



**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 |
|---------------------|----------------------------------|----------------|---------|---------------------------------|
| 041 (Public Health) | Ayla Karamustafa                 | (312) 747-8859 | 3/29/22 |                                 |
| Contract Liaison    | Email Contract Liaison           | Telephone      |         |                                 |
| Maribel Valdez      | maribel.valdez@cityofchicago.org | 312-747-8859   |         |                                 |

| List Name of NCRB Attendees/Department                                                    |
|-------------------------------------------------------------------------------------------|
| Ayla Karamustafa, CDPH<br>David Kern, CDPH<br>John Pfeiffer, CDPH<br>Maribel Valdez, CDPH |

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

Company: Groupware Technologies LLC (GT)

| Contact Person: | Phone:                | Email:                        |
|-----------------|-----------------------|-------------------------------|
| Peggy Griffith  | 414-454-0161 ext. 115 | peggy.griffith@groupotech.com |

**Project Description:** The Chicago Department of Public Health (CDPH) Syndemic Infectious Disease Bureau proposes contracting with Groupware Technologies, LLC (GT) to build-out an integrated database for the Healthcare Access HIV program.

**This is a request for:**

New Contract       Amendment / Modification

**Contract Type**

Blanket Agreement    Term: 60 (# of mo)       Time Extension       Vendor Limit Increase     Scope Change

Standard Agreement

Contract Number: \_\_\_\_\_  
Specification Number: \_\_\_\_\_  
Modification Number: \_\_\_\_\_

| Department Request Approval                                      | Recommended Approval                                    |
|------------------------------------------------------------------|---------------------------------------------------------|
| <br>DEPARTMENT HEAD OR DESIGNEE<br>Allison Aracady<br>PRINT NAME | <br>BOARD CHAIRPERSON<br>Steven M. Loboda<br>PRINT NAME |
| 5/16/22<br>DATE                                                  | 7/27/2022<br>DATE                                       |

**(FOR NCRB USE ONLY)**

Recommend Approval/Date: \_\_\_\_\_

Return to Department/Date: \_\_\_\_\_

Rejected/Date: \_\_\_\_\_

Approved       Rejected

CHIEF PROCUREMENT OFFICER      7/27/2022  
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**

1. In March of 2020, CDPH executed an Intergovernmental Agreement (IGA) with the Illinois Department of Public Health (IDPH), who currently contracts directly with GT for their own integrated data system, in order to begin the important work to build out the database proposed in this application. Throughout the last two year, the following progress was accomplished with the vendor:

- Established a relationship and weekly meeting cadence with the vendor, GT.
- Underwent historical data migration process for Healthcare Access program 2011- 2021. Ten years of client level data were organized, de-duplicated, and uploaded to GT in anticipation of populating the new Chicago Provide Enterprise system.
- Collaborated on the submission of the annual federal HRSA Ryan White Services report for 2020 and 2021.
- Shared and discussed at length relevant program information, design, and intentions for system build out with the vendor.
- Initiated the discovery phase for system design.

Replacement of the IGA was necessary due to the following factors:

a) Since IDPH already contracted with GT, CDPH entered into an IGA with IDPH to build the Chicago Provide Enterprise system on State of Illinois servers. As work progressed, CDPH realized the IGA necessitated building the CDPH system within (not adjacent to) the IDPH Provide Enterprise system, which meant adopting the existing IDPH database design as a foundation, rather than building a system that fully aligned with CDPH program needs. The inability to create a unique system aligned with program needs would have impacted data collection and management, significantly disrupted operations of the Healthcare Access program and its delegates, and required duplicative effort to generate data analyses for program planning and reporting.

b) Further, building the CDPH system within the IDPH system required IDPH to be the primary administrator of both data systems. As a result, IDPH would have been required to approve CDPH's data system design, build out, modifications, and workflow. This approach would have delayed completion of the project and granted IDPH ultimate authority to control CDPH's database system.

In order to successfully complete and sustain this project that is two-plus years in the making, CDPH seeks to contract with GT directly. Continuing to contract directly with GT is the only effective and sustainable plan to follow through on the data-sharing goals with IDPH and maintain the integrity and design of the CDPH Healthcare Access program.

2. This is a first time contract directly with this vendor, but a continuation of the work that was started via the IGA with the IDPH, as described in #1.

3. N/A, we are seeking an NCRB contract with this vendor as they are only entity poised to provide the services we seek.

4. As detailed throughout this contract package, CDPH did not seek out other sources or organizations because Groupware Technologies is the vendor contracted by IDPH. In order to partner with IDPH and successfully data-share across our programs, CDPH must contract with GT.

5. This request is for 5 years time. If this request is approved and the database successfully built, there will likely be a future request to renew at the end of the 5 year period.

6. A competitive bid for this contract is not possible as GT is the only vendor that can provide the services, including



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facilitation of the IDPH/CDPH data-sharing goals.

**ESTIMATED COST**

1. The total cost for a 5 year contract with GT is \$1,835,720. The contract for Year 1 is \$543,720, while years 2-5 will be \$323,000 each. The funding source is the Health Resources and Services Administration Ryan White Part A grant.

2. Cost Break Down by Year:

Year 1: \$543,720

Year 2: \$323,000

Year 3: \$323,000

Year 4: \$323,000

Year 5: \$323,000

3. These costs were estimated through extensive dialogue with the vendor, and detailed cost break down that was provided by GT (see attached cost break down attachment with application package). The process involved an agreement on necessary deliverables and a timeframe- which follows a fairly standard time frame for implementation of a new data system.

4. Since this work originally began in 2020, many hours and payments have gone into historical data migration and early planning for discovery/implementation. The IGA include up to \$200,000 annually, which amounts to \$400,000 across two years. If the City were to consider a different source for this work, the data migration and discovery planning efforts would be duplicated.

5. Price was negotiated based on a calculation of foundational costs to build the database from scratch, including but not limited to hours devoted by the vendor. CDPH and vendor agreed on deliverable, rates, and overall time it would take meet goals set by the City over the course of several months discussion. Year 1 cost is higher due to the additional time and effort that will go into building the planning, configuring, testing, and implementing the system; years 2-5 will be more focused on maintenance and ongoing support, which includes set costs for hosting the database, providing technical assistance and support, and paying for user licenses.

**SCHEDULE REQUIREMENTS**

1. The schedule outlined in the scopes of service were derived through detailed conversation with vendor over the course of the last 4 months. CDPH outlined goals and target dates, and the vendor provided a reasonable break down of staff time/services to meet those goals. Overall implementation from discovery to roll out to our delegate agencies will reasonably take about 12 months.

2. Lack of drawings and/or specifications is not a constraining factor to competitive bidding. Groupware Technologies LLC (GT) is the only vendor that can meet the required schedule for the following reasons:

a) GT is the vendor contracted by the Illinois Department of Public Health (IDPH); GT designed IDPH's equivalent HIV care and prevention system in Provide Enterprise over two decades ago and has managed the system on behalf IDPH since then. Using the Provide Enterprise system via a contract with GT is the only way to build a database both tailored to CDPH's needs that is also complimentary to IDPH system to allow data-sharing of client eligibility and ADAP data with IDPH.

b) CDPH has been working with GT for the last two years via the intergovernmental agreement with IDPH which was outlined in the 'procurement history' section of this form. CDPH made significant progress on database build out during this time as follows:

- Established a relationship and weekly meeting cadence with the vendor, GT.
- Underwent historical data migration process for Healthcare Access program 2011- 2021. Ten years of client level data were organized, de-duplicated, and uploaded to GT in anticipation of populating the new Chicago Provide Enterprise system.



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- Collaborated on the submission of the annual federal HRSA Ryan White Services report for 2020 and 2021.
- Shared and discussed at length relevant program information, design, and intentions for system build out with the vendor.
- Initiated the discovery phase for system design.

These steps would have to be repeated with a different vendor, duplicating efforts and extending timeline for this project.

c) GT is a company specializing in care management software tailored to Ryan White programs and legislative requirements nationwide with experience. Not only do they offer expertise in configuration and management of their Provide Enterprise system product and have the pre-existing relationship with IDPH, but they also have the clinical and legislative expertise necessary for building a database that will allow CDPH to comply with the Health Resources and Services Administration's federal requirements for Ryan White Part A, the grant that funds this endeavor.

3. A more detailed schedule is included in the scope of work document for the Project Initiation & Planning; Discovery; Database Design; Configuration; User Acceptance Testing; User Training; Deployment.

This schedule is critical to continue to build off of the efforts of the last two year (outlined above in #2b) so that the CDPH Healthcare Access program and it's delegate agencies have access to a functional and efficient data system to meet annual federal reporting requirements. Currently, the program is operating without an existing database and putting in additional staff time and effort to meet federal requirements.

4. Competitively bidding this contract out would add an additional 12-18 months through to selection of a new vendor. Once the new vendor is selected, the following items that have already been completed by GT over the last 2 years would have to be repeated:

- Established a relationship, familiarize with a new team, and determine a weekly meeting cadence.
- Undergo historical data migration process for Healthcare Access program 2011- 2021. Ten years of client level data would have to be re-organized, de-duplicated again, and uploaded to populate the new Chicago database.
- Share and discuss at length relevant program information, design, and intentions for system build out with the vendor prior to starting discover.
- Re-start the discovery phase for system design, which is already underway with GT.

It should be noted that delaying the configuration and deployment of this database any further also threatens the efficiency and effectiveness of the CDPH Healthcare Access programs, CDPH's ability to efficiently meet federal reporting guidelines, and potentially the effective service delivery to people living with HIV in the Chicagoland area. Finally, a competitive bid would exponentially increase Healthcare Access staff time on this project, which includes 1 Director, 1 Manager, 2 Public Health Administrator IIs, .2 FTES for 2 Public Health Administrator IIIs, and 1 Staff Assistant.

**EXCLUSIVE OR UNIQUE CAPABILITY**

1. CDPH proposes contracting with Groupware Technologies, LLC as the vendor to configure and manage the CDPH Healthcare Access system. The following is a detailed list of the professional skills, expertise, and qualifications that make GT uniquely qualified for this project:

a) Groupware Technologies is a software company specializing in care management software. GT's Provide Enterprise product helps care managers deliver higher quality care more efficiently by organizing, automating, and streamlining every aspect of the care management process. GT's flexible software is built on more than 25 years of experience helping organizations manage complex care for their clients.

b) Groupware Technologies has extensive knowledge and expertise implementing Ryan White HIV Care as well as Prevention programs. The company has implemented over 20 regions with Provide Enterprise since 2004.

c) IDPH has been using the Provide® and Provide Enterprise® systems as their data management system via their partnership with GT for their Ryan White Part B programs since 2001. Through this two-decade partnership, GT has



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significant detailed expertise and understanding of the IDPH system to facilitate the CDPH/IDPH data sharing vision for the future.

d) The implementation of the Provide Enterprise system helped IDPH reduce the time it takes to process an HIV positive application to allow service delivery from 1.5 hours to 7 – 10 minutes. CDPH seeks similar programmatic efficiencies and improvements through the transition to Provide.

e) Many of the features, functions and capabilities of the Provide Enterprise® system that are being used by IDPH's programs will be leveraged to meet the needs of CDPH, including but not limited to client submission of application/recertification forms electronically via the Internet, attach required supporting documentation (lab results, proof of residency, proof of insurance, proof of income, signed consent, etc.), linkage to State Medicaid system for enrollment verification and benefit level checking, and complete federally required reports and data reporting for the Ryan White Programs through built-in report functionality.

f) Since 2004, Provide Enterprise® by Groupware Technologies has powered numerous jurisdictions with HIV Care Management and Prevention programs, funded by both Ryan White Parts A and B, as well as other local, state and federally-funded programs. Current key metrics about Provide Enterprise:

- Used by care management program providers in 14 states
- 544 agencies access and utilize Provide
- 4,000 users access Provide annually
- 425,518 clients served through support from jurisdiction utilizing Provide
- Over 170 million clinical records in the system

g) Groupware Technologies has experience with required reporting to remain in compliance with Grantor Standards by continuously updating templates to remain current with compliance and reporting standards for grant programs, including but not limited to:

- Health Resources and Services Administration (HRSA)
  - Certified for RSR
  - Certified for ADR
  - HIV/AIDS Bureau Performance Measures
  - Ending the HIV Epidemic Initiative Triannual Report
- Centers for Disease Control (CDC) reporting
  - eHARS Reporting

h) Groupware Technologies is uniquely positioned to facilitate data sharing between IDPH and CDPH for the following reasons:

- GTI will be the primary architect of both systems, and will make configurations that support meaningful data sharing.
- Both implementations of Provide Enterprise will have similar data dictionaries and structures, making it easier to exchange files between the two systems.

2. The proposed firm is one of the acknowledged experts in database design and management.

3. Since 2004, Provide Enterprise by Groupware Technologies has powered numerous jurisdictions with HIV Care Management and Prevention programs, funded by both Ryan White Parts A and B, as well as other local, state and federally-funded programs. Current clients include:

- The Coordinating Center
- State of Florida
- State of Illinois



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- State of South Carolina
- State of Washington
- Broward County, Florida
- Palm Beach County, Florida
- Orange County, Florida
- Tarrant County, Texas
- Smaller, single-agency deployments in Wisconsin, Arizona, Texas and Minnesota

Key Metrics about Provide Enterprise, as administered by GT (same as provided above):

- Used by care management program providers in 14 states
- 544 agencies access and utilize Provide
- 4,000 users access Provide annually
- 425,518 clients served through support from jurisdiction utilizing Provide
- Over 170 million clinical records in the system

4. Groupware Technologies is a software company specializing in care management software and the creator of the Provide Enterprise database product. GT's Provide Enterprise product helps care managers deliver higher quality care more efficiently by organizing, automating, and streamlining every aspect of the care management process. GT's flexible software is built on more than 25 years of experience helping organizations manage complex care for their clients. Groupware Technologies has extensive knowledge and expertise implementing Ryan White HIV Care as well as Prevention programs. The company has implemented over 20 regions with Provide Enterprise since 2004.

5. As mentioned above, Groupware Technologies has extensive knowledge and expertise implementing Ryan White HIV Care as well as HIV prevention programs. The company has implemented Provide Enterprise in 14 Ryan White-funded jurisdictions since 2004. This includes but is not limited to meeting federal requirements and reporting as follows:

- Health Resources and Services Administration (HRSA) reports:
  - Certified for Ryan White Services report
  - Certified for AIDS Drug Assistance Program reports
  - HIV/AIDS Bureau Performance Measures tracking and reporting
  - Ending the HIV Epidemic Initiative Triannual Report
- Centers for Disease Control (CDC) prevention Reporting
  - HIV testing and Pre-Exposure Prophylaxis reporting measures
  - Electronic HIV/AIDS Reporting system measures

6. CDPH intends to implement the following in partnership with GT, if contracted:

- a) Build an efficient system which will accurately reflect the Healthcare Access program model
  - i. 8 unique programs (PCHH, ESS, HIV Primary Care, MCM, etc.)
  - ii. 25 agencies providing 17 different RW services categories (EIS, Outreach, etc.)
  - iii. 15 agencies providing HIV Testing and PrEP services.
  - iv. Having capability to add or remove variables (or not require certain fields or variables)
  - v. Having the option to record services as 'Services Provided' without 'Payment Requests' or 'Progress Logs'



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- b) Assume role of primary administrator for CDPH Part A data and system build out
  - i. Part A data is only visible/accessible to CDPH administration
  - ii. Changes, enhancements, and build-outs to our part of the system only need approval/authorization CDPH leadership
- c) Design a flexible system that will accommodate change and/or program additions in the future:
  - i. Addition of other HIV Services Portfolio programs, i.e. HIV Housing, SPUDs, EHE, etc.
  - ii. Modification of program, i.e. adding STI testing, Hepatitis testing, or TB testing to Healthcare Access programs
- d) Accommodate HA Status Neutral Model (Vulnerable Clients)
  - i. Allow HIV vulnerable clients in same database as HIV positive clients (adding "HIV negative" as status option)
  - ii. Capability to access non-medical services categories (mental health, case management, psychosocial, etc.) for vulnerable clients
- e) Allow direct import of data
  - i. Capability to directly connect to agency EMRs (data transfer file) or import data via Provide import template
- f) Streamline Ryan White Eligibility process
  - i. Capability to import data on Eligibility Assessment tab or auto-field variables; for example, on the Income Tab, only about 3 fields are completed most of the time but you must enter data in 42 fields.
  - ii. Capability to add functions to reduce the administrative burden; for example implementing automated consents or adding a self-attestation check box for data that has not changed
- g) Ensure client de-duplication process is built in
  - i. Explore potential automation of this process
- h) Explore data sharing between Part A agencies with consent
- i) For example, with client consent- allow legal agencies to see viral suppression rate of a client in care at different Healthcare Access site
  - i. Assess and modify Part A MCM module to match Healthcare Access program model
- j) Allow for system to record all Ryan White Parts funding (Part A/B/C/D/ADAP)

No other vendor has experience with all of the above database configuration, an existing relationship with IDPH and CDPH, and in-depth knowledge and expertise of Ryan White programs and legislation.

7) No, N/A.

8) N/A- not procuring replacement parts of maintenance services.

OTHER



# 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.





Originals

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:** May 4, 2022

**Department Name:** Health

**Requisition No:** 456641      **Specification No:** 1244362

**PO No:**      **Modification No:**

**Contract Liaison:** Maribel Valdez

**Telephone:** 312-747-8828

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

**Project / Program Manager:** Ayla Karamustafa

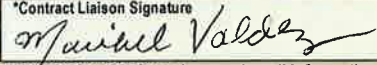
**Telephone:** 312-747-8859

**Email:** Ayla.Karamustafa@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**  
  
**\*By signing this form, I attest that all information provided is true and accurate.**

**Project Title:** NCRB contract with Groupware Technologies, LLC

**Project Description:** The Chicago Department of Public Health is requesting a sole source contract with Groupware Technologies to build an integrated healthcare access database in the provide enterprise system.

**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   | 021 | 0Y96 | 041  | 3350 | 0140 | 220140 | P04120106012 | 21BS11 | \$1,835,720      |

**Check One:**

**New Contract Request**

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

**\*Project / Program Manager Signature**  
  
**\*Commissioner/Authorized Designee Signature**  


**Purchase Order Information:**

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

**Extension Options (Rate of Recurrence):** 0

**Estimated Spend/Value:** \$ \$1,835,720

**Grant Commitment / Expiration Date:** various grants 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

**Modification or Amendment**

**Modification Information:**

PO Start Date: \_\_\_\_\_

PO End Date: \_\_\_\_\_

Amount (Increase/Reduction): \_\_\_\_\_

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

Full Compliance     Contract Specific Goals  
 No Stated Goals     Waiver Request

**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): \_\_\_\_\_

**Risk Management / EDS / IDOT**

Insurance Requirements (included)     Yes     No

EDS Certification of Filing (included)     Yes     No

IDOT Concurrence (required)     Yes     No

**Vendor Information**

Name: Groupware Technologies, LLC

Contact: Peggy Griffith

Address: 10437 Innovation Drive, Suite 306, Wauwatosa, WI 53226

E-mail: peggy.griffith@grouptech.com


Phone: 414-454-0161, EXT 115

MAY 09 2022



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: May 4, 2022

Re: NCRB Contract for Groupware Technologies LLC (GT)  
Spec No. 1244362; Req. No. 456641

The Chicago Department of Public Health (CDPH) would like to pursue a Non-Competitive Review Board (NCRB) contract to work directly with Groupware Technologies LLC (GT) for a total amount of \$1,835,720 for a five year term to continue the build out of an integrated Healthcare Access database in the Provide Enterprise system. The Healthcare Access program is part of the Syndemic Infectious Disease Bureau and encompasses eight unique HIV care and prevention-focused projects that fund twenty-eight delegate agencies which provide HIV care and prevention services in the greater Chicagoland area. Healthcare-Access-funded services reach between 15,000-18,000 people living with HIV (PLWH) annually in Chicago and the surrounding collar counties. This contract would be for a 5-year term to build-out and maintain the Healthcare Access database.

