/> Senate District 16 |
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State House District

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| <input type="checkbox"/> House District 102 | <input type="checkbox"/> House District 103 | <input type="checkbox"/> House District 104 | <input type="checkbox"/> House District 105 |
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| <input type="checkbox"/> House District 113 | <input type="checkbox"/> House District 114 | <input type="checkbox"/> House District 115 | <input type="checkbox"/> House District 116 |
| <input type="checkbox"/> House District 117 | <input type="checkbox"/> House District 118 | <input type="checkbox"/> House District 12 | <input type="checkbox"/> House District 13 |
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Congressional District

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| <input type="checkbox"/> Congress District 13 | <input type="checkbox"/> Congress District 14 | <input type="checkbox"/> Congress District 15 | <input type="checkbox"/> Congress District 16 |
| <input type="checkbox"/> Congress District 17 | <input type="checkbox"/> Congress District 18 | | |

n. **LEGISLATIVE DISTRICT of Applicant Agency**

State Senate District

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| <input type="checkbox"/> Senate District 01 | <input type="checkbox"/> Senate District 02 | <input type="checkbox"/> Senate District 03 | <input type="checkbox"/> Senate District 04 |
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State House District

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| <input type="checkbox"/> House District 78 | <input type="checkbox"/> House District 79 | <input type="checkbox"/> House District 80 | <input type="checkbox"/> House District 81 |
| <input type="checkbox"/> House District 82 | <input type="checkbox"/> House District 83 | <input type="checkbox"/> House District 84 | <input type="checkbox"/> House District 85 |
| <input type="checkbox"/> House District 86 | <input type="checkbox"/> House District 87 | <input type="checkbox"/> House District 88 | <input type="checkbox"/> House District 89 |
| <input type="checkbox"/> House District 90 | <input type="checkbox"/> House District 91 | <input type="checkbox"/> House District 92 | <input type="checkbox"/> House District 93 |

3. Contact Information

Please identify a Program contact, Business/Administrative Office contact, and Authorized Official. Additional contacts like Project Director and Financial Officer may also be identified but are not required.

a. Contact Type

Name

Title

Mailing Address

City

State

Zip Code

Telephone

Fax

E-mail Address

Applicant Grant History

a. Description of Applicant Organization

Briefly describe the applicant organization (500 character Maximum)

Applicant Grant History

- b. How long has the applicant been incorporated?
- c. Is the applicant in "good standing" with the Illinois Office of the Secretary of State? Yes No
- d. Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a part to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business? Yes No

If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.

Applicant Grant History (con't)

- e. Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge threatened against applicant and/or any principal that may result in any adverse change the applicant's financial condition or materially and adversely affect applicant's operations? Yes No

If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.

- f. Does the applicant or any principal owe any debt to the State of Illinois? Yes No

If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

State of IL Department / Agency	Amount of Debt	Reason for the debt	Reference

Scope of Work

1. Grant Scope of Work

The purpose Cities Readiness Initiative Program is to fund certain certified, local health departments located in federally-designated Metropolitan Statistical Areas (MSAs) in Illinois, outside of the City of Chicago. These jurisdictions in Illinois are as follows: Chicago MSA, Peoria MSA, and St. Louis MSA. The geographical boundaries of the Metropolitan Statistical Areas are as defined by the Federal Office of Management and Budget (OMB).

The overall goal of the Cities Readiness Initiative Program is to provide additional dollars to the State Public Health Department and to the above federally- designated CRI jurisdictions for the purposes of assessing, prioritizing, building, training, and exercising the necessary resource element and capabilities needed to save lives in the event of an emergency that requires the rapid deployment of emergency medical countermeasures.

Planning considerations should include the CDC's 15 Public Health Emergency Preparedness Capabilities with special emphasis on Capability 8- Medical Countermeasure Dispensing and Capability 9- Medical Materiel Management and Distribution.

Scope of Work

The Grantee will provide the following services and agrees to act in compliance with all State and federal statutes and administrative rules applicable to the provision of services pursuant to this Agreement. The grant application submitted by Grantee related to this Agreement is hereby incorporated and made a part of this Agreement.

B.1. The Grantee shall:

- B.1.1. **CRI AND PHEP GRANT ALIGNMENT** - The Grantee will execute and perform a separate Public Health Emergency Preparedness (PHEP) grant agreement with the Department to continue to be eligible and receive funds from this CRI grant.

The Grantee is to plan, implement, and document the requirements of this grant in compliance with the plans and reporting required by the Grantee's PHEP grant agreement with the Department; and in line with the Centers for Disease Control and Prevention (CDC) Public Health Preparedness (PHP) Capabilities: National Standards for State and Local Planning (*here forward named PHP Capabilities National Standards*) over the five-year project period from 2017-2022

- B.1.2. **MCM ORR SHAREPOINT SITE- By September 14, 2021**, the Grantee must ensure a registered primary and two back up personnel in CDC Online Technical Assistance Center, On-Trac (*formerly CDC JOIN*).

CDC On-Trac allows Grantees to access the MCM ORR SharePoint site where the medical countermeasures guidance, data collection tools, and the MCM ORR assessment tools are to be located. The Grantee should apply for access by completing the CDC On-Trac registration form.

- B.1.3. **ANNUAL MEDICAL COUNTERMEASURES TRAINING** - The Grantee will annually train appropriate staff, partner agencies, and Healthcare Coalition members on their roles in the Grantee's Medical Countermeasures Distribution and Dispensing Plans.

This training should include annual training on CDC IMATS; and send appropriate staff to at least one IDPH/CDC Regional State Medical Counter Measures Distribution and Dispensing Plan Training (when offered by the Department and/or CDC). These trainings should be planned in the Grantee's updated Multi-Year Training and Exercise Plan and documented in I-TRAIN as required of the Grantee by its separate PHEP grant.

- B.1.4. **QUARTERLY CALL DOWN DRILLS** - The Grantee will conduct, at least quarterly, staff call down drills.

One of the call down drills can be used to satisfy one of the below requirement of conducting 3 different CRI drills.

- B.1.5. **CITIES READINESS INITIATIVE DRILLS** - The Grantee will conduct at least three (3) different CRI drills (not the same drill performed three times), alternating each year between anthrax and pandemic influenza scenarios.

By **June 30, 2022**, The CRI Drill data should be submitted to the CDC's DCIPHER. More information is forthcoming on this new system, to be implemented in FY22. Drill forms to be completed:

- i. **Facility Setup Drill**
- ii. **Staff Notification and Assembly Drill**
- iii. **Site Activation Drill**

Documentation on completion and submission of the CRI drills must also be submitted to the Department through the Grantee's CEMP.

Due to their very narrow focus, conducting any of the three CRI drills individually does NOT meet the requirement of an annual exercise for the Grantee's separate PHEP award from the Department. To meet the requirements of the annual exercise in the separate PHEP award one or more of the CRI drills must be conducted in the broader context of exercising a PHEP capability.

PLEASE NOTE: The CDC now requires that dispensing throughput estimation drill is completed as part of the dispensing full-scale exercise (FSE). However, if a site does not participate in the dispensing FSE (for example, participates in immunization FSE in lieu of dispensing FSE), oral MCM throughput must be measured and information submitted at least once during the five year period.

- B.1.6. **MEDICAL COUNTERMEASURES TABLE- TOP EXERCISES- By June 2024**, the Grantee must complete two TTXs. One ttx to demonstrate readiness for an anthrax scenario and one ttx for a pandemic influenza scenario.
- i. CRI Grantees may use the real world event, SARS – CoV – 2/ COVID – 19 response to satisfy the pandemic influenza TTX scenario.
 - ii. Submission requirements will be updated once further guidance is received from the CDC.
- B.1.7. **MEDICAL COUNTERMEASURES FUNCTIONAL EXERCISE - By June 2024**, the Grantee must conduct a functional exercise (FE) focused on vaccination of at least one critical workforce group, to demonstrate readiness for a pandemic influenza scenario.
- B.1.8. **MEDICAL COUNTERMEASURES FULL- SCALE EXERCISE** - The Grantee will plan and conduct one (1) full-scale exercise (FSE) before the grant Project Period ending in June 30, 2024, that demonstrates medical Countermeasure Distribution and Dispensing Elements.
- i. **Chicago MSA CRI Grantees:** Must demonstrate operational readiness for the intentional release of anthrax through the completion of a dispensing FSE (including dispensing throughput drill).
 - ii. **Peoria and St. Louis CRI MSA Grantees:** FSE must demonstrate operational readiness for a pandemic scenario. See below guidance under Section B.1.8 iii- The State of Illinois State- wide Medical Countermeasures FSE.
 1. **The State of Illinois State-wide Medical Countermeasures FSE is scheduled for October 26- 30, 2021. Canceled due to the ongoing SARS – CoV2/ COVID – 19 pandemic response.**
 2. **Peoria MSA and St. Louis MSA** may use their response activities from SARS – CoV – 2/ COVID – 19 to satisfy this FSE requirement.
 - a. An AAR/IP, and/or other exercise documentation must be submitted by the Grantee in the format requested by Department within 60 days after the exercise.
 - b. Submission requirements will be updated once further guidance is received from CDC.

3. If Grantees prefer not to use the SARS – CoV- 2 to satisfy the 5 year FSE pandemic requirement, CRI local health departments in the Peoria MSA and St. Louis MSA, may plan and conduct a FSE with jurisdictional planning partners according to their HSEEP- compliant exercise and training schedule, but no later than June 30, 2024, to demonstrate operational readiness for a pandemic influenza scenario.
4. The Department may provide additional specific information on the exercise and the elements to be tested by the Grantee in the current Department Training and Exercise Guidance (updated annually).

