CPAC PROJECT CHECKLIST

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

PROJECT
Date: 3/9/06

ID No. (Spec, RX, Project): 45062
Department: #41 Health
Bureau: Public Information
Contract No. (if known) 26248
Project Title/Description MEDICAL TRANSLATIONS, INTERPRETATIONS, AND LANGUAGE EXAMS

Contact Person: Maribel Valdez
Tel: 7-8828    Fax: 7-1031    E-mail:
Project Manager: Monica Ochoa
Tel: 7-9681    Fax: 7-8835    E-mail:
Estimated Value $150,000

SCOPE STATEMENT
_X_ Attached is a detailed scope of services and/or specification

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

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

TYPE OF PROCUREMENT REQUESTED (check all that apply)

_ Competitive Bid  _RFQ/RFP/RFS/RFI  _ sole Source  _ Term Agreement  _ One Shot
_ Mod/Amendment  _ Time Extension  _ Additional Funding  _ Small Order  _ S/O Emergency

FORMS
_F-25* (add line items)
_F-26* (new term agreement)
_F-27* (time extension)
_F-29* (change vendor limit)

** Sole source requests must include vendor quotes/proposal and MBE/WBE compliance requirements

FUNDING
City: _Corporate  _ Bond  _ Enterprise  _ Grant*  _ Other
State: _IDOT/Transit  _ IDOT/Highway  _ Grant*  _ Other
Federal: _FHWA  _ FTA  _ FAA  _ Grant*  _ Other
Funding Strips 05-0847-0414395-0140-220140-05BZ80

*Attach copy of applicable grant agreement terms and conditions language.

TIME FRAME
Date Needed: 4/1/06
Requested Contract Term (y/m/d): 9/1/05-8/31/08

PRE BID/SUBMITTAL REQUIREMENTS
Requesting Pre Bid/Submittal Conference? _Yes  _X_ No
Requesting Pre Bid/Submittal be Mandatory? _Yes  _X_ No
Requesting Site Visit? _Yes  _X_ No
Requesting Site Visit be Mandatory? _Yes  _X_ No
CITY OF CHICAGO
PURCHASE REQUISITION

ELIVER TO:
041-4395 ADMIN
50 W WASHINGTON
Chicago, IL 60601

REQUISITION: 26248
PAGE: 1
DEPARTMENT: 41 - DEPARTMENT OF HEALTH
PREPARER: Maribel E Valdez
NEEDED:
APPROVED: 3/8/2006

EQUIPMENT DESCRIPTION
PROFESSIONAL CONSULTING SERVICES FOR MEDICAL INTERPRETATION AND LANGUAGE EXAMS
SPECIFICATION NUMBER: 45062

COMMODITY INFORMATION

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TO PROVIDE MEDICAL INTERPRETATION, TRANSLATION AND LANGUAGE EXAMINATION

SUGGESTED VENDOR: 
REQUESTED BY: Maribel E Valdez

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LINE TOTAL: 0.00

REQUISITION TOTAL: 0.00
JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

PLETE THIS SECTION IF NEW CONTRACT(S)

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

It is requested that negotiations be conducted only with Elizabeth Colon, Heartland Alliance's Cross Cultural Interpreting Services for the product and/or services described herein.

(Name of Person or Firm)

(a request for: (One-Time Contract per Requisition #26248 copy attached) or Term Agreement or Delegate Agency (one) If Delegate Agency, this request is for "blanket approval" of all contracts within the

Pre-Assigned Specification No. (Program Name) 

Pre-Assigned Contract No. 

PLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

(Attach List, if multiple)

Contract # Company or Agency Name: Heartland Alliance's Cross Cultural Interpreting Services

ecification # Contract or Program Description: Elizabeth Colon, 773-751-4095

Mod # (Attach List, if multiple)

Monica Ochoa Telephone 7-9691

Original Name Monica Ochoa Signature HEALTH

Date 1/31/06

SEE ATTACHED in each box below if additional space needed:

1) PROCUREMENT HISTORY

Attached explanation.

2) ESTIMATED COST

Attached explanation.

3) SCHEDULED REQUIREMENTS

September 1, 2005 to August 31, 2008 – deliverables extended to December 31, 2008. The scheduled requirements are based on grant timelines.

4) EXCLUSIVE OR UNIQUE CAPABILITY

Attached explanation.

5) OTHER

The Chicago Department of Public Health recognizes the need to provide public information material in several languages, and the need to effectively outreach to diverse groups. By securing a contract with Heartland Alliance’s Cross Cultural Interpreting Services, this goal can be achieved.