In 2019, CDPH required a new comprehensive and integrated data system to manage data for our newly developed Healthcare Access program. This need arose due to the following:

- The development of a new HIV Services Portfolio funding model which integrates federal funding sources and programmatic requirements. Current CDPH data management systems cannot manage data for the new model.
- The critical need to routinely share HIV care and prevention services data between CDPH and the Illinois Department of Public Health (IDPH). Data sharing allows for

continuity of care for people living with and vulnerable to HIV across Illinois, de-duplication of services (as required by federal funders), and reduced burden on clients who are required to certify eligibility at least annually to receive CDPH- and IDPH-funded HIV services.

- The ongoing requirement to submit annual federal Ryan White Services reports to the Health Resources & Services Administration (HRSA).
- The commitment to streamline data reporting and management for CDPH and IDPH delegate agencies, many of which are funded by both health departments.

The NCRB contract with GT would replace an Intergovernmental Agreement (IGA) with IDPH, who currently contracts directly with GT for their own longstanding Provide Enterprise system. Replacement of the IGA was necessary due to the following factors:

- Since IDPH already contracted with GT, CDPH entered into an IGA with IDPH to build the Chicago Provide Enterprise system on State of Illinois servers. As work progressed, CDPH realized the IGA necessitated building the CDPH system within (not adjacent to) the IDPH Provide Enterprise system, which meant adopting the existing IDPH database design as a foundation, rather than building a system that fully aligned with CDPH program needs. The inability to create a unique system aligned with program needs would have impacted data collection and management, significantly disrupted operations of the Healthcare Access program and its delegates, and required duplicative effort to generate data analyses for program planning and reporting.
- Further, building the CDPH system within the IDPH system required IDPH to be the primary administrator of both data systems. As a result, IDPH would have been required to approve CDPH's data system design, build out, modifications, and workflow. This approach would have delayed completion of the project and granted IDPH ultimate authority to control CDPH's database system.

Despite unanticipated challenges, CDPH made significant progress developing its Provide Enterprise system via the IGA, as follows:

- Established a relationship and weekly meeting cadence with the vendor, GT.
- Underwent historical data migration process for Healthcare Access program 2011- 2021. Ten years of client level data were organized, de-duplicated, and uploaded to GT in anticipation of populating the new Chicago Provide Enterprise system.
- Collaborated on the submission of the annual federal HRSA Ryan White Services report for 2020 and 2021.
- Shared and discussed at length relevant program information, design, and intentions for system build out with the vendor.
- Initiated the discovery phase for system design.

The cost breakdown for this five year contract is detailed in the attached scopes of service and cost projection from the vendor.

The NCRB contract will allow work to continue on developing Chicago's Provide Enterprise system. Additionally, the system, once completed, will allow IDPH and CDPH to eventually establish data-sharing, a primary goal of this project.

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

CC: John O'Brien – DPS  
Tiheta Hinton - DPS  
Ayla Karamustafa - CDPH  
David Kern - CDPH  
Mary Emmanuel - CDPH  
File



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**NCRB Contract for Groupware Technologies LLC. (GT)  
Scopes of Service for Healthcare Access Database**

**1. Background:**

The Chicago Department of Public Health's (CDPH) Syndemic Infectious Disease Bureau seeks to build-out an integrated database for the Healthcare Access HIV program. Healthcare Access is part of the Syndemic Infectious Disease Bureau's HIV Services Portfolio funding model and encompasses eight unique HIV care and prevention-focused projects funding twenty-eight delegate agencies that provide a variety of HIV care and prevention services. Healthcare Access-funded services reach between 15,000-18,000 people living with HIV (PLWH) annually in Chicago and the surrounding Collar Counties.

CDPH proposes contracting with Groupware Technologies LLC (GT), a company specializing in care management software, to utilize the Provide Enterprise (Provide) data system. Provide is the designated database that the Illinois Department of Public Health (IDPH) has utilized for their equivalent HIV Care and Prevention programming for over two decades. Utilizing Provide via a contract with GT will enable CDPH to align our database design with the IDPH programs and in the long term, integrate the two databases for better continuity of care across the State of Illinois.

It should be noted that CDPH and IDPH started this work through an intergovernmental agreement (IGA) March 2020- February 2022. The IGA allowed CDPH to utilize the IDPH server and work with GT via their current ten-year contractual agreement with IDPH, as long as the CDPH system was built directly into the existing IDPH system. In partnering through the IGA, CDPH discovered that building out the database within the existing IDPH system would involve eliminating and/or altering key components of CDPH Healthcare Access program, which ultimately would have compromised the integrity of our service delivery. In addition, the terms of the IGA limited the scope of CDPH authority in the system, as IDPH was the ultimate administrator of the system at large. This meant that any/all design and configuration ideas and proposals were dependent upon IDPH approval, significantly limiting system build-out options and adding additional weeks and months to the process.

Partnership via the IGA was discontinued due to notable operational differences in the IDPH and CDPH program design that necessitates the build out of two separate databases *before* data integration can meaningfully occur. In order to successfully complete and sustain this project that is two-plus years in the making, CDPH seeks to contract with GT directly. A stand-alone contract with GT will grant CDPH full administrative oversight of our own separate database and allow CDPH the opportunity to tailor Provide to match the structure of the CDPH program, rather than attempting to modify the IDPH Provide system and



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compromise effective service delivery. Once the CDPH system is built out, CDPH and IDPH will collaborate with GT to share data and streamline our processes in the long run.

**2. Scopes of Service:**

GT will provide the following set of deliverables and services to meet the goals and objectives of this project:

| Activity                                        | Timeframe & Deadline | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
|-------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A) Project Initiation & Planning                | 3-4 weeks            | In this initial phase of the project, the GT team will become familiar with the contractual requirements identified by CDPH in the contractual process in order to understand the scope of work. The team will create an initial project plan, conduct introductory calls with the project team, and establish dates for the Discovery milestone.                                                                                                                                                                                                                |
| B) Conduct Discovery                            | 6-8 weeks            | Conduct a series of working sessions with CDPH staff to learn how the Healthcare Access program operates. Review business rules, workflows, best practices and other standards that will refine the scope of work. Collect samples of forms, reports, data exchanges, and other documentation to further inform how CDPH's instance of Provide shall be configured. Utilize the knowledge gained from this engagement to estimate the effort required to complete the implementation project and to develop a high-level expectation of timeline + project plan. |
| C) Design Integrated Healthcare Access Database | 4-6 weeks            | GT will use the knowledge gained from the Discovery milestone to develop a Design Plan document for CDPH to review and approve. This will also include data conversion plans, specifications for any data interfaces with external systems, and detailed business rules                                                                                                                                                                                                                                                                                          |



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|                                                    |                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|----------------------------------------------------|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                    |                                         | <p>that will govern how the system will operate. At this point, a decision will be made on whether a single step or staged implementation approach may be taken. Once the Design milestone has been completed, the project plan will be updated, and a regular meeting cadence will be established for the remainder of the project. Any changes to the Design Plan will be evaluated jointly by both parties to determine impact to the project, and a decision made to either accept, reject, or defer the change request.</p> |
| D) Configure Integrated Healthcare Access Database | 10-16 weeks                             | <p>After the Design is approved, GT will complete the configuration changes and develop any data interfaces as outlined in the Design Plan. During this milestone, CDPH will be actively involved in the review and initial testing of the system throughout the process. This involvement is critical to the success of the project. GT will prioritize and apply fixes as they are identified.</p>                                                                                                                             |
| E) Facilitate User Acceptance Testing              | 6-8 weeks (overlaps with configuration) | <p>GT will supply test plans that will be performed by CDPH and will work with CDPH to coordinate and monitor execution of the test plans. Non-conforming tests will be reported to GT for investigation, and will be prioritized and fixed as necessary. Once the plans are successfully completed by CDPH and issues resolved, CDPH will formally accept the system and the application will be ready to release into the production environment.</p>                                                                          |
| F) Conduct Training                                | 6-8 weeks                               | <p>GT's training professionals will provide CDPH with customized user manuals that reflect the usage of the application. The manuals form the basis of the training provided to users. GT will collaborate with the CDPH team to establish a schedule that will include a combination of instructor-led and recorded, self-paced training.</p>                                                                                                                                                                                   |



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|                                             |                       |                                                                                                                                                                                                                                                                                                                                                                      |
|---------------------------------------------|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| G) Implement Deployment                     | 2-4 weeks             | GT will assign a Deployment Coordinator to establish a timeline for cutover and deployment. A copy of CDPH's accepted environment will be made and become the CDPH Production environment. Data will then be imported from Legacy systems and data exchange partners, which typically happens over a weekend.                                                        |
| H) Provide Database Hosting & Data Security | Ongoing after go-live | GT will provide services that include hosting the database on enterprise level servers in a secure data center with comprehensive backup, storage, and business continuity services.                                                                                                                                                                                 |
| I) Provide Customer Support & Help Desk     | Ongoing after go-live | GT will provide enhanced customer support services including the availability of a dedicated help desk for users to address system issues, dedicated allotment of consulting hours to be used for the development of any system enhancements or modifications that are approved by the Department, and availability of training sessions for new and existing users. |
| J) Facilitate Data-Sharing                  | Ongoing after go-live | GT will participate in future CDPH and IDPH processes to potentially integrate databases, including but not limited to sharing client registration and eligibility information, AIDS Drug Assistance Program (ADAP) paperwork, etc. Once activities A-F have been implemented, this work may begin on an ongoing basis.                                              |

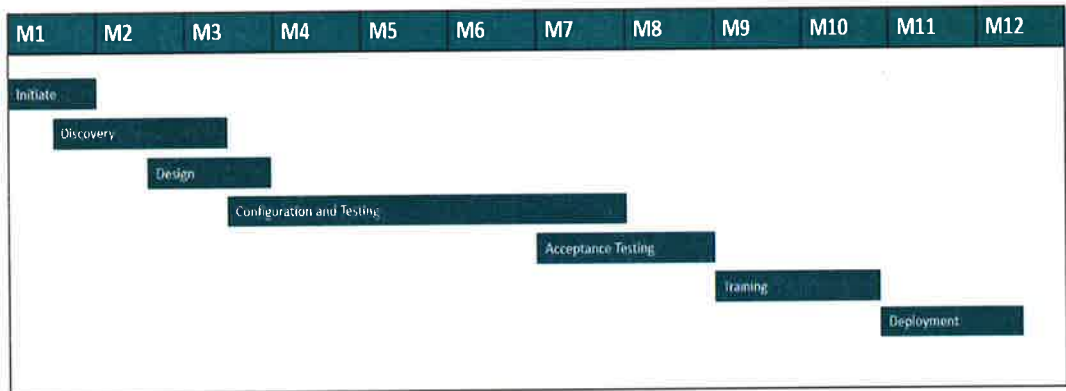




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**3. Projected Timeline**

The contents of this section display a high-level overview of an average project timeline, followed by a more detailed schedule of activities and durations. We project a 12-month implementation cycle for activities A-F outlined in the scope of service above. The timeline may be adjusted based on requirements identified in the Discovery phase.



**4. Deliverables**

| Task                                                           | Assigned |
|----------------------------------------------------------------|----------|
| <b>Project Initiation/Planning (3-4 weeks)</b>                 |          |
| Project Oversight Committee Assigned                           | CDPH/GT  |
| Project Teams Assigned                                         | CDPH/GT  |
| Project Plan Created (Continuously updated throughout project) | GT       |
| Kickoff Meeting                                                | CDPH/GT  |
| Pre-work Questionnaire                                         | CDPH     |



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|                                                                |         |
|----------------------------------------------------------------|---------|
| Scope Document Created                                         | GT      |
| Test Environment Created                                       | GT      |
| Schedule Discovery Working Sessions                            | CDPH/GT |
| <b>Discovery (6-8 weeks)</b>                                   |         |
| Data Transfer Authorizations for entities sharing data         | CDPH    |
| Define Data-sharing protocols with agencies                    | CDPH/GT |
| Workflow Working Session                                       | CDPH/GT |
| Business Rules Working Session                                 | CDPH/GT |
| Collect source documents for forms                             | CDPH/GT |
| Collect reference data (formularies, providers, services, etc) | CDPH/GT |
| Technical Requirements                                         | CDPH/GT |
| Data exchange standards reviewed and revised                   | CDPH/GT |
| Deliver backup copy of legacy database                         | CDPH    |
| Data Migration Requirements                                    | CDPH/GT |
| Data/Reporting Requirements                                    | CDPH/GT |
| Establish Acceptance Criteria                                  | CDPH/GT |
| <b>Design (4-6 weeks)</b>                                      |         |



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|                                                     |         |
|-----------------------------------------------------|---------|
| Create and Deliver Configuration Plan               | GT      |
| Draft integration plans as needed                   | GT      |
| User/role documentation                             | CDPH    |
| Configuration Plan acceptance                       | CDPH    |
| <b>Configuration (10 - 16 weeks)</b>                |         |
| Confirm connectivity to test system                 | CDPH    |
| Configure Provide Enterprise per Configuration Plan | GT      |
| Build/test data exchanges and integrations          | GT      |
| Build/test data migration                           | GT      |
| Build reports                                       | GT      |
| Initial QA                                          | CDPH/GT |
| Outline of training manuals delivered               | GT      |
| <b>User Acceptance Testing (6 -8 weeks)</b>         |         |
| Deliver test scripts                                | GT      |
| Execute test scripts                                | CDPH    |
| System Adjustments                                  | GT      |
| Deployment Plan Created                             | GT      |



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|                                                 |         |
|-------------------------------------------------|---------|
| UAT Sign Off                                    | CDPH    |
| <b>Training (6 - 8 weeks)</b>                   |         |
| Training schedule created                       | CDPH/GT |
| Customized user manuals created                 | GT      |
| Deliver training to end-users                   | CDPH/GT |
| <b>Deployment (2 - 4 weeks)</b>                 |         |
| Establish cutover plan                          | CDPH/GT |
| Obtain final data extracts for migration        | CDPH    |
| Migrate data into Production database           | GT      |
| Review and test                                 | CDPH/GT |
| Go Live                                         | CDPH/GT |
| <b>Post Go-Live (Ongoing)</b>                   |         |
| Dedicated support                               | GT      |
| Resolve open issues deferred until post go-live | CDPH/GT |
| Update training environment                     | GT      |



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5. **Objectives:** The objectives of this project are to implement a care management data system in a way that:

- a) Builds an efficient system which reflects the CDPH Healthcare Access program
- b) Accommodates an HIV "status neutral" model, meaning that it caters to both people living with HIV (PLWH) and HIV negatives individuals that are vulnerable to HIV.
- c) Allows for strategic transition of medical case management data in partnership with IDPH and medical case management lead agency.
- d) Allows imports from electronic medical record systems at partner agencies.
- e) Streamlines the Ryan White Eligibility process through collaboration with IDPH.
- f) Allows for unduplicated client records, shared to appropriate agencies with consent

6. **System requirements:**

- a. The database must accommodate the annual submission of the Ryan White Services Report (RSR), a federal report required by the Health Resources and Services Administration.
- b. The database must contain the following required functional deliverables/specifications, tailored to CDPH's programs and workflows:
  - Setup Hosting Environment
    - Continued database hosting and management for length of contract
  - Licensing
    - Approximately 100 Provide Enterprise Client Users
  - User Management
    - User Setup (Add/Copy/Delete)
    - User Name Change
    - User Role Change
    - Password Reset
  - Supported Programs
    - Part A - Care Services
    - Pre-Exposure Prophylaxis (PrEP)
    - HIV Testing
  - Case Management
    - Coordination with lead agency and existing system
  - Contract Management
    - Sub-recipient agencies and community-based organizations



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- Funding Sources
- Tracking of services provided against funding sources
- Client Profile
  - Register new clients
  - View/Update Demographics
  - View/Update Address
  - View/Update Income
    - MAGI calculation
  - View/Update Health Benefits Information
    - (Medicare, Medicaid, Veteran's Assistance, IHS, Affordable Care Act, Employer, and Private coverage details)
  - View/Update HIV/AIDS Status and Dates, Risk factors, HIV Therapy Levels
  - View/Update Lab Test Results
  - View/Update Scan Documents
  - View/Update Eligibility History
- Client Web Portal
  - Build-out on CDPH website
  - Online client eligibility submission
- Eligibility Assessment
  - 1 Centralized Eligibility Assessment
  - Self-Attestation for recertifications
  - Medicaid 270/271 Integration
  - Eligibility Criteria Logic
  - Eligibility start and expiration logic based on defined recertification schedule
  - *Eligibility Assessment Import? Not typically recommended*
- Data Migration
  - Database Conversion from Spreadsheets and CareWare
  - Ongoing CareWare PDI Imports
  - Ongoing Spreadsheet Imports
- Data Integration with Evaluation Web/Electronic HIV/AIDS Reporting System (eHARS) Reporting
- Data Integration with Surveillance
- E-Messaging



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- Communication from CDPH to Case Managers or Clients
  - Ex. Eligibility expiring in 30 days
- Directories
  - Case Management Agency Directory
  - Case Manager Directory
  - Health Plan Directory
  - Clinical/Medical Provider Records
- Miscellaneous Functions
  - Open Client Requests when multiple agencies serve a client
  - Federal Poverty Level (FPL) calculation and maintenance
  - Filtered Views for Premium Payment and Medication Dispense transactions
  - Filtered Data Views
- Base Reporting
  - Ryan White Services Report (RSR)
- User Documentation
  - Custom User Guides
  - WebEx Recorded Training Sessions
- Training Sessions
  - End User Training
    - Four 4-hour web-based instructor led training sessions
      - Up to 25 students per class
    - Two 4-hour web-based Application Management and Report Writing Training
      - Up to 5 students per class

**7. Cost Break Down**

| Year          | Projected Cost     |
|---------------|--------------------|
| Year 1        | \$543,720          |
| Year 2        | \$323,000          |
| Year 3        | \$323,000          |
| Year 4        | \$323,000          |
| Year 5        | \$323,000          |
| <b>Total:</b> | <b>\$1,835,720</b> |



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See cost breakdown attachment for detailed annual break down.

**Preparers**

Ayla Karamustafa  
Director of Healthcare Access  
Syndemic Infectious Disease Bureau  
(312) 747-8859

*Ayla Karamustafa*

---

David Kern  
Deputy Commissioner  
Syndemic Infectious Disease Bureau  
(312) 747-9620

*David Kern*

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**Maribel Valdez**

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**From:** Peggy Griffith <peggy.griffith@grouptech.com>  
**Sent:** Thursday, March 10, 2022 3:58 PM  
**To:** Ayla Karamustafa  
**Cc:** Andy Nunemaker  
**Subject:** Re: City of Chicago Terms & Conditions

[Warning: External email]

Hi Ayla -

Received. We will review internally.

Peggy

On Thu, Mar 10, 2022 at 1:37 PM Ayla Karamustafa <[Ayla.Karamustafa@cityofchicago.org](mailto:Ayla.Karamustafa@cityofchicago.org)> wrote:

Hi Peggy,

As discussed, attached here are the City of Chicago's general Terms & Conditions. Please confirm receipt when you can!

Thanks,

Ayla

Ayla Karamustafa

Director of Healthcare Access

Chicago Department of Public Health

Syndemic Infectious Disease Bureau & COVID-19 Response

333 S State Street, Suite 200, Chicago, IL 60604

(312) 747-8859

[Ayla.Karamustafa@cityofchicago.org](mailto:Ayla.Karamustafa@cityofchicago.org)



## GT Statement of Uniqueness

GT is a software company specializing in care management software.

- *Groupware Technologies is a software company specializing in care management software. Our Provide Enterprise® product helps care managers deliver higher quality care more efficiently by organizing, automating, and streamlining every aspect of the care management process. Our flexible software is built on more than 25 years of experience helping organizations manage complex care for their clients.*
- *Groupware Technologies has extensive knowledge and expertise implementing Ryan White HIV Care as well as Prevention programs. The company has implemented over 20 regions with Provide Enterprise since 2004.*

GT designed the Illinois Department of Public Health's Provide Enterprise integrated database...