B.1.9. DEMONSTRATE THE NEW PUBLIC HEALTH EMERGENCY PREPAREDNESS OPERATIONAL READINESS (PHEP ORR) – By June 30, 2024, the Grantee must reach an overall status level of “Established” for operational readiness to receive, distribute, and dispense medical materiel during a public health emergency. To achieve this goal, the following must occur in BP2 (FY21):

- i. Currently the ORR assessment tool and processes are undergoing revision by the CDC.
- ii. The Department will provide further information on the procedures and metrics for this deliverable, once more guidance is received from the CDC.

B.1.10 CLOSED POINTS OF DISPENSING- By March 31, 2022, the Grantee will submit, to the Department, a report of closed POD sites recruitment efforts in the jurisdiction.

This annual report should include the number of closed PODs, populations served by each closed POD, training and exercise activities conducted with each closed POD by the Grantee during the Budget Period.

B.1.11 LOCAL HEALTH DEPARTMENT DROP SITE VALIDATION- By March 31, 2022, the Grantee, in conjunction with their IDPH Regional Emergency Response Coordinator, will complete the CDC RSS Facility Site Survey for all of the jurisdiction's potential local drop site.

This information shall be managed in the CEMP. The data collected on the survey should be used to determine a facility's use as an RSS site from an all- hazards approach. Additionally, any changes in Local Drop Site information must be routinely updated and maintained in CEMP and in IMATS.

B.1.12 MONTHLY STATEWIDE CITIES READINESS INITIATIVE MEETING - The Grantee will participate in monthly CRI meetings hosted by the Medical Countermeasures Program. These monthly meetings will center on helping the Grantee in meeting the requirements of the CRI grant, as well as providing updates and guidance on improving overall medical countermeasures planning within local jurisdictions.

B.2 In connection with the services described in Section B.1, the Department will:

B.2.1. Provide overall oversight for the Program.

B.2.2. Provide funding to Grantee in accordance with the policies described in Article IV of **PART ONE**.

B.2.3. Monitor the work of grantee organizations to ensure compliance with the terms of the Program and the activities to be performed as described in the grantee organization application and this Agreement.

B.2.4. Provide technical assistance and support in implementation of the grant.

B.2.5. Provide feedback on reports and work products submitted by Grantee.

B.2.6. Annually Conduct site visit(s) to the grantee for technical assistance and grant compliance monitoring, or when requested by the Grantee or deemed necessary by the Department's Office of Preparedness and Response staff.

B.2.7. Conduct periodic communication exercise with SIREN or Starcom21 with local health departments;

B.2.8. Conduct periodic training on the use of CDC's Inventory Management and Tracking System (IMATS).

B.2.9. Provide specific guidance and formats for local health department exercises, training and performance measure and other types of reporting as described in this grant in a timely fashion.

B.2.10 Provide technical support for its information technology systems required in this grant in a timely fashion.

B.2.11 Provide guidance to clarify these grant terms, or adapt to unforeseen emergencies and events;

Compensate Grantee as described in Section 5.3 of this grant agreement.

Acknowledgement

I have read the Scope of Work and plan to provide adequate staff and resources to complete the activities outlined in my annual plan according to the terms of my duly signed and executed grant agreement from IDPH.

Program Work Plan

1. Objectives and Activities

For each Objective, provide Activities that will be undertaken to accomplish the Objective and provide the job title of responsible clinic staff. Use the (+) feature to the left of 'Activity' to add activities and staff under each Objective. After entering all information for an activity, click 'Save' and the Objective and Activity will show in a tree to the left on the screen. Use the (+) feature to the left of 'Objective' to add each additional objective. The screen clears for new objective and activity information. (Click on the tree to bring up previously entered Work Plan information.)

When entering an Outcome, check the Outcome Applicability box for each Outcome. Each Outcome requires a Measurement.

Health Equity Checklist

Key Definitions

Disparately impacted communities: include, but are not limited to, racial and ethnic minorities, refugees, immigrants, seniors, low-income earners, uninsured individuals, undocumented individuals, individuals with limited English Proficiency, individuals with disabilities and the homeless.

Health equity: Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Disparities: means differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Health Inequalities: a term sometimes used interchangeably with the term health disparities. It is more often used in the scientific and economic literature to refer to summary measures of population health associated with individual - or group – specific attributes (e.g., income, education, or race/ethnicity).

Health Inequities: a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair.

Intervention Strategy: any plan, guidance, proposal, policy, practice, communication, or directive, developed by statewide, regional and local level entities to treat, diagnose, study, provide awareness of, or otherwise address COVID-19 in Illinois residents, including in disparately impacted communities.

Social determinants of health: the conditions in the environments in which people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Community Health Needs Assessment (CHNA): assessment of a specific community being serviced and typically performed by a consortium of not-for-profit hospitals and community-based organizations. Although they vary by community, CHNAs "enable communities to identify issues of greatest concern and decide how to allocate resources to address those issues."

Considerations for Assessing Health Equity:

Participating entities should use the following questions to assess both the short and long-term impacts to health equity, health inequalities and health inequities of a particular intervention strategy. Short-term initiatives might prioritize currently prevalent comorbidities for a disparately impacted community, whereas long-term initiatives might prioritize issues such as food insecurity, inadequate housing or limited access to health care that widen health disparities.

Communities most likely to benefit from this intervention strategy

1. **What persons / communities are most likely to benefit from this intervention strategy?** Which disparately impacted communities are most affected by this intervention strategy?

For example, consider the use of the following resources to identify and inform where the most health needs are in your community.

- Your Community Health Needs Assessment
- Community Health Rankings
- The CMS AHC Screening Tool for the Social Determinants of Health

Based on the above guidance for communities are most likely to benefit from this intervention strategy, please provide your response below:

Benefit to disparately impacted communities

2. **How does this intervention strategy benefit disparately impacted persons / communities?**

- What specific health conditions (e.g., diabetes, asthma, hypertension, etc.) and inequities will be addressed with this intervention strategy?
- What social determinants are targeted for intervention?
- How will the members of each disparately impacted community be affected?

Based on the above guidance for benefit from this intervention strategy to disparately impacted communities, please provide your response below:

Proposed intervention strategy vs expand socio-economic opportunities

3. **Will the proposed intervention strategy expand socio-economic opportunities for disparately impacted persons / community members and their overall health?** Yes No

- If yes, how?
- If no, how can the proposed intervention strategy be revised to address that?

Based on you response to the above question, please provide your response below:

Promotion inclusive collaboration and civic engagement

4. **Will the proposed intervention strategy promote inclusive collaboration and / or civic engagement of all disparately impacted communities?** Yes No

Is there community support for the intervention strategy? Yes No

If yes, who are your collaborating partners?

Collaborating Partners

If no, which communities are in opposition, why does that opposition exist (i.e. what interests are in conflict with the intervention strategy), and how do you plan to address it?

Have you or do you plan to engage the disparately impacted community in a dialogue? Yes No

Do you have strategies in place to identify unintended consequences or barriers to racial equity as a result of the proposed intervention strategy? Are there strategies in place to mitigate any negative impacts? Are revised strategies needed to address those consequences?

Assurance of workforce equity

5. **Will your intervention strategy ensure support of workforce equity and/or contracting equity?** Yes No

- If yes, how?
- What goals are contemplated for workforce equity and/or contracting equity?
- If no, what modifications are needed to ensure the intervention strategy supports workforce equity and/or contracting equity?

Based on your response for ensuring workforce equity and/or contracting equity, please provide your response below:

Achievement of greater health equity

6. **How will this intervention strategy achieve greater health equity for disparately impacted persons / communities?**

- Can you demonstrate how this intervention strategy improves health equity?
- If not, why not, and what modifications are needed to ensure the plan meets the health equity goals?

Based on the above guidance for achieving greater health equity for disparately impacted communities, please provide your response below:

Metrics to ensure and evaluate health equity goals

7. Name and explain at least two metrics that will be used to evaluate your health equity goals

Grant Budget

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
1. Personal Services (Incl Salary & Wages)								
<p>Instructions : If the proposed budget includes Personal Services (Salary or Wage) related costs, please indicate the type of documentation that will be maintained and used to allocate staff costs to the grant. (e.g. Time Sheets, Cost allocation plans, Certifications of time allocable to grant, Other (please describe), Not applicable to this grant application. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the projected monthly salary, 'Rate' for the percentage of time on the grant in decimal form, and 'Units' for the number of months in each year. The Unit of Measure (UoM) should be set to Month (MTH) for this expense category.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others. Please also include the Name and Title of the person.</p>								
1. Case Worker []								
2. Health Educator []								
3. Outreach Worker []								
4. Project Director []								
5. Program Manager []								
6. Program Supervisor []								
7. Wellness Coordinator []								
8. Others []								
2. Fringe Benefits								
<p>Instructions : If the proposed budget includes Fringe Benefits related costs, please indicate the type of documentation that will be maintained and used to allocate fringe benefits. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p>								

Please complete the budget detail below using 'Percent' to indicate the percentage of the salary indicated by the 'Unit' amount.

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.

1. FICA									
2. Group Insurance									
3. Health Insurance									
4. Retirement									
5. Social Security									
6. Workmens Compensation									
7. Others []									

3. Travel

Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.

Please complete the budget detail below using 'Quantity' (QTY) for the number of personnel, 'Rate' for the Cost rate of the related travel, and 'Units' for the number based on the selected 'Unit of Measure' in each year. The Unit of Measure (UoM) should be set to 'Roundtrip', 'Nights', 'Days' as applicable for this expense category.

