JUSTIFICATION FOR NON-COMPETITIVE PROCUREMENT

COMPLETE THIS SECTION IF NEW CONTRACT(S)

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

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

This is a request for:_____(One-Time Contract per Requisition # _26466_ copy attached) or ___✓__Term Agreement or _____ Delegate Agency (Check one). If Delegate Agency, this request is for "blanket approval" of all contracts within the
. (Attach List) _____Pre-Assigned Specification No. _____
_____Pre-Assigned Contract No. _____   _(Program Name)_ _____

COMPLETE THIS SECTION IF AMENDMENT OR MODIFICATION TO CONTRACT

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

Contract # _____ Company or Agency Name: _____

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

__Theresa Browley__	__312-747-9556__	_Theresa Browley_ (signature)	__HEALTH__ _5-1-06_
Original Name	**Telephone**	**Signature**	**Department** **Date**

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

( ) PROCUREMENT HISTORY

Please see attached

( ) ESTIMATED COST

Please see attached $3.5 mil + 500,K = $4.mil

( ) SCHEDULED REQUIREMENTS
Please see attached

( ) EXCLUSIVE OR UNIQUE CAPABILITY

Please see attached

06 MAY -2 PH 5:35

( ) OTHER

APPROVED BY: _____ _5-1-06_ _____
Department Head   **Date**   **Board Chairperson**   **Date**
    Or Designee

Non-Competitive Procurement Request for University of Illinois
Center for the Advancement of Distance Education
Chicago Department of Public Health
Emergency Preparedness and Response Program

Procurement History

1. Federal funding requirements stipulated that Illinois needed to ensure 80% of the public health workforce had been assessed for the 9 emergency preparedness competencies created by Columbia University's Nursing program. In partnership with the Illinois Center for Public Health Preparedness, UIC-CADE developed the Learning Managements System for a number of states, cities and centers based on a variety of models. While each Learning Management System shares a common core, each LMS is custom developed to meet the specific needs for each client.

2. This is a continuation of a previous procurement. UIC-CADE has been the only contractor of the Learning Management System since 2002 for CDPH. The UIC-CADE LMS allows CDPH to gather information about the learning needs of our public health workforce and track development. As well as place required and non-required courses on the LMS.

3. There have been no attempts to competitively bid this requirement.

4. A large component of the grant funding allocated to this contract is for the development of the Online Dispensing and Vaccination game Simulation. UIC-CADE is the only entity in the nation developing online game simulations for the public health workforce. CDPH plays a key role in the development of this simulation as our employees will be able to utilize this as a safe environment to master new emergency preparedness skills. CDPH has invested over $500,000 in the LMS which UIC-CADE developed and customized to CDPH specifications. Changing vendors at this point would be inefficient and impractical and would require a long and expensive ramp up time.

5. This request is for a 5-year period.

6. The CDC emergency preparedness grant to date has been reauthorized for a 5 year period.

Estimated cost

1. The estimated cost is $3,500,000 for the 5- year period from 2005-2010. The funding source is the federal Center for Disease Control State and local preparedness grant.

2. The estimated fiscal cost per fiscal years is $695,128.

3. The basis for estimating the cost is an examination of the previous year's contracts and amendments. The current estimate represents an increase from previous budgeted amounts due to the inclusion of the development costs for the online simulation.

4. UIC-CADE has both institutional and historical information relevant to the success of the grant and the expertise required to develop and enhance the LMS and the online game simulation. If we changed vendors at this point we would have to invest a substantial dollar amount which would be duplicating a Learning Management System which has already been developed by UIC-CADE.
5. Negotiation of the price occurred between CDPH Emergency Preparedness and Response Program and UIC-CADE. The estimated cost is deemed reasonable based on historical activities and the desired enhancements to the system.

Exclusive or Unique Capability

1. Please see attached
2. Please see attached
3. Please see attached
4. Please see attached
5. Please see attached
6. Please see attached
7. Please see attached
8. Not Applicable

MBE/WBE Compliance plan

This agreement is with the Board of Trustees of the University of Illinois who request a waiver of the MBE/WBE.

AGREEMENT
Between
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINIOS
Center for the Advancement of Distance Education
And
THE CHICAGO DEPARTMENT OF PUBLIC HEALTH
For
Emergency Preparedness and Response

This Agreement is made and entered into between the **Board of Trustees of the University of Illinois and the Center for the Advancement of Distance Education,** a body corporate and politic whose principal office is at Urbana, Illinois, on behalf of the **Emergency Preparedness and Response Program,** hereinafter referred to as the **UIC-CADE,** hereby enter into an agreement for the Emergency Preparedness and Response Program with the **Chicago Department of Public Health** with principal address at 333 South State Street, Chicago, Illinois, 60604 hereinafter referred to as **CDPH.**

I.   Project Description

The Emergency Preparedness and Response Program is a federally funded program thru the Center for Disease Control. The relationship between **The University of Illinois-Center for the Advancement of Distance Education and the Chicago Department of Public Health** was to ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel and other healthcare providers in preparedness for and response to bio-terrorism, other disease outbreaks, and other public health threats and emergencies, through the use of existing curricula and other sources including schools of public health and medicine, academic health centers, CDC training networks, and other providers.

This partnership will allow for the development of a dedicated unit to provide full time support to **CDPH** to meet the needs as outlined in **Table A. UIC-CADE** will Manage and develop all projects from their offices at UIC. **UIC-CADE** will assist **CDPH** with assessing training needs and develop an ongoing plan for meeting training needs through multiple sources. It will further help to develop the capacity at the state and local public health agency to facilitate or provide education and training sessions and services. It provides access to distance learning capabilities in the form of an identified location to receive satellite broadcasts and a higher level of Internet connectivity, video, and imaging capacity to view live feeds.

Over the next 5 years in collaboration with **UIC-CADE, CDPH** will develop its online training simulation for the dispensing and vaccination center as well as the receiving, storage and staging area for the receipt of the Strategic National Stockpile. **UIC-ADE** will assist **CDPH** with the development of an appropriate training plan and evaluation method for its employees.

