

JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

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

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

This is a request for: (One-Time Contract per Requisition # _____ copy attached) or X Term Agreement (June 1, 2010 – May 31, 2014) or _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the _____ (Attach List)
 (Program Name) Pre-Assigned Specification No. _____
 Pre-Assigned Contract No. S.S.R.E.

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract # _____ Company or Agency Name: _____

Specification # 85805 Contract or Program Description: _____
 Mod # _____ (Attach List, if multiple)

DATE 5-4-10
 APPROVED _____
 MHA SO

Dr. Agatha Lowe, Assistant Commissioner 312-747-9698 HEALTH
 Original Name Telephone Signature Department Date

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

(X) PROCUREMENT HISTORY 1. The Greater Englewood Healthy Start Initiative is a federally funded program that was implemented to reduce the rate of infant mortality, low birth weight and other poor perinatal outcomes for women and infants living in the Englewood and West Englewood communities. To achieve this goal, the program works closely with community residents, agencies, businesses, and schools, to improve the access to healthcare and social services. The identified population is high-risk pregnant women, infants, and fathers with young children. The evaluation of the GEHSI is focused on the achievement of defined objectives for the Project period and Calendar year at the client and community levels, as well as process measures. The performance Objectives will be organized and clearly linked to monitoring progress in three specific focus areas, Project Performance and Project Effectiveness in improving health status and System Interface. Focus groups, special surveys, and primary data collection methods will be used to examine client satisfaction. According to the funding agency, the Department of Health & Human Services-Health Resources and Services Administration (HRSA), it is a requirement that the Healthy Start Program have an external evaluator for the program. In addition, the Evaluator must have experience in evaluating Maternal and Child Health Programs. 2. This is a continuation of a previous procurement from the same source in FY 2006-2007; FY2007-2008; and FY2008-2009, ending May 2009. 3. There have been no current attempts to competitively bid this contract because the program had previously used the University of IL at Chicago as an approved contractor. 4. Because the University of IL at Chicago Neighborhoods Initiative (MC 275), 1747 W. Roosevelt Rd, 5th Floor, Chicago, Illinois 60608 had been used for FY2006-FY2009, no research was done to find other sources. 5. This is a one-time request in regards to the University of Illinois at Chicago. The terms of agreement are from June 1, 2010 through May 31, 2014. 6. It would be difficult to know whether future competitive bidding would be considered since the grant funding period ends May 31, 2014. If the program is refunded after 2014, and if this evaluator continued to do a good job, and desires to continue to work with the program, it might be counterproductive to open up the program for competitive bidding.

(X) ESTIMATED COST 1. The estimated cost will be \$60,000 each year or a total of \$240,000 based on the Greater Englewood Start's budget and contract period (June 1, 2010 – May 31, 2011; June 1, 2011- May 31, 2012; June 1, 2012- May 31, 2013; June 1, 2013- May 31, 2014). The funding source will be the program budget of the Greater Englewood Healthy Start Program, which is federally funded through the Department of Health and Human Services-Health Resources Services Administration (HRSA). 2. The estimated cost by fiscal year is as follows: a) June 1, 2010- May 31, 2011 (\$60,000); b) June 1, 2011-May 31, 2012 (\$60,000); c) June 1, 2012 –May 31, 2013 (\$60,000); d) June 1, 2013- May 31, 2014 (\$60,000). 3. Illinois has six Healthy Start Programs. The cost for this program is based on the average being paid by the other grantees to evaluators who are doing similar work. 4. The proposed Contractor or City does not have a substantial dollar investment in original design, tooling, or other factors, which will be duplicated at City expense if another source was considered. 5. The City's measurable benefits will be continuation of grant funding if it can be demonstrated to the federal government that the program is meeting the mandatory requirement for external evaluation and the objectives for improving the health of the targeted population. The CDPH and the University of Illinois agreed upon the budgeted amount of \$60,000. As stated in #3 this is the going price for such evaluations in Chicago, and as such it can be deemed as being reasonable.

_____ of the Evaluation process for the Healthy Start Program is based on the Federal

grant requirements. Unfortunately the funding cycle and the due date for evaluations do not coincide. While the funding cycle is from June 1st of year to May 31st of the next year, the evaluation is based on a calendar year, i.e.: January to December of the year in which the grant has been approved. The continuation application and the progress report are determined by data and information collected in each calendar year. This has presented a problem in the past because the program has been unable to initiate the negotiation of a contract without certainty of funding. The Evaluator will be responsible in submitting detailed evaluation reports to be included in the continuation application (due by December) and progress report which is submitted 90 days after the grant period ends. 2. Dr. Boyd's has extensive experience in community program evaluation, and can easily develop or modify the survey tools and questionnaires needed to collect the required data. She has a positive relationship and reputation nationally and in the community and is one of the few African American researchers working in the community. Her previous evaluations have included local evaluations for Healthy Start, Tomorrow's Partnership for Children, and SPRANS. She is currently evaluating the REACH 2010 program with the Chicago Department of Public Health. In 2006, she was selected as a Robert Wood Johnson Nurse Executive Fellow, an honor that gave her a three year fellowship with that Foundation. 3. HRSA's requires that all Healthy Start Programs complete an application each year so that they may receive funding the next fiscal year. The application is generally due by March of each year. The external evaluation is a critical component of this application. HRSA also requires that all Healthy Start Programs submit a progress report that reflects services and activities for the budget year by ninety days after the end of the contract period. This is usually due August by 30th. Non-compliant programs are subject to a loss of funds. 4. As reported previously, the budget periods and the reporting periods are at odds with each other. While the funding period ends in May of this year, the evaluation is due in December of the year that the grant receives funds. Since it is now April, opting for a competitive bidding process would leave the program without sufficient time to recruit and offer a contract to an evaluator. The University of IL at Chicago ceased their evaluation services about nine months into FY2010 because they did not have a signed contract. The absence of an external evaluation component could result in the loss of the grant. This would be unfortunate for the women and children in the Englewood community, since the CDPH currently has no funds to pay staff to continue this work in the community.

(X) EXCLUSIVE OR UNIQUE CAPABILITY

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

The work of the UICNI is organized into four distinct areas; 1) Community Health; 2) Community Economic Development; 3) Consumer Education and; 4) Professional Services, which includes program evaluation, community based research, consultation to organizations and professional mentoring.

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

In addition to managing local, state and federal evaluations, the UICNI is well equipped to manage the GEHSI for the following reasons:

- The leadership of the division is experienced in evaluating and administering similar programs and has extensive expertise in program implementation, monitoring and quality management.
- UICNI has over a decade of success in addressing health disparities and providing care through community venues.
- The UICNI has successfully established and evaluated community advisory groups that collaborate in the oversight and evaluation of programs.
- The UICNI can engage other partners of the University thereby broadening the depth of expertise brought to any project.
- The UICNI has participated in productive partnerships with the CDPH in other initiative.

The lead evaluator and Director of the UICNI, **Dr. Cynthia Barnes-Boyd**, is a Research Fellow of the UIC Great Cities Institute. Dr. Boyd has extensive experience in community program evaluation including community participatory research. Previous evaluations have included local evaluations for Healthy Start, Healthy Tomorrow's Partnership for Children, and a SPRANS grant evaluating the efficacy of home visiting programs to low-income women among other work. She is currently a co-PI for the CDC REACH 2010 grant to the Chicago Department of Public Health and directs the evaluation team which includes researchers from three universities. Dr. Boyd is a co-director of the NIH supported Center for Reducing Risks in Vulnerable Populations of UIC College of Nursing. She is a board member for the Center for Population Health and Health Disparities located at the University of Illinois.

Ms. Angela Ellison, MS, Associate Director for Community Engagement of the UIC Neighborhoods Initiative will be responsible for day-to-day guidance of interviewers who will be engaged in several aspects of the evaluation. Ms. Ellison has experience as the project director of the Closing the Gap Program federally funded through HRSA that addressed racial disparities in infant mortality targeting four Chicago Community Areas with the highest number and rate of African American infant deaths in the state. She also supervises interviews for the evaluation team of the CDPH REACH 2010 program.

Dr. Kathleen Norr, PhD, is an experienced nurse researcher with expertise in community health and behavioral research. She is a sociologist with extensive experience in evaluating maternal and child health programs in the United States, Africa and South America. Dr. Norr has contributed to the body of knowledge about the safety and efficacy of lay home visitors, in particular, the impact on infant outcomes, maternal knowledge retention and social support networks.

Both Dr. Boyd and Dr. Norr have extensive experience exploring the determinants of health for low income, racial and ethnic minorities. Together they

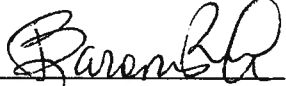
have conducted longitudinal studies specifically focused on the postneonatal outcomes of infants who reside in communities comparable to those served by the Greater Englewood Healthy Start Program. Both have conducted research and published in the areas of lay home visitors, case management and infant mortality. All personnel are experienced in community engaged research and comfortable in the communities served by this program.

The evaluator has access to the resources of an urban university including equipment and human resources to analyze and interpret large data sets. The evaluator has access to graduate students and other staff who may be engaged to insure comprehensive data collection, synthesis and report preparation.

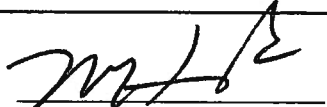
The evaluator proposes to broaden the impact of this project by mentoring students in the community research process. In particular, the evaluator will involve students from the university's Summer Research Opportunities Program and McNair Scholars program. Both programs are designed to mentor ethnic minority students and expose them to research. The UICNI is committed to the reduction of health disparities in racial and ethnic communities. One vehicle to accomplish this is the reparation of your researchers for their roles as change partners at the community level.

(x) OTHER


1. CDPH -GEHSI and the University of Illinois at Chicago Scope of Services are attached.
2. Resumes for the University of Illinois
3. Memo regarding MBE and WBE from the University of Illinois

APPROVED BY: 
Department Head
Or Designee

4/22/10
Date


Board Chairperson

5/4/10
Date


CPO, APPROVAL
RS DATE
5/8

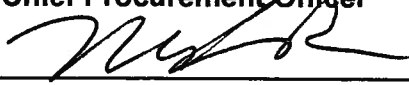


City of Chicago
Richard M. Daley, Mayor

Department of
Procurement Services

Jamie L. Rhee
Chief Procurement Officer

City Hall, Room 403
121 North LaSalle Street
Chicago, Illinois 60602
(312) 744-4900
(312) 744-0010 (FAX)
(312) 744-2949 (TTY)
<http://www.cityofchicago.org>

Date: May 13, 2010
To: Jamie L. Rhee
Chief Procurement Officer
From: 
Mark J. Hands
Managing Deputy Procurement Officer

Re: Non-Competitive Procurement Review Board
May 4th, 2010 Meeting

Description: University of Illinois (Englewood)

Requisition No.: 49864
Specification No.: 85808
Requesting Department: Chicago Department of Health

The Non-Competitive Procurement Review Board has reviewed the submittal from the City of Chicago Department of Health dated April 23rd, 2010. After reviewing the attached documentation, this request has been conditionally approved in the amount of \$240,000.00 for a four year period.

This Non-Competitive Procurement request is for services associated with the University of Illinois Healthy Start Program. The Healthy Start Program is a federally funded program designed to reduce the rate of infant mortality, low birth weight and other poor perinatal outcomes for women and infants living in the Englewood and West Englewood communities.

The Non-Competitive Procurement Review Board conditionally approved this request 5-0 given the unique and exclusive skills needs under the parameters outlined in the Grant. The following items are required to satisfy the conditions of this approval:

- MBE/WBE Compliance Plan or Waiver Request ✓
- Revise Justification to reflect appropriate execution date of Agreement ✓
- Copy of Agreement between University of Illinois, Chicago ✓
Department of Health and Greater Englewood Healthy Start Initiative

6/2/10
R

To date, all conditions have not been met.

Cc: Rich Butler



May 28, 2010

Re: MBE/WBE requirements

I am writing in reference to the agreement between the Chicago Department of Public Health and the UIC Neighborhoods Initiative for the Greater Englewood Healthy Start program. I wish to clarify that the University of Illinois at Chicago as a state entity is exempt from the City's MBE/WBE requirements.

Sincerely,

A handwritten signature in black ink that reads 'Cynthia Barnes-Boyd'.

Cynthia Barnes-Boyd, PhD, FAAN
Director, Neighborhoods Initiative
Director, Healthy City Collaborative
(312) 996-4656
cboyd@uic.edu

AGREEMENT
Between
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINIOS
And
THE CHICAGO DEPARTMENT OF PUBLIC HEALTH
For
GREATER ENGLEWOOD HEALTHY START INITIATIVE

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

I. Project Description

The Greater Englewood Healthy Start Initiative is a federally funded program implemented to reduce the rate of infant mortality, low birth weight and other poor perinatal outcomes for women and infants living in Englewood and West Englewood communities. To achieve this goal, the program works closely with community residents, agencies, businesses, and schools, to improve the access to healthcare and social services. The identified population is high-risk pregnant women, infants, and fathers with young children.

The evaluation of the GEHSI is focused on the achievement of defined objectives for the Project period and Calendar year at the client and community levels, as well as process measures. The performance Objectives will be organized and clearly linked to monitoring progress in three specific focus areas, Project Performance and Project Effectiveness in improving health status and System Interface. Focus groups, special surveys, and primary data collection methods will be used to examine client satisfaction.

As required by Department of Health & Human Services -Health Resources and Services Administration (HRSA), it is necessary to have an external Evaluator to evaluate the Greater Englewood Healthy Start Program.

II. SCOPE OF SERVICES

The **University** shall provide leadership to the Evaluation Team for (GEHSI) as part of the above stated services.

The **University** and the **Department** agree that all GREATER ENGLEWOOD HEALTHY START INITIATIVE evaluation data will be managed and stored at the University of Illinois at Neighborhood Initiatives, Division of Community

Health, but remains collectively owned by the **Department**. This evaluation data includes process, monitoring and summary data.

The **University** agrees that the data collected and analyzed in this Project is the property of the **Department**. The **Department** will receive hard copies and electronic data files of all data collected. The **University** understands that any analysis, publication or distribution of the data requires the written consent of Dr. Agatha Lowe, Assistant Commissioner of Women and Children's' Health Programs of the **Department**, as well as a documented consent of the GEHSI. The **Department** requests that CDPH, the GEHSI Consortium and CDC are acknowledged in any publication, presentation or public distribution of the data.

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

A. Specific responsibilities of the University include:

- The **University** will oversee all data collection and compilation of data related to case management activities collected on pre-agreed documentation forms and at agreed-upon intervals.
- The evaluation will be designed to
 1. Examine the efficacy and impact of the GEHSI case management model of care on perinatal outcomes and utilization of health resources
 2. Assess pre and post intervention (case management) satisfaction and knowledge retention including: the degree to which participants elect to participate in prenatal, well child and personal health care and the degree of individual change measured by awareness of risk factors and actions to reduce risks.
 3. Measure community change evidenced by change in the capacity of the community to mobilize assets over time
 4. Document the evolution, effectiveness and contributions of the HS Consortium over a defined period of time.
 5. The evaluation process will include individual interviews with program participants (including male participants) and consortium members, analysis of information collected through focus groups, review of program and case management records, review of historical documents, meeting minutes, survey methods to evaluate consortium members' satisfaction and direct observation.
- The **University** will oversee the assessment of the quality and readiness of data to support the evaluation.
- The **University** will ensure that the **Department** is provided a copy of all finalized data sets. The **University** will also ensure that original questionnaires are maintained at the University of Illinois at Chicago Neighborhoods Initiative,

Division of Community Health and destroyed in accordance with the procedure described in the University' Institutional Review Board protocol.

- The **University** will ensure that the Evaluation Team presents the data collection instruments and evaluation plan to the GEHSI Consortium as requested by the Department.
- The **University** will ensure a member of the evaluation team attends all consortium planning and informational meetings, periodically report to the consortium and engage selected members in the evaluation process. In addition, the evaluation team will participate as requested in the National Evaluation effort.
- The **University** will ensure that the Evaluation Team submits a written evaluation report to the Program Director along with the program progress report for submission to the funding agent the Department of Health and Human Services-Maternal and Child Health Bureau.
- The **University** will provide analysis of all GEHSI consortium meetings using information collected by survey or other means.
- The **University** will facilitate communication relative to the data collection and evaluation activities, and assist in report preparation.
- The **University** will ensure that preliminary results are provided to the **Department** as needed for grant reports.
- The **University** will assist the **Department** in establishing mechanisms for monitoring the implementation, collection, analysis and reporting of program monitoring data.
- The **University** will serve as the primary University IRB for the evaluation activities. All evaluation consents will conform to the University' IRB requirements. All subject recruitment and data collection procedures will conform to the University' IRB approved protocol.
- The **University** will submit a copy of its Federal Wide Assurance with its IRB proposal to the **Department**.
- Both parties agree to review the scope of service and deliverables for subsequent grant years no later than September 1 of the preceding grant year.

III. DURATION OF CONTRACT/RENEWAL OPTIONS

The term of this agreement shall be from (Start Date TBD) through May 31, 2014. Subject to continued funding, this agreement may be automatically renewed by mutual written agreement of both parties until the end of the project period.

IV. ADMINISTRATION OF CONTRACT

Program:

Cynthia Barnes-Boyd, Ph.D., FAAN
Director UIC Neighborhoods Initiative
Assistant Dean Community Health Initiatives
MC 275
1747 W. Roosevelt Rd, 5th Floor
Chicago, Illinois 60608
(312) 996.4656 (Office)
(312) 996-3848 (Fax)
www.uic.edu/cuppa/gci/uicni

Contractual:

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

IV. COMPENSATION

The **University** agrees to fulfill the responsibilities detailed in this contract for the \$60,000 subject to the final approval of the budget by the Department of Health and Human Services-Maternal and Child Health Bureau. The parties agree to review the proposed budget for subsequent years no later than July 30 of the each year of the contract. All parties agree that the final budget for evaluation activities in subsequent years is subject to the availability of funds for the total project.

Method of payment

To receive payment The **University** will invoice **the Department** quarterly in the amount of \$20,000.