1. InState Lodging									
2. InState Meals									
3. InState Other []									
4. InState Mileage									
5. OutState Lodging									
6. OutState Meals									
7. OutState Others []									

8.	OutState Mileage							
4.	Equipment	<p>Instructions : Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Program restrictions may apply.</p> <p>Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number of respective equipment, 'Rate' for the Cost of the related equipment. The Unit of Measure (UoM) should be set as applicable for this expense category.</p>	1. Others []					
5.	Supplies	<p>Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number of respective supplies, 'Rate' for the Cost of the related supplies. The Unit of Measure (UoM) should be set as applicable for this expense category.</p>	1. Others []					
6.	Contractual Services	<p>Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p>						

	<p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p>										
	1. Others []
7.	<p>Consultant Services</p> <p>Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p>										
	1. Others []
8.	<p>Occupancy - Rent and Utilities</p> <p>Instructions : List items and descriptions by major type and the basis of the computation. Explain how rental expenses are allocated for distribution as an expense to the program / service.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number based on 'basis' (Sq Ft, Monthly Rate, etc), 'Rate' for the Cost rate of the related occupancy expense, and 'Units' for the number based on the selected 'Unit of Measure' in each year. The Unit of Measure (UoM) should be set to 'Months', 'Year', etc as applicable for this expense category.</p>										
	1. Rent										
	2. Utilities										
	3. Other										
9.	<p>Training and Education</p> <p>Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number of personnel, 'Rate' for the Cost rate of the related training, and 'Units' for the number based on the selected 'Unit of Measure' in each year. The Unit of Measure (UoM) should be set to 'Hours', 'Days', 'Numbers', etc as applicable for this expense category.</p>										
	1. Other []

Grant Budget Detail for Cities Readiness Initiative - 2022

10.	<p>Direct Administrative Costs</p> <p>Instructions : Please complete the budget detail below using 'Percent' to indicate the percentage of the salary indicated by the 'Unit' amount.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line below Others.</p>														
	1. Other []														
11.	<p>Other or Miscellaneous Costs</p> <p>Instructions : Costs directly related to the service or activity of the program.</p>														
	1. Audit Fees														
	2. Insurance														
	3. Patient Transportation														
	4. Other []														
12.	<p>Indirect Costs</p> <p>Instructions : Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Illinois Department of Public Health or the applicable federal cognizant agency and is accepted by the Department.</p> <p>Using the 'Look-up' icon select the type of indirect rate in the text box below the selected item.</p>														
	1. De Minimis Rate – up to 10%														
	2. Federal Approval														
	3. Other Approval														
	4. State Approval														
	Totals														

Grant Budget Summary for Cities Readiness Initiative - 2022

5/27/2021

Category	Total Amount	Amount Requested	Cash	Inkind	Narrative
1. Personal Services (Incl Salary & Wages)					
2. Fringe Benefits					
3. Travel					
4. Equipment					
5. Supplies					
6. Contractual Services					
7. Consultant Services					
8. Occupancy - Rent and Utilities					
9. Training and Education					
10. Direct Administrative Costs					
11. Other or Miscellaneous Costs					
12. Indirect Costs					
Totals					

SOURCE OF FUNDS

Category	Total Amount	Amount Requested	Cash	Inkind	Narrative
1. Fees and Collections					
2. State Agreement					
3. Local					
4. Federal					

Grant Budget Summary for Cities Readiness Initiative - 2022

5. Other									
Totals									

Indirect Cost Information

1. Section - A Indirect Cost Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options. (if no reimbursement is requested, please leave blank)

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information using the blue arrow upload feature.

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).
- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or a State of Illinois agency and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).
- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5))
 - Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is
%

Miscellaneous

1 Required Attachments

- a. Organization W-9
- b. Strategic Plan
- c. Sub-Contractor / Sub-Grantee Disclosure

SAMPLE

Risk Assessment

Risk Assessment Questionnaire Information

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Four risk categories are assessed through this questionnaire:

1. Quality of management systems and ability to meet the management standards;
2. History of performance;
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit; and
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

GO TO NEXT PAGE TO START

1. Quality of Management Systems and ability to meet the management standards

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

- | | | | | | | | |
|----|---|-----------------------|-----|-----------------------|----|-----------------------|----|
| a. | Quality assurance | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| b. | Program outcome tracking and reporting mechanisms | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| c. | Relevant documentation of services/goods delivered | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| d. | Staff performance management policies and procedures | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| e. | Complaint/grievance resolution policies and procedures | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| f. | Safeguarding funds, property and other assets against loss from unauthorized use or disposition | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| g. | Management of grant terms | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| h. | Participant eligibility, if applicable | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | NA |

1.2 Do you have internal controls that govern program delivery on the topics of:

- | | | | | | | | |
|----|--|-----------------------|-----|-----------------------|----|-----------------------|----|
| a. | Quality assurance reporting | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| b. | Appropriate (to industry) supervision of staff | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| c. | Unit costs analysis and management | <input type="radio"/> | Yes | <input type="radio"/> | No | | |
| d. | Accreditation/licensing compliance program | <input type="radio"/> | Yes | <input type="radio"/> | No | <input type="radio"/> | NA |

- 1.3 Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? Yes No

- 1.4 How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years
- One to five years
- Less than one year

- 1.5 Does the organization have a time and effort system for tracking program-specific work performed? Yes No

If "NO", go to question 1.6. If "YES", complete 1.5 a., b., and c.

- a. The system records all time worked, including time not charged to awards Yes No
- b. The system includes signed-off by the employee and a supervisor Yes No
- c. The system includes an approved methodology Yes No NA
- Question is not applicable because grants are based on a set rate or a per unit of service
- 1.6 Does the organization have controls for invoicing grants paid based on a rate or unit of service? Yes No NA
- 1.7 Does the organization apply the same standard for match requirements as it does for expenses? Yes No NA
- 1.8 To what extent are you able to produce periodic performance reports to communicate program outcomes externally?
 - Performance reports are an established part of grant management procedures
 - Performance data reporting is being developed as part of grant management procedures
 - We do not currently report performance data within our grant management

2. History of Performance

- 2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?
 - More than five years
 - One to five years
 - Less than one year
 - No Experience (GO TO QUESTION 2.4)
- 2.2 If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar projects, goals, and outcomes; specify the applicable year:

FOR IDPH Reviewers ONLY: Was the applicants response to Q 2.2 satisfactory? Yes No NA

- 2.3 During your last two fiscal years, how frequently has your organization submitted project performance reports on time?
 - Always
 - Reported late up to three times
 - Reported late four or more times
 - Not Applicable – not a requirement of awards previously received

2.4 Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership responsibilities Yes No
- b. Significant program / grant initiative(s) Yes No
- c. Structural / re-organizations Yes No
- d. Fiscal changes Yes No
- e. Statutory or regulatory requirements Yes No
- f. Other Yes No

2.5 Provide a brief explanation for all "YES" responses to question 2.4.

FOR IDPH Reviewers ONLY: Was the applicants response to Q 2.5 satisfactory? Yes No N
A

2.6 Will the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete the project? Yes No

(IF "NO", GO TO QUESTION 2.10)

2.7 **What responsibilities does the sub-grantee/sub-recipient/sub-award perform?**

- a. Participant eligibility determination Yes No
- b. Performance reporting Yes No
- c. Program delivery functions Yes No
- d. Fiscal reporting Yes No
- e. Other Yes No

If 'Yes' selected for 2.7 e (Other), please provide details

2.8 What percentage of grant funds does the organization pass on to sub-grantees / sub-recipients / sub-awards?

Less than 10%

10-20%

More than 20%

2.9 **Does your organization have an implemented policy for sub-grantee monitoring?** Yes No

If NO, go to 2.10. If YES, does it include:

- a. On-site review Yes No
- b. Review of prior monitoring Yes No
- c. Desk / Quantitative review Yes No

2.10 **Do you obtain prior written approval from the funding agency when:**

- a. The scope or objective of the program changes Yes No
- b. Key personnel specified in the application change Yes No

2.11 Does your organization have performance measure that tie to financial data? Yes No

3. Reports and Findings from Audits performed under Subpart F - Audit Requirements of this part or the reports and findings of any other available audit

3.1 During the last two fiscal years, has your organization been out of compliance with programmatic terms and conditions of awards?

Organization has not been audited; Go to Question 3.6

No occurrences of non-compliance; Go to Question 3.6

One to three occurrences of non-compliance

Four or more occurrences of non-compliance

3.2 If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence.

FOR IDPH Reviewers ONLY: Was the applicants response to Q 3.2 satisfactory? Yes No N A

3.3 Have corrective actions been implemented within the specified timeframe? Yes No

3.4 Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open.

FOR IDPH Reviewers ONLY: Was the applicants response to Q 3.4 satisfactory? Yes No N A

3.5 Have there been conflicts of interest-related findings within the last two fiscal years? Yes No

a. If NO, go to question 3.6

b. If YES, specify the conflict of interest-related finding and you response to the finding.

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 3.5 b. satisfactory? Yes No N A

3.6 Has your organization been subject to conditional approvals due to program issues? Yes No

a. If NO, to go question 4.1.

b. If YES, specify the terms of the special conditions and whether or not the special condition is still applicable.

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 3.6 b. satisfactory? Yes No N A

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1 To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?