II.   SCOPE OF SERVICES

CDPH / Chicago Emergency Preparedness Training Group
Budget/Deliverables Meeting; October 7, 2005, Revised on 10.12.05

I. UIC-CADE will develop 11 roles for the Dispensing/Vaccination Center Simulation (DVC) – 11 roles for this year (bold, indented)

Leadership
OPERATIONS COMMUNICATIONS COORDINATOR (OCC)
        –ON-SITE COORDINATOR (DVC Setup)
        –OPERATIONS SUPPORT COORDINATOR (?)

Clinical
CLINICAL COORDINATOR (CC)*
        –CLINICAL CONSULTANT (CCon)*
        –MENTAL HEALTH WORKER*

Triage
TRIAGE STATION CAPTAIN*
        –TRIAGE – INDIVIDUAL SCREENER
        –TRIAGE – GROUP SCREENER

Forms distribution
FORMS DISTRIBUTION CAPTAIN*
        –FORMS DISTRIBUTOR

Forms review
FORMS REVIEW CAPTAIN
        –FORMS REVIEWER

Dispensing
DISPENSING CAPTAIN*
        –ADULT DISPENSER
        –FAMILY/PEDIATRIC DISPENSER

Clinical support
CLINICAL SUPPORT TEAM CAPTAIN*
        –CLINICAL SUPPORT TEAM MEMBER (for Pan-Flu holding room)

Relief team member
RELIEF TEAM MEMBER

Planning
SITUATION COORDINATOR

REPORTING COORDINATOR
ADMINISTRATIVE SUPPORT STAFF

Logistics
FACILITY COORDINATOR
FACILITY TEAM MEMBER
SUPPLY COORDINATOR
SUPPLY OFFICERS
SUPPLY RUNNERS
IT/COMMUNICATIONS COORDINATOR
CLEAN-UP TEAM MEMBER
Target (minimum): One new role / month (Need to prioritize roles)

> NOTE: Delivery of each new simulation scenario is contingent on timely turnaround time on all of the support materials, examples for didactic and decision tree.

Pandemic flu scenario. A pandemic flu scenario will be added to the simulation, including additional elements specific to the disease, such as quarantine rooms.

DVC Setup. A new simulation interface will be added to the game to include the setup of a DVC. This will include a drag and drop function of the DVC elements, such as tables, cones, caution tape, and signs.

Develop and connect Geographic Information System (GIS) to simulation. This GIS will host exact measurements of a typical dispensing center. It will also enable the importation of real demographic data from the area served by the DVC into the simulation in order to determine setup, supply and flow-through needs.

II. Videos

UIC-CADE will produce a minimum of 7 training/documentation videos, including:

> RSS: Break-down of Med-Packs (May)
> Isolation and Quarantine protocols
> JIT pre-DVC video to be played at the ATC
> Training videos for the defined non-CDPH audience (2)
> Emergency Mobilization Plan for the city of Chicago
> Management Team pre-requisite video - Chris Kosmos in studio (Oct/Nov)

III. Set up Digital media asset library

The digital media asset library will be a searchable database of media assets, including photographs, videos, and other educational materials such as PowerPoint and PDF files. The photographs, PowerPoint and PDF files will be available for full download. The

videos will have short clips available. The entire video footage will be available upon request.

IV. Learning Management System

UIC-CADE will provide technical assistance and instructional design assistance in implementing the LMS. **UIC-CADE** will also help to coordinate pilot studies and evaluation of LMS use, making all necessary enhancements and changes to the LMS to make it more user friendly on both the administrative and the user side. **UIC-CADE** will make any requested changes to the LMS and will provide design documents and requirement specifications for any such changes. **CDPH** will participate in the Learning Management System Partners Group.

The new SCORM compliant Learning Content Management System will be implemented in the spring. LMS development will continue throughout the year.

The rollout schedule for the LMS is as follows:

We will start with 20 people from the CDPH training group for a soft launch, followed by adding 300 CDPH employees. The schedule for the soft launch is as follows:

October 17 - 1st email send to the 20 pilot group; includes information concerning the LMS, their role, schedule of rollout including milestones, and minimum technology specs.
October 24 - 2nd email including step-by-step instructions on creating a profile and customizing username/password
October 31 - 3rd email on taking the self-assessment, enrolling in the pre-requisite course on the Incident Command System
November 7 - Ongoing LMS use; complete the NIMS (IS-700) course
November 14 - Survey sent out to evaluate use of LMS
November 21 - Focus group to get more feedback

The group of 300 will have 6 weeks to fill out the registration, do the self-assessment, the ICS pre-requisite course and the NIMS (IS-700) course. They will be done by January 31, 2006.

The **UIC-CADE** agrees that the data collected and analyzed in this Project is the property of the **CDPH**. **CDPH** will receive hard copies and electronic data files of all data collected. The **UIC-CADE** understands that any analysis, publication or distribution of the data requires the written consent of Christine Kosmos, Deputy Commissioner and Director of Emergency and Response Program. **The CDPH** requests that **CDPH**, the CADE and CDC are acknowledged in any publication, presentation or public distribution of the data.

The **UIC-CADE** will oversee the assessment of the quality and readiness of data to support the evaluation.

The **UIC-CADE** will provide dedicated staff to **CDPH** who will attend emergency preparedness meetings as requested by **CDPH** in terms of planning and informational meetings will provide a quarterly report to the **CDPH** on the progress of deliverables.

The **UIC-CADE** will ensure that the Training Team submits a written evaluation report to the Program Director along with the program progress report for submission to the funding agent the Center for Disease Control

The **UIC-CADE** will facilitate communication relative to the data collection and evaluation activities, and assist in report preparation.

The **UIC-CADE** will ensure that preliminary results are provided to **CDPH** as needed for grant reports.

The **UIC-CADE** will assist the **CDPH** in establishing mechanisms for monitoring, implementation, collection, analysis and reporting of program training data.

Both parties agree to review the scope of service and deliverables for subsequent grant years no later than September 1 of the preceding grant year.