PROVED BY: 

Date 

Board Chairperson 

Date 

Or Designee
Justification for Non-Competitive Procurement  
Heartland Alliance’s Cross Cultural Interpreting Services  

ATTACHMENT

PROCUREMENT HISTORY

The Chicago Department of Public Health’s (CDPH) Bioterrorism and Emergency Preparedness program requires that we reach out to special populations, especially non-English speaking residents and recent immigrants. Services that would benefit the program in achieving this goal include translation services, medical interpreter training, cultural sensitivity training, and interpretation services. After researching agencies that could provide some of these services, we realized that no one agency provides all these services with the exception of Heartland Alliance’s Cross Cultural Interpreting Services (CCIS). This is the first time CCIS has been approached to comprehensively provide these services for the Chicago Department of Public Health. Attempts were made to identify other agencies that could provide all these services. Two additional agencies were identified (Bridges for Language, Training, and Staffing and Daley College) but these only provided some of the services required. Their prices also exceeded that of CCIS. More importantly, CCIS was the only agency that would be able to issue certification for staff training. Unless another agency is incorporated/created, or the other identified agencies include the additional required services, CCIS is the only agency that can provide the services needed to accomplish the goals for this program.

ESTIMATED COST

$150,000. This amount already has a designated funding source under the Bioterrorism and Emergency Preparedness grant from the Centers for Disease Control and Prevention. FY 1 (9/1/05 to 8/31/06) - $45,000, FY2 (9/1/06 to 8/31/07) $52,000, FY3 (9/1/07 to 8/31/08) $53,000. The scheduled costs were based on the agencies negotiate fees for providing the above-mentioned services. Because no other CDPH or city department provides the services, this contract can potentially serve the needs of other programs looking to enhance services to special populations. Given the wide scope of services, we believe the negotiated budgeted amount is very reasonable and best suits the financial limitations of our program. The schedule of compensation is attached.

EXCLUSIVE OR UNIQUE CAPABILITY

CCIS is a unique provider of comprehensive services to address the needs of hard to reach populations, especially in emergency situations. It is the first organization in Chicago to develop a clearinghouse for both training and assessing interpreters. CDPH would have access to 140 interpreters in 37 languages. CCIS is also the creator of the highly renowned interpretation education program, which has successfully trained over 1,000 students in the art and ethics of interpretation. It is the only agency that trains students as Certified Medical Interpreters. This certification is recognized by all hospitals and other healthcare settings in Chicago. CCIS has a success rate of 95% in assigning interpreters to health providers and is considered the premier interpretation service in Chicago. CCIS is the only agency we found to be prepared to train staff and translate Emergency Preparedness terminology, critical to this program. It only employs translators accredited by the American Translation Association. It is the only agency that ensures that each document is worked on by 2 translators to ensure accuracy of terminology, meaning, and tone. All their services are conveniently available twenty-four hours a day, 7 days a week – another critical requirement for this program. Given the need for translation services, cultural competency training, medical interpretation training, and interpretation services, the Chicago Department of Public Health sees CCIS as a comprehensive service provider to meet existing critical public information and awareness needs.
Schedule of Compensation
Heartland Alliance’s Cross Cultural Interpreting Services
Date Contract Executed to August 31, 2008

Language assessment exam: oral and written. The exam will assess staff knowledge of interpreting as well as their fluency in their identified second language. The fee for the language assessment is $85.00 per person.

Medical Interpreting Training: The 40-hour medical interpreting training teaches CDPH bilingual staff the code of ethics of interpreters, modes of interpreting, the role of the interpreter, memory development, cultural and ethical dilemmas, cultural competency, etc., by certified instructors. Training per person is $500.00.

Translation Services: Health education and marketing material will be translated to at least the following languages by certified translators: Spanish, Polish, Chinese Vietnamese, Urdu, Arabic, Cambodian, Bosnian, French, Cantonese, Russian, German, Hindu, Japanese, and Mandarin. A retainer of $16,500 as been designated for translations for FY1. Translation fees vary depending on the translation project but a minimum fee of $75.00 has bee set for each project.

Interpretation Services: CCIS will provide interpretation services by certified interpreters at CDPH determined sites for monolingual residents. The fee per hour is $100 and $5,000 has been identified for this service for FY1.

<table>
<thead>
<tr>
<th></th>
<th>FY1</th>
<th>FY2</th>
<th>FY3</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Language Assessments</td>
<td>$3,500</td>
<td>$2,000</td>
<td>$2,000</td>
<td>$7,500</td>
</tr>
<tr>
<td>Medical Interpreter Training</td>
<td>20,000</td>
<td>10,000</td>
<td>10,000</td>
<td>40,000</td>
</tr>
<tr>
<td>Translation Services</td>
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<td>76,500</td>
</tr>
<tr>
<td>Interpretation Services</td>
<td>5,000</td>
<td>10,000</td>
<td>11,000</td>
<td>26,000</td>
</tr>
<tr>
<td>Total Costs</td>
<td>$45,000</td>
<td>$52,000</td>
<td>$53,000</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

CCIS will be paid after a set of services has been rendered, for example, the translation of a brochure or the completion of assessment exams. CCIS will submit a voucher to the Comptrollers office after services have been rendered.
SCOPE OF SERVICES

Contract between the Chicago Department of Public Health
And
Heartland’s Cross-Cultural Interpreting Service (CCIS)

Contract Period: Date Contract Executed to August 31, 2008
Maximum Contract Amount: $150,000

PURPOSE:

1) Administer a language assessment exam that assesses bilingual CDPH staff fluency in over 40 languages, 2) teach the code of ethics and techniques of interpreting to increase access to quality services for CDPH’s Limited-English Proficient (LEP), and 3) provide translation services for CDPH health education and marketing materials, 4) Provide interpretation services at CDPH locations when requested.

SCOPE OF SERVICES:

Language assessment exam: oral and written. The exam will assess staff knowledge of interpreting as well as their fluency in their identified second language. The exams are graded by a language facilitator and a report is returned to CCIS with the results. A written report will be provided on each CDPH staff assessed as well as recommendations for participation in the medical interpreter training.

Medical Interpreting Training: The 40-hour medical interpreting training teaches CDPH bilingual staff the code of ethics of interpreters, modes of interpreting, the role of the interpreter, memory development, cultural and ethical dilemmas, cultural competency, etc, by a certified instructor. In addition, the CDPH staff will be engaged in role-play, group discussions and other activities. Upon completion of the training, a certificate is awarded, which is recognized by the American Interpreters Association.

Translation Services: Health education and marketing material will be translated to at least the following languages by certified translators: Spanish, Polish, Chinese Vietnamese, Urdu, Arabic, Cambodian, Bosnian, French, Cantonese, Russian, German, Hindu, Japanese, and Mandarin

Interpretation Services: CCIS will provide interpretation services at CDPH determined sites for monolingual residents.
Fact Sheet

Summary
Heartland Health Outreach provides primary health care, mental health and addiction treatment services, and oral health care to homeless and low-income Chicagoans at various sites throughout the city and through street outreach.

Organization
Heartland Health Outreach is the health care partner of Heartland Alliance for Human Needs & Human Rights, a service-based human rights organization that provides housing, health care, human services, and human rights protections to more than 72,000 men, women, and children annually.

Programs
Primary Care
Provides primary care at its community health center in Uptown and satellite sites in homeless shelters, soup kitchens, and drop-in centers, as well as through street outreach. Heartland Health Outreach works with other community health centers to provide health care, health education, and counseling to impoverished people throughout Chicago.

Mental Health Care and Addiction Treatment Services
With nationally known model programs, Heartland Health Outreach provides innovative and culturally appropriate mental health services to the most poor and vulnerable people in the city. Daytime drop-in centers, case management services, and residential programs help people stay out of mental hospitals and off the streets. Heartland Health Outreach also offers specialized mental health care to refugees.

Oral Health Care
Heartland Health Outreach provides dental services at five locations throughout the city to people with HIV, AIDS, or TB, as well as people who are homeless or very low-income.

Multicultural Services
Heartland Health Outreach trains providers locally and nationally to practice culturally appropriate health care.

Staff and Volunteers
More than 250 staff with expertise in social work, counseling, education, and cultural integration together with more than 250 volunteers.

Funding
Funding is provided through city, state, and federal grants and contracts with contributions from individuals, civic groups, foundations, and corporations.

Contact
Bonnifer Ballard, Director of Communications, 312.660.1314
Fact Sheet

**SUMMARY**
Heartland Alliance for Human Needs & Human Rights is a service-based human rights organization focused on investments in and solutions to help the most poor and vulnerable in society succeed. Heartland Alliance provides housing, health care, human services, and human rights protections.

**PEOPLE SERVED**
More than 72,000 people annually, including: homeless and low-income families, immigrants and refugees, travelers in crisis, survivors of domestic violence, people living with HIV/AIDS, survivors of state-sponsored torture, and other impoverished individuals.

**PROGRAMS**
Transitional and affordable supportive housing; primary, mental and oral health care; social services, legal services, education, and training; language interpretation; street outreach; homelessness prevention; human rights and poverty research; and public policy and advocacy.

**STAFF**
More than 600 staff with expertise in areas such as community development, property management, medical care, mental health, dentistry, social work, law, education, and public policy.

**VOLUNTEERS**
Nearly 900 volunteers contribute 98,975 hours of service annually and play important roles as mentors, therapists, and pro bono attorneys.

**HISTORY**
Founded as Travelers Aid and tracing its roots to the Immigrants' Protective League, Heartland Alliance has been helping the most poor and vulnerable people since 1888.

**MISSION**
To advance the human rights and respond to the human needs of endangered populations — particularly the poor, the isolated, and the displaced — by providing comprehensive and respectful services and promoting solutions leading to a more just global society.