Policies are implemented & followed

Policies are not fully implemented

The organization does not currently have these types of policies

4.2 To what extent does your organization have policies to ensure programmatic activities are allowable?

Policies are implemented & followed

Policies are not fully implemented

The organization does not currently have these types of policies

4.3 To what extent is your organization able to comply with all statutory requirements of this program?

Fully able to comply with all statutory requirements

With the following exception(s), the organization is able to comply:

a. Text response of exception(s)

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 4.3 a. satisfactory? Yes No N A

4.4 Has the organization been out of compliance with any statutory, regulatory, or other requirements of grant funding within the last two fiscal years? Yes No

a. If YES, provide explanation. Text response.

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 4.4 a. satisfactory?

Yes

No

N
A

Applicant Certification

APPLICANT CERTIFICATION - Page 1 of 2

INSTRUCTIONS TO COMPLETE APPLICANT CERTIFICATION

- If you are unable to 'Save' or 'Validate' on this page, Close the application window
- From the menu, select Grant Application -> Grant Application Preview
- Click on desired project hyperlink to access the application preview
- Click on the 'Validate' button to ensure that the application is error free
- Click 'Submit' to send the application to the Certification Stage
- From the menu, select Grant Application -> Enter Grant Application
- Select the desired project hyperlink to access the application
- Navigate to the 'Certification' tab
- Review the certification content and enter the required information and click 'Save'
- Close the application window (Submit the application to IDPH by going to Grant Application -> Grant Application Preview)

The Certification page is to be completed after the application is completed, validated, error-free and the application has moved to the 'AUTHORIZED OFFICIAL CERTIFICATION' stage. Select HELP icon to view instructions.

NOTE: Effective March 1, 2016 Applicants are no longer required to upload a signed Applicant Certification (Section 8) page in EGrAMS. Effective for Fiscal Year 2017 grants, this section now includes a second page for Financial Certification.

By signing this application, I certify

1. to the statements contained in the list of certifications* and
2. that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

(*) The list of certifications and assurances is available electronically and/or in Section F of the Notice of Funding Opportunity, if applicable.

Signature of Authorized Representative:

First Name:

Last Name:

Prefix:

Telephone #:

Fax #:

Email:

Title:

Date Signed:

FINANCIAL CERTIFICATION - Page 2 of 2

- By signing below, I certify to the best of my knowledge and belief that all the details in the budget are true, complete and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Institution / Organization:

Name of Official:

Title:

Date of Execution:

Application Preview
Applicant Information

**IDPH - PUBLIC HEALTH
 EMERGENCY PREPAREDNESS
 (PHEP) GRANT DELIVERABLES**

1. Applicant Information

- a. Applicant Name
- b. Does Business as
- c. Address
- d. Address 2
- e. City State Zip
- f. Federal ID Number DUNS Number
- g. Applicant fiscal year (beginning month and day)

- h. Agency Type
 - Tax Exempt Governmental

i. Web site (if applicable)

Department Name:
 Division Name:
 (optional)
 Telephone # Fax #
 Email
 SAM Cage Code: SAM Expiry Date:

Chief Officer Information

Name
 Title
 Address Line 1
 Address Line 2
 City State Zip
 Telephone # Fax #
 Email

- j. If applicable, list all Names and FEINS that are registered to your organization or have been registered during the last 3 years.

Name	FEIN

- k. Illinois Department of Human Rights Number (if applicable):

- l. Will the proposed project cover the entire state? Yes/No Yes No

If No, please check the specific Counties from the list below

- Adams Alexander Bond Boone
- Brown Bureau Calhoun Carroll
- Cass Champaign Christian Clark

- | | | | |
|--------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Clay | <input type="checkbox"/> Clinton | <input type="checkbox"/> Coles | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Crawford | <input type="checkbox"/> Cumberland | <input type="checkbox"/> DeKalb | <input type="checkbox"/> DeWitt |
| <input type="checkbox"/> Douglas | <input type="checkbox"/> DuPage | <input type="checkbox"/> Edgar | <input type="checkbox"/> Edwards |
| <input type="checkbox"/> Effingham | <input type="checkbox"/> Fayette | <input type="checkbox"/> Ford | <input type="checkbox"/> Franklin |
| <input type="checkbox"/> Fulton | <input type="checkbox"/> Gallatin | <input type="checkbox"/> Greene | <input type="checkbox"/> Grundy |
| <input type="checkbox"/> Hamilton | <input type="checkbox"/> Hancock | <input type="checkbox"/> Hardin | <input type="checkbox"/> Henderson |
| <input type="checkbox"/> Henry | <input type="checkbox"/> Iroquois | <input type="checkbox"/> Jackson | <input type="checkbox"/> Jasper |
| <input type="checkbox"/> Jefferson | <input type="checkbox"/> Jersey | <input type="checkbox"/> Jo Daviess | <input type="checkbox"/> Johnson |
| <input type="checkbox"/> Kane | <input type="checkbox"/> Kankakee | <input type="checkbox"/> Kendall | <input type="checkbox"/> Knox |
| <input type="checkbox"/> Lake | <input type="checkbox"/> LaSalle | <input type="checkbox"/> Lawrence | <input type="checkbox"/> Lee |
| <input type="checkbox"/> Livingston | <input type="checkbox"/> Logan | <input type="checkbox"/> McDonough | <input type="checkbox"/> McHenry |
| <input type="checkbox"/> McLean | <input type="checkbox"/> Macon | <input type="checkbox"/> Macoupin | <input type="checkbox"/> Madison |
| <input type="checkbox"/> Marion | <input type="checkbox"/> Marshall | <input type="checkbox"/> Mason | <input type="checkbox"/> Massac |
| <input type="checkbox"/> Menard | <input type="checkbox"/> Mercer | <input type="checkbox"/> Monroe | <input type="checkbox"/> Montgomery |
| <input type="checkbox"/> Morgan | <input type="checkbox"/> Moultrie | <input type="checkbox"/> Ogle | <input type="checkbox"/> Peoria |
| <input type="checkbox"/> Perry | <input type="checkbox"/> Piatt | <input type="checkbox"/> Pike | <input type="checkbox"/> Pope |
| <input type="checkbox"/> Pulaski | <input type="checkbox"/> Putnam | <input type="checkbox"/> Randolph | <input type="checkbox"/> Richland |
| <input type="checkbox"/> Rock Island | <input type="checkbox"/> St. Clair | <input type="checkbox"/> Saline | <input type="checkbox"/> Sangamon |
| <input type="checkbox"/> Schuyler | <input type="checkbox"/> Scott | <input type="checkbox"/> Shelby | <input type="checkbox"/> Stark |
| <input type="checkbox"/> Stephenson | <input type="checkbox"/> Tazewell | <input type="checkbox"/> Union | <input type="checkbox"/> Vermilion |
| <input type="checkbox"/> Wabash | <input type="checkbox"/> Warren | <input type="checkbox"/> Washington | <input type="checkbox"/> Wayne |
| <input type="checkbox"/> White | <input type="checkbox"/> Whiteside | <input type="checkbox"/> Will | <input type="checkbox"/> Williamson |
| <input type="checkbox"/> Winnebago | <input type="checkbox"/> Woodford | | |

m. **LEGISLATIVE DISTRICT of Proposed Program / Project (If No, please check the specific Legislative Districts from the list below)**

State Senate District

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|---|---|---|---|
| <input type="checkbox"/> Senate District 01 | <input type="checkbox"/> Senate District 02 | <input type="checkbox"/> Senate District 03 | <input type="checkbox"/> Senate District 04 |
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State House District

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Congressional District

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| <input type="checkbox"/> Congress District 17 | <input type="checkbox"/> Congress District 18 | | |

n. **LEGISLATIVE DISTRICT of Applicant Agency**

State Senate District

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State House District

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| <input type="checkbox"/> House District 90 | <input type="checkbox"/> House District 91 | <input type="checkbox"/> House District 92 | <input type="checkbox"/> House District 93 |

SAMPLE

3. Contact Information

Please identify a Program contact, Business/Administrative Office contact, and Authorized Official. Additional contacts like Project Director and Financial Officer may also be identified but are not required.

a. Contact Type

Name

Title

Mailing Address

City

State

Zip Code

Telephone

Fax

E-mail Address

Applicant Grant History

a. Description of Applicant Organization

State if your health department is: single or multi-jurisdictional, what jurisdiction(s) it covers, certified, PHAB-accredited, or hosts an MRC (name). Estimate the current total number of employees and how many offices it operates.

Applicant Grant History

- b. How long has the applicant been incorporated?
- c. Is the applicant in "good standing" with the Illinois Office of the Secretary of State? Yes No
- d. Has the applicant or any principal experienced foreclosure, repossession, civil judgment or criminal penalty (or been a part to a consent decree) within the past seven years as a result of any violation of federal, state or local law applicable to its business? Yes No

If yes, identify the nature of the action and the disposition. If the action/proceeding is still pending or unresolved, provide a status identifying the unresolved issues. Be as descriptive as possible.

Applicant Grant History (con't)

- e. Is the applicant or any principal the subject of any proceedings that are pending, or to the best of the applicant's knowledge, threatened against the applicant and/or any principal that may result in any adverse change to the applicant's financial condition or will materially and adversely affect applicant's operations? Yes No

If yes, identify the nature of the proceedings and how they may affect the applicant's financial situation and/or operations.

- f. Does the applicant or any principal owe any debt to the State of Illinois? Yes No

If yes, list the amount and reason for the debt. Attach additional documentation to explain the debt owed to the state.