III. DURATION OF CONTRACT/RENEWAL OPTIONS

The term of this agreement shall be from September 1, 2005 through August 31, 2010. Subject to continued funding, this agreement may be automatically renewed by mutual written agreement of both parties until the end of the project period. **CDPH** may terminate this Agreement with 30 days written notice to **UIC-CADE** for the following reason: Your grantor has terminated their agreement with **CDPH** or has rescinded **CDPH**"S capacity to contract with **UIC-CADE**. Under these circumstances, **CDPH** shall pay the **UIC-CADE** only for those services and system access provided prior to the termination date **UIC-CADE** shall refund to **CDPH** any prepayment accordingly.

IV. ADMINISTRATION OF CONTRACT

Program: **Contractual:**

Theresa Browley, PHN III
Clinical Nurse Educator
Chicago Department of Public Health

333 South State, Room 200
Chicago, Illinois 60604
(312) 747-9556

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

IV.   COMPENSATION

The **University** agrees to fulfill the responsibilities detailed in this contract for the $695,128 subject to the final approval of the budget by the Center for Disease Control. The parties agree to review the proposed budget for subsequent years no later than July 30 of the each year of the contract. All parties agree that the final budget for evaluation activities in subsequent years is subject to the availability of funds for the total project.

Method of payment

To receive payment The **UIC-CADE** will invoice **CDPH monthly** in the amount of $57,927 detailing the project worked on, description of the services rendered and percentage of completion of the project. CDPH will pay the invoice within 60 days after receipt of the invoice.

Schedule of Compensation

09/01/05	-	08/31/06	$695,128
09/01/06	-	08/31/07	$695,128
09/01/07	-	08/31/08	$695,128
09/01/08	-	08/31/09	$695,128
09/01/09	-	08/31/10	$719,488

Compensation includes all expenses whatsoever the agency incurs; and the maximum compensation must not exceed $3,500,000 over the five years period.

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

Table A- see attached

**Non-Competitive Procurement Request for University of Illinois
Center for the Advancement of Distance Education
Chicago Department of Public Health
Emergency Preparedness and Response Program**

Procurement History

1. Federal funding requirements stipulated that Illinois needed to ensure 80% of the public health workforce had been assessed for the 9 emergency preparedness competencies created by Columbia University's Nursing program. In partnership with the Illinois Center for Public Health Preparedness, UIC-CADE developed the Learning Managements System for a number of states, cities and centers based on a variety of models. While each Learning Management System shares a common core, each LMS is custom developed to meet the specific needs for each client.

2. This is a continuation of a previous procurement. UIC-CADE has been the only contractor of the Learning Management System since 2002 for CDPH. The UIC-CADE LMS allows CDPH to gather information about the learning needs of our public health workforce and track development. As well as place required and non-required courses on the LMS.

3. There have been no attempts to competitively bid this requirement.

4. A large component of the grant funding allocated to this contract is for the development of the Online Dispensing and Vaccination game Simulation. UIC-CADE is the only entity in the nation developing online game simulations for the public health workforce. CDPH plays

a key role in the development of this simulation as our employees will be able to utilize this as a safe environment to master new emergency preparedness skills. CDPH has invested over $500,000 in the LMS which UIC-CADE developed and customized to CDPH specifications. Changing vendors at this point would be inefficient and impractical and would require a long and expensive ramp up time.

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2. The estimated fiscal cost per fiscal years is $695,128.
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Exclusive or Unique Capability

1. Please see attached
2. Please see attached
3. Please see attached
4. Please see attached
5. Please see attached
6. Please see attached
7. Please see attached
8. Not Applicable

MBE/WBE Compliance plan

This agreement is with the Board of Trustees of the University of Illinois who request a waiver of the MBE/WBE.

UNIVERSITY OF ILLINOIS
AT CHICAGO

School of Public Health (MC 923)
Center for the Advancement of Distance Education
1603 West Taylor Street, 10th Floor
Chicago, Illinois 60612-4394

Chicago Department of Public Health
Attention: Theresa Browley
Email: Browley_Theresa@cdph.org
333 S. State 2nd Fl
Chicago, Illinois 60604

October 25, 2005

RE: Request to issue a sole source contract to UIC-CADE for Emergency Preparedness Training and Education

Dear Theresa,

The Chicago Department of Public Health (CDPH) and the Center for Advancement of Distance Education (CADE) in the School of Public Health at the University of Illinois at Chicago have entered into a partnership in which CADE has agreed to provide a dedicated unit, the Chicago Emergency Preparedness Training Group, which will offer full time staff support to address emergency preparedness training and education needs requested by CDPH.

The specific activities to be addressed during the current funding period of September 1, 2005 - August 31, 2006 are outlined in the document that lists the deliverables. The deliverables detail how CADE staff will develop the DVC simulation; produce requested videos; set up a digital media asset library; and provide technical assistance to customize and implement the learning management system (LMS).

We believe that CADE should be the sole source provider for these agreed upon activities based on the following facts, collectively.

1. CADE has a history of working with CDPH since 2002; CDPH has invested over $500,000 in the Learning Management System. CADE developed and customized the CDPH LMS.
2. CDC approved redirecting CDPH carry-over funds of $313, 000 to be used by CADE to develop the online Dispensing and Vaccination Center simulation, training videos and the Learning Management System implementation and development.
3. CADE is the only Public Health Training Center currently developing public health simulations and the only one doing this in Chicago.
4. CDC supports CADE's involvement with the simulation development.
5. Changing vendors at this point would be inefficient and impractical and would require a long and expensive ramp-up time.
6. CADE has identified dedicated staff that is ready and available to work on the specified activities; travel to CDPH regularly to meet face-to-face and provide updates on progress; and, to complete the project by the 8/30/06 deadline.
7. CADE has an extensive background in technology applications related to public health. (See attachment for more detail on resources and services)
8. CADE employs highly skilled technical staff along with public health professionals. Staff includes simulation programmers, LMS programmers, epidemiologists, GIS programmers, GIS experts, multimedia professionals, information architecture specialists, instructional designers, online game designers, and graphic designers. (Credentials will be provided upon request.)
9. CADE has worked with the CDC since 1997 and CADE was a subcontractor with the Illinois Public Health Preparedness Center in 2000, when it was one of the first four such Centers funding by CDC to address preparedness training.
10. CADE is familiar with CDC reporting requirements for funded activities.
11. CADE developed a customizable Learning Management System (LMS) for the Illinois Public Health Preparedness Center and the online courses available on the LMS.
12. CADE developed and customized the LMS for public health departments in 4 states.
13. CADE staff manages the education and training activities of the Illinois Public Health Preparedness Center and the Mid-America Public Health Training Center.

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Center for the Advancement of Distance Education
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Chicago, Illinois 60612-4394

Other factors that strengthen this partnership between CDPH and CADE are related to the fact that CADE is housed at the School of Public Health at the University of Illinois at Chicago (UIC). The attachment to this letter includes a brief description of UIC and CADE's resources. It is followed by a more detailed description of all related CADE services.

Termination terms: CDPH may terminate this Agreement with 30 days written notice to CADE for the following reasons: Your funder has terminated their Agreement with CDPH, or has rescinded CDPH's capacity to contract with the University. Under these circumstances, CDPH shall pay the University only for those services and System access provided prior to the termination date. University shall refund to CDPH any prepayment accordingly.

We look forward to our continued partnership. If you require any additional information, please contact us.

Sincerely,

4/28/06

Colleen Monahan, DC, MPH, Director
UIC-SPH-Center for the Advancement of Distance Education (CADE)
http://www.uic.edu/sph/cade
312-515-1360
cmonahan@uic.edu

cc

Victoria Wiebel, MPH, Assistant Director
CADE - Public Health Workforce Development
Illinois Public Health Preparedness Center
UIC School of Public Health
Phone: (312) 996-6531
E-mail: vikki@uic.edu

Kevin Q. Harvey Manager, CDPH Training Group
Center for the Advancement of Distance Education (CADE)
UIC School of Public Health
University of Illinois at Chicago
Phone: (312) 413-0102
E-mail: kqharvey@uic.edu

Mary Jo Kuffner, Asst. Director of Administration
University of IL at Chicago School of Public Health
Center for Advancement of Distance Education
Phone (312) 996-6981
Email: kuffner@uic.edu.

Attachment follows

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UNIVERSITY OF ILLINOIS
AT CHICAGO

School of Public Health (MC 923)
Center for the Advancement of Distance Education
1603 West Taylor Street, 10th Floor
Chicago, Illinois 60612-4394

Attachment to Sole Source Provider Letter

UIC AND CADE RESOURCES

University of Illinois at Chicago and the Illinois Medical District

The University of Illinois at Chicago (UIC) is the largest institution of higher learning in the Chicago area and one of the top seventy Research 1 universities in the United States. The UIC campus comprises more than seventy buildings on approximately 187 acres. UIC has 25,000 students, 12,000 faculty and staff, and 15 colleges. UIC is recognized nationally and internationally for its research strength and its first-rate student education. UIC offers 88 bachelor's, 86 master's and 58 doctoral degree programs.

CADE is located at the eastern edge of the Illinois Medical District, the world's largest concentration of advanced public and private health care facilities. The District includes 560 acres of medical research facilities, labs, biotech business incubator, raw development area, universities, and over 40 healthcare related facilities. The IMD generates approximately $220 million in research annually and is the nation's largest urban medical district. It holds the nations' largest college of medicine (UIC's College of Medicine) and is the State of Illinois' largest biotechnology/medical complex.

Center for the Advancement of Distance Education (CADE)

CADE develops distance learning solutions to facilitate and improve training, communication, and collaboration among health professionals, students, and members of the general public. CADE provides expertise across the full spectrum of development processes to support successful online learning and research data initiatives. Our flexibility and breadth ensures that we deliver the right combination of system features and services to meet the strategic interests of our clients. CADE specializes in services and development activities in seven core categories.

1. Distance Learning Development
2. Webcasting and Multimedia Production
3. Web Site Design and Development
4. Information and Administrative Systems Development
5. Research Data Management
6. Public Health Workforce Development
7. Computers, Servers and Data Integrity

Computers, Servers and Data Integrity

Computers and Servers
CADE's web servers host web sites, online databases, asynchronous conferencing, live synchronous conferencing, audio and video streaming, online survey deployment, web site statistical tracking and analysis software. In addition to the applications developed internally, we also support a host of third-party applications. These include Lotus LearningSpace (content management), Arc IMS (geocoding), Helix Universal Server (media streaming), SSL using Thawte Server Certificates, ActivePDF (generating PDF files from active databases), Browserhawk (user system detection and analysis), TestTrack Pro (issue tracking), and SAS/IntrNet (data analysis). CADE primarily uses UIC's OC-3 (155mbps) connection for Internet connectivity but still maintains complete operational control over its internal network infrastructure.

To protect the privacy of database records and the integrity of our network, CADE servers are firewall protected and are stored in a locked server room. The server room has three sources of air conditioning to provide redundancy and maintain optimal temperature. Monitoring software automatically notifies the Network and Server Administration staff via telephone and e-mail if temperature, humidity or power thresholds are exceeded.

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1603 West Taylor Street, 10th Floor
Chicago, Illinois 60612-4394

All CADE servers are constantly scanned for the presence of any viruses. A complete virus scan of all workstations also takes place once a week. Server system log files are scanned for unusual activity, which is immediately investigated. Network and Server Administration staff applies critical and non-critical patches as needed.

Data Integrity
CADE employs extensive data backup and server redundancy procedures. We perform full backups to tape weekly of all servers, along with incremental and daily backups.

CADE SERVICES

Distance Learning Development

Services and applications that support the delivery of training by integrating instructional design principles and adult learning theory.
>   Web-based Training Modules
>   Learning Management Systems
>   Registration Systems
>   Online Quiz and Survey Composer
>   Courseware Development
>   Distance Learning Training and Consulting
>   CD-ROM Production

CADE has extensive experience developing distance learning modules and applications. Our approach is customized to the specific training objectives of each project, but rooted more generally in learning sciences theory and cognitive approaches to human-computer interaction. CADE has developed web-based training on subjects ranging from pediatric oral health management, to BMI-for-age growth charts, to bioterrorism and emergency outbreak risk assessment, to genetics and family medicine, to women's health and retail pharmacy. Our modules strategically blend text, graphics, multimedia, activities and self-assessment for users with varying learning styles. Constructing user pathways and interweaving instructional topics underlies our methodology for optimizing learning sequences.