**FUNDING**
71% grants and contracts; 18% contributions from individuals, corporations, and foundations; 6% third party revenue and program service fees; 3.8% rental and related revenue; 1% United Way; .2% interest and other income.

**CONTACT**
Bonnifer Ballard, Director of Strategic Communications, 312.660.1314
March 24, 2006

Monica Ochoa, MPH
Community Relations Manager
Chicago Department of Public Health
Office of Public Information
333 S. State Street
DePaul Center, 2nd Floor
Chicago, IL 60604

Dear Ms. Ochoa:

Re: Budget: Date Contract Executed to August 31, 2008

Here is the budget breakdown for services through August 31, 2008 for language services between the Chicago Department of Health and Heartland’s Cross-Cultural Interpreting Services.

<table>
<thead>
<tr>
<th></th>
<th>FY1</th>
<th>FY2</th>
<th>FY3</th>
<th>Total</th>
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<tr>
<td>Total Costs</td>
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<td>$52,000</td>
<td>$53,000</td>
<td>$150,000</td>
</tr>
</tbody>
</table>

Should you have any questions, please feel free to contact me at 773.751.4095 or at ecolon@heartlandalliance.org.

Sincerely,

[Signature]

Elizabeth Colon, Director
Christine Kosmos  
Chicago Department of Health  
333 S. State Street, Room 200  
Chicago, IL 60604  

Reference: Cooperative Agreement No. U90/CCU517008-06  
Public Health Emergency Preparedness  

Dear Ms. Kosmos:

Enclosed is your continuation award for the Public Health Emergency Preparedness program under Program Announcement Number AA154.

The Project Officer listed on the enclosed Contact List will be responsible for the review and programmatic monitoring of your assistance award. The Grants Management Officer, also listed, has been assigned the business management responsibilities for your award. Any correspondence directed to this office should include the original and two copies and reference the award number given above. It should be addressed to Angela Webb, Grants Management Officer, Acquisition and Assistance Branch VI.

All requests which require prior approval of the Grants Management Officer (i.e. redirection, carryover, contracting, etc.) must be co-signed by the Project Director and an official of your business office and should contain sufficient information to process such requests. If this procedure is not followed, your request will be returned unprocessed.

An annual Financial Status Report (FSR) must be submitted within 90 days after the end of the budget period and should include only funds authorized and expended during the budget period for which the report is being submitted. Please note page 2 of the award for the submission of progress reports.

If you have any questions concerning this award, please contact the appropriate individuals listed on the contact list in the Notice of Cooperative Agreement.

Sincerely,

[Signature]
Sharon Robertson  
Grants Management Officer  
Acquisition and Assistance Branch VI  
Procurement and Grants Office

Enclosures

cc: Business Office  
Van King/DSLRA
DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION
NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZED (LEGISLATION/REGULATION)

PHS301(A)317(K)(1)(2)319 42USC241(A)

PROJECT (OR PROGRAM)

IC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM

EE NAME AND ADDRESS
CAGO DEPARTMENT OF HEALTH
URY COMMISSIONER
OUTH STATE STREET, ROOM 200
CAGO, IL 60604-3972

ROUSED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

ANT FUNDS ONLY
PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL
ATION

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12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.0).... $12,816,598
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIOD.... 0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD.... 0
D. AMOUNT OF FINANCIAL ASSIST THIS ACTION $12,816,598

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)

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<td>C. 9</td>
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14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE.... 0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIOD.... 0
C. LESS CUMULATIVE PRIOR AWARD(S) FROM THIS BUDGET PERIOD.... 0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION.... 0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F. FOR 45 CFR 82.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES:
(SELECT ONE AND PUT LETTER IN BOX.)
A. DEDUCTION
B. ADDITIONAL COSTS
C. MATCHING
D. OTHER RESEARCH(S)/MATCH/Deductible Option
E. OTHER (SEE REMARKS)

ARMS LOBBY TERMS AND CONDITIONS ATTACHED: YES NO

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

GRANTS MANAGEMENT OFFICER (SIGNATURE)
SHARON H. ROBERTSON

OBJ. CLASS: 41.51
FY-CY:

DOCUMENT NO:
ADMINISTRATIVE CODE:
SUMMARY AWARD
A. CCU517008 05-217008 05-213367 05-21027R D. 2,150,000 10,666,598
A. CCU517008 05-217008 05-213367 05-21027R D. 2,150,000 10,666,598
DIRECT ASSISTANCE BUDGET:

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<tr>
<td>VACCINE</td>
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</tr>
<tr>
<td>OTHER SERVICE</td>
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</tbody>
</table>
Terms and Conditions

1. **INCORPORATION:** Program Announcement Number AA154, entitled “Public Health Emergency Preparedness” and the application dated July 12, 2005, are made a part of this award by reference.

2. **INDIRECT COST RATES:** Indirect costs are issued at 10.49% based on the certification signed by the City of Chicago Comptroller on April 21, 2005.