State of IL Department / Agency	Amount of Debt	Reason for the debt	Reference

Scope of Work

1. Grant Scope of Work

B.1 The Grantee shall:

B.1.1 Meet these annual requirements (Performance Standards):

B.1.1.1. As part of the Department's formulation of an Emergency Medical Disaster Plan under 210 ILCS 50/3.255, the Grantee shall assist the Department in creating and coordinating volunteer medical response teams that can be deployed to assist when a locality's capacity is overwhelmed. The Grantee will build, sustain and advance the Grantee's **Volunteer Management** capability by doing all of the following:

B.1.1.1.1 If the Grantee hosts a Medical Reserve Corps (MRC), the Grantee shall:

.1.

B.1.1.1.1.1. Conduct one or more trainings, drills with varying scenarios as well as
1. exercises, activities, or unplanned response events that cumulatively involve the majority of existing MRC unit members during the current grant year

B.1.1.1.1.2. Meet all of the federal MRC program criteria, as amended from time to time, including requirements that the unit enter activities on a quarterly basis. Current requirements can be found at:
<https://mrc.hhs.gov/leaderFldr/QuestionsAnswers/RegistrationCriteriaFAQs>;

B.1.1.1.1.1. Participate in a Technical Assistance Assessment when requested;
3

B.1.1.1.1. Fully participate in a state notification drill or exercise when requested.
4.

B.1.1.1.2. In the absence of an MRC Unit, the Grantee shall have an IDPH pre-approved written agreement in place for the services of an MRC unit hosted by another entity, or by **September 30, 2021**, submit a detailed request and plan to IDPH for approval of an alternative volunteer unit. The Grantee must have continuous access to and the ability to fully use Illinois HELPS volunteer registration system by having at least two Local Health Department staff with a login and password and capable of registering volunteers.

B.1.1.1.3. Regardless of whether an LHD hosts or is affiliated with an MRC or alternate volunteer unit, the Grantee must have continuous access to and the ability to fully use Illinois HELPS volunteer registration system by having at least two Local Health Department staff with a login and password and capable of registering volunteers.

B.1.1.1.4. NOTICE: This award formula provides the Grantee an additional \$2,000 that is already included in the Grantee's maximum award if, and only if, IDPH has determined that a grantee actually hosted a Medical Reserve Corps (MRC) unit as of February 13, 2021.

B.1.1.2. The Grantee shall sustain or build the **Community Preparedness** capability including:

B.1.1.2.1. **By November 15, 2021**, or within 30 days of the Comprehensive Emergency Management Program (CEMP) platform being available for submission (whichever is later), the Grantee shall conduct a detailed and comprehensive self-assessment of the status of all PHEP Capabilities, Tasks and resource elements utilizing the Capability Planning Guide (CPG) Module in the Department's Comprehensive Emergency Management Program (CEMP). The Emergency Response Coordinator (ERC) may make recommendations concerning errors in the self-

assessment which Grantee shall address in the revised self-assessment. Grantee shall actively participate in and cooperate with the Regional Hospital Coordinating Center (RHCC) in the healthcare coalition regional CPG capability assessment process.

B.1.1.2.2. By **May 30, 2022**, the Grantee shall conduct a Training and Exercise Planning Workshop (TEPW) to review, prioritize, and coordinate exercise and training activities to improve and validate actual preparedness capabilities. The detailed and comprehensive results of this TEPW will be incorporated into the multi-year training and exercise plan (MYTEP) document.

B.1.1.2.3. By **June 30, 2022** the Grantee shall create and update its MYTEP in coordination with its healthcare coalition priorities (using the results of the Grantee's most current annual TEPW) for Department ERC's review and approval.

B.1.1.2.4. **Every 5 years**, the Grantee shall review and update its jurisdiction's detailed and comprehensive jurisdiction's Hazard Vulnerability Risk Assessment (HVA) in CEMP that, in coordination with its healthcare coalitions, prioritizes risks to the Grantee's public health and healthcare system including, but not limited to, more frequent and extreme weather events to include, but not be limited to, addressing the functional and access needs of at-risk individuals.

B.1.1.2 The Grantee shall update the HVA:
.5.

B.1.1.2 Whenever Grantee becomes aware of a new hazard(s) and/or new risk(s) to the public
.6. health and healthcare system in its jurisdiction, or

B.1.1.2 The local emergency management agency requests an HVA or update, or The
.7. Department-designated healthcare coalition's RHCC requests an update of a regional HVA.

B.1.1.2.8. By **June 30, 2022**, the Grantee shall fully and actively participate in regional healthcare coalition meetings at least once per year, in accordance with the Department-designated healthcare coalition's governance structure as it applies to local health department members, as amended from time to time. In the event that a local health department is a member of more than one coalition, the local health department must attend at least one meeting for each coalition annually to meet this requirement.

B.1.1.2.9. The Grantee shall fully review and revise, as necessary, the Grantee's local emergency plans with its listed roles and responsibilities in the healthcare coalition's Regional Response Plan, and fully participate as requested by the Department-designated healthcare coalition's RHCC by **June 30, 2022**.

B.1.1.3. The Grantee shall sustain or build the **Information Sharing** capability including:

B.1.1.3.1. The Grantee shall continuously publish and maintain up to date Primary, Secondary, and Tertiary **24/7/365** after-hours emergency contact information for key Local Health Department staff, such as the communicable disease nurse, environmental health, and the Local Health Department administrator on a quarterly basis in CEMP. The Grantee shall continuously publish and maintain up to date **24/7/365** after-hours emergency contact information on the Local Health Department public web site and elsewhere, such that the general public, healthcare coalitions, hospitals, or other Public Health Emergency Planning and

Response Stakeholders can find and promptly reach a staff person to report a suspected or actual public health incident or event in accordance with 77 Ill Adm. Code 615.340.

- B.1.1.3.2. The Grantee shall submit a semi-annual comprehensive inventory list, including serial number, of all Starcom radios and any other state equipment issued to Local Health Department. Inventory list must include signature of inventory control staff person. Inventory list must be submitted no later than **August 31** and **February 28** each grant year.
- B.1.1.3.3. The Grantee shall submit a separate equipment and property inventory list by **October 31** and **April 30** each grant year, to include all equipment purchased with grant funds during the prior grant year.
- B.1.1.4.** The Grantee shall build, sustain, and advance Grantee's **Medical Countermeasure Dispensing and Administration** capability, including all of the following:
- B.1.1.4.1. Every other year or as directed by IDPH, based on the Grantee's last MCM Operational Readiness Review (ORR), the Grantee shall conduct general population Point of Dispensing (POD) planning for mass dispensing in coordination with the Healthcare coalition according to IDPH-MCM guidance and per CDC POD Standards, as amended from time to time, and fully participate in an MCM operational readiness review annually and a briefing by IDPH staff.
- B.1.1.4.2. By **June 30, 2022**, the Grantee shall update "Baseline Data", regarding ability to Receive, Store, and Ship medical countermeasures, as amended from time to time, annually in CEMP using the Jurisdictional Data Sheet.
- B.1.1.4.3. The Grantee shall fully and actively participate in site visits annually as directed by IDPH Regional Emergency Response Coordinator.
- B.1.1.4.4. The Grantee shall participate in an annual resource request with hospitals in its jurisdiction no later than June 15 each year.
- B.1.1.5.** Per the most recent version of the Department's **Training and Exercise Guidance**, as updated and amended from time to time, the Grantee shall conduct sufficient planning and preparation this year, as described in Homeland Security Exercise and Evaluation Program (HSEEP) Standards, as amended from time to time, so that by **June 30, 2022**, the Grantee is able to conduct exercise(s) or event(s) that fully test the CDC PHEP Capabilities of all of the following: 1) Medical Countermeasure Dispensing (determining actual throughput); 2) Information Sharing with all relevant entities, 3) Volunteer Management, and 4) Public Health Surveillance and Epidemiological Investigation (as part of a Disease Outbreak or a disease outbreak scenario-based exercise). These can be done simultaneously or separately so long as 2 other PHEP capabilities are also fully tested at the same time. Other PHEP Capabilities may be tested as determined by the event, HVA, CPG assessments, previous Grantee's AAR/IPs and current Department Training and Exercise Guidance. NOTE: The COVID-19 response will meet this requirement if, and only if, an AAR/IP is submitted and approved by June 30, 2022 demonstrating fulfillment of this requirement.
- B.1.1.6.** To use an event response to meet the annual exercise requirement, the Grantee must submit a written request to the Department ERC no less than 30 days prior to the start of a planned event, obtain prior written approval from IDPH, and document the event and request in the appropriate quarterly progress report or as soon as reasonably possible following a real-world event. The Department will evaluate each request on a case-by-case basis and may request additional information or require certain additional activities or condition its approval on certain minimum standards or actions.
- B.1.1.7.** The Grantee will conduct or significantly participate in an annual exercise or Department-approved disaster and complete the AAR/IP as described in the current Training and Exercise Guidance. However, CDC-defined CRI drills will not meet the requirement for an annual exercise. CRI drills

may be included as part of larger exercise meeting the other requirements in this section.