- *IDPH has been using the Provide® and Provide Enterprise® systems as their data management system for their Ryan White Part B programs since 2001. In 2003, the system was expanded to integrate data management and reporting for the State-wide HOPWA formulary program and a number of Ryan White Title III (Part C) funded clinics. In 2007, IDPH expanded the use of the Provide Enterprise® system to include all of their CDC and State funded HIV Prevention programs. In 2009, they further expanded the system to include all data management and reporting for their ADAP (Medication Assistance) and CHIC (Insurance Continuation) programs.*
- *The implementation of the Provide Enterprise system helped IDPH reduce the time it takes to process an application from 1.5 hours to 7 – 10 minutes.*
- *Many of the features, functions and capabilities of the Provide Enterprise® system that are being used by IDPH's ADAP and CHIC programs will be leveraged to meet the needs for this ITN including but not limited to:*
  - *Client submission of application/recertification forms electronically via the Internet including the ability to:*
    - *Attach required supporting documentation (lab results, proof of residency, proof of insurance, proof of income, signed consent, etc.) making it a completely paperless applications process.*
    - *Clients can check the status of their application/recertification from the web 24/7.*
    - *Send email, text messages or letters to Clients if documentation is required to process application/recertification or to alert when benefit changes occur or when recertification is required.*
    - *Ensure confidentiality and security of data entered on the web site and stored within the Provide Enterprise® database.*
    - *Single integrated application form used for their Medication Assistance and Premium, Co-payment and Deductible Assistance programs for both new applications and recertifications. Note, this form is now being expanded to include integrated eligibility assessment for all Ryan White Part B and Part A service categories.*
    - *Linkage to State Medicaid system for enrollment verification and benefit level checking.*
    - *Complete federally required reports and data reporting for the Ryan White Programs including, but not limited to RSR and ADR.*
    - *Management of CHIC program including but not limited to:*
      - *Tracking and termination by health plan in Premium Assistance*
      - *Tracking all premium payments including authorized overdue premiums*



- *Tracking co-payment and deductible payments*
- *Enforcing service limits*

Groupware Technologies Incorporated (GT) is uniquely equipped to build out the CDPH integrated Healthcare Access database in the Provide Enterprise.

- *Since 2004, Provide Enterprise® by Groupware Technologies has powered numerous jurisdictions with HIV Care Management and Prevention programs, funded by both Ryan White Parts A and B, as well as other local, state and federally-funded programs. Current clients include:*
  - *The Coordinating Center*
  - *State of Florida*
  - *State of Illinois*
  - *State of South Carolina*
  - *State of Washington*
  - *Broward County, Florida*
  - *Palm Beach County, Florida*
  - *Orange County, Florida*
  - *Tarrant County, Texas*
  - *Smaller, single-agency deployments in Wisconsin, Arizona, Texas and Minnesota*
- *Key Metrics about Provide Enterprise:*
  - *Used by care management program providers in 14 states*
  - *544 agencies*
  - *4,000 users*
  - *425,518 clients*
  - *Over 170 million clinical records*
- *Groupware Technologies has experience with required reporting to remain in compliance with Grantor Standards by continuously updating templates to remain current with compliance and reporting standards for grant programs, including but not limited to:*
  - *Health Resources and Services Administration (HRSA)*
    - *Certified for RSR*
    - *Certified for ADR*
    - *HAB Performance Measures*
    - *EHE Initiative Triannual Report*
  - *Centers for Disease Control (CDC)*
    - *eHARS Reporting*

We believe that GT is the only vendor who could effectively tailor an integrated HIV care and prevention database specific to CDPH's needs while also successfully facilitating effective data-sharing between the IDPH and CDPH systems.

- *Groupware Technologies is uniquely positioned to facilitate data sharing between IDPH and CDPH.*



## Groupware Technologies, LLC

- *GT will be the primary architect of both systems, and will make configurations that support meaningful data sharing.*
- *Both implementations of Provide Enterprise will have similar data dictionaries and structures, making it easier to exchange files between the two systems.*
- *Groupware Technologies has a long-standing, collaborative relationship with the state of Illinois Department of Public Health. The company has a passion for simplifying HIV Care Management so you can focus on what matters most: client care.*
- *Groupware Technologies looks forward to the opportunity to establish that same collaborative relationship with Chicago Department of Public Health.*

Andy Nunemaker, CEO  
Groupware Technologies, LLC



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**CDPH Statement of Uniqueness**

The United States Health Resources and Services Administration (HRSA) funds states and metropolitan areas to provide life-saving care and support services to persons living with HIV through the Ryan White HIV/AIDS Program (RW). In Illinois, the Illinois Department of Public Health (IDPH) receives RW funding to support core medical and support services and the AIDS Drug Assistance Program (ADAP) statewide. The Chicago Department of Public Health (CDPH) receives RW funding to support medical and support services in the Chicago Eligible Metropolitan Area (EMA), which includes the City of Chicago, suburban Cook County, and 8 surrounding counties. HRSA requires states and metropolitan areas to coordinate the delivery of services to ensure efficient and effective programming and to promote positive health outcomes for persons living with HIV.

Through their respective programs, CDPH and IDPH share a patient population of people living with HIV. To ensure coordination of services, CDPH and IDPH must routinely share data on this patient population to responsibly manage federal funding and requirements and to promote optimal health. Data sharing allows for continuity of care for people living with HIV across Illinois; de-duplication of services (as required by federal funders); connecting CDPH-served clients to the State's ADAP, which pays for medication and insurance coverage; and certifying client eligibility, which is required at least annually. (Note: Without routine data sharing, clients must be certified by CDPH and IDPH independently, creating undue and unnecessary burden that compromises client's ability to access life-saving care.)

CDPH seeks to automate data sharing, thereby reducing client-level barriers, improving programmatic efficiencies, optimizing client-level care, and streamlining data reporting and management. Per IDPH data sharing requirements, CDPH must use the same data management system – *Provide Enterprise*. CDPH requests a non-compete contract with Groupware Technologies LLC (GT) to build a parallel *Provide Enterprise* system for the Chicago EMA.

**GT is the only vendor capable of building a parallel *Provide Enterprise* for CDPH. GT was selected by IDPH many years ago because it is the only vendor that has Ryan White legislative expertise and specializes in HIV care management software.**

In 2020, CDPH executed an Intergovernmental Agreement (IGA) with IDPH to build the Chicago *Provide Enterprise* data management system. CDPH made this decision because IDPH currently contracts with GT for *Provide Enterprise* and some components of the Chicago *Provide Enterprise* system must be identical to the state's system.

After two years of partnership with IDPH and GT, CDPH determined the IGA was not sufficient to build Chicago's parallel, but unique, *Provide Enterprise* system. CDPH considered the following factors:

- CDPH entered into an IGA with IDPH to build the Chicago *Provide Enterprise* system on State of Illinois servers. As work progressed, CDPH realized the IGA necessitated building the CDPH system within (not parallel to) the IDPH *Provide Enterprise* system. This meant Chicago would need to adopt all existing IDPH database components and requirements. While CDPH needs *Provide Enterprise* to mirror some components of the IDPH system, it also needs a system that meets unique local needs, such as data collection on persons vulnerable to HIV, which the IDPH system does not manage. The inability to create a unique system aligned with Chicago's program needs would have negatively impacted data collection and management, significantly disrupted internal operations and operations of its delegates, and required duplicative effort to generate data analyses for program planning and reporting.
- Building the CDPH system within the IDPH *Provide Enterprise* required IDPH to be the primary administrator of the combined data system. As a result, IDPH would have been required to approve CDPH's data system design, build out, modifications, and workflow. This approach would have granted IDPH ultimate authority to control CDPH's database system and significantly delayed completion of the project.

Despite these unanticipated challenges, CDPH made significant progress developing its *Provide Enterprise* system partnering with GT via the IGA. CDPH:

- Established a relationship and weekly meeting cadence with the vendor, GT.
- Underwent historical data migration for years 2011- 2021. Ten years of client level data were organized, de-duplicated, and uploaded to GT in anticipation of populating the new Chicago *Provide Enterprise* system.
- Collaborated on the submission of annual HRSA RW services reports for 2020 and 2021.
- Shared and discussed relevant program information, design, and intentions for system build out with the vendor.
- Initiated the discovery phase for system design.
- Initiated *Provide Enterprise* system build-out for Chicago.

***Provide Enterprise* is designed, configured, and maintained by GT, the only vendor that owns, implements, and administers the *Provide Enterprise* system.** In order to successfully data-share with IDPH, CDPH seeks to contract with the GT for the following reasons:

- To ensure configuration of a system that mirrors components the IDPH system to automate data sharing. This includes knowledge and understanding of client registration, eligibility, workflows, processes, and data-fields.
- To facilitate data-sharing between IDPH and CDPH, which would be stored, managed, and maintained by the same vendor.
- To intentionally utilize the same data system for dual-funded delegate agencies that receive both IDPH and CDPH monies to provide the same services. Doing so minimizes time and resources spent learning, training, and maintaining systems, and significantly decreases time spent by delegate agencies on required reporting requirements.

Ayla Karamustafa

*Ayla Karamustafa*

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Director of Healthcare Access  
Syndemic Infectious Disease Bureau  
(312) 747-8859

David Kern

*Dave Kern*

---

Deputy Commissioner  
Syndemic Infectious Disease Bureau  
(312) 747-9620

## Maribel Valdez

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**From:** Maribel Valdez  
**Sent:** Friday, May 6, 2022 11:46 AM  
**To:** Gwendolyn King  
**Cc:** Monica Jimenez; John Pfeiffer  
**Subject:** Request for Goals Approval; NCRB for Groupware Technologies; Req. #456641  
**Attachments:** 3993\_001.pdf

Good morning Gwen,

Attached for your review and approval is the contract goal participation determination form and the back up documentation for the request. Please let me know if additional information is needed.

Thanks

**Maribel Valdez**  
*Chief Contract Expediter*  
Phone: (312) 747-8828  
Fax: (312) 747-9398  
[Maribel.valdez@cityofchicago.org](mailto:Maribel.valdez@cityofchicago.org)



**From:** copier@cityofchicago.org <copier@cityofchicago.org>  
**Sent:** Friday, May 6, 2022 11:42 AM  
**To:** Maribel Valdez <Maribel.Valdez@cityofchicago.org>  
**Subject:** Attached Image



**Contract Goal Participation Determination Form**

**Project Title:** NCRB contract with Groupware Technologies, LLC

**Project Description:**

The Department of Public Health is requesting a NCRB contract with Groupware Technologies to build an integrated healthcare access database in the provide enterprise system.

Specification No. 1244362 Requisition No. 456641

Funding Source(s): City  Federal  Other  \_\_\_\_\_

Target Market: Yes  No  MBI I  MBI II  SBI I  SBI II

Previous Contract No(s): \_\_\_\_\_

**SCOPE OF WORK:**

The Chicago Department of Public Health's (CDPH) Syndemic Infectious Disease Bureau seeks to build-out an integrated database for the Healthcare Access HIV program, Healthcare Access is part of the Syndemic Infectious Disease Bureau's HIV Services Portfolio funding model and encompasses eight unique HIV care and prevention-focused projects funding twenty-eight delegate agencies that provide a variety of HIV care and prevention services. Healthcare Access-funded services reach between 15,000-18,000 people living with HIV (PLWH) annually in Chicago and the surrounding Collar Counties. Groupware Technologies has a woman certified vendor that will provide translation services for this project and is requesting a waiver for the minority and veteran participation goals.

**SUBCONTRACTING OPPORTUNITIES**

(Subcontracting opportunity list is based on specialty areas of known Certified MBE/WBE/VBE/DBE contractors)

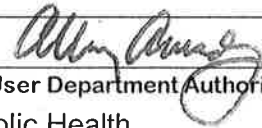
| Type of Work         | Estimated Dollar Amount | Percentage of Total Contract | Goal Percentage of Participation |      |      |      |
|----------------------|-------------------------|------------------------------|----------------------------------|------|------|------|
|                      |                         |                              | MBE%                             | WBE% | VBE% | DBE% |
| Translation Services | \$ 55,820.00            |                              | 0                                | 5%   | 0    | 0    |
|                      |                         |                              |                                  |      |      |      |
|                      |                         |                              |                                  |      |      |      |
|                      |                         |                              |                                  |      |      |      |
|                      |                         |                              |                                  |      |      |      |
| <b>TOTAL</b>         |                         |                              |                                  |      |      |      |

TOTAL ESTIMATED CONTRACT VALUE \$ \$ 1,835,720.00

GOAL RECOMMENDATION: MBE participation 0 WBE participation 5% VBE participation 0 DBE participation 0

For Construction Projects Only

RECOMMENDED PROJECT AREA: YES  NO  (If yes, attach a project/community areas map) \_\_\_\_\_%

**Recommended:**   
 (User Department Authorized Signature)  
 Public Health  
 (Name of User Department)

4/29/22  
Date

**Department of Procurement Services**

**Approved By:** \_\_\_\_\_  
 Monica Jimenez, First Deputy Procurement Officer Date

**Approved By:** \_\_\_\_\_  
 Aileen Velazquez, Chief Procurement Officer Date



DEPARTMENT OF PUBLIC HEALTH  
CITY OF CHICAGO

**To:** Aileen Velazquez  
Chief Procurement Officer  
Department of Procurement Services

**From:** Allison Arwady  
Commissioner  
Chicago Department of Public Health (CDPH)

**Date:** May 5, 2022

**Re:** Concurrence Letter for Waiver of Minority/Veteran/Women Business Enterprise Goals for Groupware Technologies, Spec. #1244362, Req. # 456641

CDPH concurs with Groupware Technologies' (GT) request for a waiver of the M/VBE goals. GT will provide a database solution that allows CDPH to data-share with the Illinois Department of Public Health while maintaining the legislative requirements of the Ryan White Part A grant and improve the quality of HIV care and supportive services funded by CDPH.

CDPH has reviewed the letter submitted to DPS by GT and requests a waiver of the MBE and VBE contract participation for the following reasons:

- GT conducted a good faith effort to find MBE and VBE certified vendors to provide direct or indirect participation in the project with 0 bids identified.
- Approximately 40% of the anticipated contract value attributed to database management occurs through a Data Center in Reston, Virginia and Las Vegas, Nevada; GT is not able to subcontract these services to a Chicago-based business.
- Due to the highly-sensitive and private nature of the anticipated contract and the strict federal regulations and legislation set by the Health Resources and Services Administration, the pool of certified vendors is greatly reduced.
- It is in the best interest of the City, CDPH, and for delegate agencies funded by CDPH that are providing services to people living with HIV in the Chicagoland area to have access to this database as soon as possible. To delay by engaging a M/VBE will result in loss of resources/funding that has already gone into the project- as well as adequate support provided by CDPH to our partners providing these direct services on the ground.

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) 747-8828.

**CC:** Ayla Karamustafa  
David Kern  
John Pfeiffer



## Groupware Technologies, LLC

April 25, 2022

Subject: Request for Waiver of V/MBE Goals

Groupware Technologies, LLC (GT) is requesting a waiver for the VBE and MBE contract participation goals and a reduction for the WBE contract participation goals on the Chicago Department of Health Provide Enterprise contract for the due to the circumstances that are described below:

1. GT conducted a good faith effort to find MBE and VBE certified vendors that could provide direct or indirect participation in this project by contacting 39 assist agencies to find MBE and VBE certified subcontractors that could provide direct or indirect goods/services for this project. The results of this action were:
  - a. Initial invitation to bid was sent on April 8, 2022.
    - i. 1 out of office response
    - ii. 3 read receipts
    - iii. 0 bids
  - b. Follow-up attempt was sent on April 18, 2022
    - i. 1 out of office response
    - ii. 2 read receipts
    - iii. 1 email acknowledging receipt
    - iv. 0 bids
2. Approximately 40% of the anticipated contract value is attributed to database management, hosting, and license fees for which GT has no control or ability to sub-contract. To meet strict Federal and State compliance laws, and as part of GT's business continuity/disaster recovery plan, our Data Center is located in Reston, Virginia with a backup in Las Vegas, Nevada. There is no way to employ or sub-contract to a Chicago-based businesses in either location. For this reason, GT is requesting that the overall contract participation goal apply to Professional Services costs only for the WBE goal participation, where there is some flexibility to sub-contract services.
3. Due to the highly-sensitive and private nature of the anticipated contract, requiring access to private personal, medical, clinical, and financial information regarding patients being served by the Chicago Department of Public Health, strict federal regulations require mandatory training, certification and audits by any vendor involved on the project. This greatly reduces the pool of qualified vendors, and is a reason the V/MBE cannot be met.
4. If the request for reduction as stated in item 2 is approved, GT intends to meet the 5% WBE goal by sub-contracting Spanish translation services with a vendor certified by the City of Chicago.

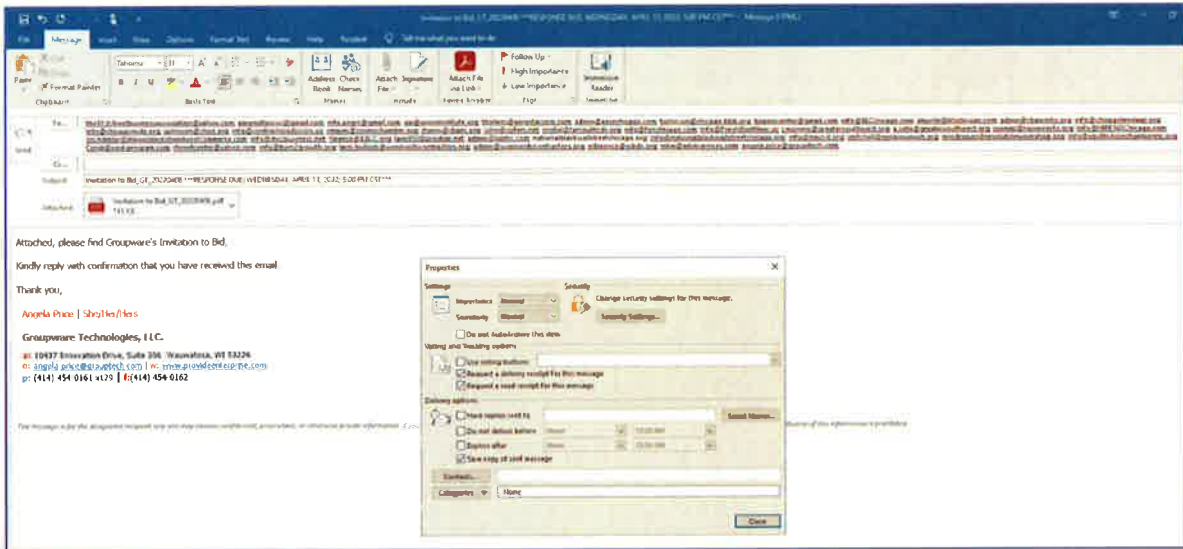
Sincerely,

A handwritten signature in black ink, appearing to read 'Andy Nunemaker', written over a light blue horizontal line.

Andy Nunemaker, CEO  
Groupware Technologies, LLC

Initial email, with read receipts set to 'on', sent to distribution list obtained from City of Chicago Assist Agency List:

To: 'the51ststreetbusinessassociation@yahoo.com' <the51ststreetbusinessassociation@yahoo.com>; 'aacanatlassoc@gmail.com' <aacanatlassoc@gmail.com>; 'info.aogrc@gmail.com' <info.aogrc@gmail.com>; 'aai@avioninstitute.org' <aai@avioninstitute.org>; 'holmes@aerostarcorp.com' <holmes@aerostarcorp.com>; 'admin@aacechicago.com' <admin@aacechicago.com>; 'tjohnson@chicago.bbb.org' <tjohnson@chicago.bbb.org>; 'bopbizcenter@gmail.com' <bopbizcenter@gmail.com>; 'info@BLCchicago.com' <info@BLCchicago.com>; 'alavelle@blcchicago.com' <alavelle@blcchicago.com>; 'admin@cbaworks.org' <admin@cbaworks.org>; 'info@chicago.landagc.org' <info@chicago.landagc.org>; 'info@chicagomsdc.org' <info@chicagomsdc.org>; 'tjohnson@chiul.org' <tjohnson@chiul.org>; 'info@contractoradvisors.us' <info@contractoradvisors.us>; 'cmayes@cosmochamber.org' <cmayes@cosmochamber.org>; 'jharris@cbaec.org' <jharris@cbaec.org>; 'john@scifers.net' <john@scifers.net>; 'crystal@farsouthcdc.org' <crystal@farsouthcdc.org>; 'info@fwcchicago.com' <info@fwcchicago.com>; 'info@FreshStartNow.us' <info@FreshStartNow.us>; 'j.moreno@greatersouthwest.org' <j.moreno@greatersouthwest.org>; 'a.soto@greatersouthwest.org' <a.soto@greatersouthwest.org>; 'jgomez@haciaworks.org' <jgomez@haciaworks.org>; 'info@HIRE360Chicago.com' <info@HIRE360Chicago.com>; 'siri.hibbler@illinoisblackchamberofcommerce.com' <siri.hibbler@illinoisblackchamberofcommerce.com>; 'info@ihccbusiness.net' <info@ihccbusiness.net>; 'finance@ILBCC.org' <finance@ILBCC.org>; 'lady930@prodigy.net' <lady930@prodigy.net>; 'admin@lgbtcc.com' <admin@lgbtcc.com>; 'Info@nationalblackwallstreetchicago.org' <Info@nationalblackwallstreetchicago.org>; 'info@nacc-il.org' <info@nacc-il.org>; 'jmitchell@rainbowpush.org' <jmitchell@rainbowpush.org>; 'mrodriguez@revolutionworkshop.org' <mrodriguez@revolutionworkshop.org>; 'info@southshorechamberinc.org' <info@southshorechamberinc.org>; 'Cyndi@soul-program.com' <Cyndi@soul-program.com>; 'rtwvcenter@yahoo.com' <rtwvcenter@yahoo.com>; 'info@turn2growth.org' <info@turn2growth.org>; 'larry.bullock@usminoritycontractors.org' <larry.bullock@usminoritycontractors.org>; 'admin@usminoritycontractors.org' <admin@usminoritycontractors.org>; 'edimenco@wbdc.org' <edimenco@wbdc.org>; 'mkm@mkmservices.com' <mkm@mkmservices.com>; 'angela.price@groupstech.com' <angela.price@groupstech.com>



Auto Response: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST\*\*\*

External D Customized/CPDM Invite to Bid Emails



Tammara L. Holmes <aerostar.corp@yahoo.com>  
to me

Fri, Apr 8, 12:57 PM (11 days ago) ☆

Greetings!

Thank you for your email

Kindly note that I will be out of the office attending a conference during the period April 08th to 13th, 2022. As such, I will have limited access to my emails. I resume office hours on Thursday 14th April.

I look forward to engaging with you, and will be sure to respond to you at my earliest convenience.

Best,

**Tammara L. Holmes** Lebelle

Founder & CEO

Aero Star Avion Institute NFP  
AeroStar Consulting Corporation  
PH: (708) 648-4300  
[Tholmes@aerostarcorp.com](mailto:Tholmes@aerostarcorp.com)  
<https://www.aerostarcorp.com>  
<http://www.AAIPipeline.org>  
[www.AeroStarCorp.com](http://www.AeroStarCorp.com)

Facebook: Aero Star Avion Institute - AAIPipeline  
Twitter: @AAIPipeline

To book a 30 minute meeting please click here: [Calendar](#)

Read: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST\*\*\*

External D Customized/CPDM Invite to Bid Emails



John Mitchell  
to me

Fri, Apr 8, 1:19 PM (11 days ago) ☆

Your message

To: John Mitchell  
Subject: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST\*\*\*  
Sent: 4/8/22, 12:56:26 PM CDT

was read on 4/8/22, 1:19:13 PM CDT

Reply Forward

Read: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST\*\*\*

External D Customized/CPDM Invite to Bid Emails



sfstantley contractoradvisors.us <sfstantley@contractoradvisors.us>  
to me

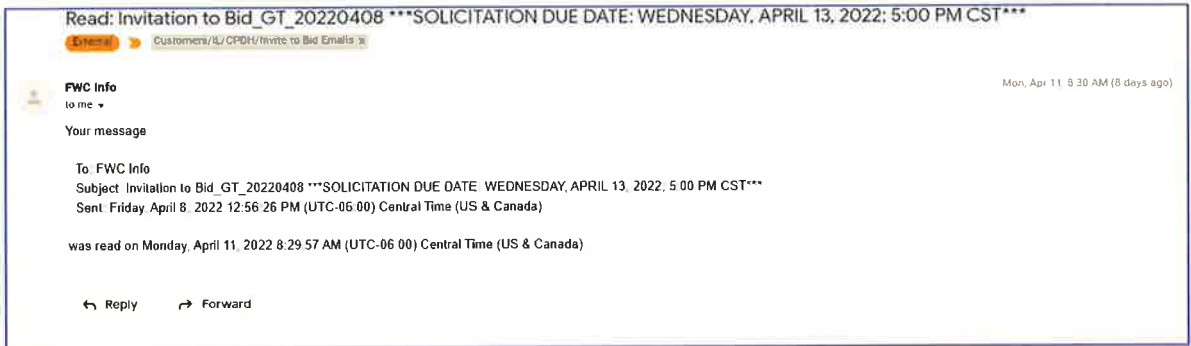
Fri, Apr 8, 1:53 PM (11 days ago)

Your message

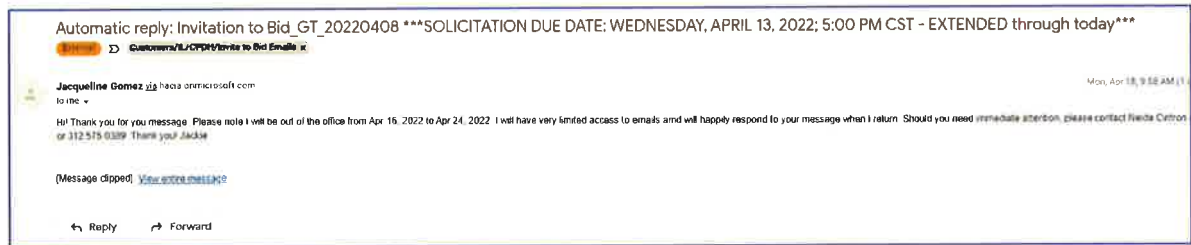
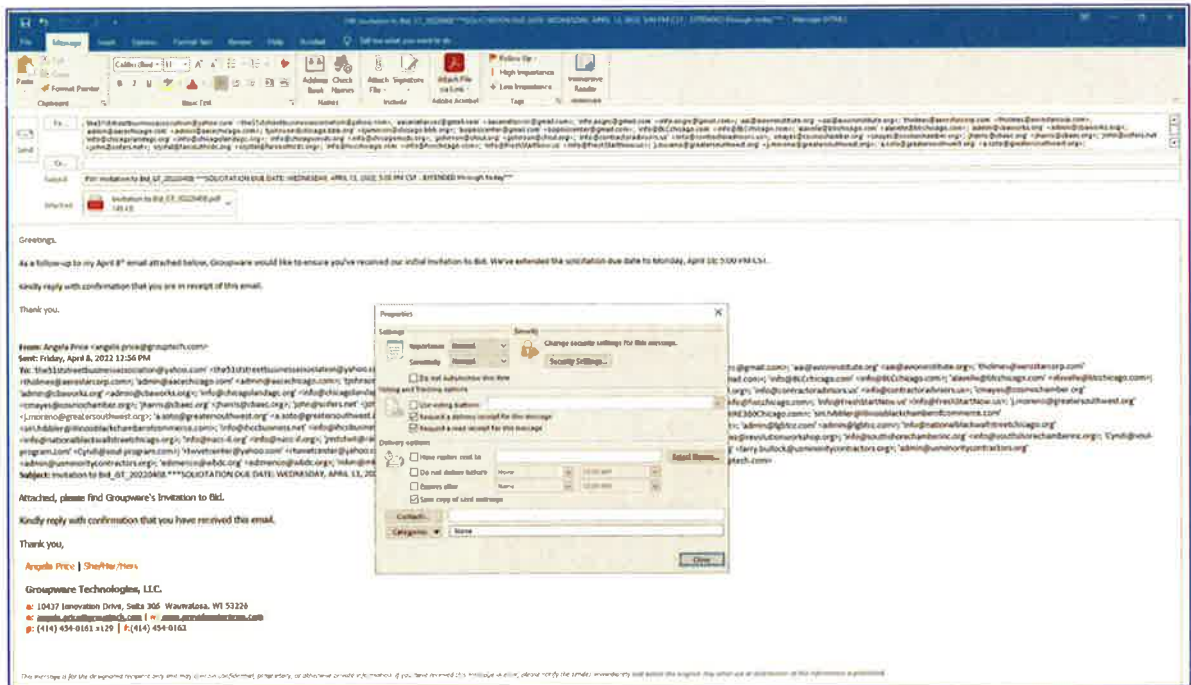
To: sfstantley [contractoradvisors.us](https://www.contractoradvisors.us)  
Subject: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST\*\*\*  
Sent: Friday, April 8, 2022 12:56:26 PM (UTC-06:00) Central Time (US & Canada)

was read on Friday, April 8, 2022 1:53:30 PM (UTC-06:00) Central Time (US & Canada)

Reply Forward



Follow-up attempt email sent 4/18/2022, with read receipts set to 'on', sent to distribution list obtained from City of Chicago Assist Agency List:



**Read: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST - EXTENDED through today\*\*\***

**FWC info**  
to me ▾

**Your message**

To: FWC info  
Subject: FW: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST - EXTENDED through today\*\*\*  
Sent: Monday, April 18, 2022 9:57:56 AM (UTC-06:00) Central Time (US & Canada)

was read on Monday, April 18, 2022 10:00:47 AM (UTC-06:00) Central Time (US & Canada)

↩ Reply   ↗ Forward

**Read: FW: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST - EXTENDED through today\*\*\***

**Cheronne Mayes <CMayes@icutechassociates.net>**  
to me ▾

**Your message**

To: Cheronne Mayes  
Subject: FW: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST - EXTENDED through today\*\*\*  
Sent: Monday, April 18, 2022 9:57:56 AM (UTC-06:00) Central Time (US & Canada)

was read on Monday, April 18, 2022 11:08:11 AM (UTC-06:00) Central Time (US & Canada)

↩ Reply   ↗ Forward

**Re: Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST - EXTENDED through today\*\*\***

**Cheronne Mayes <CMayes@icutechassociates.net>**  
to me ▾

Acknowledging receipt of this email, please let me know if you received the initial email regarding the bid.

**From:** Angelo Piza [mailto:apiza@icutechassociates.net]  
**Sent:** Monday, April 18, 2022 8:47 AM

**Subject:** Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST - EXTENDED through today\*\*\*

Overview

As a notice to the April 13<sup>th</sup> email attached below. Cheronne would like to know if you received our other invitation to bid. We re-extended the invitation due date to Monday April 18, 5:00 PM CST.

Kindly reply with confirmation that you are in receipt of this email.

Thank you

**From:** Angelo Piza [mailto:apiza@icutechassociates.net]  
**Sent:** Friday, April 8, 2022 12:30 PM

**Subject:** Invitation to Bid\_GT\_20220408 \*\*\*SOLICITATION DUE DATE: WEDNESDAY, APRIL 13, 2022; 5:00 PM CST\*\*\*

Attached please find Cheronne's invitation to bid.

Kindly reply with confirmation that you have received this email.

Thank you

Angelo Piza | Sales Director  
**Greyners Technology, LLC**  
21047 Wauwatosa Drive, Suite 200 Wauwatosa, WI 53226  
p: 414.454-9161 | f: 414.454-9162  
www.greyners.com

This message and its attachments contain confidential and may contain intellectual property or otherwise private information. If you have received this message in error, please notify the sender immediately and delete this original. Any other use or distribution of the information is prohibited.

Schedule C-1: Letter of Intent From MBE/WBE To Perform As Subcontractor, Supplier and/or Consultant



**FOR  
NON-CONSTRUCTION  
PROJECTS ONLY**

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

Project Name: Chicago Department of Health IM-374 Specification No.: \_\_\_\_\_

From: 1st Metropolitan Translation Services  
(Name of MBE/WBE Firm)

To: Groupware Technologies, LLC 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/translation services. Translate documentation from English to Spanish as required. Prime Vendor will provide MS Word and/or Excel documents with every word, phrase, sentence, and paragraph in English that needs to be translated to Spanish.

The above described performance is offered for the following price and described terms of payment:  
Spanish to English translation at .20/word; net 30 day payment

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.

**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.**

One or more owners or principals of the Prime Contractor ( ) does / (  ) does not have an ownership interest in the undersigned. Provide names of such individuals and their respective ownership percentages, or indicate "none." Attach additional sheets if necessary: \_\_\_\_\_

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.**

Shannon Ewasik, President, 1<sup>st</sup> Metropolitan 3/28/2022  
(Signature of President/Owner/CEO or Authorized Agent of MBE/WBE) (Date)

Shannon Ewasik  
(Name/Title-Please Print)

firstmetro@sbglobal.net 312-621-1500  
(Email & Phone Number)





CITY OF CHICAGO



DEPARTMENT OF PROCUREMENT SERVICES

**JUL 15 2021**

Shannon Ewasiuk  
1st Metropolitan Translation Services, Inc.  
875 N. Michigan Avenue, Suite 3100  
Chicago, IL 60611

Dear Ms. Ewasiuk:

We are pleased to inform you that **1st Metropolitan Translation Services, Inc.** has been recertified as a **Women-Owned Business Enterprise ("WBE")** by the City of Chicago ("City"). This **WBE** certification is valid until **6/1/2026**; 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 **6/1/2022, 6/1/2023, 6/1/2024 and 6/1/2025**. 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 **6/1/2026**. 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 **4/1/2026**.

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 **WBE** 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;

*Alva*

- 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](http://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 Certified Firms in the specialty area(s) of:

**NAICS Code(s):**

**541930 - Translation and Interpretation Services**

Your firm's participation on City contracts will be credited only toward **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 and Women-Owned Business Enterprise, Veteran-Owned Business Enterprise and Business Enterprise Owned or Operated by People with Disabilities (MBE/WBE/VBE/BEPD) Programs.

Sincerely,



Monica Jimenez  
Acting Chief Procurement Officer

MJ/rn

Schedule D-1: Affidavit of Implementation of MBE/WBE Goals and Participation Plan



**SCHEDULE D-1**  
Compliance Plan Regarding MBE/WBE 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: Chicago Department of Health IM-374

Specification No.: 1244362

In connection with the above captioned contract, I HEREBY DECLARE AND AFFIRM that I am a duly authorized representative of Groupware Technologies, LLC  
(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 MBE/WBE goals of this contract.

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

**I. Direct Participation of MBE/WBE Firms:**

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

A. If bidder/proposer is a joint venture and one or more joint venture partners are certified MBEs or WBEs, attach copies of Letters of Certification, Schedule B form and a copy of Joint Venture Agreement clearly describing the role of each MBE/WBE firm(s) and its ownership interest in the joint venture.

B. Complete this section for each MBE/WBE Subcontractor/Supplier/Consultant participating on this contract:

1. Name of MBE/WBE: 1st Metropolitan Translation Services, Inc

Address: 875 N Michigan Ave, Suite 3100, Chicago, IL 60611

Contact Person: Shannon Ewasiuk, Owner

Phone Number: (312) 621-1500

Dollar Value of Participation \$ \$55,820 over 5 years

Percentage of Participation % 5% of Professional Services budget

Mentor Protégé Agreement (attach executed copy): ( ) Yes (X) No Add'l Percentage Claimed:<sup>1</sup> \_\_\_%

**Total Participation %** 5%

2. Name of MBE/WBE: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

<sup>1</sup> The Prime Contractor may claim an additional 0.5 percent participation credit (up to a maximum of five (5) percent) for every one (1) percent of the value of the contract performed by the MBE/WBE protégé firm.

**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: \_\_\_\_\_

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

**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 is required to demonstrate Good Faith Efforts pursuant to the MBE/WBE Special Conditions in a request for a waiver or reduction of MBE/WBE goals. Indirect participation may be considered as part of such Good Faith Efforts in support of the requested waiver or reduction.

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: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

**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 %** \_\_\_\_\_

**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 (%) |
|---------------------------------------|----------------------------------|----------------------------------|
|                                       |                                  |                                  |
|                                       |                                  |                                  |
|                                       |                                  |                                  |
| <b>Total Direct MBE Participation</b> |                                  |                                  |

2. MBE Indirect Participation

| MBE Firm Name                           | Dollar Amount Participation (\$) | Percent Amount Participation (%) |
|-----------------------------------------|----------------------------------|----------------------------------|
|                                         |                                  |                                  |
|                                         |                                  |                                  |
|                                         |                                  |                                  |
| <b>Total Indirect MBE Participation</b> |                                  |                                  |

**B. WBE Proposal (Direct & Indirect)**

1. WBE Direct Participation

| WBE Firm Name                              | Dollar Amount Participation (\$) | Percent Amount Participation (%) |
|--------------------------------------------|----------------------------------|----------------------------------|
| 1st Metropolitan Translation Services, Inc | \$55,820                         | 5%                               |
|                                            |                                  |                                  |
|                                            |                                  |                                  |
| <b>Total Direct WBE Participation</b>      | <b>\$55,820</b>                  | <b>5%</b>                        |

2. WBE Indirect Participation

| WBE Firm Name                           | Dollar Amount Participation (\$) | Percent Amount Participation (%) |
|-----------------------------------------|----------------------------------|----------------------------------|
|                                         |                                  |                                  |
|                                         |                                  |                                  |
|                                         |                                  |                                  |
| <b>Total Indirect WBE Participation</b> |                                  |                                  |

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

The Prime Contractor designates the following person as its MBE/WBE Liaison Officer:

Angela Price 414-454-0161  
(Name- Please Print or Type) (Phone)

One or more owners or principals of the Prime Contractor ( ) does / (X) does not have an ownership interest in any MBE or WBE listed in this Schedule D. Provide names of such individuals and their respective ownership percentages, and identify the MBE/WBE firms in which such ownership is held, or indicate "none." Add additional sheets if necessary:

**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.**

Groupware Technologies LLC  
(Name of Prime Contractor - Print or Type) State of: \_\_\_\_\_  
[Signature] County of: \_\_\_\_\_  
(Signature)

Andy Nunemaker, CEO  
(Name/Title of Affiant - Print or Type)

4/25/22  
(Date)

On this 25 day of April, 2022, the above signed officer Andrew Nunemaker  
(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.

[Signature]  
(Notary Public Signature)



Commission Expires: 7/20/22

SEAL:



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/7/2022

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 rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                             |                                                                                                                                               |  |
|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>PRODUCER</b><br>Oberle Risk Strategies, LLC.<br>14288 Manchester Road<br>Manchester MO 63011             | <b>CONTACT NAME:</b><br>PHONE (A/C, No, Ext): 636-391-0700      FAX (A/C, No): 636-391-0715<br>E-MAIL ADDRESS: donna.spradley@oberle-risk.com |  |
|                                                                                                             | <b>INSURER(S) AFFORDING COVERAGE</b>                                                                                                          |  |
| <b>INSURED</b> GROUP-1<br>Groupware Technologies, LLC<br>10437 Innovation Dr, Ste 306<br>Wauwatosa WI 53226 | INSURER A : Pacific Employers Ins Co      NAIC # 22748                                                                                        |  |
|                                                                                                             | INSURER B : ACE Property & Casualty Ins Co      20699                                                                                         |  |
|                                                                                                             | INSURER C : Chubb National Ins Co      10052                                                                                                  |  |
|                                                                                                             | INSURER D : Crum & Forster Specialty Insurance Company                                                                                        |  |
|                                                                                                             | INSURER E :                                                                                                                                   |  |
| INSURER F :                                                                                                 |                                                                                                                                               |  |


**COVERAGES**      **CERTIFICATE NUMBER: 759241998**      **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                                                                                                                                                           |
|----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A        | <input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b><br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | D95757509     | 12/16/2021              | 12/16/2022              | EACH OCCURRENCE \$ 1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000<br>MED EXP (Any one person) \$ 5,000<br>PERSONAL & ADV INJURY \$ 1,000,000<br>GENERAL AGGREGATE \$ 2,000,000<br>PRODUCTS - COMP/OP AGG \$ 2,000,000<br>\$ |
| A        | <b>AUTOMOBILE LIABILITY</b><br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY<br><input type="checkbox"/> AUTOS ONLY             |           |          | D95757509     | 12/16/2021              | 12/16/2022              | COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$<br>\$                                                                                  |
| B        | <input checked="" type="checkbox"/> <b>UMBRELLA LIAB</b> <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> <b>EXCESS LIAB</b> <input type="checkbox"/> CLAIMS-MADE<br>DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                                           |           |          | D95757534     | 12/16/2021              | 12/16/2022              | EACH OCCURRENCE \$ 4,000,000<br>AGGREGATE \$ 4,000,000<br>\$                                                                                                                                                                                     |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                              | Y/N<br>N  | N/A      | 71793584      | 12/16/2021              | 12/16/2022              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT \$ 1,000,000<br>E.L. DISEASE - EA EMPLOYEE \$ 1,000,000<br>E.L. DISEASE - POLICY LIMIT \$ 1,000,000                                        |
| D        | Cyber/Professional Liability                                                                                                                                                                                                                                                                                               |           |          | TCM102361     | 12/16/2021              | 12/16/2022              | Aggregate 5,000,000                                                                                                                                                                                                                              |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Certificate holder is included as Additional Insured for General Liability as required by written agreement

**CERTIFICATE HOLDER****CANCELLATION**

|                                                                             |                                                                                                                                                                |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Chicago<br>121 North LaSalle Street<br>Room 806<br>Chicago IL 60602 | 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<br>                                              |

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CITY OF CHICAGO  
ECONOMIC DISCLOSURE STATEMENT and AFFIDAVIT  
EDS Information Update  
EDS # 171357

**SECTION I -- GENERAL INFORMATION**

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

Groupware Technologies, LLC.

Enter d/b/a if applicable:

The Disclosing Party submitting this EDS is:

the Applicant

B. Business address of the Disclosing Party:

10437 INNOVATION DRIVE, SUITE 306  
WAUWATOSA  
WAUWATOSA, WI 53226  
United States

C. Telephone:

414-454-0161

Fax:

414-454-0162

Email:

angela.price@grouptech.com

D. Name of contact person:

Angela Price

E. Federal Employer Identification No. (if you have one):

39-1777873

## **SECTION II -- DISCLOSURE OF OWNERSHIP INTERESTS**

### **A. NATURE OF THE DISCLOSING PARTY**

1. Indicate the nature of the Disclosing Party:

Limited liability company

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

No

State or foreign country of incorporation or organization:

Wisconsin

Registered to do business in the State of Illinois as a foreign entity?

Yes

### **B. DISCLOSING PARTY IS A LEGAL ENTITY:**

1.a.2 Does the Disclosing Party have any officers?

Yes

1.a.4 List below the full names and titles of all executive officers of the entity.

**Officer:** Andy Nunemaker

**Title:** CEO

**Role:** Officer

---

### **B. CERTIFICATION REGARDING CONTROLLING INTEREST**

1.b.1 Are there any individuals who directly or indirectly control the day-to-day management of the Disclosing Party as a general partner, managing member, manager, or other capacity?

No

1.b.3 Are there any legal entities that directly or indirectly control the day-to-day management of the Disclosing Party as a general partner, managing member, manager, or other capacity?

No

## 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.

- Andy Nunemaker - 65.0%
- Bret Ballinger - 9.0%

### Owner Details

| Name           | Business Address                                                                 |
|----------------|----------------------------------------------------------------------------------|
| Andy Nunemaker | 10437 INNOVATION DRIVE, SUITE 306<br>WAUWATOSA<br>WAUWATOSA, WI<br>United States |
| Bret Ballinger | 10437 INNOVATION DRIVE, SUITE 306<br>WAUWATOSA<br>WAUWATOSA, WI<br>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 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"

#### 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 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](http://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 Chapter 1-23, Article I (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 executive officers of the Disclosing Party listed in Section II.B.1.a, 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.

1. 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

## **APPENDIX C-PROHIBITION ON WAGE & SALARY HISTORY SCREENING**

This Appendix is to be completed only by an Applicant that is completing this EDS as a "contractor" as defined in [MCC Section 2-92-385](#). That section, which should be consulted ([www.amlegal.com](http://www.amlegal.com)), generally covers a party to any agreement pursuant to which they: (i) receive City of Chicago funds in consideration for services, work or goods provided (including for legal or other professional services), or (ii) pay the City money for a license, grant or concession allowing them to conduct a business on City premises.

On behalf of an Applicant that is a contractor pursuant to [MCC Section 2-92-385](#), I hereby certify that the Applicant is in compliance with [MCC Section 2-92-385\(b\)\(1\)](#) and (2), which prohibit: (i) screening job applicants based on their wage or salary history, or (ii) seeking job applicants' wage or salary history from current or former employers. I also certify that the Applicant has adopted a policy that includes those prohibitions.

This certification shall serve as the affidavit required by [MCC Section 2-92-385\(c\)\(1\)](#).

Yes

## **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 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/ 03/24/2022

Angela Price

Office Manager

Groupware Technologies, LLC.

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.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

4/7/2022

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 rights to the certificate holder in lieu of such endorsement(s).

| <b>PRODUCER</b><br>Oberle Risk Strategies, LLC.<br>14288 Manchester Road<br>Manchester MO 63011     | <b>CONTACT NAME:</b><br>PHONE (A/C No, Ext): 636-391-0700      FAX (A/C, No): 636-391-0715<br>E-MAIL: donna.spradley@oberle-risk.com<br>ADDRESS:                                                                                                                                                                                                                                                                                                                                                                                                                       |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|--------|--------------------------------------|-------|--------------------------------------------|-------|-----------------------------------|-------|--------------------------------------------------------|--|-------------|--|-------------|--|
|                                                                                                     | <table border="1" style="width: 100%;"> <tr> <th style="width: 80%;">INSURER(S) AFFORDING COVERAGE</th> <th style="width: 20%;">NAIC #</th> </tr> <tr> <td>INSURER A : Pacific Employers Ins Co</td> <td>22748</td> </tr> <tr> <td>INSURER B : ACE Property &amp; Casualty Ins Co</td> <td>20699</td> </tr> <tr> <td>INSURER C : Chubb National Ins Co</td> <td>10052</td> </tr> <tr> <td>INSURER D : Crum &amp; Forster Specialty Insurance Company</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table> | INSURER(S) AFFORDING COVERAGE | NAIC # | INSURER A : Pacific Employers Ins Co | 22748 | INSURER B : ACE Property & Casualty Ins Co | 20699 | INSURER C : Chubb National Ins Co | 10052 | INSURER D : Crum & Forster Specialty Insurance Company |  | INSURER E : |  | INSURER F : |  |
| INSURER(S) AFFORDING COVERAGE                                                                       | NAIC #                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| INSURER A : Pacific Employers Ins Co                                                                | 22748                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| INSURER B : ACE Property & Casualty Ins Co                                                          | 20699                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| INSURER C : Chubb National Ins Co                                                                   | 10052                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| INSURER D : Crum & Forster Specialty Insurance Company                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| INSURER E :                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| INSURER F :                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |
| <b>INSURED</b><br>Groupware Technologies, LLC<br>10437 Innovation Dr, Ste 306<br>Wauwatosa WI 53226 | GROUP-1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                               |        |                                      |       |                                            |       |                                   |       |                                                        |  |             |  |             |  |

**COVERAGES**      **CERTIFICATE NUMBER: 759241998**      **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 INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                                                |              |
|----------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|---------------|-------------------------|-------------------------|-------------------------------------------------------------------------------------------------------|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR<br><br>GEN'L AGGREGATE LIMIT APPLIES PER:<br><input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC<br>OTHER: | Y         |          | D95757509     | 12/16/2021              | 12/16/2022              | EACH OCCURRENCE                                                                                       | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                                             | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | 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        | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS<br><input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY                           |           |          | D95757509     | 12/16/2021              | 12/16/2022              | COMBINED SINGLE LIMIT (Ea accident)                                                                   | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | BODILY INJURY (Per person)                                                                            | \$           |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | BODILY INJURY (Per accident)                                                                          | \$           |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | PROPERTY DAMAGE (Per accident)                                                                        | \$           |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         |                                                                                                       | \$           |
| B        | <input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR<br><input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE<br><input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 0                                                         |           |          | D95757534     | 12/16/2021              | 12/16/2022              | EACH OCCURRENCE                                                                                       | \$ 4,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | AGGREGATE                                                                                             | \$ 4,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         |                                                                                                       | \$           |
| C        | <b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b><br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below                                                                                                                       | Y/N       | N/A      | 71793584      | 12/16/2021              | 12/16/2022              | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER<br>E.L. EACH ACCIDENT | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | E.L. DISEASE - EA EMPLOYEE                                                                            | \$ 1,000,000 |
|          |                                                                                                                                                                                                                                                                                                                     |           |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT                                                                           | \$ 1,000,000 |
| D        | Cyber/Professional Liability                                                                                                                                                                                                                                                                                        |           |          | TCM102361     | 12/16/2021              | 12/16/2022              | Aggregate                                                                                             | 5,000,000    |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
 Certificate holder is included as Additional Insured for General Liability as required by written agreement

**CERTIFICATE HOLDER**

**CANCELLATION**

|                                                                             |                                                                                                                                                                                                     |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| City of Chicago<br>121 North LaSalle Street<br>Room 806<br>Chicago IL 60602 | SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.<br><br>AUTHORIZED REPRESENTATIVE<br> |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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| <b>Year 1 Costs</b>                                |                                                                  |                                                      |                          |                  |                         |
|----------------------------------------------------|------------------------------------------------------------------|------------------------------------------------------|--------------------------|------------------|-------------------------|
| <b>System Acquisition and Implementation Costs</b> |                                                                  |                                                      | <b>Original Estimate</b> | <b>Unit Cost</b> | <b>New Total Budget</b> |
|                                                    |                                                                  |                                                      |                          |                  |                         |
| <b>Software License Purchase</b>                   |                                                                  |                                                      |                          |                  |                         |
|                                                    |                                                                  | Provide Enterprise Client License                    | 100                      | \$1,200.00       | \$120,000.00            |
| <b>Functional Deliverable</b>                      |                                                                  |                                                      | <b>Original Estimate</b> | <b>Unit Cost</b> | <b>New Total Budget</b> |
|                                                    | User Management                                                  |                                                      | 24                       | \$200.00         | \$4,800.00              |
|                                                    |                                                                  | User Setup (Add/Copy/Delete)                         |                          |                  |                         |
|                                                    |                                                                  | User Name Change                                     |                          |                  |                         |
|                                                    |                                                                  | User Roles Change                                    |                          |                  |                         |
|                                                    |                                                                  | Password Reset                                       |                          |                  |                         |
|                                                    |                                                                  | Client VPN Setup Request                             |                          |                  |                         |
|                                                    | Client Profile (same profile form will be used for all programs) |                                                      | 56                       | \$200.00         | \$11,200.00             |
|                                                    |                                                                  | Register Client                                      |                          |                  |                         |
|                                                    |                                                                  | Base Client Profile Data Elements/Order/Values       |                          |                  |                         |
|                                                    |                                                                  | Address Update                                       |                          |                  |                         |
|                                                    |                                                                  | Income Update                                        |                          |                  |                         |
|                                                    |                                                                  | Health Benefit Update                                |                          |                  |                         |
|                                                    |                                                                  | HIV/AIDS Status and Risk Factors Update              |                          |                  |                         |
|                                                    |                                                                  | Scan Document                                        |                          |                  |                         |
|                                                    |                                                                  | Eligibility History                                  |                          |                  |                         |
|                                                    |                                                                  | Lab Test Results                                     |                          |                  |                         |
|                                                    |                                                                  | Client Notes                                         |                          |                  |                         |
|                                                    | Eligibility Assessment                                           |                                                      | 124                      | \$200.00         | \$24,800.00             |
|                                                    |                                                                  | 1 Centralized EA                                     |                          |                  |                         |
|                                                    |                                                                  | Self Attestation for Recertifications                |                          |                  |                         |
|                                                    |                                                                  | Generate Eligibility History                         |                          |                  |                         |
|                                                    |                                                                  | Generate Client Agency/Provider Relationship records |                          |                  |                         |
|                                                    |                                                                  | Medicaid 270/271 Integration                         |                          |                  |                         |
|                                                    | Prevention/PrEP                                                  |                                                      | 128                      | \$200.00         | \$25,600.00             |
|                                                    |                                                                  | HIV Testing data collection form                     |                          |                  |                         |



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|      |                                                                          |     |          |             |
|------|--------------------------------------------------------------------------|-----|----------|-------------|
|      | Client Assessment form                                                   |     |          |             |
|      | PrEP Adherence Tracking form                                             |     |          |             |
|      | PrEP Appointment Tracking form                                           |     |          |             |
|      | Linkage to Care                                                          |     |          |             |
|      | Referrals                                                                |     |          |             |
|      |                                                                          |     |          |             |
| Misc |                                                                          |     |          |             |
|      | Contract Management - Sub-recipients, funding sources, services provided | 32  | \$200.00 | \$6,400.00  |
|      | Open Client Request - multiple agencies serving a client                 |     |          |             |
|      | FPL Calculation and Maintenance                                          |     |          |             |
|      | Filtered Data Views                                                      |     |          |             |
|      |                                                                          |     |          |             |
|      | Data Migration                                                           | 300 | \$200.00 | \$60,000.00 |
|      | Conversion from CareWare                                                 |     |          |             |
|      | Conversion from Spreadsheets - Part A                                    |     |          |             |
|      | Conversion from Spreadsheets - PrEP                                      |     |          |             |
|      |                                                                          |     |          |             |
|      | Directories                                                              | 32  | \$200.00 | \$6,400.00  |
|      | Case Management Agency Directory                                         |     |          |             |
|      | Case Manager Directory                                                   |     |          |             |
|      | Health Plan Directory                                                    |     |          |             |
|      | Client Agency/Provider Relationship Record                               |     |          |             |
|      |                                                                          |     |          |             |
|      | Base Reports                                                             | 64  | \$200.00 | \$12,800.00 |
|      | RSR Reporting                                                            |     |          |             |
|      | WICY                                                                     |     |          |             |
|      |                                                                          |     |          |             |
|      | Integrations                                                             | 204 | \$200.00 | \$40,800.00 |
|      | PDI Imports                                                              |     |          |             |
|      | Set up Ongoing Spreadsheet Import Process                                |     |          |             |
|      |                                                                          |     |          |             |
|      | User Documentation                                                       | 80  | \$200.00 | \$16,000.00 |
|      | Custom User Guides                                                       |     |          |             |
|      |                                                                          |     |          |             |
|      | Training Sessions                                                        |     |          |             |
|      | End User Training - up to 25 students per class                          | 48  | \$200.00 | \$9,600.00  |

10437 Innovation Drive, Suite 306 • Wauwatosa,  
Wisconsin 53226-4815 Phone: 414-454-0161 • Fax:  
414-454-0162 • Internet: info@groupwaretech.com



Groupware  
Technologies, LLC

|  |                                                                             |             |          |                     |
|--|-----------------------------------------------------------------------------|-------------|----------|---------------------|
|  | Basic Navigation - Two 2-hour sessions + preparation                        |             |          |                     |
|  | Register Client/Client Profile - Two 1-hour sessions + preparation          |             |          |                     |
|  | Client Eligibility Assessment - Two 1 hour sessions + preparation           |             |          |                     |
|  | Case Management/Entering Services - Two 1 hour sessions + preparation       |             |          |                     |
|  | Prevention Training - Two 2-hour sessions + preparation                     |             |          |                     |
|  | RSR Reports - Two 1-hour sessions + preparation                             |             |          |                     |
|  |                                                                             |             |          |                     |
|  | Application Management and Report Writing Training                          | 10          | \$200.00 | \$2,000.00          |
|  | Two 4-hour web-based training + preparation                                 |             |          |                     |
|  |                                                                             |             |          |                     |
|  | Project Management                                                          | 480         | \$200.00 | \$96,000.00         |
|  |                                                                             |             |          |                     |
|  | Total Implementation Costs                                                  | 1582        | \$200.00 | \$316,400.00        |
|  | <b>Total Acquisition and Implementation Costs</b>                           |             |          | <b>\$436,400.00</b> |
|  |                                                                             |             |          |                     |
|  | <b>Database Hosting and Maintenance</b>                                     |             |          | <b>\$107,320.00</b> |
|  | Software Maintenance and Support<br><i>(Prorated in Year 1 to 6 months)</i> | \$165.00    | 100      | \$16,500.00         |
|  | Provide Enterprise Database Hosting and Management                          | \$90,000.00 | 1        | \$90,000.00         |
|  | Source Code Escrow                                                          | \$820.00    | 1        | \$820.00            |
|  |                                                                             |             |          |                     |
|  | Total Database Hosting and Maintenance – Year 1                             |             |          | \$227,320.00        |
|  | Total Professional Services – Year 1                                        |             |          | \$316,400.00        |
|  |                                                                             |             |          |                     |
|  | <b>Total Year 1 Costs</b>                                                   |             |          | <b>\$543,720.00</b> |