3. **FUNDING:** Attached is a spreadsheet that reflects total funding (financial assistance and any direct assistance) for your budget period 06 award.

**Cities Readiness Initiative (CRI):** This award includes $2,150,000 to ensure that selected cities are prepared to provide oral medications during an event to 100 percent of their affected populations. This generally will entail enhancing each city’s capability to establish a network of points of dispensing (POD) staffed with trained/exercised paid and/or volunteer staff. In the wake of a catastrophic bioterrorism event, even the largest POD network that the jurisdiction is capable of mounting on its own may be insufficient to protect its citizens - in which case, the grantee may elect to request staff and other resources from the Federal Government to augment the POD network or to deploy elements of the United States Postal Service to complement the POD network with direct delivery of antibiotics to residences.

**Flu Vaccine:** All grantees that plan to use Bioterrorism Cooperative Agreement (BTCA) funds to purchase flu vaccine for use in bioterrorism vaccination exercises must follow the CDC guidance effective August 1, 2004. Please note that all requests to use BTCA funds to purchase flu vaccine for use in bioterrorism vaccination exercises must be approved by the grantee’s CDC project officer.

4. **REVIEW SUMMARY:** Please see the Review Summary included with the Notice of Award for any specific disapprovals, restrictions, or items requiring additional information.

**AWARD RESTRICTIONS:** $37,500 of your award is restricted. Please submit your request to release restrictions via the DSLR MIS by November 30, 2005.

5. **REPORTING REQUIREMENTS:** NOTE - Pay particular attention to the enclosed Review Summary. A reply is required to all weaknesses by November 1, 2005.

**Quarterly Progress Reports** - Progress reports for activities undertaken in this budget period, as well as special topics related to the goals and objectives, are due on January 15, 2006 (for activities undertaken August 31-November 30, 2005), April 15, 2006 (for activities undertaken December 1, 2005-February 28, 2006), July 15, 2006 (for activities undertaken March 1-May 30, 2006). These reports must be submitted through the DSLR MIS. CDC will provide templates for these reports to assess program outcomes related to activities undertaken in this budget period. In addition, you may be required to submit information upon request based on changing threat status or national security priorities.


**Final Reports** - An original and two copies of the final FSR is due to the Grants Management Officer named below by November 30, 2006. Final project reports (for activities from June 1-August 30, 2006) should be submitted through the DSLR MIS by November 30, 2006.
6. **CORRESPONDENCE:** All correspondence regarding this award must be identified with the award number as shown at the top right of this page.

7. **PRIOR APPROVAL:** All requests which require prior approval must bear the signature of an authorized official of the business office of the grantee organization as well as the principal investigator or program or project director. Any requests received which reflect only one signature will be returned to the grantee unprocessed.

8. **INVENTIONS:** Acceptance of grant funds obligates recipients to comply with the standard patent rights@ clauses in 37 CFR 401.14.

9. **PUBLICATIONS:** Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant/Cooperative Agreement Number U90/CCU517005-06 from CDC. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

10. **EQUIPMENT AND PRODUCTS:** To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.

11. **ACKNOWLEDGMENT OF FEDERAL SUPPORT:** When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.

12. **FRAUD, WASTE OR ABUSE HOTLINE NOTICE:** For your information, the United States Department of Health and Human Services Inspector General maintains a toll-free telephone number, 800-368-5779, for receiving information concerning fraud, waste or abuse under grants and cooperative agreements. Such reports are kept confidential, and callers may decline to give their names if they choose to remain anonymous.

13. **AUDIT REQUIREMENT:** You must comply with the audit requirements of OMB Circular A-133, Audits of State, Local Governments and Non-Profit Organizations, revised June 30, 1997, which rescinded OMB Circular A-128. Audits of State and Local Governments. It is very helpful to CDC managers if you choose to send a courtesy copy of completed audits and any management letters on a voluntary basis to the following address:

   Centers for Disease Control and Prevention (CDC)
   ATTN: Audit Resolution, Mail Stop E-15
   2920 Brandywine Road
   Atlanta, Georgia 30341-4146

   You are required to ensure that subrecipients receiving CDC funds also meet the requirements of A-133 (total Federal grant or cooperative agreement funds received exceed $300,000). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of the your
own records. If a subrecipient is not required to have an OMB A-133 audit, you are still required
by OMB A-133 to perform adequate monitoring of subrecipient activities. You should require
each subrecipient to permit independent auditors to have access to the subrecipient’s records and
financial statements. **YOU SHOULD INCLUDE THESE REQUIREMENTS IN
SUBRECIPIENT CONTRACTS.**

For technical assistance with audits, you or your auditor may call the DHHS Office of Audit
Services at (800) 732-0679 ext.108, or (816) 374-6714 ext. 108.

14. **PAYMENT INFORMATION:** Payment under this award will be made available through the
Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is
administered by the Division of Payment Management, Program Support Center, HHS. PMS will
forward the **DHHS Manual for Recipients Funded Under the Payment Management System
(PMS)**, PMS-270 and PMS-272 forms.

A. PMS correspondence, mailed through the U.S. Postal Service, should be addressed as
follows: Division of Payment Management, FMS/PSC/HHS, F.O. Box 6021 Rockville,
MD 20852.

B. If a carrier other than the U.S. Postal Service is used, such as United Parcel Service,
Federal Express, or other commercial service, the correspondence should be addressed as
follows: Division of Payment Management, FMS/PSC/HHS, Rockwall Building #1, Suite
700, 11400 Rockville Pike, Rockville, MD 20852.

To expedite your first payment from this award, attach a copy of the **Notice of Grant/Cooperative Agreement** to your payment request form.
15. **CDC CONTACT NAMES:**

**Business and Grants Policy Contact**
Angela Webb, Grants Management Officer
Centers for Disease Control and Prevention (CDC)
Acquisition and Assistance, Branch VI
2920 Brandywine Road, Room 3000
Atlanta, GA 30341-4146
Telephone: 770-488-2784; FAX: 770-488-2670
Email: aqw6@cdc.gov

**Programmatic Contact**
John Scott, Project Officer
Division Office of State & Local Readiness
Office of Terrorism Preparedness and Response
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road, NE, Mailstop D-29
Telephone: (404) 639-7441
Atlanta, GA 30333
Email Address: jps5@cdc.gov
## CHICAGO

**Public Health Emergency Preparedness—Program Announcement AA154-Budget Year 06**

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## Direct Assistance

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**TOTAL AWARD** $10,666,598
Schedule of Compensation
Heartland Alliance’s Cross Cultural Interpreting Services
(September 1, 2005 to August 31, 2008)

Language assessment exam: oral and written. The exam will assess staff knowledge of interpreting as well as their fluency in their identified second language. The fee for the language assessment is $85.00 per person.

Medical Interpreting Training: The 40-hour medical interpreting training teaches CDPH bilingual staff the code of ethics of interpreters, modes of interpreting, the role of the interpreter, memory development, cultural and ethical dilemmas, cultural competency, etc. Training per person is $500.00.

Translation Services: Health education and marketing material will be translated to at least the following languages: Spanish, Polish, Chinese Vietnamese, Urdu, Arabic, Cambodian, Bosnian, French, Cantonese, Russian, German, Hindu, Japanese, and Mandarin. A retainer of $16,500 has been designated for translations for FY1. Translation fees vary depending on the translation project but a minimum fee of $75.00 has been set for each project.

Interpretation Services: CCIS will provide interpretation services at CDPH determined sites for monolingual residents. The fee per hour is $100 and $5,000 has been identified for this service for FY1.

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<tr>
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<td>$52,000</td>
<td>$53,000</td>
<td>$150,000</td>
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</table>

CCIS will be paid after a set of services has been rendered, for example, the translation of a brochure or the completion of assessment exams. CCIS will submit a voucher to the Comptrollers office after services have been rendered.
January 26, 2006

Monica Ochoa-Delgado, MPH
Community Relations Manager
Chicago Department of Public Health
DePaul Center, 2nd Floor
333 South State Street
Chicago, IL 60604

Dear Monica:

Here is the budget for period September 1, 2005 to August 31, 2008 as requested.

<table>
<thead>
<tr>
<th></th>
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<tr>
<td>B. Medical Interpreter Training</td>
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<td>10,000</td>
<td>10,000</td>
<td>40,000</td>
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<tr>
<td>C. Translations</td>
<td>16,500</td>
<td>30,000</td>
<td>30,000</td>
<td>76,500</td>
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<tr>
<td>D. Interpretation Services</td>
<td>5,000</td>
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<td>11,000</td>
<td>26,000</td>
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<tr>
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Budget Maximum over a three year period: $150,000

Elizabeth Colon, Director
April 10, 2006

Monica Ochoa-Delgado
Community Relations Manager
Chicago Department of Public Health
Office of Public Information
DePaul Center, 2nd Floor
Chicago, IL 60604

Dear Monica:

I understand that you may have some concerns regarding our status as a non-MBE/WBE organization. By highlighting the salient points in the history and motivation of our organization, I hope to better elucidate the truth--that doing business with Heartland's Cross-Cultural Interpreting Services (CCIS) a program of Heartland Health Outreach (HHO) is not only economically feasible, but more importantly, socially admirable.

Since 1888, Heartland Alliance for Human Needs and Human Rights (HA) has been striving to promote human rights and advocate social justice by providing unparalleled support for society's poorest and most vulnerable members. Although the organization may not be minority- or women-owned, it seeks to promote the well-being and dignity of all people: men, women, and children, regardless of race or ethnicity. Commitment to this mission has earned Heartland Alliance a reputation for excellence, corroborated by its selection as the lead agency for the facilitation of aid to Hurricane Katrina victims. As a diverse and dedicated organization, it is clear we are prepared to tackle any task and excel in any endeavor that may come our way.

Heartland Health Outreach (HHO) an affiliate partner of Heartland Alliance mission is to improve the health and disadvantaged populations -- individuals and communities without access to healthcare through the provision of culturally competent, multidisciplinary services designed to prevent illness and improve physical, mental and social well-being, and through advocacy that promotes the right to access comprehensive, integrated systems of care.

As a proud part of Heartland Health Outreach, CCIS has played its own role in developing innovative methods of furthering aid to those members of society may be most vulnerable: the non-English-speaking men and women of Chicago. CCIS aspires to break down language and cultural barriers between two parties, facilitating communication that may be crucial to healthcare or other transactions. As the first organization in Chicago to develop a clearinghouse for both training and assessing interpreters, CCIS has been a leader from the get-go. The organization has undergone monumental growth since its ten years since its inception, and now offers providers access to 140 interpreters in thirty-six languages.

CCIS is also the proud creator of a highly renowned interpretation education program that has successfully trained over 1,000 students in the art and ethics of interpretation. CCIS-employed translators complete this 40-hour training program, and upon successful completion of their examinations, accept assignments to work in the community, legal, or healthcare fields. The
relationship with these interpreters is an extraordinarily successful one on both sides: CCIS gets to work with a group of highly-skilled, professional interpreters, and also is able to provide jobs to many immigrants and minorities. Employment with CCIS gives these individuals the opportunity to utilize their talents and skills to embark upon a challenging yet rewarding career—something they may not have been able to do otherwise. With a success rate of over 95% in assigning these interpreters to providers, CCIS is the premier interpretation service in Chicago.

In addition to providing outstanding interpretation services, CCIS also offers translation services in over 70 languages. CCIS employs only translators accredited by the American Translation Association (ATA) or those who have had over five years of experience in the field. In keeping with commitment to excellence, each document is worked on by two translators to ensure accuracy of terminology, meaning, and tone. We understand that convenience is a high priority for both translation and interpretation; thus we are prepared to offer these services available twenty-four hours a day, seven days a week.

By collaborating with other organizations in the community to identify the newest needs and changes in languages, CCIS is able to consistently guarantee the highest quality interpretation and translation service possible. In addition, a contract with CCIS is also a contract with all of Heartland Alliance, and thus promotes human rights and dignity for those members of our society who need it the most: the poor, the isolated, and the displaced.

Monica, please let me know if there is any additional information that you need. I'm excited about our working together on this project and look forward to starting soon. Please feel free to contact me at 773.751.4095 with any further questions.

Sincerely,

Elizabeth Colón
Director
April 7, 2006

Chicago Department of Public Health
Attention: Monica Ochoa-Delgado, MPH
333 S. State, DePaul Center, 2nd Fl.
Chicago, IL 60604

RE: Request to issue a sole source to Heartland’s Cross-Cultural Interpreting Services of Heartland Health Outreach

Dear Monica,

The Chicago Department of Public Health (CDPH) and Heartland’s Cross Cultural Interpreting Services (CCIS) of Heartland Health Outreach (HHO) have entered into a partnership in which CCIS has agreed to provide services for the CDPH’s Bioterrorism and Emergency Preparedness Program.

This agreement will be executed through August 31, 2008 and will have a maximum compensation of $150,000.00. The deliverables include assessment and training in medical interpreter and medical terminology for CDPH staff who will serve as qualified medical interpreters, translation services for community education and marketing materials in over 70 languages, and interpretation services when requested.

We believe CCIS should be the sole source provider for these agreed activities based on the following facts:

1. CCIS specializes in the translations of Emergency Preparedness materials
2. CCIS has the capacity to translate documents in over 70 languages by using professional translators accredited by the American Translators Associations (ATA) or by professionals with over five years experience in the field.
3. CCIS was the first program of its kind in Chicago to provide a clearinghouse of trained bilingual, bicultural interpreters. Since its inception in 1996, CCIS has trained over 1,000 individuals in the intricacies of interpreting.
4. Last year, CCIS provided over 22,000 interpretation hours to hospitals, schools, not-profits organizations, community-based organizations, social service agencies and businesses.
5. As a program of Heartland Alliance, CCIS is familiar with the City process and has worked with the City of Chicago/CDPH in the past on numerous projects.
6. CCIS was invited to participate in the LEP Task Force convened by the Illinois Department of Human Services to address the language needs of their consumers and has served on numerous multicultural competency committees in Chicago.
7. CCIS is a founding member of the Illinois Association of Healthcare Interpreters (IAHI).

Other factors that strengthen our partnership with CDPH is our availability to be reached 24 hours a day for on-site and telephone interpretation and translations services.
Attached please find additional information which includes a brief description of CCIS and Heartland’s services.