- B.1.1** The Grantee will write a detailed and comprehensive After-Action Report/Improvement Plan (AAR/IP) for all emergency response events and the annual exercise within 60 days following the exercise or event, but no later than 30 days after the grant year ends. The Grantee will post the AAR/IP in CEMP and immediately notify the Department ERC within 2 business days.
- B.1.1** The Grantee will conduct staff notification (and other communication) drills, either individually or in combination, or as part of a larger exercise, as follows:
- B.1.1.9 One incident command staff alert notification and assembly drill (in-person or virtual)
 - .1. each year outside of normal business hours according to the current Training and Exercise Guidance.
 - B.1.1.9 Have on file a signed Illinois Public Health Mutual Aid System (IPHMAS) agreement and participate in the IPHMAS; responding to all IPHMAS requests and participating in all exercises; and initiates one IPHMAS request as a drill or part of an exercise, or for an actual event.
 - B.1.1.9 Participate in at least one StarCom21 radio communication drill per quarter with other health departments and other response partners, such as the healthcare coalition, blood centers, and the Department per current Department Training and Exercise Guidance.
 - B.1.1.9.4. Continuously maintain at least two people that could function as the Grantee's Incident Commander. Each must have successfully completed IDPH T&E Guidance Response level 3 courses (including IS 100, 200, 300, 400, 700, and 800) by **June 30, 2022**.
 - B.1.1.9 Maintain detailed and comprehensive written records of the nature of Grantee's participation in these exercises and drills per the current Department Training and Exercise Guidance, as amended from time to time.
 - B.1.1.9 Provide timely response to CDC or Department-initiated, or other locally initiated regional notification/communication drills, including those conducted through telephone, SIREN, StarCom21, and/or other methods.
- B.1.1** At least one employee of the Grantee with preparedness or response duties shall attend the Department's annual Integrated Public Health and Medical Preparedness Summit Conference.
- B.1.1** The Grantee will report completion of these requirements in the Performance Measures modules in EGrAMS by their respective due dates, or within 30 days of receiving an executed grant if said due date has passed.
- B.1.1.12.** The Grantee will include in its work plans detailed and comprehensive Objectives and Activities addressing a minimum of three (3) Department-assigned Capabilities each year, such that, in combination with the required Performance Measures, all fifteen (15) capabilities are addressed by **June 30, 2024**.
- B.1.1.1 Progress made on these work plan activities will be entered quarterly into the Work Plan Report and submitted in EGrAMS by their due date, or within 30 days of receiving an executed grant if said due date has passed.
 - B.1.1.1 Actual expenses associated with work plan activities shall be referenced in the quarterly work plan report within the quarter in which they were incurred and this shall include backup documentation such as paid bills and receipts attached to the expenditure report when requested.

B.1.2. Focus on these capabilities in the work plan:

- B.1.2.1.** The Grantee will build, sustain and advance Grantee's **Information Sharing** capability beyond what is minimally required for Performance Measures documentation. Grantee will review and update communications plan(s) based on recent AAR/IPs to address how the

LHD will:

B.1.2.1 Identify stakeholders to be incorporated into information flow

.1.

B.1.2.1 Identify and develop rules and data elements for sharing

.2.

B.1.2.1 Exchange information to determine a common operating picture

.3.

B.1.2.2. The Grantee will build, sustain and advance Grantee's **Fatality Management** capability including documenting Grantee's defined local fatality management roles, capabilities, needs and responsibilities in relation to those of key local partners (including, but not limited to emergency management, coroners/medical examiners, healthcare organizations, and funeral directors) in its emergency operations plan and healthcare coalition Regional Response Plan. Considerations when revising your plan should include the local health department vs. local partners' roles in:

B.1.2.2 Recovery and preservation of remains

.1.

B.1.2.2 Identification of the deceased

.2.

B.1.2.2 Determination of cause and manner of death

.3.

B.1.2.2 Release of remains to an authorized individual

.4.

B.1.2.2 Provision of mental/behavioral health assistance for the grieving

.5.

B.1.2.2 Supporting activities for the identification, collection, documentation, retrieval, and transportation of human remains, personal effects, and evidence to the examination location or incident morgue.

B.1.2.3. The Grantee will build, sustain, and advance the Grantee's **Medical Surge** capability by participating with its respective coalition in planning, training, exercising, and evaluating the annual medical surge annex such that the HPP Readiness and Operations Cycle is complete for pediatric surge by **June 30, 2020**; for infectious disease surge by **June 30, 2021**; for burn surge by **June 30, 2022** for radiological surge by **June 30, 2023**; and for chemical surge by **June 30, 2024**.

B.1.2 The Grantee will participate in the continued development of the Coalition's Crisis Standards of Care Annex, including Local Health Department roles and responsibilities during conventional, contingency, and crisis standards of care.

Acknowledgement

☐ I have reviewed the Scope of Work section of the NCFI found at the "Show Documents" link above and will provide adequate staff and resources to complete the work plan activities and performance measures.

Program Work Plan

1. Objectives and Activities

See Show Documents for Work Plan Instructions.

Health Equity Checklist

Key Definitions

Disparately impacted communities: include, but are not limited to, racial and ethnic minorities, refugees, immigrants, seniors, low-income earners, uninsured individuals, undocumented individuals, individuals with limited English Proficiency, individuals with disabilities and the homeless.

Health equity: Health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities.

Health Disparities: means differences in health outcomes and their determinants between segments of the population, as defined by social, demographic, environmental, and geographic attributes.

Health Inequalities: a term sometimes used interchangeably with the term health disparities. It is more often used in the scientific and economic literature to refer to summary measures of population health associated with individual - or group - specific attributes (e.g., income, education, or race/ethnicity).

Health Inequities: a subset of health inequalities that are modifiable, associated with social disadvantage, and considered ethically unfair.

Intervention Strategy: any plan, guidance, proposal, policy, practice, communication, or directive, developed by statewide, regional and local level entities to treat, diagnose, study, provide awareness of, or otherwise address COVID-19 in Illinois residents, including in disparately impacted communities.

Social determinants of health: the conditions in the environments in which people are born, live, learn, work, play, worship, and age, that affect a wide range of health, functioning, and quality-of-life outcomes and risks.

Community Health Needs Assessment (CHNA): assessment of a specific community being serviced and typically performed by a consortium of not-for-profit hospitals and community-based organizations. Although they vary by community, CHNAs "enable communities to identify issues of greatest concern and decide how to allocate resources to address those issues."

Considerations for Assessing Health Equity:

Participating entities should use the following questions to assess both the short and long-term impacts to health equity, health inequalities and health inequities of a particular intervention strategy. Short-term initiatives might prioritize currently prevalent comorbidities for a disparately impacted community, whereas long-term initiatives might prioritize issues such as food insecurity, inadequate housing or limited access to health care that widen health disparities.

Communities most likely to benefit from this intervention strategy

1. **What persons / communities are most likely to benefit from this intervention strategy?** Which disparately impacted communities are most affected by this intervention strategy?

For example, consider the use of the following resources to identify and inform where the most health needs are in your community.

- Your Community Health Needs Assessment
- Community Health Rankings
- The CMS AHC Screening Tool for the Social Determinants of Health

Based on the above guidance for communities are most likely to benefit from this intervention strategy, please provide your response below:

Benefit to disparately impacted communities

2. How does this intervention strategy benefit disparately impacted persons / communities?

- What specific health conditions (e.g., diabetes, asthma, hypertension, etc.) and inequities will be addressed with this intervention strategy?
- What social determinants are targeted for intervention?
- How will the members of each disparately impacted community be affected?

Based on the above guidance for benefit from this intervention strategy to disparately impacted communities, please provide your response below:

Proposed intervention strategy vs expand socio-economic opportunities

3. Will the proposed intervention strategy expand socio-economic opportunities for disparately impacted persons / community members and their overall health? Yes No

- If yes, how?
- If no, how can the proposed intervention strategy be revised to address that?

Based on you response to the above question, please provide your response below:

Promotion inclusive collaboration and civic engagement

4. Will the proposed intervention strategy promote inclusive collaboration and / or civic engagement of all disparately impacted communities? Yes No

Is there community support for the intervention strategy? Yes No

If yes, who are your collaborating partners?

Collaborating Partners

If no, which communities are in opposition, why does that opposition exist (i.e. what interests are in conflict with the intervention strategy), and how do you plan to address it?

Have you or do you plan to engage the disparately impacted community in a dialogue? Yes No

Do you have strategies in place to identify unintended consequences or barriers to racial equity as a result of the proposed intervention strategy? Are there strategies in place to mitigate any negative impacts? Are revised strategies needed to address those consequences?

Assurance of workforce equity

5. Will your intervention strategy ensure support of workforce equity and/or contracting equity? Yes No

- If yes, how?
- What goals are contemplated for workforce equity and/or contracting equity?
- If no, what modifications are needed to ensure the intervention strategy supports workforce equity and/or contracting equity?

Based on your response for ensuring workforce equity and/or contracting equity, please provide your response below:

Achievement of greater health equity

6. **How will this intervention strategy achieve greater health equity for disparately impacted persons / communities?**

- Can you demonstrate how this intervention strategy improves health equity?
- If not, why not, and what modifications are needed to ensure the plan meets the health equity goals?

Based on the above guidance for achieving greater health equity for disparately impacted communities, please provide your response below:

Metrics to ensure and evaluate health equity goals

7. Name and explain at least two metrics that will be used to evaluate your health equity goals

Grant Budget

Line Item	Qty	Rate	Units	UOM	Total Amount	Amount Requested	Cash	Inkind
1. Personal Services (Incl Salary & Wages)								
Instructions : For full instructions for completing this budget category refer to the Budget Instructions document located in the Show Documents link. Columnar Field Descriptions: DESCRIPTION - Employee Name and Position Title QTY (Quantity) - Employee's monthly salary RATE - Percentage of time employee is allocated to grant activities (in decimal format) UNITS - Number of months employee is allocated to the grant UoM - Unit of measure TOTAL AMOUNT - Total of Amount Requested plus In-Kind AMOUNT REQUESTED - Dollar amount allocated to the grant INKIND - Grantee Match amount NOTES - Used for additional information not included in other fields Enter budget justification for this expense category.								
1. Case Worker []								
2. Health Educator []								
3. Outreach Worker []								
4. Project Director []								
5. Program Manager []								
6. Program Supervisor []								
7. Wellness Coordinator []								
8. Others []								

3. In-State Other []										
4. In-State Mileage										
5. Out-State Lodging										
6. Out-State Meals										
7. Out-State Others []										
8. Out-State Mileage										

4. Equipment

Instructions : Equipment is defined as an article of tangible personal property that has a useful life of more than one year and a per-unit acquisition cost which equals or exceeds the lesser of the capitalization level established by the non-Federal entity for financial statement purposes, or \$5,000. An applicant organization may classify equipment at a lower dollar value but cannot classify it higher than \$5,000. (Note: Organization's own capitalization policy for classification of equipment can be used). Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Program restrictions may apply.

Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail..

Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.

Please complete the budget detail below using 'Quantity' (QTY) for the number of respective equipment; 'Rate' for the Cost of the related equipment. The Unit of Measure (UoM) should be set as applicable for this expense category.

Enter budget justification for this expense category.

1. EDP Equipment										
2. Office Furniture										
3. Portable Generators										
4. Training Materials										

Grant Budget Detail for Public Health Emergency Preparedness - 2022

4/8/2021

5. Others []											
5. Supplies	<p>Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number of respective supplies, 'Rate' for the Cost of the related supplies. The Unit of Measure (UoM) should be set to 'Numbers', etc. as applicable for this expense category.</p> <p>Enter budget justification for this expense category.</p> <p>1. Education and Instruction Materials</p> <p>2. Educational Supplies</p> <p>3. Food Supplies</p> <p>4. Gas and Oil for portable generators</p> <p>5. Industrial and Shop Supplies</p> <p>6. Laboratory Supplies</p> <p>7. Medical Supplies</p> <p>8. Mechanical Supplies</p> <p>9. Office and Library Equipment</p> <p>10. Office and Library Supplies</p> <p>11. Scientific Equipment</p> <p>12. Small Tools</p> <p>13. Others []</p>										

6.	Contractual Services	<p>Instructions : For full instructions for completing this budget category refer to the Budget Instructions document located in the Show Documents link.</p> <p>Columnar Field Descriptions:</p> <p>DESCRIPTION - Contractor Name or Vendor Name providing contractual service</p> <p>TOTAL AMOUNT – Total of Amount Requested plus In-Kind</p> <p>AMOUNT REQUESTED – Dollar amount allocated to the grant</p> <p>INKIND – Grantee Match amount</p> <p>NOTES – Used for additional information not included in other fields</p> <p>INFO - Contact information for the contractor</p> <p>Enter budget justification for this expense category.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">1. Others [</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> </table>	1. Others [
1. Others [
7.	Occupancy - Rent and Utilities	<p>Instructions : List items and descriptions by major type and the basis of the computation. Explain how rental expenses are allocated for distribution as an expense to the program / service.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number based on 'basis' (Sq Ft, Monthly Rate, etc); 'Rate' for the Cost rate of the related occupancy expense, and 'Units' for the number based on the selected 'Unit of Measure' in each year. The Unit of Measure (UoM) should be set to 'Months', 'Year', etc as applicable for this expense category.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1. Rent</td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> <td style="width: 10%;"></td> </tr> <tr> <td>2. Utilities</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>3. Other [</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">]</td> </tr> </table>	1. Rent											2. Utilities											3. Other []
1. Rent																																			
2. Utilities																																			
3. Other []																									
8.	Telecommunications	<p>Instructions : Please complete the budget detail below using 'Quantity' (QTY) for the number of units and 'Rate' for the projected cost per unit and 'Unit' for the length of time. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p>																																	

<p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p> <p>1. Internet Provider</p> <p>2. Telephone</p> <p>3. Others []</p>	<p>9. Training and Education</p> <p>Instructions : Please indicate the grant expense in the 'Amount' field. If applicable, cash and inkind contributions from your agency should be identified in the budget detail.</p> <p>Please complete the budget detail below using 'Quantity' (QTY) for the number of personnel, 'Rate' for the Cost rate of the related training, and 'Units' for the number based on the selected 'Unit of Measure' in each year. The Unit of Measure (UoM) should be set to 'Hours', 'Days', 'Numbers', etc as applicable for this expense category.</p> <p>1. Other []</p>
<p>10. Direct Administrative Costs</p> <p>Instructions : Please complete the budget detail below using 'Percent' to indicate the percentage of the salary indicated by the 'Unit' amount.</p> <p>Applicant must provide a written justification for each line item, including a description of how each proposed expenditure helps the Applicant meet the goals of the grant program. To enter a Line Item, click on the Lookup button to the right of the line. Check the Other box. "Other" will then appear on the line. Enter Line item details on the line below Others.</p> <p>1. Other []</p>	<p>11. Other or Miscellaneous Costs</p> <p>Instructions : Costs directly related to the service or activity of the program.</p> <p>1. Audit Fees</p> <p>2. Insurance</p> <p>3. Patient Transportation</p> <p>4. Other []</p>

12.	Indirect Costs						
	Instructions : Indirect costs can only be applied if an approved indirect costs rate has been established or an actual rate has been approved by a State of Illinois Department of Public Health or the applicable federal cognizant agency and is accepted by the Department. Using the 'Look-up' icon select the type of indirect rate in the text box below the selected item.						
	1. De Minimis Rate – up to 10%						
	2. Federal Approval						
	3. Other Approval						
	4. State Approval						
	Totals						

Grant Budget Summary for Public Health Emergency Preparedness - 2022

4/8/2021

Category	Total Amount	Amount Requested	Cash	Inkind	Narrative
1. Personal Services (Incl Salary & Wages)					
2. Fringe Benefits					
3. Travel					
4. Equipment					
5. Supplies					
6. Contractual Services					
7. Occupancy - Rent and Utilities					
8. Telecommunications					
9. Training and Education					
10. Direct Administrative Costs					
11. Other or Miscellaneous Costs					
12. Indirect Costs					
Totals					

SOURCE OF FUNDS

Category	Total Amount	Amount Requested	Cash	Inkind	Narrative
1. Fees and Collections					
2. State Agreement					
3. Local					
4. Federal					

Grant Budget Summary for Public Health Emergency Preparedness - 2022

4/8/2021

5. Other									
Totals									

Indirect Cost Information

1 Section - A Indirect Cost Information

If your organization is requesting reimbursement for indirect costs on line 17 of the Budget Summary, please select one of the following options. (if no reimbursement is requested, please leave blank)

- 1) Our Organization receives direct Federal funding and currently has a Negotiated Indirect Cost Rate Agreement (NICRA) with our Federal Cognizant Agency. A copy of this agreement will be provided to the State of Illinois' Indirect Cost Unit for review and documentation before reimbursement is allowed. This NICRA will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations.

If this option is selected, please provide basic Negotiated Indirect Cost Rate Agreement information using the blue arrow upload feature.

Your Organization may not have a Federally Negotiated Indirect Cost Rate Agreement. Therefore, in order for your Organization to be reimbursed for Indirect Costs from the State of Illinois, your Organization must either:

- A Negotiate an Indirect Cost Rate with the State of Illinois' Indirect Cost Unit with guidance from our State Cognizant Agency on an annual basis.**
- B Elect to use the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois Awards.**
- C Use a Restricted Rate designated by programmatic or statutory policy. (See Notice of Funding Opportunity for Restricted Rate Programs)**

- 2a) Our Organization currently has a Negotiated Indirect Cost Rate Agreement with the State of Illinois that will be accepted by all State of Illinois Agencies up to any statutory, rule-based or programmatic restrictions or limitations. Our Organization is required to submit a new Indirect Cost Rate Proposal to the Indirect Cost Unit within six (6) months after the close of each fiscal year (2 CFR 200 Appendix IV (C)(2)(c)).
- 2b) Our Organization currently does not have a Negotiated Indirect Cost Rate Agreement with the State of Illinois. Our Organization will submit our initial Indirect Cost Rate Proposal (ICRP) immediately after our Organization is advised that the State award will be made and, in no event, later than three (3) months after the effective date of the State award (2 CFR 200 Appendix IV (C)(2)(b)). The initial ICRP will be sent to the State of Illinois' Indirect Cost Unit.