CADE's Learning Management Systems are web-based applications through which training content is delivered and managed. They provide functionality for cataloging and launching courses, registering users, tracking user progress and assessing user learning. CADE also builds registration systems—complete with personal logins and certification—and online quiz and survey composer applications.
For greater stand-alone portability, we develop self-starting CD-ROM training modules that don't require internet connectivity. These CD-ROMs can contain graphics, video, self-assessment and resource toolkits and can be custom printed to match the branded identity of the learning campaign.

Learning Management Systems
How can you quickly and effectively prepare a public health workforce for bioterrorist attacks or unexpected emergency health incidents?

An LMS is a web-based application through which training content is delivered and managed. It includes functionality for cataloging and launching courses, registering users, tracking user progress and assessing user learning. The LMS uses a browser interface to display a public front-end for the learner and a private back-end for administrators and instructors. It seamlessly displays real-time information, drawn from a secure database, within a graphically attractive and user-friendly interface. Competency-driven assessment and course

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associations are integrated in the system, as are online quizzing and evaluation processes. The result is measurement and reporting of training progress that is both accurate and automated.

The LMS can be custom programmed to meet the specific needs of the state agency. To optimize the learning value of the system, an agency may want to identify workers who required training in particular competencies. One can also instantly create a roster of those workers, sortable by public health role, to determine what targeted training to provide to specific groups based upon need.

Federal funding requirements stipulated that Illinois needed to ensure that 80% of its workforce had been assessed for competencies associated with their professional roles by the end of the first year of implementation. As evidenced in the LMS's extensive administrative reporting features, over 85% of the 5,500 local health department workforce had been assessed by that benchmark. To help meet that objective, CADE provided face-to-face training and consultation sessions with all county and local health departments on how to use the system and optimize tasks. These meetings also generated valuable client feedback, which is being incorporated into future upgrades and feature enhancements.

"The CADE LMS has provided us with the opportunity to gather information about the learning needs of the public health workforce from both the state agency perspective and the broader public health system in local communities," says Gina M. Swehla, Chief of the Division of Human Resources at IDPH.

In partnership with the Illinois Center for Public Health Preparedness, CADE has developed LMS's for a number of states, cities and centers on a variety of models: Iowa Department of Public Health; Iowa Center for Public Health Preparedness; Missouri Department of Health and Senior Services; St. Louis University Center for Public Health Preparedness; Chicago Department of Public Health; Indiana State Department of Health; Mid-America Public Health Training Center. While they share a common core, each LMS is custom developed to meet the specific feature needs, user expectations, and public health objectives of the client.

Features

    Browser-based interface, available over the web
    SQL server databasing, ASP.NET programming
    Scalable and stable
    Secure data
    Supports online and face-to-face training options
    Centralizes course and learner administration
    Convenient reporting and learner assessment
    Course recommendations linked to competencies and assessment results
    Intuitive and user-friendly
    Fully developed and tested
    Built-in certification, quizzing, evaluation
    Course sharing with other systems
    For the learner: E-mail confirmation, view history, self-assessment by competency
    Calendars, FAQs, mass e-mails to subgroups and customized e-mails
    Multiple levels of administration permit customization beyond standard course administrator and global administrator; cascading system of read/modify/approve rights based on administrative level
    Asynchronous dialogue course approval process for administrators
    Individually branded interface
    SCORM compliant
    Section 508 compliant

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Chicago, Illinois 60612-4394

Webcasting and Multimedia Production

Engaging real-time and on-demand learning experiences and customized interactive communications opportunities.
  Live Interactive Webcasting
  On-Demand Webcasts and Presentations
  Webconferencing, Videoconferencing and Audioconferencing
  Conference Recording and Online Archiving
  Audio and Video Production and Editing
  CD-ROM Production

CADE has been streaming video and audio over the web since 1997. We bring a wealth of expertise and creative and technical insight to our webcasting and multimedia projects. Our webcast services are performed by premier media specialists using state-of-the-art digital production facilities.

Production Studio
CADE's production studio is fully equipped for live video production and sound booth audio recording. The studio includes facilities for capturing remote audio and video and streaming it over the internet. Two Polycom 512 units provide ISDN and IP videoconferencing. A ten-foot satellite dish can downlink any North American C- or Ku-band signal. Two Gentner telephone couplers permit capturing or sending audio via a telephone. A ProTools hardware device captures audio directly into digital file format. Two full AV racks allow input/output in DVCAM, DV and S-VHS video formats. Six Hewlett Packard networked workstations enable the monitoring and managing of two simultaneous live webcasts.

Production Equipment
CADE has an extensive inventory of video and audio production equipment. This includes digital still and video cameras, switchers, lighting, cables, microphones, tripods and mixers. We have full travel capabilities to permit field production from any location.

Video and Audio Editing Studios
CADE's video editing studio has four workstations in both Mac and PC platforms. Two workstations have AVID Express DV with Mojo for video editing for the web. A compositing workstation permits motion graphic rendering and effects using Adobe After Effects, as well as CD-ROM interface construction using Macromedia Authorware. The audio editing suite has Digidesign ProTools 24 MIX+ connected to a Human User Interface (HUI) and two Digidesign ProTools 001 workstations. These are routed to DAT recorders, minidisk recorders, cassette recorders, a telephone coupler, CD player and compressor/limiters.

To meet the specific interests of its target audience, CADE has developed its own full-feature webcasting and webconferencing system: CADEmedia. CADEmedia integrates registration, event delivery, archiving, technical support, evaluation and reporting. It is designed to deliver complex presentations to a wide audience in a manner that is not technologically intimidating to the end user. CADEmedia is database-driven and customizable, resulting in a flexible presentation delivery mechanism that can meet a variety of training and communication needs. Our live webcasts can be archived and integrated seamlessly with dynamic web sites.

CADE devises a media delivery approach to match the outcome objectives of each project or event. We regularly run synchronous online collaborations, operate international videoconferences and audioconferences, and develop self-launching multimedia CD-ROMs and DVDs. CADE frequently travels to record and archive conferences online.

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Web Site Design and Development

Attractive, user-friendly sites and systems that deliver messages clearly and provide enhanced online functionality.
> Site Design and Development
> Web-based Training Modules
> Online Conference Archives
> Learning Management Systems
> Content Management Systems

Clearly defined objectives and attentive project management lie at the core of every successful online endeavor. CADE provides the creative vision and process oversight to ensure that web sites are developed according to their core objectives and maximize their impact following their launch. This process includes designing an engaging and user-friendly interface, incorporating a set of features that achieves the necessary functionality without distracting visitors from the site's primary intent, and constructing a clear development plan to guide the project.

We provide the entire solution: graphic design, project management, editorial and copywriting services, brand and identity development, and integration with print collateral. We help our clients coalesce their ideas and clarify their objectives. We provide a thorough work process that reinforces intended outcomes through appropriate communication channels. We bring years of experience building sites for diverse internet audiences to every stage of development: assessment, planning, creation, delivery, and evaluation.

CADE creates standalone web sites for organizations, centers, schools and colleges. These can include <u>static pages or dynamic, database-driven content</u>. We also specialize in integrating interface design and functionality with <u>online systems</u>, <u>media streaming</u>, and <u>research data collection and analysis</u>.

Information and Administrative Systems Development

Feature-rich systems and applications that support advanced reporting, evaluation and training management for learners, administrators, and instructors.
> Learning Management Systems
> Content Management Systems
> Intranet Development
> Online Quiz and Survey Composer
> Course Evaluation Systems
> Proposal Tracking Systems

CADE develops powerful and effective information and administrative systems. Our combined technical expertise and project management skills help to produce sophisticated online applications that empower administrators and benefit users. We specialize in assisting our clients with scope development and project organization, since we don't believe off-the-shelf products can meet the requirements of complex data infrastructures. Each of our projects involves individualized project oversight and custom software development.
CADE's information and administrative systems range from <u>Learning Management Systems</u>, to resource-rich intranets, to online quizzing and evaluation applications integrated into registration and certification systems. We've developed systems to track proposals, monitor and administer certificate approval processes, and allocate personnel and facility resources. This has resulted in more efficient processes and time-saving techniques.

Our attractive system hosting and maintenance packages let us manage your technical needs after the development phase, so that you can continue to concentrate on pursuing your core objectives.

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Research Data Management

Survey deployment, online evaluations, and customized data management and analysis solutions to support research projects.

> SAS/IntrNet Statistical Data Analysis
> Online Data Collection Instrument Development
> Online Course Evaluation Questionnaire (CEQ) Systems
> Research Data Management Consulting
> Geographic Information Systems

Clients look to CADE for reliable online evaluation/survey systems, complex custom data entry tools and analyses, and Geographic Information System (GIS) mapping. The Research Data Management (RDM) group specializes in these services and consults with principal investigators on how to optimize and enhance research plans, survey methods and data analysis. We provide advanced online statistical and spatial analysis, website creation, and result presentation to support research studies.
GIS allows CADE clients to manage their data in a spatial environment and access visual representations of their data. From the internet, clients can log in to a secure website designed specifically for their project needs to view a map of their data or run spatial queries. CADE can also generate thematic maps illustrating potential relationships between variables.

Our online data management services include SAS/IntrNet reporting for use in data cleaning and preliminary statistical analyses, and administrative databases to enhance data collection and provide real-time reporting. We develop SAS/IntrNet pages with a client interface to permit online data analysis, graphing and trend analysis. CADE's Survey Development Application generates user-friendly online multiple choice, all that apply, tabular, and open-ended questions. Built-in features include skip patterns and field entry validation.

Hours of administrative labor have been saved with our quick, reliable, secure course evaluation system. Instructors and administrators create online evaluations that combine closed and open-ended questions. The system automatically sends email reminders (at administrator-determined frequencies) to those who still need to complete the evaluation, thus ensuring a high response rate. Results are available to administrators and instructors immediately at the conclusion of the evaluation period. Instructors receive email notification when the evaluations are available online. Special surveys can also be programmed through the system and sent to select groups of students or instructors.

Public Health Workforce Development

The Public Health Workforce Development area provides services that support and enhance public health workforce development and preparedness, professional skill advancement, and leadership development. It also offers innovative and customizable technological approaches and solutions to workforce development activities. Projects currently managed within CADE include:

Illinois Institute for Maternal and Child Health Leadership
The Illinois Institute for Maternal and Child Health Leadership (IIMCHL) is a year-long fellowship/certificate program created to teach leadership skills and the assessment, assurance and policy development core functions of public health to persons with leadership potential.

Illinois Maternal and Child Health Data Use Academy
The Illinois Maternal and Child Health Data Use Academy (DUA) certificate program focuses on how to use data effectively in maternal and child health. It addresses MCH epidemiology as applied to both program and policy development, and provides skills-building for the translation of data into action in communities. The Academy is based on the curriculum developed by CityMatCH at the University of

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Nebraska. Academy members are teams representing communities, and they come to the academy with a project intended to advance maternal and child health in their region.

Illinois Public Health Preparedness Center
The Illinois Public Health Preparedness Center (IPHPC) works to enhance the readiness of the public health workforce in responding to routine and urgent public health threats, including bioterrorism events. IPHPC provides for public workforce development through a battery of more than 60 competency-based, completely online courses that are continuously available and offered in a unique self-directed, instructor-led format. The center collaborates with the health departments in the States of Illinois and Indiana and the City of Chicago to develop a comprehensive learning management system for public health workers, and using this expertise to assist health departments and preparedness centers in other states to do the same.

IPHPC also provides staff services to the Public Health Practitioner Certification Board, Inc. (PHPCB) which offers competency-based certification to public health administrators and emergency response coordinators. Its members are appointed by the Illinois Public Health Association (IPHA), the Illinois Association of Public Health Administrators (IAPHA), and the Illinois Association of Boards of Health (IABoH).

Mid-America Public Health Training Center
The Mid America Public Health Training Center (MAPHTC) uses a collaborative, comprehensive, integrated approach to training the public health workforce through competency-based, coordinated public health training programs. MAPHTC was established by a HRSA grant to the University of Illinois at Chicago School of Public Health and Indiana University Department of Public Health.

Mid-America Regional Public Health Leadership Institute
The Mid-America Regional Public Health Leadership Institute (MARPHLI) is an academic-based year-long leadership development experience for public health practitioners and community partners. The Institute has been developed to assist practitioners holding leadership positions at all levels of the public health system to develop greater effectiveness in helping their agencies carry out the core functions of assessment, policy development and assurance.

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Proposed CDPH and UIC-SPH Partnership (2005-2006)

This document proposes a formal Partnership between CDPH and UIC-SPH-CADE (or Center for Public Health Practice/Public Health Preparedness Center) to:

- Develop a dedicated unit to provide full time support to CDPH to meet the needs as outlined in the following tables,
- Work as adjunct CDPH staff,
- Manage and develop all projects from offices on the UIC-SPH offices

We can assist CDPH in the following areas:

- Take care of the training, exercising and evaluating aspects of *Preparedness*, including making corrective changes to materials
- Ensure NIMS compliance and HSEEP Standards in training materials.
- Support competency-based education of public health workers, clinicians, and others critical to emergency response should be planned and implemented based on needs identified through assessments and/or evaluations of performance.

Compensation:

Projected cost is $695,128 per year to be invoiced monthly in the amount of $57,927. Compensation includes all expenses whatsoever UIC-CADE incurs; and the maximum compensation must not exceed $3,500,000 over the five years period starting Aug. 31, 2005 as follows:

Schedule of Compensation

08/31/05 – 08/30/06	$695,128
08/31/06 – 08/30/07	$695,128
08/31/07 – 08/30/08	$695,128
08/31/08 – 08/30/09	$695,128
08/31/09 – 08/30/10	$719,488

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Training and Education Needs

CDC Cooperative Agreement	UIC Role
Outcome 1A: All Hazards Planning (CDC Coop) 5) Increase all-hazard incident management capability by conducting regional, jurisdictional and State training to: a) Include the Emergency Management Independent Study Program, IS 700, "National Incident Management System: An Introduction14" in the training plan for all staff expected to report for duty following activation of the public health emergency response plan and/or staff who have emergency response roles documented in their job descriptions All hazards using the 15 National Planning Scenarios as a guide • Scenario 1: Nuclear Detonation – 10-Kiloton Improvised Nuclear Device • Scenario 2: Biological Attack – Aerosol Anthrax • Scenario 3: Biological Disease Outbreak – **Pandemic Influenza** • Scenario 4: Biological Attack – Plague • Scenario 5: Chemical Attack – Blister Agent • Scenario 6: Chemical Attack – Toxic Industrial Chemicals • Scenario 7: Chemical Attack – Nerve Agent • Scenario 8: Chemical Attack – Chlorine Tank Explosion • Scenario 9: Natural Disaster – Major Earthquake • Scenario 10: Natural Disaster – Major Hurricane • Scenario 11: Radiological Attack – Radiological Dispersal Devices • Scenario 12: Explosives Attack – Bombing Using Improvised Explosive Device • Scenario 13: Biological Attack – Food Contamination • Scenario 14: Biological Attack – Foreign Animal Disease (Foot and Mouth Disease)	**Online Single and Multiplayer Simulation** Develop an innovative training simulation of a dispensing drill that will improve and demonstrate competency in learners to help them save lives. Learners will: • Become competent performing the specific assigned tasks for their role • Identify all equipment necessary for their defined role • Be able to act in the presence of distracters that may affect drill performance • Take an all-hazards approach (but start with pandemic flu?) • Ensure mission integration and interoperability in response to emergent crises across functional and jurisdictional lines. (NIMS) (IN has our LMS and a strong interest in simulation) • Connect with Biowatch, NEDDS, etc (IN and MO have our LMS and are in your Biowatch region) • Could share with IDPH **Develop training scenarios for NEDSS** Develop training scenarios to build into NEDSS (or CHESS) to help with speed to interpretation.

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- Scenario 15: Cyber Attack

Measure:
1) Percent of public health employees who have emergency response roles documented in their job descriptions that are trained in Incident Management

Outcome 2B: Hazard and Vulnerability Analysis (CDC Coop)

2) Decrease the time to intervention by the identification and determination of potential hazards and threats, including quality of mapping, modeling, and forecasting

Measure:
1) Time to recommend public health courses of action to minimize human health threats identified in the jurisdiction's hazard and vulnerability analysis (Target:60 days from identification of risk or hazard).

Outcome 4A: Health Intelligence Integration and Analysis

2) Increase speed of evaluating, integrating, analyzing for, and interpreting health data to detect aberrations in normal data patterns

Outcome 5A: Public Health Epidemiological Investigation

1)Increase the use of efficient surveillance and information systems to facilitate early detection and mitigation of disease

Measure:
1) Time to initiate epidemiologic investigation after initial detection of a deviation from normal disease/condition patterns or a positive "hit" from an early detection device (Target: 3 hours from initial detection)

Outcome 6C: Worker Health Safety

3) Increase the number of public health responders that receive hazardous material training

Develop all pre-event training (OEMC issue)

This encompasses all training of personnel that will be involved in manning an event.

Develop Just-in-time Training (OEMC issue)

This encompasses training that will be provided as an event unfolds. One suggestion was to develop a 30- minute motivational video that could be played at a regional training center before sending staff to dispensing centers. Other training videos could be produced to show to persons in line or in waiting areas about the specific agent being addressed (signs, symptoms, treatment, etc.)

Develop Training for Volunteers (OEMC issue)

This applies to pre –event and just-in-time training but targets non public health workers (school teachers/administrators, etc.)