We look forward to our continued partnership. If you require additional information, please contact me at 77.751.4095.

Sincerely,

Elizabeth Colón
Director
SCHEDULE C-1
Letter of Intent from MBE/WBE to Perform
as Subcontractor, Supplier and/or Consultant

Name of Project/Contract: ____________________________
Specification Number: ____________________________

From: ____________________________
(Name of MBE/WBE Firm)

MBE: Yes ___ No X
WBE: Yes ___ No X

To: Heartland Health Outreach and the City of Chicago:
(Name of Prime Contractor - Bidder/Proposer)

The undersigned intends to perform work in connection with the above projects as a:

_____ Sole Proprietor
_____ Partnership
XX Corporation
_____ Joint Venture

The MBE/WBE status of the undersigned is confirmed by the attached letter of Certification from the City of Chicago effective date of ________________ to ________________ for a period of five years.

The undersigned is prepared to provide the following described services or supply the following described goods in connection with the above named project/contract:

Insurance and related risk management

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

$218,352 payable in annual increments.

If more space is needed to fully describe the MBE/WBE firm's proposed scope of work and/or payment schedule, attach additional sheets.

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, and will do so within (3) three working days of receipt of a signed contract from the City of Chicago.

Signature of Owner or Authorized Agent
Charles E. Hison, C.E.O.

Name/Title (Print)
04/06/06

Date
708-333-3378

Phone

Rev 9/03
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

Contract Name
Specification No.

State of Illino is
County (City) of Cook

I HEREBY DECLARE AND AFFIRM that I am duly authorized representative of:

Heartland Health Outreach

Name of Bidder/Proposer

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 (Letters of Certification Attached).

1. 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 certified MBE or WBE firm, attach copy of City of Chicago Letter of Certification. (Certification of the bidder/proposer as a MBE satisfies the MBE goal only. Certification of the bidder/proposer as a WBE satisfies the WBE goal only.)

B. 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 and a copy of Joint Venture Agreement clearly describing the role of the MBE/WBE firm(s) and its ownership interest in the joint venture.

C. MBE/WBE Subcontractors/Suppliers/Consultants:

1. Name of MBE/WBE:

Address:

Contact Person: Phone:

Dollar Amount Participation $

Percent Amount of Participation: %

Schedule C-1 attached? Yes No *

*See next page
### SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

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* All Schedule C-1s and Letters of Certification not submitted with bid/proposal must be submitted so as to assure receipt by the Contract Administrator within three (3) business days after bid opening (or proposal due date.)
**SCHEDULE D-1**  
Affidavit of MBE/WBE Goal Implementation Plan

II. Summary of MBE/WBE Proposal:

A. **MBE Proposal**
   1. MBE Direct Participation (from Section I.)

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   2. MBE Indirect Participation (from Section II.)

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B. **WBE Proposal**
   1. WBE Direct Participation (from Section I.)

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<tr>
<td><strong>Total Direct WBE Participation</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

   2. WBE Indirect Participation (from Section II.)

<table>
<thead>
<tr>
<th>WBE Firm Name</th>
<th>Dollar Amount</th>
<th>Percent Amount</th>
</tr>
</thead>
<tbody>
<tr>
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<td></td>
</tr>
<tr>
<td><strong>Total Indirect WBE Participation</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
SCHEDULE D-1
Affidavit of MBE/WBE Goal Implementation Plan

To the best of my knowledge, information and belief, the facts and representations contained in this Schedule are true, and no material facts have been omitted.

The contractor designates the following person as their MBE/WBE Liaison Officer:
Name: Heidi Nelson
Phone Number: 773.751.4109

I do solemnly declare and affirm under penalties of perjury that the contents of the foregoing document are true and correct, and that I am authorized, on behalf of the contractor, to make this affidavit.

Heidi Nelson
Signature of Affiant (Print) 4/10/06

State of Illinois
County of Cook

This instrument was acknowledged before me on 4/10/06

by Heidi Nelson
as Executive Director
of Heartland Health Outreach & Heartland Alliance

Signature of Notary Public

OFFICIAL SEAL
S Silvern
Notary Public - State of Illinois
My Commission Expires: 12/09/09
City of Chicago
Department of Procurement Services

Application/Information Submitted By:
Vendor Name: God Be Glorified Inc. d/b/a God BC Inc.
Address: 410 West 142nd Street South Holland, IL 60475
Phone: 708-333-2378
Received by: M. Barros

PLEASE NOTE: Schedule A / Cashier's c/o

APPLICATIONS/INFORMATION RECEIVED AFTER 3:00 P.M.
WILL BE PROCESSED AFTER 8:30 A.M. THE NEXT DAY.

WHITE: Vendor Copy  YELLOW: Procurement Dept. Copy  PINK: Certification Division Copy