NOTE: (Check with your State of Illinois Agency for information regarding reimbursement of indirect costs while your proposal is being negotiated)

- 3) Our Organization has never received a Negotiated Indirect Cost Rate Agreement from either the Federal government or a State of Illinois agency and elects to charge the de minimis rate of 10% modified total direct cost (MTDC) which may be used indefinitely on State of Illinois awards (2 CFR 200.414 (c)(4)(f) & (200.68)).
- 4) For Restricted Rate Programs (check one) -- Our Organization is using a restricted indirect cost rate that:
- Is included as a "Special Indirect Cost Rate" in our NICRA (2 CFR 200 Appendix IV (5))
 - Complies with other statutory policies (please specify):

The Restricted Indirect Cost Rate is _____ %

Miscellaneous

1 Required Attachments

a. Organization W-9

Disclosure Form	Attachment
Sub-Contractor Disclosure Form 1	
Sub-Contractor Disclosure Form 2	
Sub-Contractor Disclosure Form 3	

SAMPLE

Risk Assessment

Risk Assessment Questionnaire Information

In response to the requirements of 2 CFR 200.205, the awarding agency is required to review the programmatic risk posed by applicants. Four risk categories are assessed through this questionnaire:

1. Quality of management systems and ability to meet the management standards;
2. History of performance;
3. Reports and findings from audits performed under Subpart F—Audit Requirements of this part or the reports and findings of any other available audit; and
4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

GO TO NEXT PAGE TO START

1. Quality of Management Systems and ability to meet the management standards

1.1 Do you have written policies and procedures that guide program delivery on the topics of:

- | | | | |
|----|---|---------------------------|---|
| a. | Quality assurance | <input type="radio"/> Yes | <input type="radio"/> No |
| b. | Program outcome tracking and reporting mechanisms | <input type="radio"/> Yes | <input type="radio"/> No |
| c. | Relevant documentation of services/goods delivered | <input type="radio"/> Yes | <input type="radio"/> No |
| d. | Staff performance management policies and procedures | <input type="radio"/> Yes | <input type="radio"/> No |
| e. | Complaint/grievance resolution policies and procedures | <input type="radio"/> Yes | <input type="radio"/> No |
| f. | Safeguarding funds, property and other assets against loss from unauthorized use or disposition | <input type="radio"/> Yes | <input type="radio"/> No |
| g. | Management of grant terms | <input type="radio"/> Yes | <input type="radio"/> No |
| h. | Participant eligibility, if applicable | <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> NA |

1.2 Do you have internal controls that govern program delivery on the topics of:

- | | | | |
|----|--|---------------------------|---|
| a. | Quality assurance reporting | <input type="radio"/> Yes | <input type="radio"/> No |
| b. | Appropriate (to industry) supervision of staff | <input type="radio"/> Yes | <input type="radio"/> No |
| c. | Unit costs analysis and management | <input type="radio"/> Yes | <input type="radio"/> No |
| d. | Accreditation/licensing compliance program | <input type="radio"/> Yes | <input type="radio"/> No <input type="radio"/> NA |

1.3 Does the organization have written standards of conduct covering real or perceived conflict of interest related to actions of employees engaged in the selection, award or administration of contracts supported by grant awards? Yes No

1.4 How many years of experience does the project leader have managing the scope of services required under this program?

- More than five years
- One to five years
- Less than one year

1.5 Does the organization have a time and effort system for tracking program-specific work performed? Yes No

If "NO", go to question 1.6. If "YES", complete 1.5 a., b., and c.

- a. The system records all time worked, including time not charged to awards Yes No
- b. The system includes signed-off by the employee and a supervisor Yes No
- c. The system includes an approved methodology Yes No NA

Question is not applicable because grants are based on a set rate or a per unit of service

- 1.6 Does the organization have controls for invoicing grants paid based on a rate or unit of service? Yes No NA
- 1.7 Does the organization apply the same standard for match requirements as it does for expenses? Yes No NA
- 1.8 To what extent are you able to produce periodic performance reports to communicate program outcomes externally?
 - Performance reports are an established part of grant management procedures
 - Performance data reporting is being developed as part of grant management procedures
 - We do not currently report performance data within our grant management

2. History of Performance

- 2.1 How many years of experience does your organization have with grants of comparable scope and/or capacity?
 - More than five years
 - One to five years
 - Less than one year
 - No Experience (GO TO QUESTION 2.4)

- 2.2 If your organization has experience with grants of comparable scope and/or capacity, provide a brief description of similar projects, goals, and outcomes; specify the applicable year:

FOR IDPH Reviewers ONLY: Was the applicants response to Q 2.2 satisfactory? Yes No NA

- 2.3 During your last two fiscal years, how frequently has your organization submitted project performance reports on time?
 - Always
 - Reported late up to three times
 - Reported late four or more times
 - Not Applicable – not a requirement of awards previously received

2.4 Have there been any significant changes in your organization in the last fiscal year related to:

- a. Leadership responsibilities Yes No
- b. Significant program / grant initiative(s) Yes No
- c. Structural / re-organizations Yes No
- d. Fiscal changes Yes No
- e. Statutory or regulatory requirements Yes No
- f. Other Yes No

- 2.5 Provide a brief explanation for all "YES" responses to question 2.4.

FOR IDPH Reviewers ONLY: Was the applicants response to Q 2.5 satisfactory?

Yes No N
A

- 2.6 Will the organization utilize a sub-grantee/sub-recipient / sub-award to manage, administer or complete the project? Yes No

(IF "NO", GO TO QUESTION 2.10)

2.7 **What responsibilities does the sub-grantee/sub-recipient/sub-award perform?**

- a. Participant eligibility determination Yes No
- b. Performance reporting Yes No
- c. Program delivery functions Yes No
- d. Fiscal reporting Yes No
- e. Other Yes No

If 'Yes' selected for 2.7 e (Other), please provide details

2.8 What percentage of grant funds does the organization pass on to sub-grantees / sub-recipients / sub-awards?

- Less than 10%
- 10-20%
- More than 20%

2.9 **Does your organization have an implemented policy for sub-grantee monitoring?** Yes No

If NO, go to 2.10. If YES, does it include:

- a. On-site review Yes No
- b. Review of prior monitoring Yes No
- c. Desk / Quantitative review Yes No

2.10 **Do you obtain prior written approval from the funding agency when:**

- a. The scope or objective of the program changes Yes No
- b. Key personnel specified in the application change Yes No

2.11 Does your organization have performance measure that tie to financial data? Yes No

3. Reports and Findings from Audits performed under Subpart F - Audit Requirements of this part or the reports and findings of any other available audit

3.1 During the last two fiscal years, has your organization been out of compliance with programmatic terms and conditions of awards?

- Organization has not been audited; Go to Question 3.6
- No occurrences of non-compliance; Go to Question 3.6
- One to three occurrences of non-compliance
- Four or more occurrences of non-compliance

3.2 If your organization had at least one occurrence of non-compliance with programmatic terms and conditions, summarize each occurrence.

FOR IDPH Reviewers ONLY: Was the applicants response to Q 3.2 satisfactory? Yes No N/A

3.3 Have corrective actions been implemented within the specified timeframe? Yes No

3.4 Provide explanation for any corrective actions that were not implemented within the timeframe specified and for any corrective actions that remain open.

FOR IDPH Reviewers ONLY: Was the applicants response to Q 3.4 satisfactory? Yes No N/A

3.5 Have there been conflicts of interest-related findings within the last two fiscal years? Yes No

a. If NO, go to question 3.6

b. If YES, specify the conflict of interest-related finding and you response to the finding.

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 3.5 b. satisfactory? Yes No N/A

3.6 Has your organization been subject to conditional approvals due to program issues? Yes No

a. If NO, to go question 4.1.

b. If YES, specify the terms of the special conditions and whether or not the special condition is still applicable.

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 3.6 b. satisfactory? Yes No N/A

4. The applicant's ability to effectively implement statutory, regulatory, or other requirements imposed on awardees.

4.1 To what extent does your organization have policies to ensure programmatic expenses are reasonable, necessary and prudent (sensible)?

Policies are implemented & followed

Policies are not fully implemented

The organization does not currently have these types of policies

4.2 To what extent does your organization have policies to ensure programmatic activities are allowable?

Policies are implemented & followed

Policies are not fully implemented

The organization does not currently have these types of policies

4.3 To what extent is your organization able to comply with all statutory requirements of this program?

Fully able to comply with all statutory requirements

With the following exception(s), the organization is able to comply:

a. Text response of exception(s)

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 4.3 a. satisfactory? Yes No N/A

4.4 Has the organization been out of compliance with any statutory, regulatory, or other requirements of grant funding within the last two fiscal years? Yes No

a. If YES, provide explanation. Text response:

FOR IDPH Reviewers ONLY: Was the applicants text response to Q 4.4 a. satisfactory?

Yes

No

N
A

Applicant Certification

APPLICANT CERTIFICATION - Page 1 of 2

INSTRUCTIONS TO COMPLETE APPLICANT CERTIFICATION

- If you are unable to 'Save' or 'Validate' on this page, Close the application window
- From the menu, select Grant Application -> Grant Application Preview
- Click on desired project hyperlink to access the application preview
- Click on the 'Validate' button to ensure that the application is error free
- Click 'Submit' to send the application to the Certification Stage
- From the menu, select Grant Application -> Enter Grant Application
- Select the desired project hyperlink to access the application
- Navigate to the 'Certification' tab
- Review the certification content and enter the required information and click 'Save'
- Close the application window (Submit the application to IDPH by going to Grant Application -> Grant Application Preview)

The Certification page is to be completed after the application is completed, validated, error-free and the application has moved to the 'AUTHORIZED OFFICIAL CERTIFICATION' stage. Select HELP icon to view instructions.

NOTE: Effective March 1, 2016 Applicants are no longer required to upload a signed Applicant Certification (Section 8) page in EGrAMS. Effective for Fiscal Year 2017 grants, this section now includes a second page for Financial Certification.

By signing this application, I certify

1. to the statements contained in the list of certifications* and
2. that the statements herein are true, complete and accurate to the best of my knowledge. I also provide the required assurances* and agree to comply with any resulting terms if I accept an award. I am aware that any false, fictitious, or fraudulent statements or claims may subject me to criminal, civil or administrative penalties. (U.S. Code, Title 218, Section 1001)

(*) The list of certifications and assurances is available electronically and/or in Section F of the Notice of Funding Opportunity, if applicable.

Signature of Authorized
Representative:

First Name:

Last Name:

Prefix:

Telephone #:

Fax #:

Email:

Title:

Date Signed:

FINANCIAL CERTIFICATION - Page 2 of 2

- By signing below, I certify to the best of my knowledge and belief that all the details in the budget are true, complete and accurate and that any false, fictitious, or fraudulent information or the omission of any material fact, could result in the immediate termination of my grant award(s).

Institution / Organization:

Name of Official:

Title:

Date of Execution:

