


Instructions for completing Corporate 2019: the City Department should (a) complete only the highlighted portions below (any other changes require Law Department approval), (b) attach Exhibits A-C, and (c) send delegate agency a hard copy or pdf (NOT a Word version) of both the customized pages below (including Exhibits A-C) and the document containing Exhibits D - F

Form Corporate 2019: to be used only for Delegate Agency Grant Agreements funded wholly by Corporate funds and not involving construction or loans (Rev 11/18)

Additional Exhibits to this Agreement may be found at:

<http://www.cityofchicago.org/content/cityinfo/law/termsandconditions/Corporate2019.pdf>

	Delegate Agency Grant Agreement of the City of Chicago ("City")	Title of the Program <div data-bbox="1242 487 1533 640" style="border: 1px solid red; padding: 2px; margin-top: 10px;"> Program title must match program title used in 2019-2020 CDGA RFP </div>
Contract (P.O.) Number:	Specification Number:	Vendor Number:
Name and address¹ of Delegate Agency ("You"): Email: _____	City Department ("Department") and Address: _____ _____ _____ Chicago, IL _____ Attn: Commissioner	Term of Agreement: Start Date/ Date of Agreement: January 1, 2019 End Date: December 31, [2019][2020]
Maximum Compensation (subject to the availability and appropriation of funds and satisfactory performance):	Committed Compensation: <div data-bbox="570 1125 959 1276" style="border: 1px solid red; padding: 2px; margin-top: 10px;"> This is the maximum compensation estimated for the two-year term of the agreement </div>	<div data-bbox="1015 1075 1300 1192" style="border: 1px solid red; padding: 2px; margin-top: 10px;"> this is the amount appropriated for 2019 </div>
Fund Numbers and amounts:		For questions on completing this, contact the City's HIPAA Privacy Officer, Stephen Murphy
Is the Delegate Agency a Business Associate (as defined in HIPAA)? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Special Conditions: the above grant is subject to the Special Conditions or limitations as are set forth in the attached page(s)		
Brief Description of Program (the "Program"): Grant funds are to _____		insert sentence generally describing the Program

SPECIAL CONDITIONS

¹ Address must be a street address (Post Office boxes are not acceptable) from which you administer programs providing Services principally to low and moderate income residents of the City of Chicago.

You acknowledge and agree:

The City Council of the City, a municipal corporation and home rule unit of local government existing under the Constitution of the State of Illinois, has appropriated corporate funds to be used for the Program.

The City desires to enter into this Agreement with you to provide services under the Program. You represent that you have the institutional, managerial, professional and financial capability to provide services in connection with the Program to the full satisfaction of the City and that you are ready, willing and able to enter into this Agreement.

This Agreement will take effect as of the Start Date and continue through the End Date or until the Services are completed or until this Agreement is terminated, whichever occurs first (the "Term"). All Services must be performed within the Term and as more specifically required under this Agreement. "**Agreement**" means this Delegate Agency Grant Agreement, including all exhibits attached to it and incorporated in it by reference, and all amendments, modifications or revisions made in accordance with its terms.

Any payments under the first year of this Agreement will be made from Fund Numbers identified above and are subject to the annual appropriation and availability of funds. In subsequent years, the City may change the fund numbers at its sole discretion. The "**Maximum Compensation**" is the maximum compensation that you may be paid under this Agreement, without an amendment to this Agreement authorizing a higher amount.

Notwithstanding the Maximum Compensation, the amount of funds the City commits to pay to you as of the effective date of this Agreement ("**Committed Compensation**") is reflected in the "Budget" attached as Exhibit A and incorporated by reference. If the City has funds available, and those funds are appropriated for the services/programs covered by this Agreement, then the City, in its sole discretion, may increase the amount of Committed Compensation by written notification from the Commissioner of the Department or other legally designated official, as applicable ("**Commissioner**") to you and subject to the satisfactory submission of a revised Budget Summary by you. You must submit a revised Budget to the Department, for approval by the Department and the City Comptroller (Attention: Grant and Project Accounting Division), reflecting such additional funds, the cumulative Committed Compensation and the revised fund number. Once approved by the Department and the City Comptroller, the revised Budget will supersede the Budget attached as Exhibit A. In no event will the cumulative Committed Compensation exceed the Maximum Compensation without a written amendment to this Agreement. In the event that the City pays you the total amount of Committed Compensation for the Services without providing written notification of an increase in the amount of Committed Compensation, no further payments shall be made under this Agreement unless and until (a) the City has provided written notification of an increase in the amount of Committed Compensation and (b) the City has approved a revised Budget submitted by you.

You must comply with all the Terms and Conditions of this Agreement including those found on Exhibit D. You agree to comply with the requirements set forth in the following exhibits which are attached to and made a part of this Agreement. All provisions listed in the Exhibits have the same force and effect as if they had been listed in the body of this Agreement.

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Exhibit A Budget
Exhibit B Scope of Services and Time Limits for Performance
Exhibit C Economic Disclosure Statement and Affidavit (Certificate of Filing)

The signature page to this Agreement follows Exhibit C.

Exhibit D Terms and Conditions
Exhibit E Insurance Requirements
Exhibit F HIPAA Requirements

Exhibits D through F may be found at the link on the first page of this Agreement.

[remainder of page intentionally left blank]

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EXHIBIT A

BUDGET

(Attached)

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EXHIBIT B

SCOPE OF SERVICES
(WORK PROGRAM(S))

(Attached)

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EXHIBIT C

ECONOMIC DISCLOSURE STATEMENT & AFFIDAVIT

(Certificate of Filing attached)

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Signature page to Delegate Agency Grant Agreement

Name of Delegate Agency:	Contract (P.O.) Number:
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Signed at Chicago, Illinois:

the delegate agency should add name and title of the authorized official, plus signature and date.

City Approval	Delegate Agency Acceptance
Typed Name and Title of Approving City Official: Commissioner, Department of _____	Typed Name and Title of Agency Official (executive president) ¹ :
Signature of Approving City Official:	Signature of Approving Delegate Agency Official:
Date of Signature:	Date of Signature:

Notarization of signature of Delegate Agency Official:

the notary public should complete this section when the delegate agency official signs this page

State of _____
 County of _____

This instrument was acknowledged before me on _____ (date) by _____ (name/s of person/s) as _____ (type of authority, e.g., officer, trustee, etc.) of _____ (name of party on behalf of whom instrument was executed).

Signature of Notary Public

SEAL:

¹ If this Agreement is signed by any individual other than the corporate president or the executive director of Delegate Agency, attach a copy of that section of Corporate By-Laws or other authorization, such as a resolution by the Board of Directors, that permits the individual to sign the Agreement for Delegate Agency.