V. APPROVAL AND EFFECTIVE DATE

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

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

Department

By: _____

Signed

Type or print name

Date

Date

SIGNATURES FOR CDPH:

Dr. Agatha Lowe, Ph.D., RN
Assistant Commissioner of Women and Children's Health Programs

Date _____

SIGNATURES FOR THE UNIVERSITY OF ILLINOIS:

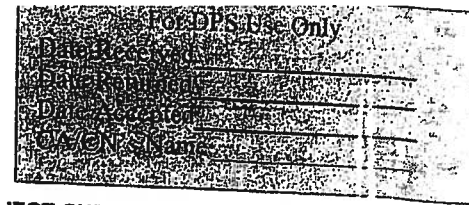
Terri Weaver, Ph.D., RN, FAAN
Dean
UIC College of Nursing

Date _____

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

Date _____

DPS PROJECT CHECKLIST



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

GENERAL INFORMATION:

Date: April 21, 2010

REQ No.: 49864

Contact Person: Rosemary Lebron

Tel: Fax:

E-mail: lebron_rosemary@cityofchicago.org

Specification No.: (if known): 85808

PO No.: (if known):

Project Manager: Dr. Agatha Lowe

Tel: Fax:

E-mail: lowe_agatha@cityofchicago.org

Modification No.: (if known):

Previous PO No.: (if known):

Project Description: SOLE SOURCE FOR EVALUATION OF THE HEAKTHY START PROGRAM (GESHI)

FUNDING:

- City: Corporate Bond Enterprise Grant* Other
- State: IDOT/Transit IDOT/Highway Grant* Other
- Federal: FHWA FTA FAA Grant* Other

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	\$ DOLLAR AMOUNT
01	010	0260	041	0413047	0140	220140			09GE80	\$240,000

Estimated Value \$ 240,000

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

SCOPE STATEMENT:

Attached is a Detailed Scope of Services and/or Specification

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

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

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST

- Blanket Agreement
- Standard Agreement
- Small Orders

MOD/AMENDMENT

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

FORMS: Requisition

Special Approvals

Non-Competitive Review Board (NCRB)

CONTRACT TERM: 4 YEARS

Requested Term (number of months): 48

MONTHS

DPS PROJECT CHECKLIST

PRE BID/SUBMITTAL REQUIREMENTS:

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

ARCHITECTURAL/ENGINEERING SUPPLEMENTAL CHECKLIST

Required Attachments: Scope of Services, including location, description of project, services required, deliverables, and other information as required

Risk Management

Will services be performed within 50 feet of CTA train or other railroad property? Yes No

Will services be performed on or near a waterway? Yes No

If applicable, Pre-Qualification Category No. _____ Category Description: _____

For Pre-Qualification Program, attach list of suggested firms to be solicited

Other Agency Concurrence Required: None State Federal Other (fill in) _____

AVIATION CONSTRUCTION SUPPLEMENTAL CHECKLIST

DOA sign-off for final design documents: Yes No

Required Attachments:

Copy of Draft Contract Documents and Detailed Specifications.

Risk Management:

Current Insurance Requirements prepared/approved by Risk Management: Yes No

Will work be performed within 50 feet of CTA or ATS structure or property? Yes No

Will work be performed airside? Yes No

***NOTE:** Any non-construction Aviation request, complete the applicable section.

COMMODITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Specifications (Scope of Services) including detailed description of the product, delivery location, user department contact, price escalation considerations, Bidder's qualification, contract term and extension options, Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

If Modification request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

CONSTRUCTION SUPPLEMENTAL CHECKLIST

Required attachments:

Copy of Draft (80% Completion), Contract Documents and Detailed Specifications

Risk Management

Will services be performed within 50 feet of CTA train or other railroad property? Yes No

Will services be performed on or near a waterway? Yes No

DPS PROJECT CHECKLIST

VEHICLES/HEAVY EQUIPMENT SUPPLEMENTAL CHECKLIST

Required Attachments:

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

If Modification request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

PROFESSIONAL SERVICES SUPPLEMENTAL CHECKLIST

- Detailed description of project listing obligations of each party.
- The Schedule of Compensation
- Deliverables
- Request for individual contract services (if applicable)
- The appropriate EPS form
- ITSC (approved by BIS)
- OBM (approved by Budget form/memo)
- Grant document attached

Attach any documentation indicating any previous purchase activity to assist in the procurement process

TELECOMMUNICATIONS AND UTILITIES SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Scope of Services/Specification which sets forth all of the anticipated services and products the user department wants provided, including time frame for completion, special qualifications of prospective vendors, special requirements or needs of the project, locations, anticipated participating user departments, citation of any applicable City ordinance or state/federal regulation or statute.

Has the project been reviewed by BIS? Yes No

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

Does the project include software? Yes No

If yes, is signed ITSC form attached? Yes No

Does the location involve:

A public way? Yes No

Any concession in the City's facilities? Yes No

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

DPS PROJECT CHECKLIST

WORK SERVICES/FACILITY MAINTENANCE SUPPLEMENTAL CHECKLIST

Required Attachments: Detailed Specifications (Scope of Services) including detailed description of the work, locations (with supporting detail), user department contacts, work hours/days, laborer/supervisor mix, compensation and price escalation considerations, Bidder's qualification, contract term and extension options, Contractor's qualifications, citation of any applicable City/State/Federal statutes or regulations, citation of any applicable technical standards and Price Lists/Catalogs, technical drawings and other exhibits and attachments as appropriate.

Risk Management:

Will services be performed within 50 feet (50') of CTA train or other railroad property? Yes No

Will services be performed on or near a waterway? Yes No

Will services require the handling of hazardous/bio-waste material? Yes No

Will services require the blocking of streets or sidewalks which may affect public safety? Yes No

If Modification or Amendment request, please verify and provide the following:

Contractor's Name:

Contractor's Address:

Contractor's e-mail Address:

Contractor's Phone Number:

Contractor's Contact Person:

□

BIOGRAPHICAL SKETCH

NAME Cynthia Barnes-Boyd	POSITION TITLE Director/Associate Clinical Professor
------------------------------------	--

EDUCATION/TRAINING *(Begin with baccalaureate or other initial professional education)*

INSTITUTION AND LOCATION	DEGREE	YEAR(s)	FIELD OF STUDY
University of Illinois at Chicago	PhD	1990	Community Health Nursing
University of Illinois at Chicago	MSN	1979	Nursing
University of Illinois at Chicago	BSN	1975	Nursing
Wesley-Passavant School of Nursing of Northwestern Memorial Hospital	Diploma	1973	Nursing

PROFESSIONAL EXPERIENCE

2006-Present- Director Great Cities, Healthy City Collaborative

2000-Present- Director, UIC Neighborhoods Initiatives, University of Illinois at Chicago College of Urban Planning and Public Affairs; Assistant Dean for Community Initiatives, UIC College of Nursing

1998 – 2001 Faculty, International Center for Health Leadership, University of Illinois at Chicago

1997 – 2000 Special Assistant to the Vice Chancellor for Health Services, Director Community Health, UIC

1991 – 1997 Executive Director, Mile Square Health Center, Director of Community Outreach, UIC

1982 – 1990 Director of Professional Education, Neonatal and Pediatric Services, Oak Brook, Illinois

1980 – 1991 Assistant Director of Nursing, Parent/Child Health, UIC

1978 – 1980 Critical Care Clinical Nurse Specialist ICU/ICN/ER, Wyler Children's Hospital, University of Chicago Hospital and Clinics, Chicago, Illinois

1973-1978 Progressive leadership positions at University of Illinois Medical Center, Chicago, Il. Details available upon request

Fellowship

The Institute of Medicine of Chicago, 2008-

Robert Wood Johnson Executive Nurse Fellows, 2006-2009

Fellow American Academy of Nursing, American Academy of Nursing Association, 1992-Present

Awards

2007 UIC City Partner Award

2005 Illinois Outstanding Nurse Leader

2001 Ranacer West Side Community Network, "Outstanding Community Commitment Award

2000 Women Health Executive Network, Annual Achievement in Health Care Management Award

1999 Chicago Urban League and the National Woman's Hook-up "Women History Award"

1997 National League of Black Women "Black Rose Award

1993 The Lawrence Parks-William Eaddy Outstanding Service Award

1992 Black Caucus of Health Workers of the American Public Health Association, Black Women in the Health Profession

Professional Activities-Board Membership

External Advisory Board Member, Center for Population Health and Health Disparities, 2005-Present

Board Member, Community-Campus Partnerships for Health, 2004 – Present

Advisory Board Member, Illinois Prevention Research Center, 2004-Present

Advisory Board Member, Environmental Justice, 2004 – Present

Board Member, Multiethnic Research Core, 2004-Present

Member, American School Health Association (ASHA), 1997-Present

Chairperson, March of Dimes Birth Defects Foundation Grants Review Committee, 1994-Present

Board Member, Chicago Center for Health Systems Development, Inc., 1995-Present

Selected peer-reviewed publications

Dancy, B.L., Wilbur, J., Talashek, M., Bonner, G. & **Barnes-Boyd, C.** (2004). Community-based research: Barriers to recruitment of African-Americans. *Nursing Outlook*, 52, 234-240.

Barnes-Boyd, C. (2001) Promoting Infant Health through Home Visiting by a Nurse-Managed Community Worker Team. *Public Health Nursing* 18, 225-235.

Nacion, K.W., Norr, K.F., Burnett, G.M., & **Barnes-Boyd, C.** (2000) Validating the safety of Nurse Health Advocate Services. *Public Health Nursing*, 17, 32-42.

Barnes-Boyd, C. (1986) Intrauterine Growth Retardation, *NAACOCG Update Series*, 4(9), Continuing Professional Education.

Barnes-Boyd, C (1996) Evaluation of an Interagency Home Visiting Program to Reduce Postneonatal Mortality in Disadvantaged Communities. *Public Health Nursing* 13, 201-208.