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Wisconsin 53226-4815 Phone: 414-454-0161 • Fax:  
414-454-0162 • Internet: info@grouptech.com



| <b>Year 2 Costs</b>                                |                                         |                                                        |                          |                  |                         |
|----------------------------------------------------|-----------------------------------------|--------------------------------------------------------|--------------------------|------------------|-------------------------|
| <b>System Acquisition and Implementation Costs</b> |                                         |                                                        | <b>Original Estimate</b> | <b>Unit Cost</b> | <b>New Total Budget</b> |
|                                                    |                                         |                                                        |                          |                  |                         |
| <b>Year Two Payments</b>                           |                                         |                                                        |                          |                  |                         |
|                                                    | Billed Annually on Contract Anniversary |                                                        |                          |                  |                         |
|                                                    |                                         | Configuration services as requested                    | \$200.00                 | 1000             | \$200,000.00            |
|                                                    |                                         | Software Maintenance and Support                       | \$330.00                 | 100              | \$33,000.00             |
|                                                    |                                         | Provide Enterprise Database Hosting and Management     | \$90,000.00              | 1                | \$90,000.00             |
|                                                    |                                         |                                                        |                          |                  |                         |
|                                                    |                                         | <b>Total Database Hosting and Maintenance – Year 2</b> |                          |                  | <b>\$123,000.00</b>     |
|                                                    |                                         | <b>Total Professional Services – Year 2</b>            |                          |                  | <b>\$200,000.00</b>     |
|                                                    |                                         |                                                        |                          |                  |                         |
|                                                    |                                         | <b>Total Year Two Payments</b>                         |                          |                  | <b>\$323,000.00</b>     |





| <b>Year 3 Costs</b>                                |                                                 |                                                    |                          |                  |                         |
|----------------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------|------------------|-------------------------|
| <b>System Acquisition and Implementation Costs</b> |                                                 |                                                    | <b>Original Estimate</b> | <b>Unit Cost</b> | <b>New Total Budget</b> |
|                                                    |                                                 |                                                    |                          |                  |                         |
| <b>Year Three Payments</b>                         |                                                 |                                                    |                          |                  |                         |
|                                                    | Billed Annually on Contract Anniversary         |                                                    |                          |                  |                         |
|                                                    |                                                 | Configuration services as requested                | \$200.00                 | 1000             | \$200,000.00            |
|                                                    |                                                 | Software Maintenance and Support                   | \$330.00                 | 100              | \$33,000.00             |
|                                                    |                                                 | Provide Enterprise Database Hosting and Management | \$90,000.00              | 1                | \$90,000.00             |
|                                                    | Total Database Hosting and Maintenance – Year 3 |                                                    |                          |                  | \$123,000.00            |
|                                                    | Total Professional Services – Year 3            |                                                    |                          |                  | \$200,000.00            |
|                                                    | <b>Total Year Three Payments</b>                |                                                    |                          |                  | <b>\$323,000.00</b>     |



| <b>Year 4 Costs</b>                                |                                                 |                                                    |                          |                  |                         |
|----------------------------------------------------|-------------------------------------------------|----------------------------------------------------|--------------------------|------------------|-------------------------|
| <b>System Acquisition and Implementation Costs</b> |                                                 |                                                    | <b>Original Estimate</b> | <b>Unit Cost</b> | <b>New Total Budget</b> |
|                                                    |                                                 |                                                    |                          |                  |                         |
| <b>Year Four Payments</b>                          |                                                 |                                                    |                          |                  |                         |
|                                                    | Billed Annually on Contract Anniversary         |                                                    |                          |                  |                         |
|                                                    |                                                 | Configuration services as requested                | \$200.00                 | 1000             | \$200,000.00            |
|                                                    |                                                 | Software Maintenance and Support                   | \$330.00                 | 100              | \$33,000.00             |
|                                                    |                                                 | Provide Enterprise Database Hosting and Management | \$90,000.00              | 1                | \$90,000.00             |
|                                                    | Total Database Hosting and Maintenance – Year 4 |                                                    |                          |                  | \$123,000.00            |
|                                                    | Total Professional Services – Year 4            |                                                    |                          |                  | \$200,000.00            |
|                                                    | <b>Total Year Four Payments</b>                 |                                                    |                          |                  | <b>\$323,000.00</b>     |



| Year 5 Costs                                              |                                                    |  |                   |           |                       |
|-----------------------------------------------------------|----------------------------------------------------|--|-------------------|-----------|-----------------------|
| System Acquisition and Implementation Costs               |                                                    |  | Original Estimate | Unit Cost | New Total Budget      |
| <b>Year Five Payments</b>                                 |                                                    |  |                   |           |                       |
| Billed Annually on Contract Anniversary                   |                                                    |  |                   |           |                       |
|                                                           | Configuration services as requested                |  | \$200.00          | 1000      | \$200,000.00          |
|                                                           | Software Maintenance and Support                   |  | \$330.00          | 100       | \$33,000.00           |
|                                                           | Provide Enterprise Database Hosting and Management |  | \$90,000.00       | 1         | \$90,000.00           |
| Total Database Hosting and Maintenance – Year 5           |                                                    |  |                   |           | \$123,000.00          |
| Total Professional Services – Year 5                      |                                                    |  |                   |           | \$200,000.00          |
| <b>Total Year Five Payments</b>                           |                                                    |  |                   |           | <b>\$323,000.00</b>   |
| <b>Summary:</b>                                           |                                                    |  |                   |           |                       |
| <b>Total Database Hosting and Maintenance for 5 years</b> |                                                    |  |                   |           | <b>\$719,320.00</b>   |
| <b>Total Professional Services for 5 years</b>            |                                                    |  |                   |           | <b>\$1,116,400.00</b> |
| <b>Total Payments for 5 years</b>                         |                                                    |  |                   |           | <b>\$1,835,720.00</b> |

| Section I: General Contract Information                                                                                                              |                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| Department Name                                                                                                                                      | Department of Public Health (CDPH)                 |
| Department Contact Name                                                                                                                              | Ayla Karamustafa                                   |
| Department Contact Number                                                                                                                            | (312) 747-8859                                     |
| Department Contact Email                                                                                                                             | ayla.karamustafa@cityofchicago.org                 |
| Contract Number                                                                                                                                      | PO provided by DPS when contract is fully executed |
| Contract Subject Name                                                                                                                                | Groupware Technologies Inc.                        |
| Contract Initiation Date                                                                                                                             | Wen DPS fully executes contract                    |
| Original Contract Amount                                                                                                                             | \$1,835,720                                        |
| Original Contract Expiration Date                                                                                                                    | Will be determined when contract fully executed    |
| Budgeted amount for current year                                                                                                                     | \$543,720                                          |
| Year to date expenditure                                                                                                                             | \$0                                                |
| Are funds <input type="checkbox"/> Operating <input type="checkbox"/> Capital <input type="checkbox"/> TIF <input checked="" type="checkbox"/> Grant |                                                    |
| What is the funding strip?                                                                                                                           | 021-0Y96-0413350-0140-220140-4120106012-21BS11     |
| If contract modification or task request is approved, will department have enough funds to cover new expenditure?                                    | Yes                                                |
| If no, what is the plan to address the short fall?                                                                                                   | N/A                                                |
| Section II: Contract Modifications                                                                                                                   |                                                    |
| Complete this section if you are modifying the value of an existing contract.                                                                        |                                                    |
| Contract Value Increase                                                                                                                              |                                                    |
| New total contract amount                                                                                                                            |                                                    |
| New contract expiration date                                                                                                                         |                                                    |
| Goods/services provided by this contract                                                                                                             |                                                    |

|                                                                                                    |                                            |
|----------------------------------------------------------------------------------------------------|--------------------------------------------|
|                                                                                                    |                                            |
| Justification of need to modify this contract                                                      |                                            |
| Impact of denial                                                                                   |                                            |
| <b>Section III. Issue a Request for Services to a Master Consulting Agreement</b>                  |                                            |
| 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                                                                                   |                                            |
| <b>Section IV: Assessment of Office of Budget and Management Analyst</b>                           |                                            |
| Approve/Deny                                                                                       | <b>Approve</b>                             |
| OBM Analyst Initials                                                                               | <b>ETP</b>                                 |
| OBM Analyst Name/number                                                                            | <b>Emily Taft Pollard – (312) 744-3421</b> |



**Recipient Information**

**1. Recipient Name**

CHICAGO, CITY OF  
333 S State St Rm 200  
Chicago, IL 60604-3946  
[NO DATA]

**2. Congressional District of Recipient**

07

**3. Payment System Identifier (ID)**

1366005820A4

**4. Employer Identification Number (EIN)**

366005820

**5. Data Universal Numbering System (DUNS)**

956049399

**6. Recipient's Unique Entity Identifier**

**7. Project Director or Principal Investigator**

Dr. Irina Tabidze  
Senior STI Epidemiologist  
irina.tabidze@cityofchicago.org  
(312) 747-9867

**8. Authorized Official**

Dr. Allison Arwady  
Commissioner  
allison.arwady@cityofchicago.org  
312-747-9870

**Federal Agency Information**

CDC Office of Financial Resources

**9. Awarding Agency Contact Information**

Terrian J Dixon  
tdixon@cdc.gov  
770-488-2774

**10. Program Official Contact Information**

Veronica McCants  
vrm0@cdc.gov  
404.639.5194

**Federal Award Information**

**11. Award Number**

5 NU62PS924560-05-00

**12. Unique Federal Award Identification Number (FAIN)**

NU62PS924560

**13. Statutory Authority**

307,317K2 PHSA,42USC241,247BK2,PL108

**14. Federal Award Project Title**

Integrated HIV Surveillance and Prevention--Chicago

**15. Assistance Listing Number**

93.940

**16. Assistance Listing Program Title**

HIV Prevention Activities\_Health Department Based

**17. Award Action Type**

Non-Competing Continuation

**18. Is the Award R&D?**

No

**Summary Federal Award Financial Information**

**19. Budget Period Start Date** 01/01/2022 - **End Date** 12/31/2022

**20. Total Amount of Federal Funds Obligated by this Action** \$2,409,286.00

20a. Direct Cost Amount \$2,269,687.00

20b. Indirect Cost Amount \$139,599.00

**21. Authorized Carryover** \$0.00

**22. Offset** \$0.00

**23. Total Amount of Federal Funds Obligated this budget period** \$0.00

**24. Total Approved Cost Sharing or Matching, where applicable** \$0.00

**25. Total Federal and Non-Federal Approved this Budget Period** \$2,409,286.00

**26. Project Period Start Date** 01/01/2018 - **End Date** 12/31/2022

**27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period** Not Available

**28. Authorized Treatment of Program Income**

ADDITIONAL COSTS

**29. Grants Management Officer – Signature**

Mr. Arthur Lusby  
Grants Management Officer, Team Lead

**30. Remarks**

12 Month No-Cost Extension Approved

Non-Competing Continuation: Financial Assistance in the amount of \$2,409,286



**Recipient Information**

**Recipient Name**

CHICAGO, CITY OF  
 333 S State St Rm 200  
 Chicago, IL 60604-3946  
 [NO DATA]

**Congressional District of Recipient**

07

**Payment Account Number and Type**

1366005820A4

**Employer Identification Number (EIN) Data**

366005820

**Universal Numbering System (DUNS)**

956049399

**Recipient's Unique Entity Identifier**

Not Available

**31. Assistance Type**

Cooperative Agreement

**32. Type of Award**

Other

**33. Approved Budget**

(Excludes Direct Assistance)

|                                                                                     |                       |
|-------------------------------------------------------------------------------------|-----------------------|
| I. Financial Assistance from the Federal Awarding Agency Only                       |                       |
| II. Total project costs including grant funds and all other financial participation |                       |
| a. Salaries and Wages                                                               | \$909,656.00          |
| b. Fringe Benefits                                                                  | \$486,342.00          |
| c. Total Personnel Costs                                                            | \$1,395,998.00        |
| d. Equipment                                                                        | \$0.00                |
| e. Supplies                                                                         | \$120.00              |
| f. Travel                                                                           | \$435.00              |
| g. Construction                                                                     | \$0.00                |
| h. Other                                                                            | \$9,097.00            |
| i. Contractual                                                                      | \$864,037.00          |
| <b>j. TOTAL DIRECT COSTS</b>                                                        | <b>\$2,269,687.00</b> |
| <b>k. INDIRECT COSTS</b>                                                            | <b>\$139,599.00</b>   |
| <b>l. TOTAL APPROVED BUDGET</b>                                                     | <b>\$2,409,286.00</b> |
| <b>m. Federal Share</b>                                                             | <b>\$2,409,286.00</b> |
| <b>n. Non-Federal Share</b>                                                         | <b>\$0.00</b>         |

**34. Accounting Classification Codes**

| FY-ACCOUNT NO. | DOCUMENT NO.   | ADMINISTRATIVE CODE | OBJECT CLASS | AMT ACTION FINANCIAL ASSISTANCE | APPROPRIATION |
|----------------|----------------|---------------------|--------------|---------------------------------|---------------|
| 1-93909SC      | 18NU62PS924560 | PS                  | 41.51        | \$0.00                          | 75-21-0950    |
| 1-93909SM      | 18NU62PS924560 | PS                  | 41.51        | \$0.00                          | 75-21-0950    |
| 1-9390AT0      | 18NU62PS924560 | PS                  | 41.51        | \$0.00                          | 75-21-0950    |
| 0-93909SC      | 18NU62PS924560 | PS                  | 41.51        | \$0.00                          | 75-20-0950    |
| 0-93909SM      | 18NU62PS924560 | PS                  | 41.51        | \$0.00                          | 75-20-0950    |
| 0-9390AT0      | 18NU62PS924560 | PS                  | 41.51        | \$0.00                          | 75-20-0950    |
| 2-93909SC      | 18NU62PS924560 | PS                  | 41.51        | \$2,045,008.00                  | 75-22-0950    |
| 2-93909SM      | 18NU62PS924560 | PS                  | 41.51        | \$364,278.00                    | 75-22-0950    |



# DEPARTMENT OF HEALTH AND HUMAN SERVICES Notice of Award

Centers for Disease Control and Prevention

Award# 5 NU62PS924560-05-00

FAIN# NU62PS924560

Federal Award Date: 12/16/2021

## Direct Assistance

| BUDGET CATEGORIES | PREVIOUS AMOUNT (A) | AMOUNT THIS ACTION (B) | TOTAL (A + B) |
|-------------------|---------------------|------------------------|---------------|
| Personnel         | \$0.00              | \$0.00                 | \$0.00        |
| Fringe Benefits   | \$0.00              | \$0.00                 | \$0.00        |
| Travel            | \$0.00              | \$0.00                 | \$0.00        |
| Equipment         | \$0.00              | \$0.00                 | \$0.00        |
| Supplies          | \$0.00              | \$0.00                 | \$0.00        |
| Contractual       | \$0.00              | \$0.00                 | \$0.00        |
| Construction      | \$0.00              | \$0.00                 | \$0.00        |
| Other             | \$0.00              | \$0.00                 | \$0.00        |
| Total             | \$0.00              | \$0.00                 | \$0.00        |



# AWARD ATTACHMENTS

CHICAGO, CITY OF

5 NU62PS924560-05-00

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1. Terms & Conditions

## AWARD INFORMATION

**Incorporation:** In addition to the federal laws, regulations, policies, and CDC General Terms and Conditions for Non-research awards at <https://www.cdc.gov/grants/federal-regulations-policies/index.html>, the Centers for Disease Control and Prevention (CDC) hereby incorporates Notice of Funding Opportunity (NOFO) number CDC-RFA-PS18-1802, entitled **Integrated HIV Surveillance and Prevention Programs for Health Departments, National Center for HIV, Viral Hepatitis, STD, and TB Prevention (NCHHSTP)**, and application dated **September 13, 2021**, as may be amended, which are hereby made a part of this Non-research award, hereinafter referred to as the Notice of Award (NoA).

**Approved Funding:** Funding in the amount of **\$8,307,883** is approved for the Year **05** budget period, which is **January 1, 2022** through **December 31, 2022**. All future year funding will be based on satisfactory programmatic progress and the availability of funds.

The federal award amount is subject to adjustment based on total allowable costs incurred and/or the value of any third-party in-kind contribution when applicable.

**Available Funding:** The CDC is operating under a continuing resolution; as a result, the total available funding for the Fiscal Year (FY) **05** budget period is contingent upon the enactment of applicable appropriation bill(s). Funding in the amount of **\$2,409,286** in Financial Assistance (FA) is awarded on this NoA. The remainder of the budget period Approved Funding amount is subject to the availability of funds.

| <b>Component Funding</b>         | <b>Amount</b>       |
|----------------------------------|---------------------|
| <b>Component A: Surveillance</b> | <b>\$ 364,278</b>   |
| <b>Component A: Prevention</b>   | <b>\$ 2,045,008</b> |

Note: Refer to the Payment Information section for Payment Management System (PMS) subaccount information.

**Approved No Cost Extension for Component B:** This award approves a 12 month No Cost Extension to complete activities under Component B. The budget and project period end dates have been extended from **January 1, 2022** to **December 31, 2022**. This action was taken in accordance with your request submitted by your organization dated November 16, 2021.

**HHS Non-Discrimination Legal Requirements for Recipients of Federal Financial Assistance:** The purpose of this Notice of Award amendment is to notify you that the Centers for Disease Control and Prevention (CDC) incorporated Department of Health and Human Services (HHS) non-discrimination legal requirements for recipients of federal financial assistance into the CDC General Terms and Conditions within your Notice of Award. The new requirements are effective immediately. The requirements are in the General Requirements section of the General Terms and Conditions, and are also listed below.

You must administer your project in compliance with federal civil rights laws that prohibit discrimination on the basis of race, color, national origin, disability, age and, in some

circumstances, religion, conscience, and sex (including gender identity, sexual orientation, and pregnancy). This includes taking reasonable steps to provide meaningful access to persons with limited English proficiency and providing programs that are accessible to and usable by persons with disabilities. The HHS Office for Civil Rights provides guidance on complying with civil rights laws enforced by HHS. See <https://www.hhs.gov/civil-rights/for-providers/provider-obligations/index.html> and <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html>.

- You must take reasonable steps to ensure that your project provides meaningful access to persons with limited English proficiency. For guidance on meeting your legal obligation to take reasonable steps to ensure meaningful access to your programs or activities by limited English proficient individuals, see <https://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/fact-sheet-guidance/index.html> and <https://www.lep.gov/>.
- For information on your specific legal obligations for serving qualified individuals with disabilities, including providing program access, reasonable modifications, and taking appropriate steps to provide effective communication, see <http://www.hhs.gov/ocr/civilrights/understanding/disability/index.html>.
- HHS funded health and education programs must be administered in an environment free of sexual harassment, see <https://www.hhs.gov/civil-rights/for-individuals/sex-discrimination/index.html>.
- For guidance on administering your project in compliance with applicable federal religious nondiscrimination laws and applicable federal conscience protection and associated anti-discrimination laws, see <https://www.hhs.gov/conscience/conscience-protections/index.html> and <https://www.hhs.gov/conscience/religious-freedom/index.html>.

#### **Financial Assistance Mechanism: Cooperative Agreement**

**Substantial Involvement by CDC:** This is a cooperative agreement and CDC will have substantial programmatic involvement after the award is made. Substantial involvement is in addition to all post-award monitoring, technical assistance, and performance reviews undertaken in the normal course of stewardship of federal funds.

CDC program staff will assist, coordinate, or participate in carrying out effort under the award, and recipients agree to the responsibilities therein, as detailed in the NOFO.

In a cooperative agreement, CDC staff are substantially involved in the program activities, above and beyond routine grant monitoring. CDC activities for this program are as follows:

1. Collaborate to ensure coordination and implementation of strategies to support the implementation of HIV surveillance and prevention activities.
2. Work with awardees to identify and address capacity building assistance (CBA) and TA needs that are essential to the success of the project. Awardees must work with the assigned Project Officer/Project Consultant/Epidemiologist to establish a mechanism to request direct CDC TA and establish a CBA Request Information System (CRIS) user

account to facilitate receipt of CBA.

3. Provide access to training and TA that will strengthen staff capacity relevant to all required strategies and activities of the program.

4. Provide guidance to awardees and set standards on data collection, use, and submission requirements.

5. Facilitate coordination, collaboration, and, where feasible, service integration among federal agencies, other CDC funded programs, other health departments, community based organizations, local and state planning groups, other CDC directly funded programs, national capacity building assistance providers, medical care providers, laboratories, recipients of the Ryan White HIV/AIDS Treatment Extension Act of 2009, and other partners working with people living with and at greatest risk for HIV infection toward common goals of risk reduction, disease detection, and a continuum of HIV prevention, care, and treatment.

6. Monitor awardee program performance using multiple approaches, such as site visits, emails, conference calls, and standardized review of performance, grantee feedback and other data reports, to support program development, implementation, evaluation, and improvement.

7. Provide guidance and coordination to funded organizations to improve the quality and effectiveness of work plans, evaluation strategies, products and services, and collaborative activities with other organizations.

8. Collaborate to compile and publish accomplishments, best practices, performance criteria, and lessons learned during the project period.

9. Collaborate in assessing progress toward meeting strategic and operational goals/objectives and in establishing measurement and accountability systems for 37 of 77 documenting outcomes, such as increased performance improvements and best or promising practices.

10. Collaborate on strategies to ensure the provision of appropriate and effective HIV prevention services to target populations.

11. Provide requirements and expectations for standardized and other data reporting and support monitoring and evaluation activities.

12. Share information, best practices, lessons learned, and evaluation results between awardees (e.g., through conferences, guidance, material development, webinars, data sharing publications, other social media, participation in meetings, committees, conference calls, and working groups related to the cooperative agreement and its projects).

**Budget Revision Requirement:** By **February 01, 2022** the recipient must submit a revised budget with a narrative justification. ***The revised budget should be submitted via Grant Solutions as a prior approval, amendment type "Budget Revision"***. Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, you are required to contact the GMS/GMO identified in the CDC Staff Contacts section of this notice before the due date.

**Personnel:**

- 1.) It is noted that there are several positions identified as "vacant". Grant funds must match effort. Therefore, for positions that are currently vacant, and an anticipated start date was not provided within the application, please provide or consider the time it will take to fill each vacant position. If there is a difference in funding, consider redirecting the difference to support activities within Year 05.

**Contracts:**

- 1.) Under the "Contractual" cost category please provide the required itemized budgets.
- 2.) Upon contract execution please provide the required contractual elements (including itemized budgets) for all subcontractors.

**Expanded Authority:** The recipient is permitted the following expanded authority in the administration of the award.

- Carryover of unobligated balances from one budget period to a subsequent budget period. Unobligated funds may be used for purposes within the scope of the project as originally approved. Recipients will report use, or intended use, of unobligated funds in Section 12 "Remarks" of the annual Federal Financial Report. If the GMO determines that some or all of the unobligated funds are not necessary to complete the project, the GMO may restrict the recipient's authority to automatically carry over unobligated balances in the future, use the balance to reduce or offset CDC funding for a subsequent budget period, or use a combination of these actions.

**Program Income:** Any program income generated under this grant or cooperative agreement will be used in accordance with the Addition alternative.

**Addition alternative:** Under this alternative, program income is added to the funds committed to the project/program and is used to further eligible project/program objectives.

***Note:*** The disposition of program income must have written prior approval from the GMO.

**FUNDING RESTRICTIONS AND LIMITATIONS**

**Notice of Funding Opportunity (NOFO) Restrictions:**

**Restrictions that must be considered while planning the programs and writing the budget are:**

- Recipients may not use funds for research.
- Recipients may not use funds for clinical care except as allowed by law.
- Recipients may use funds only for reasonable program purposes, including personnel, travel, supplies, and services.
- Generally, recipients may not use funds to purchase furniture or equipment. Any such proposed spending must be clearly identified in the budget.
- Reimbursement of pre-award costs generally is not allowed, unless the CDC provides written approval to the recipient.

- Other than for normal and recognized executive-legislative relationships, no funds may be used for:
  - publicity or propaganda purposes, for the preparation, distribution, or use of any material designed to support or defeat the enactment of legislation before any legislative body
  - the salary or expenses of any cooperative agreement or contract recipient, or agent acting for such recipient, related to any activity designed to influence the enactment of legislation, appropriations, regulation, administrative action, or Executive order proposed or pending before any legislative body.
- See Additional Requirement (AR) 12 (<http://www.cdc.gov/grants/additionalrequirements/index.html#ar12>) for detailed guidance on this prohibition and additional guidance on lobbying for CDC recipients ([http://www.cdc.gov/grants/documents/Anti-Lobbying\\_Restrictions\\_for\\_CDC\\_Grantees\\_July\\_2012.pdf](http://www.cdc.gov/grants/documents/Anti-Lobbying_Restrictions_for_CDC_Grantees_July_2012.pdf)).
  - The direct and primary recipient in a cooperative agreement program must perform a substantial role in carrying out project outcomes and not merely serve as a conduit for an award to another party or provider who is ineligible.
- Awardees may not use funds to purchase antiretroviral therapy.
- Awardees may not use funds to purchase sterile needles or syringes for drug injection.
- Funding should not be used for construction purposes.

**Indirect Costs:** Indirect costs are approved based on the Indirect Cost Rate Agreement dated December 14, 2020, which calculates indirect costs as follows: The type is **PROV**, with an effective period of **07/01/21 to 06/30/24** at a rate of **19.8** percent, applicable to **ALL Programs**.

**Base:** Direct salaries and wages including fringe benefits exclusive of Group Insurance.

## REPORTING REQUIREMENTS

**Performance Progress and Monitoring:** Performance information collection initiated under this grant/cooperative agreement has been approved by the Office of Management and Budget under **OMB Number 0920-1132, "Performance Progress and Monitoring Report", Expiration Date 10/31/2022**. The components of the PPMR are available for download at: <https://www.cdc.gov/grants/already-have-grant/Reporting.html> .

**Required Disclosures for Federal Awardee Performance and Integrity Information System (FAPIIS):** Consistent with 45 CFR 75.113, applicants and recipients must disclose in a timely manner, in writing to the CDC, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Subrecipients must disclose, in a timely manner in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the CDC and to the HHS OIG at the following addresses:

CDC, Office of Grants Services

**Terrian J. Dixon**, Grants Management Officer/Specialist  
Centers for Disease Control and Prevention  
Prevention Infectious Disease Services  
2939 Flowers Road, MS TV-2  
Atlanta, GA 30341  
Email: [Tdixon@cdc.gov](mailto:Tdixon@cdc.gov) (Include "Mandatory Grant Disclosures" in subject line)

AND

U.S. Department of Health and Human Services  
Office of the Inspector General  
ATTN: Mandatory Grant Disclosures, Intake Coordinator  
330 Independence Avenue, SW  
Cohen Building, Room 5527  
Washington, DC 20201

Fax: (202)-205-0604 (Include "Mandatory Grant Disclosures" in subject line) or  
Email: [MandatoryGranteeDisclosures@oig.hhs.gov](mailto:MandatoryGranteeDisclosures@oig.hhs.gov)

Recipients must include this mandatory disclosure requirement in all subawards and contracts under this award.

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

CDC is required to report any termination of a federal award prior to the end of the period of performance due to material failure to comply with the terms and conditions of this award in the OMB-designated integrity and performance system accessible through SAM (currently FAPIIS). (45 CFR 75.372(b)) CDC must also notify the recipient if the federal award is terminated for failure to comply with the federal statutes, regulations, or terms and conditions of the federal award. (45 CFR 75.373(b))

#### **PROGRAM OR FUNDING GENERAL REQUIREMENTS**

**HIV Program Review Panel Requirement:** All written materials, audiovisual materials, pictorials, questionnaires, survey instruments, websites, educational curricula and other relevant program materials must be reviewed and approved by an established program review panel. A list of reviewed materials and approval dates must be submitted to the CDC Grants Management Specialist identified in the CDC Roles and Responsibilities section of this NoA.

**Travel Requirement:** Ensure that appropriate health department representatives attend required CDC-sponsored meetings and conferences. Participation in CDC sponsored recipient meetings, conferences, and workshops is mandatory. Failure to attend the mandated meetings, conferences, and workshops (regardless of state financial or administrative crisis) shall be cause for a determination of reduction in travel funding.

**Prior Approval:** All requests, which require prior approval, must bear the signature of the authorized organization representative. The recipient must submit these requests by **September 02, 2022**. Additionally, any requests involving funding issues must include an itemized budget and a narrative justification of the request.

**The following types of requests require prior approval:**

- Lift funding restriction
- Significant redirection of funds (i.e. cumulative changes of 25% of total award)
- Change in scope
- Implement a new activity or enter into a sub-award that is not specified in the approved budget
- Apply for supplemental funds
- Change in key personnel
- Extensions to period of performance

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>

Templates for prior approval requests can be found at:

<http://www.cdc.gov/grants/alreadyhavegrant/priorapprovalrequests.html>.

Additional information on the electronic grants administration system CDC non-research awards utilize, Grants Solutions, can be found at:

<https://www.cdc.gov/grants/grantsolutions/index.html>.

**Key Personnel:** In accordance with 45 CFR Part 75.308, CDC recipients must obtain prior approval from CDC for (1) change in the project director/principal investigator, business official, authorized organizational representative or other key persons specified in the NOFO, application or award document; and (2) the disengagement from the project for more than three months, or a 25 percent reduction in time devoted to the project, by the approved Project Director or Principal Investigator.

#### **PAYMENT INFORMATION**

*The HHS Office of the Inspector General (OIG) maintains a toll-free number (1-800-HHS-TIPS [1-800-447-8477]) for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to [hhstips@oig.hhs.gov](mailto:hhstips@oig.hhs.gov) or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington DC 20201. Such reports are treated as sensitive material and submitters may decline to give their names if they choose to remain anonymous.*

**Payment Management System Subaccount:** Funds awarded in support of approved activities have been obligated in a subaccount in the PMS, herein identified as the "P Account". Funds must be used in support of approved activities in the NOFO and the approved application.

The grant document number identified on **page 2, item 34** of the Notice of Award must be known in order to draw down funds.

#### **PROGRAM OR FUNDING SPECIFIC CLOSEOUT REQUIREMENTS**

**Closeout Requirements:**



Recipients must submit all closeout reports identified in this section within **90 days** of the period of performance end date. The reporting timeframe is the full period of performance. If the recipient does not submit all reports in accordance with this section and the terms and conditions of the Federal Award, CDC may proceed to close out with the information available within one year of the period of performance end date unless otherwise directed by authorizing statutes. Failure to submit *timely* and *accurate final reports* may affect future funding to the organization or awards under the direction of the same Project Director/Principal Investigator (PD/PI).

All manuscripts published as a result of the work supported in part or whole by the grant must be submitted with the progress reports.

The final reports required are the following.

**Final Federal Financial Report (FFR, SF-425):** The FFR should only include those funds authorized and expended during the timeframe covered by the report. The Final FFR, SF-425 is required and *must be submitted no later than 90 days after the period of performance end date* through recipient online accounts in the **Payment Management System**. The final FFR will consolidate data reporting responsibilities to one entry point within PMS which will assist with the reconciliation of expenditures and disbursements to support the timely close-out of grants.

The final FFR must indicate the exact balance of unobligated funds and may not reflect any unliquidated obligations. Remaining unobligated funds will be de-obligated and returned to the U.S. Treasury.

Every recipient should already have a PMS account to allow access to complete the SF-425.

Additional guidance on submission of Federal Financial Reports can be found at <https://www.cdc.gov/grants/documents/change-in-federal-reporting-fy-2021-recipients.pdf>.

**Equipment and Supplies - Tangible Personal Property Report (SF-428):** A completed Tangible Personal Property Report SF-428 and Final Report SF-428B addendum must be submitted, along with any Supplemental Sheet SF-428S detailing all major equipment acquired or furnished under this project with a unit acquisition cost of \$5,000 or more.

Electronic versions of the forms can be downloaded by visiting:  
<https://www.grants.gov/web/grants/forms/post-award-reporting-forms.html#sortby=1>.

If no equipment was acquired under an award, a negative report is required.

The recipient must identify each item of equipment that it wishes to retain for continued use in accordance with 45 CFR Part 75. The awarding agency may exercise its rights to require the transfer of equipment purchased under the assistance award. CDC will notify the recipient if transfer to title will be required and provide disposition instruction on all major equipment.

Equipment with a unit acquisition cost of less than \$5,000 that is no longer to be used in projects or programs currently or previously sponsored by the federal government may be retained, sold, or otherwise disposed of, with no further obligation to the federal government.

Failure to submit the required information in a timely manner may adversely affect the future funding of this project. If the information cannot be provided by the due date, the recipient is required to contact the Grants Officer listed in the contacts section of this notice before the due date.

**CDC Staff Contacts Information is listed on page 1 of the NoA**

**Grants Management Specialist:** The GMS is the federal staff member responsible for the day-to-day management of grants and cooperative agreements. The GMS is the primary contact of recipients for business and administrative matters pertinent to grant awards.

**Program/Project Officer:** The PO is the federal official responsible for monitoring the programmatic, scientific, and/or technical aspects of grants and cooperative agreements, as well as contributing to the effort of the award under cooperative agreements.

**Grants Management Officer:** The GMO is the federal official responsible for the business and other non-programmatic aspects of grant awards. The GMO is the only official authorized to obligate federal funds and is responsible for signing the NoA, including revisions to the NoA that change the terms and conditions. The GMO serves as the counterpart to the business officer of the recipient organization.



**Recipient Information**

- 1. Recipient Name**  
CITY OF CHICAGO DEPARTMENT OF PUBLIC HEALTH  
333 S State St  
Chicago, IL 60604-3900
- 2. Congressional District of Recipient**  
07
- 3. Payment System Identifier (ID)**  
1366005820B8
- 4. Employer Identification Number (EIN)**  
366005820
- 5. Data Universal Numbering System (DUNS)**  
956049399
- 6. Recipient's Unique Entity Identifier**  
K8F7VYLKGN64
- 7. Project Director or Principal Investigator**  
Ayanna Thomas  
Supervisor of Grants Administration  
ayanna.thomas@cityofchicago.org  
(312)747-3321
- 8. Authorized Official**  
Allison Arwady  
Commissioner  
ayanna.thomas@cityofchicago.org  
(312)747-3321

**Federal Agency Information**

- 9. Awarding Agency Contact Information**  
Olusola Dada  
Grants Management Specialist  
Office of Federal Assistance Management (OFAM)  
Division of Grants Management Office (DGMO)  
ODada@hrsa.gov  
(301) 443-0195
- 10. Program Official Contact Information**  
Luigi S Procopio  
Public Health Analyst  
HIV/AIDS Bureau (HAB)  
Lprocopio@hrsa.gov  
(301) 443-0262

**Federal Award Information**

- 11. Award Number**  
2 H89HA00008-32-00
- 12. Unique Federal Award Identification Number (FAIN)**  
H8900008
- 13. Statutory Authority**  
42 U.S.C. § 300ff-11-20; 300ff-121
- 14. Federal Award Project Title**  
HIV EMERGENCY RELIEF PROJECT GRANTS
- 15. Assistance Listing Number**  
93.914
- 16. Assistance Listing Program Title**  
HIV Emergency Relief Project Grants
- 17. Award Action Type**  
Competing Continuation
- 18. Is the Award R&D?**  
No

**Summary Federal Award Financial Information**

|                                                                                                       |                |
|-------------------------------------------------------------------------------------------------------|----------------|
| <b>19. Budget Period Start Date 03/01/2022 - End Date 02/28/2023</b>                                  |                |
| <b>20. Total Amount of Federal Funds Obligated by this Action</b>                                     | \$9,024,336.00 |
| 20a. Direct Cost Amount                                                                               |                |
| 20b. Indirect Cost Amount                                                                             |                |
| 21. Authorized Carryover                                                                              | \$0.00         |
| 22. Offset                                                                                            | \$0.00         |
| 23. Total Amount of Federal Funds Obligated this budget period                                        | \$9,024,336.00 |
| 24. Total Approved Cost Sharing or Matching, where applicable                                         | \$0.00         |
| 25. Total Federal and Non-Federal Approved this Budget Period                                         | \$9,024,336.00 |
| <b>26. Project Period Start Date 03/01/2022 - End Date 02/28/2025</b>                                 |                |
| 27. Total Amount of the Federal Award including Approved Cost Sharing or Matching this Project Period | \$9,024,336.00 |

- 28. Authorized Treatment of Program Income**  
Addition
- 29. Grants Management Officer – Signature**  
Brad Barney on 01/11/2022

**30. Remarks**

This award consists of the following amounts:

FY22 Formula: \$8,256,127  
FY22 MAI: \$768,209

Total FY22 Award: \$9,024,336

**HIV/AIDS Bureau (HAB)**

**31. APPROVED BUDGET: (Excludes Direct Assistance)**

Grant Funds Only

Total project costs including grant funds and all other financial participation

|                                            |                |
|--------------------------------------------|----------------|
| a. Salaries and Wages:                     | \$0.00         |
| b. Fringe Benefits:                        | \$0.00         |
| c. Total Personnel Costs:                  | \$0.00         |
| d. Consultant Costs:                       | \$0.00         |
| e. Equipment:                              | \$0.00         |
| f. Supplies:                               | \$0.00         |
| g. Travel:                                 | \$0.00         |
| h. Construction/Alteration and Renovation: | \$0.00         |
| i. Other:                                  | \$0.00         |
| j. Consortium/Contractual Costs:           | \$0.00         |
| k. Trainee Related Expenses:               | \$0.00         |
| l. Trainee Stipends:                       | \$0.00         |
| m. Trainee Tuition and Fees:               | \$0.00         |
| n. Trainee Travel:                         | \$0.00         |
| o. TOTAL DIRECT COSTS:                     | \$9,024,336.00 |
| p. INDIRECT COSTS (Rate: % of S&W/TADC):   | \$0.00         |
| q. TOTAL APPROVED BUDGET:                  | \$9,024,336.00 |
| i. Less Non-Federal Share:                 | \$0.00         |
| ii. Federal Share:                         | \$9,024,336.00 |

**33. RECOMMENDED FUTURE SUPPORT:**

(Subject to the availability of funds and satisfactory progress of project)

| YEAR | TOTAL COSTS    |
|------|----------------|
| 33   | \$9,024,336.00 |
| 34   | \$9,024,336.00 |

**34. APPROVED DIRECT ASSISTANCE BUDGET: (In lieu of cash)**

|                                                      |               |
|------------------------------------------------------|---------------|
| a. Amount of Direct Assistance                       | \$0.00        |
| b. Less Unawarded Balance of Current Year's Funds    | \$0.00        |
| c. Less Cumulative Prior Award(s) This Budget Period | \$0.00        |
| d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION           | <b>\$0.00</b> |

**35. FORMER GRANT NUMBER**

BRH890008

**36. OBJECT CLASS**

41.15

**37. BHCNIS#**

**32. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:**

|                                                       |                       |
|-------------------------------------------------------|-----------------------|
| a. Authorized Financial Assistance This Period        | <b>\$9,024,336.00</b> |
| b. Less Unobligated Balance from Prior Budget Periods |                       |
| i. Additional Authority                               | \$0.00                |
| ii. Offset                                            | \$0.00                |
| c. Unawarded Balance of Current Year's Funds          | \$0.00                |
| d. Less Cumulative Prior Award(s) This Budget Period  | \$0.00                |
| e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION         | <b>\$9,024,336.00</b> |

**38. THIS AWARD IS BASED ON THE APPLICATION APPROVED BY HRSA FOR THE PROJECT NAMED IN ITEM 14. FEDERAL AWARD PROJECT TITLE AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE AS:**

a. The program authorizing statute and program regulation cited in this Notice of Award; b. Conditions on activities and expenditures of funds in certain other applicable statutory requirements, such as those included in appropriations restrictions applicable to HRSA funds; c. 45 CFR Part 75; d. National Policy Requirements and all other requirements described in the HHS Grants Policy Statement; e. Federal Award Performance Goals; and f. The Terms and Conditions cited in this Notice of Award. In the event there are conflicting or otherwise inconsistent policies applicable to the award, the above order of precedence shall prevail. Recipients indicate acceptance of the award, and terms and conditions by obtaining funds from the payment system.

**39. ACCOUNTING CLASSIFICATION CODES**

| FY-CAN       | CFDA   | DOCUMENT NUMBER | AMT. FIN. ASST. | AMT. DIR. ASST. | SUB PROGRAM CODE | SUB ACCOUNT CODE |
|--------------|--------|-----------------|-----------------|-----------------|------------------|------------------|
| 22 - 3771356 | 93.914 | 22H89HA00008    | \$8,256,127.00  | \$0.00          | FRML             | 22H89HA00008     |
| 22 - 3771355 | 93.914 | 22H89HA00008    | \$768,209.00    | \$0.00          | MAI              | 22H89HA00008     |

## HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e., created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit <https://grants3.hrsa.gov/2010/WebEPSEExternal/Interface/common/accesscontrol/login.aspx> to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

### Terms and Conditions

**Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.**

#### Grant Specific Term(s)

1. Recipients must submit an annual Non-Competing Continuation (NCC) progress report via the HRSA EHBs 90 days prior to the budget period end date. Submission and HRSA approval of this NCC progress report triggers the budget period renewal and release of subsequent year funds.
2. Due to the provision of partial funding, this award is being made without a complete list of itemized reporting requirements. Award recipients are reminded of the continuation of FY2021 specialized reporting requirements and provided reference to previous HRSA guidelines and instructions. Remaining FY2022 reporting requirements to include defined due dates will be contained on the final FY2022 NoA. Failure to comply with reporting requirements will result in deferral or additional restrictions for future funding decisions.
3. Clinical Quality Management contracts include administrative activities/expenses. Budget allocations must correspond to PCN 15-01 and 15-02 available online at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters>.
4. This award is subject to 45 CFR part 75--Uniform Administrative Requirements, Cost Principles, and Audit Requirement for HHS Awards.
5. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds. You may use your existing PMS username and password to check your organizations P account access. If you do not have access, fill out a New User Access Request form at: <https://pmsapp.psc.gov/pms/app/userrequest/request/newuser?>. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: <https://pms.psc.gov/find-pms-liaison-accountant.html>.
6. Prior approval for rebudgeting is required when cumulative transfers among direct cost budget categories (i.e., Personnel, Fringe, Travel, Equipment, Supplies, Contractual, etc.) for the current budget period exceed 25% of the total approved budget (which includes direct and indirect costs) for that budget period or \$250,000, whichever is less; or substantial changes are made to the approved work plan or project scope (e.g., changing the model of care, transferring substantive work from personnel to contractual); or the recipient wants to purchase a piece of equipment that exceeds \$5,000 and was not included in the approved project budget/application. Any of the aforementioned post-award changes in Part A and/or Minority AIDS Initiative (MAI) grant allocations must be submitted to the Project Officer via prior approval along with a letter of concurrence from the Planning Council Chair(s).
7. This action reflects a new document number. Please refer to this number when contacting the Payment Management System or submitting drawdown requests. Reporting on the Federal Financial Report (FFR) SF-425 Federal Cash Transaction Report (FCTR) should reflect this number for all disbursements related to this project period.