Selected Research and Community Program Support

2007-2012 Co-PI, Chicago REACH US, Center for Disease Control grant to the Chicago Department of Public

2007-2010 Co-PI, Center for Excellence for Eliminating Health Disparities (CEED). Funding Source CDC

2006-2008 Program Evaluator, City of Chicago Greater Englewood Health Start program, Funding Office of MCH

Principal Investigator/Program Director (Last, First, Middle):

BIOGRAPHICAL SKETCH

Provide the following information for the key personnel and other significant contributors in the order listed on Form Page 2.
Follow this format for each person. **DO NOT EXCEED FOUR PAGES.**

NAME Angela Ellison		POSITION TITLE Associate Director Community Engagement	
eRA COMMONS USER NAME			
EDUCATION/TRAINING <i>(Begin with baccalaureate or other initial professional education, such as nursing, and include postdoctoral training.)</i>			
INSTITUTION AND LOCATION	DEGREE <i>(if applicable)</i>	YEAR(s)	FIELD OF STUDY
Chicago State University	MSE	1991	Education
Loyola University	BSP	1983	Psychology

A. Positions and Honors

PROFESSIONAL EXPERIENCE

2007-Present Associate Director Community Engagement, UIC Neighborhoods
2005-2008 Project Director-Closing the Gap, Illinois Maternal and Child Health Coalition
2004-2005 Director Maternal and Child Health Services, Access Community Health Network
1998-2003 Executive Director, West Side Future/YMCA
1996-2006 Part-Staff Facilitator and Trainer, International Center for Health Leadership Development, UIC
1995-1998 Director of Case Management, UIC Mile Square Health Center
1990-1995 Grants Manager/Director of Case Management, UIC Mile Square Health Center
1989-1990 Project Director, East Garfield Park – FWF

Professional Activities

President, Mile Square Facility Health Board
Vice Chair, Healthy Start Consortium
Chicago Case Management Network
Illinois Maternal and Child Health Coalition Board Member
Healthy Start Family Center Committee
Campaign for Better Health Committee
March of Dimes Grant Review Community
UIC Community Advisory board
Illinois Maternal and Child Health Coalition, Co-Chair of Campaign to Save Our Babies

AGREEMENT
Between
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINIOS
And
THE CHICAGO DEPARTMENT OF PUBLIC HEALTH
For
GREATER ENGLEWOOD HEALTHY START INITIATIVE

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

I. Project Description

The Greater Englewood Healthy Start Initiative is a federally funded program implemented to reduce the rate of infant mortality, low birth weight and other poor perinatal outcomes for women and infants living in Englewood and West Englewood communities. To achieve this goal, the program works closely with community residents, agencies, businesses, and schools, to improve the access to healthcare and social services. The identified population is high-risk pregnant women, infants, and fathers with young children.

The evaluation of the GEHSI is focused on the achievement of defined objectives for the Project period and Calendar year at the client and community levels, as well as process measures. The performance Objectives will be organized and clearly linked to monitoring progress in three specific focus areas, Project Performance and Project Effectiveness in improving health status and System Interface. Focus groups, special surveys, and primary data collection methods will be used to examine client satisfaction.

As required by Department of Health & Human Services -Health Resources and Services Administration (HRSA), it is necessary to have an external Evaluator to evaluate the Greater Englewood Healthy Start Program.

II. SCOPE OF SERVICES

The **University** shall provide leadership to the Evaluation Team for (GEHSI) as part of the above stated services.

The **University** and the **Department** agree that all GREATER ENGLEWOOD HEALTHY START INITIATIVE evaluation data will be managed and stored at the University of Illinois at Neighborhood Initiatives, Division of Community

Health, but remains collectively owned by the **Department**. This evaluation data includes process, monitoring and summary data.

The **University** agrees that the data collected and analyzed in this Project is the property of the **Department**. The **Department** will receive hard copies and electronic data files of all data collected. The **University** understands that any analysis, publication or distribution of the data requires the written consent of Dr. Agatha Lowe, Assistant Commissioner of Women and Children's' Health Programs of the **Department**, as well as a documented consent of the GEHSI. The **Department** requests that CDPH, the GEHSI Consortium and CDC are acknowledged in any publication, presentation or public distribution of the data.

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

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

- The **University** will oversee all data collection and compilation of data related to case management activities collected on pre-agreed documentation forms and at agreed-upon intervals.
- The evaluation will be designed to
 1. Examine the efficacy and impact of the GEHSI case management model of care on perinatal outcomes and utilization of health resources
 2. Assess pre and post intervention (case management) satisfaction and knowledge retention including: the degree to which participants elect to participate in prenatal, well child and personal health care and the degree of individual change measured by awareness of risk factors and actions to reduce risks.
 3. Measure community change evidenced by change in the capacity of the community to mobilize assets over time
 4. Document the evolution, effectiveness and contributions of the HS Consortium over a defined period of time.
 5. The evaluation process will include individual interviews with program participants (including male participants) and consortium members, analysis of information collected through focus groups, review of program and case management records, review of historical documents, meeting minutes, survey methods to evaluate consortium members' satisfaction and direct observation.
- The **University** will oversee the assessment of the quality and readiness of data to support the evaluation.
- The **University** will ensure that the **Department** is provided a copy of all finalized data sets. The **University** will also ensure that original questionnaires are maintained at the University of Illinois at Chicago Neighborhoods Initiative,

Division of Community Health and destroyed in accordance with the procedure described in the University' Institutional Review Board protocol.

- The **University** will ensure that the Evaluation Team presents the data collection instruments and evaluation plan to the GEHSI Consortium as requested by the Department.
- The **University** will ensure a member of the evaluation team attends all consortium planning and informational meetings, periodically report to the consortium and engage selected members in the evaluation process. In addition, the evaluation team will participate as requested in the National Evaluation effort.
- The **University** will ensure that the Evaluation Team submits a written evaluation report to the Program Director along with the program progress report for submission to the funding agent the Department of Health and Human Services-Maternal and Child Health Bureau.
- The **University** will provide analysis of all GEHSI consortium meetings using information collected by survey or other means.
- The **University** will facilitate communication relative to the data collection and evaluation activities, and assist in report preparation.
- The **University** will ensure that preliminary results are provided to the **Department** as needed for grant reports.
- The **University** will assist the **Department** in establishing mechanisms for monitoring the implementation, collection, analysis and reporting of program monitoring data.
- The **University** will serve as the primary University IRB for the evaluation activities. All evaluation consents will conform to the University' IRB requirements. All subject recruitment and data collection procedures will conform to the University' IRB approved protocol.
- The **University** will submit a copy of its Federal Wide Assurance with its IRB proposal to the **Department**.
- Both parties agree to review the scope of service and deliverables for subsequent grant years no later than September 1 of the preceding grant year.

III. DURATION OF CONTRACT/RENEWAL OPTIONS

The term of this agreement shall be from June 1, 2010 through May 31, 2014. Subject to continued funding, this agreement may be automatically renewed by mutual written agreement of both parties until the end of the project period.

IV. ADMINISTRATION OF CONTRACT

Program:

Cynthia Barnes-Boyd, Ph.D., FAAN
Director UIC Neighborhoods Initiative
Assistant Dean Community Health Initiatives
MC 275
1747 W. Roosevelt Rd, 5th Floor
Chicago, Illinois 60608
(312) 996.4656 (Office)
(312) 996-3848 (Fax)
www.uic.edu/cuppa/qci/uicni

Contractual:

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

IV. COMPENSATION

The **University** agrees to fulfill the responsibilities detailed in this contract for the \$60,000 subject to the final approval of the budget by the Department of Health and Human Services-Maternal and Child Health Bureau. The parties agree to review the proposed budget for subsequent years no later than July 30 of the each year of the contract. All parties agree that the final budget for evaluation activities in subsequent years is subject to the availability of funds for the total project.

Method of payment

To receive payment The **University** will invoice the **Department** quarterly in the amount of \$20,000.

V. APPROVAL AND EFFECTIVE DATE

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



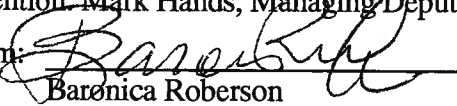
City of Chicago
Richard M. Daley, Mayor

Department of Public Health

Bechara Choucair, M.D.
Commissioner

333 South State Street
Chicago, Illinois 60604-3972
(312) 747-9884
(312) 747-2374 (TTY)

www.cityofchicago.org/health

To: Jamie L. Rhee
Chief Procurement Officer
City of Chicago Department of Procurement Services
Attention: Mark Hands, Managing Deputy Procurement Officer
From: 
Baronica Roberson
Deputy Commissioner
City of Chicago Department of Public Health

Date: 4/23/2010

Re: Request for a Sole source Contract with U of I GESHI

The Chicago Department of Public Health (CDPH) requests a Sole Source contract with the University of Illinois at Chicago Greater Englewood Healthy Start Initiative (GESHI)

U of I GESHI evaluates the Healthy Start Program (the "Program") for CDPH. The Department of Health and Human Services – Maternal and Child Health Bureau (DHHS – MCHB) funds the program. Staff members of CDPH will perform the outlined services contained within the scope of services and U of I Chicago (GESHI) will provide evaluation of such services as outlined herein.

CDPH is requesting a four (4) year contract based on the grant term.

Requisition No. 49864 has been created in FMPS and is in Incomplete Status. The Specification No. is 85808.

CDPH requests to be placed on the JNCP schedule for the May 4, 2010 meeting.

Thank you for your assistance in this matter. If you have any questions or need additional information, please contact Richard Rzeszutko at 312-745-3504 or Rosemary Lebron at 312-747-9657.

cc. Rosemary Lebron