#### Program Specific Term(s)

1. RWVHAP Part A recipients are required to use a minimum amount/percentage of this award to provide services to women, infants, children and youth (WICY) living with HIV/AIDS. The minimum set-aside amounts/percentages for each eligible metropolitan area/transitional grant area (EMA/TGA) must be determined separately for each priority population, and may not be less than the percentage of each population to the total number of persons estimated to be living with HIV/AIDS within the EMATGA.  
Waiver: If the recipient can document that one or more WICY priority populations are receiving HIV-related services through the state Medicaid program under Title XIX of the Social Security Act, the Children's Health Program (CHIP) under Title XXI of the same Act, or other qualified federal or state programs in accordance with HRSA guidelines, then the recipient may request a waiver of the minimum WICY expenditure requirement from HRSA. Recipients requesting a waiver may utilize the WICY Expenditure Report to document that all priority populations are receiving HIV/AIDS health services through other funding sources

2. The recipient is required to notify the Project Officer, within 30 days, of any changes to Planning Council (s) composition that impact legislative compliance with "reflectiveness", the mandated membership categories, and/or the composition requirement that 33% of the PC membership should be comprised of persons receiving Part A HIV-related services who are non-conflicted and accurately reflect the demographics of the epidemic in the EMA/TGA.  
You must notify your Project Officer to initiate a Request for Information via EHB to submit this requirement. The notification and letter must be accompanied by revised PC roster and reflectiveness tables or a narrative describing compliance with PC composition and Reflectiveness.  
Reflectiveness must be based on the prevalence of HIV Disease (AIDS Prevalence plus HIV Prevalence, real or estimated) in the EMA/TGA as reported in the current fiscal year application.
3. Submit, every two (2) years, to the lead State agency for the Ryan White HIV/AIDS Part B program, audits consistent with 45 CFR 75 Subpart F, regarding funds expended in accordance with this title and include necessary patient level data to complete unmet need calculations and the Statewide Coordinated Statements of Need process.
4. Consistent with Departmental guidance, HRSA recipients that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at [www.hrsa.gov/opa/](http://www.hrsa.gov/opa/).
5. The recipient shall make all files, including captioning, audio descriptions, videos, tables, graphics/pictures, registration forms, presentations (both audio and video) or other types of proprietary format files – e.g., Adobe Portable Document Format (.pdf), Microsoft Office PowerPoint (.ppt) and Microsoft Excel (.xls), fully accessible to members of the public with disabilities. Technical and functional standards for accessibility are codified at 36 CFR Part 1194 and may be accessed through the Access Board's Web site at <http://www.access-board.gov>
6. Jurisdictions that 1) are legislatively mandated to establish planning councils or 2) have elected to establish a planning council, must adhere to the requirement that the chief elected official (CEO) retains sole responsibility for appointment and removal of planning council members, as recommended by Planning Council leadership.
7. In accordance with the RWHAP guidance on determining client eligibility and complying with the payor of last resort requirement, while minimizing administrative burden and enhancing continuity of care and treatment services (HRSA HAB PCN 21-02: Determining Client Eligibility & Payor of Last Resort in the Ryan White HIV/AIDS Program), HRSA HAB expects all RWHAP recipients and subrecipients to establish, implement, and monitor policies and procedures to determine client eligibility based on each of the three factors outlined in PCN 21-02, including documentation requirements. See <https://hab.hrsa.gov/sites/default/files/hab/program-grants-management/pcn21-02-determining-eligibility-polr.pdf>
8. The recipient is required to establish and maintain a process for protecting client confidentiality throughout the project period. Client confidentiality requirements apply to all phases of the project.
9. HRSA is operating under a Continuing Resolution; therefore, this award provides partial funding based on the continuation of FY 2021 program requirements, funding levels, and specialized reporting requirements. Additions and revisions to these Terms and Conditions may be necessary once HRSA receives a final FY 2022 appropriations. A revised NoA will be issued to reflect any changes to funding amounts, Terms and Conditions, and/or reporting requirements.
10. All Ryan White HIV/AIDS Program Part A, B, C, and D recipients must adhere to the legislative requirement to establish a clinical quality management program. HRSA HIV/AIDS Bureau expectations for clinical quality management are outlined in Policy Clarification Notice 15-02 (<http://hab.hrsa.gov/manageyourgrant/clinicalqualitymanagementpcn.pdf>).
11. The Ryan White HIV/AIDS Program legislation specifies criteria for the expenditure of Part A funds as follows:  
The recipient may not use more than ten percent (10%) of total grant funds for direct and indirect costs associated with administering the award (including Planning Council or planning body expenses), and in accordance with the legislative definition of administrative activities and the allocation of funds to subrecipients, will not exceed an aggregate amount of 10 percent of such funds for administrative purposes. See Policy 15-01 for additional information on the 10% administrative cap.  
The recipient shall not exceed the lesser of 5 percent of the total grant funds or \$3 million for the required clinical quality management (CQM) program.  
The recipient must expend not less than 75% of total grant funds, exclusive of administration and CQM expenses, for core medical services, unless waived by the Secretary. Also see PCN 16-02 Ryan White HIV/AIDS Program Services: Eligible Individuals & Allowable Uses of Funds.
12. All Conditions, Program Terms, and Reporting Requirements must be electronically submitted through the HRSA Electronic Handbooks.
13. Funds awarded for pharmaceuticals must only be spent to assist clients who have been determined not eligible for other pharmaceutical programs, especially the AIDS Drug Assistance Program and/or for drugs that are not on the State ADAP or Medicaid formulary.

14. These funds may not be used for the following: purchasing or construction of real property, international travel, payments for any item or service to the extent that payment has been made, or reasonably can be expected to be made, with respect to that item or service under any State compensation program, insurance policy, Federal or State health benefits program or by an entity that provides health services on a prepaid basis (except for a program administered by or providing the services of the Indian Health Services or the U.S. Department of Veterans Affairs; see HAB PCN 16-01 available online at <https://hab.hrsa.gov/sites/default/files/hab/Global/clarificationservicesveterans.pdf> for additional information regarding services provided to veterans).
15. RWHAP funds may not be used to make cash payments to intended clients of core medical or support services. This prohibition includes cash incentives and cash intended as payment for RWHAP services. Where direct provision of the service is not possible or effective, store gift cards, vouchers, coupons, or tickets that can be exchanged for a specific service or commodity (e.g., food or transportation) must be used. Store gift cards that can be redeemed at one merchant or an affiliated group of merchants for specific goods or services that further the goals and objectives of the RWHAP are also allowable as incentives for eligible program participants. Recipients are advised to administer voucher and store gift card programs in a manner which assures that vouchers and gift cards cannot be exchanged for cash or used for anything other than allowable goods or services, and that systems are in place to account for disbursed vouchers and store gift cards. Note: General-use prepaid cards are considered "cash equivalent" and are therefore unallowable. Such cards generally bear the logo of a payment network, such as Visa, MasterCard, or American Express, and are accepted by any merchant that accepts those credit or debit cards as payment. Gift cards that are cobranded with the logo of a payment network and the logo of a merchant or affiliated group of merchants are general-use prepaid cards, not store gift cards, and therefore are also unallowable.
16. Recipients must follow the guidance in all applicable HIV/AIDS Bureau Policy Notices and Program Letters to ensure compliance with programmatic requirements. See <http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
17. In accordance with Policy Clarification Notice 16-02 grant funds may not be used for: 1) outreach programs which have HIV prevention education as their exclusive purpose. See <http://hab.hrsa.gov/program-grants-management/policy-notices-and-program-letters>.
18. The recipient must maintain EMA/TGA political subdivision expenditures for HIV-related activities at a level which is not less than the level of expenditures for such activities during the one-year period preceding the fiscal year for which the applicant is applying to receive the grant (see Section 2605(a)(1)(B) of the PHS Act).
19. All providers of services available in the Medicaid State plan must have entered into a participation agreement under the State plan and be qualified to receive payments under such plan, or receive a waiver from this requirement.
20. Minority AIDS Initiative (MAI) funds available under Section 2693 of the Public Health Service Act are disbursed on a formula basis together with the RWHAP Part A formula grant funds as required by legislation. Funds must be used to improve HIV-related health outcomes to reduce existing racial and ethnic disparities. MAI funds must be tracked and reported separately.
21. RWHAP Part A recipients are required to meet specific legislative, programmatic, and grant regulations requirements regarding the monitoring of both their grant and their subrecipients as detailed in the National Monitoring Standards for RWHAP recipients. (<http://hab.hrsa.gov/program-grants-management/ryan-white-hiv-aids-program-recipient-resources>)
22. Ryan White HIV/AIDS Program (RWHAP) funds cannot pay for pre-exposure prophylaxis (PrEP) or non-occupational Post-Exposure Prophylaxis (nPEP) as the person using PrEP is not an individual living with HIV and the person using nPEP is not diagnosed with HIV prior to the exposure and therefore are not eligible for RWHAP funded medications or medical services. RWHAP Parts A and B recipients and subrecipients may provide some limited services under the EIS service category. (See the HIV/AIDS Bureau June 22, 2016 Program Letter available online at <http://hab.hrsa.gov/manageyourgrant/prepletter062216.pdf>.)
23. Recipients are required to track and report all sources of service reimbursement as program income on the annual Federal Financial Report and in annual data reports. All program income earned must be used to further the objectives of the RWHAP program. For additional information, see PCN #15-03 available online at [http://hab.hrsa.gov/sites/default/files/hab/Global/pcn\\_15-03\\_program\\_income.pdf](http://hab.hrsa.gov/sites/default/files/hab/Global/pcn_15-03_program_income.pdf).
24. Per 45 CFR §75.351 - 353, recipients must monitor the activities of their subrecipients as necessary to ensure that the subaward is used for authorized purposes, in compliance with Federal statutes, Ryan White HIV/AIDS Program legislative requirements, regulations, and the terms and conditions of the subaward; and that subaward performance goals are achieved. Recipients must ensure that subrecipients track, appropriately use, and report program income generated by the subaward. Recipients must also ensure that subrecipient expenditures adhere to legislative mandates regarding the distribution of funds.
25. Some aspects of Syringe Services Programs are allowable with HRSA's prior approval and in compliance with HHS and HRSA policy. See <https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs>.
26. If applicable, the awardee must submit the Tangible Personal Property Report (SF-428) and any related forms. The report must be submitted within 90 days after the project period ends. Awardees are required to report all equipment with an acquisition cost of \$5,000 or more per unit acquired by the recipient with award funds. Tangible personal property reports must be submitted electronically through HRSA EHBs.

27. Ryan White HIV/AIDS Program funds cannot be used to provide cash payments such as salaries or honoraria. The recipient must substitute allowable direct costs per PCN 16-02 and PCN 15-01 available online at <https://hab.hrsa.gov/program-grants-management/policy-notice-and-program-letters> for [insert dollar amount] in stipend costs included in the budget.
28. Funds may not be used by recipients or subrecipients for the purchase of vehicles without written prior approval from the Division of Grants Management Operations (DGMO).
29. RWHAAP Part A recipients are required to participate in the development of the Integrated HIV Prevention and Care Plan, including the Statewide Coordinated Statement of Need (SCSN), 2022-2026 (see <https://careacttarget.org/library/integrated-hiv-prevention-and-care-plan-guidance-including-statewide-coordinated-statement>). The SCSN is a component of the Integrated HIV Prevention and Care Plan. Recipients are required to report progress on the implementation of Integrated HIV Prevention and Care Plans in the FY 2022 RWHAAP Part A Annual Progress Report.

## Standard Term(s)

- Your organization must comply with all HRSA Standard Terms unless otherwise specified on your Notice of Award.

## Reporting Requirement(s)

- Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**

The recipient must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period of the document number. **Effective October 1, 2020, all FFRs will be submitted through the Payment Management System (PMS).** Technical questions regarding the FFR, including system access should be directed to the PMS Help Desk by submitting a ticket through the self-service web portal (**PMS Self-Service Web Portal**), or calling 877-614-5533.

The FFR will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR.

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

- Due Date: Within 90 Days of Budget End Date**

The recipient must submit the Ryan White HIV/AIDS Program Expenditure Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

- Due Date: 03/28/2022**

Submit the Ryan White Services Report (RSR) which consists of recipient, service provider, and patient level reports for the calendar year via the EHBs by 6:00 PM ET on the last Monday in March. See <http://hab.hrsa.gov/manageyourgrant/reportingrequirements.html> for additional information.

- Due Date: 12/31/2022**

The recipient must submit an estimate of their FY 2022 Unobligated Balances (UOB) and an estimated carryover request no later than December 31, 2022, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

- Due Date: Within 90 Days of Budget End Date**

The recipient must submit a Final FY 2022 Part A Annual Progress Report no later than 90 days after the budget period end date, consistent with reporting guidelines, instructions, and/or reporting templates provided in the HRSA EHBs.

**Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.**

## Contacts

### NoA Email Address(es):

| Name             | Role                                   | Email                              |
|------------------|----------------------------------------|------------------------------------|
| Ayanna Thomas    | Authorizing Official, Program Director | ayanna.thomas@cityofchicago.org    |
| Allison Anwady   | Authorizing Official                   | ayanna.thomas@cityofchicago.org    |
| Ayanna Thomas    | Point of Contact                       | ayanna.thomas@cityofchicago.org    |
| Fletcher Neely   | Business Official                      | fletcher.neely@cityofchicago.org   |
| Ayla Karamustafa | Business Official                      | ayla.karamustafa@cityofchicago.org |



**Note: NOA emailed to these address(es)**

**All submissions in response to conditions and reporting requirements (with the exception of the FFR) must be submitted via EHBs. Submissions for Federal Financial Reports (FFR) must be completed in the Payment Management System (<https://pms.psc.gov/>).**



## Technology Purchase Review & Approval Form

Effective October 1, 2014, City Department requests for the purchase of hardware, software, peripherals and related technologies under the Dell Blanket Release 49769 and CDW-G Blanket Release 33232 contracts managed by the Department of Innovation & Technology (DoIT) will require the review and approval of DoIT and the Office of Budget and Management (OBM). The procurement of approved items will be facilitated by DoIT. Department ITSCs are required to complete all sections and attach the completed form and quote to the iProc Requisition.

### SECTION 1: DEPARTMENT CONTACT

| Date<br>(mm/dd/yyyy) | Department/Bureau                 |              |                                  |
|----------------------|-----------------------------------|--------------|----------------------------------|
| 3/16/22              | Department of Public Health (041) |              |                                  |
| CONTACT INFO         | Name                              | Phone        | Email                            |
| ITSC                 | Robert DeJesus                    | 312-747-9380 | Robert.DeJesus@cityofchicago.org |

### SECTION 2: TECHNOLOGY TYPE

Type of Technology Requested: Describe ALL that apply. Please note that the policy restricts hardware replacements to only end-of-life devices as determined by DoIT.

| Technology Type                       | Qty | New or Existing Equipment? | Description                                                                                   |
|---------------------------------------|-----|----------------------------|-----------------------------------------------------------------------------------------------|
| Computers –                           |     |                            |                                                                                               |
| Mobile Devices -                      |     |                            |                                                                                               |
| Peripherals –                         |     |                            |                                                                                               |
| Servers and Storage                   |     |                            |                                                                                               |
| Networking Equipment                  |     |                            |                                                                                               |
| Software: All Manufacturers and Types | 1   | New                        | A contract for an integrated HIV care/prevention data system with Groupware Technologies Inc. |
| Non-Standard Technology               |     |                            |                                                                                               |

\*Requests for the purchase of any non-Canon printers, scanners, or facsimile devices must be made via the Non-Canon Device Request Form located on SharePoint:

<https://chicagov.sharepoint.com/sites/obm/non-Canonpolicy>

|                                     |     |
|-------------------------------------|-----|
| Date of Quote: Please attach a copy | N/A |
|-------------------------------------|-----|

Place an 'X' in the appropriate boxes per your request:

|                                                                                                             |     |   |  |  |
|-------------------------------------------------------------------------------------------------------------|-----|---|--|--|
| If this purchase is for new cloud-based software was the questionnaire submitted and CIO approval obtained? | Yes | X |  |  |
|-------------------------------------------------------------------------------------------------------------|-----|---|--|--|

|                                                                               |     |  |  |   |
|-------------------------------------------------------------------------------|-----|--|--|---|
| Is this request for Hardware/Software related to an existing Project request? | Yes |  |  | X |
|-------------------------------------------------------------------------------|-----|--|--|---|

|                       |     |
|-----------------------|-----|
| If so, Project Number | N/A |
|-----------------------|-----|

**SECTION 3: BUSINESS CASE & FINANCIAL REVIEW (Reviewed by OBM)**

Please complete the following for all hardware and software requests.

a.) Explain why this technology purchase is required and the specific business purpose and benefit to the City? If the request was denied, explain the impact to the City and/or operation.

The purchase of this data system is necessary to support the Healthcare Access program in the Syndemic Infectious Disease Bureau at CDPH for the purposes of meeting federal reporting requirements, managing delegate agency data, and aligning with the Illinois Department of Public Health's HIV care and prevention systems.

b.) Describe what options were explored by the department in terms of utilizing existing resources rather than making a new purchase? Identify existing technology that will be replaced or retired (if applicable).

Note that DoIT will determine when equipment is at end-of-life and replacement is warranted.

This will be replacing the CAREWare system which was decommissioned in 2019; this system was selected to align with the Illinois Department of Public Health's HIV care and prevention programs, which are also managed in the Provide Enterprise system.

c.) Was this purchase contemplated for and included in your current fiscal year budget? If yes, specify the funding strip and budgeted amount. If no, explain how the department plans to absorb the unanticipated expenditure?

Yes, the purchase and long-term maintenance of this system is included in the Health Resource's and Services Administration Ryan White Part A budget for the current fiscal year as well as future fiscal years.  
 Funding Strip: 021-0Y96-0413350-0140-220140-4120106012-21BS11  
 Budgeted Amount: TBD between \$250,000- \$500,000

d.) [Answer only if applicable.] If a new item is approved, describe how the department will provide support and resolve any technical issues if support is not provided by DoIT/Unisys NDS.

The Healthcare Access program in the Syndemic Infectious Disease Bureau has a dedicated Data Management team of four individuals who will support and resolve any/all technical issues.



**Section 4: Funding**

|                                                                                 |                           |
|---------------------------------------------------------------------------------|---------------------------|
| Amount of total funding required:                                               | TBD pending NCRB approval |
| Is the full amount of funding available in the department's fiscal year budget? | Yes                       |

Place an 'X' in the appropriate boxes per your request:

|                                                                         |                                                |
|-------------------------------------------------------------------------|------------------------------------------------|
| Specify the funding strip(s) that will be used to pay for the purchase: | 021-0Y96-0413350-0140-220140-4120106012-21BS11 |
|                                                                         | FY2022 funding pending (budget baselining)     |
|                                                                         |                                                |
|                                                                         |                                                |
| Is the request greater than \$5,000?                                    | Yes                                            |

**Section 5: REQUIRED SIGNATURES & SHIPPING INFORMATION**

|                             |                                                                                                      |       |           |
|-----------------------------|------------------------------------------------------------------------------------------------------|-------|-----------|
| ITSC                        | Robert DeJesus<br> | Date: | 3-25-2022 |
| *Department Head or Deputy  |                     | Date: | 3/29/22   |
| **Chief Information Officer |                                                                                                      | Date: |           |
| ***Budget Director          |                                                                                                      | Date: |           |

- \*Required only if purchases are over \$5000 or does not comply with the CoC Technology Purchase Policy.
- \*\*Required only for new cloud-based software requests or if purchase does not comply with the Policy.
- \*\*\* Required only if purchase does not comply with the Policy.

**SHIP TO:**

|                 |  |
|-----------------|--|
| Department      |  |
| Address Line    |  |
| City, State Zip |  |
| Attention To:   |  |
| Contact Phone # |  |

**ATTACH THE COMPLETED FORM TO THE REQUEST IN THE E-PROCUREMENT SYSTEM**

Last Revised:6/20/19

**SECTION 4: FUNDING**