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Measures:
1) Percent of public health responders that have been trained and cleared to use Personal Protection Equipment (PPE) appropriate for their response roles

Outcome 6E: Mass Prophylaxis and Vaccination
1) Decrease the time needed to dispense mass therapeutics and/or vaccines
      b) Achieve and maintain the Strategic National Stockpile (SNS) preparedness functions described in the current version of the Strategic National Stockpile guide for planners
      c) Ensure that smallpox vaccination can be administered to all known or suspected contacts of cases within 3 days and, if indicated, to the entire jurisdiction within 10 days

Outcome 6F: Medical and Public Health Surge
4) Increase the proficiency of volunteers and staff performing collateral duties in performing epidemiology investigation and mass prophylaxis support tasks
5) Increase the number of physicians and other providers with experience and/or skills in the diagnosis and treatment of infectious, chemical, or radiological diseases or conditions possibly resulting from a terrorism-associated event who may serve as consultants during a public health emergency

Measures:
1) Percent of volunteers needed to support epidemiologic investigation that have been trained
2) Percent of volunteers needed to support mass prophylaxis that have been trained

CDC Preparedness Goal 9: IMPROVE
2) Decrease the time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions

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Measures:
1) Time needed to identify deficiencies in personnel, training, equipment, and organizational structure, for areas requiring corrective actions (Target: 72 hours after a real event or exercise)

Cities Readiness Initiative (CRI)

To increase and enhance readiness of selected cities, in collaboration with State, federal, and private sector partners, to make full and effective use of the SNS in the event of several possible types of catastrophic terrorist attacks for which the SNS contains applicable countermeasures. (Additional geographic areas include: Chicago-Naperville-Joliet, IL-IN-WI) Must be prepared to provide oral medications during an event to their entire population within 48 hours.

Training is identified in all 13 Critical Capacities

Drills and Exercises and Evaluation

During the award year, awardees ability to respond to events will be evaluated through assessments, site visits, drills, exercises, and responses to real events. In year one of this cooperative agreement, CDC will initiate a series of drills to test components of a comprehensive response system. In years 2-5 of this cooperative agreement, CDC will require the demonstration of a broader set of measures that are consistent with the TCLs through full-scale exercises at the State and local level. Further guidance on the development and evaluation of exercises and drills will be forthcoming from CDC. To the extent possible, public health exercises should use standards set by the DHS Homeland Security Exercise Evaluation Program (HSEEP) as well as other recognized exercise programs including those used by the Federal Emergency Management Agency (FEMA) Emergency Management Institute. These exercises should test both horizontal and vertical integration with response partners at the local, tribal, State, and federal level.

LMS Enhancements and Support

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CDC Cooperative Agreement	UIC Role

Outcome 6A: Emergency Response Communications
 	
5) Increase the number of public health experts to support Incident Command (IC) or Unified Command (UC)
 	
Measures:
1) Percent of key stakeholders that are notified/alerted emergency communication system (Target: 90%)
 	
CRI
Reach out and track relevant training of individuals from other agencies
 	
DRAFT Measurement Descriptions and Methods of Data Collection
 	
Measures
1. Percent of public health employees who have emergency response roles documented in their job descriptions that are trained in Incident Management
2. Time to organize a NIMS-compliant medical and public health operations functional area with hospitals that supports:
    • incident epidemiological profiling
    • pre-hospital care
    • medical care
    • mental health
    • hazard threat/disease containment
    • mass casualty care
    (Target: 3 hours of plan activation)
8. Time to have a knowledgeable public health professional answer a disease report call and begin taking the report 24/7/365 (Target: 15 minutes or less)
28. Percent of volunteers needed to support epidemiologic investigation that have been trained
	Add emergency reporting based on who is trained/certified and ready for response. Link this to other systems.
	
	Add features as needed to track and provide training to CRI recipients.
	
	Assist in making sure all staff login and use the LMS...and take an assessment (if required)
	
	Provide CDPH staff training and ongoing technical assistance in the use of the LMS.
	
	Train and register each worker into the LMS.

New Data Systems Development

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CDC Cooperative Agreement	UIC Role
Outcome 1A: All Hazards Planning 3) Increase the number of public health responders who are protected through Personal Protective Equipment (PPE), vaccination or prophylaxis a) Have or have access to a system that maintains and tracks vaccination or prophylaxis status of public health responders in compliance with Public Health Information Network (PHIN) Preparedness Functional Area *Countermeasure and Response Administration*	Develop a system to track persons *vaccinated during an event.* Develop a system that maintains and tracks vaccination or prophylaxis status of public health responders

Research Data Management (epi)

CDC Cooperative Agreement	UIC Role
Outcome 4A: Health Intelligence Integration and Analysis To produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations. **Measures:** 2) Percent of desired non-traditional public health data sources that are currently part of early event detection system (e.g., HMO encounter data, over-the-counter pharmaceutical sales)	Identify and organize non traditional data sets. Assist in developing relevant analysis and linking with standard data sets. Provide evaluative assistance in large scale exercises in order to meet required performance measures.

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Submitted by:

4/28/06

Colleen Monahan, DC, MPH, Director   Date
UIC-SPH
Center for the Advancement of Distance Education (CADE)
http://www.uic.edu/sph/cade
312-515-1360

UIC

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

AUG 3 1 2005

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,

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

Enclosures

cc: Business Office
        Van King/DSLR

08/29/2005	93.283	**DEPARTMENT OF HEALTH AND HUMAN SERVICES**

SEDES AWARD NOTICE DATED _____
ANY ADDITIONS OR RESTRICTIONS _____
IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF COOPERATIVE AGREEMENT

AUTHORIZATION (LEGISLATION/REGULATION)

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

NO.	5. ADMINISTRATIVE CODES
/CCU517008-06	CCU90

ECT PERIOD 8/31/2005	THROUGH	08/30/2010
ET PERIOD 8/31/2005	THROUGH	08/30/2006

.E OF PROJECT (OR PROGRAM)

BLIC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM

NTEE NAME AND ADDRESS
ICAGO DEPARTMENT OF HEALTH
PUTY COMMISSIONER
3 SOUTH STATE STREET, ROOM 200
ICAGO, IL 60604-3972

10. DIRECTOR OF PROJECT(PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
CHRISTINE KOSMOS
DEPUTY COMMISSIONER
333 S STATE STREET, RM 200, CHICAGO DOH
CHICAGO, IL 60604

PPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)

GRANT FUNDS ONLY
L PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL ICIPATION
CE NUMERAL ON LINE) ___ I ___

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE

A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U)......$	12,816,598
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..$	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...$	0
D. AMOUNT OF FINANCIAL ASSIST.THIS ACTION$	12,816,598

RIES AND WAGES............$	4,263,379
GE BENEFITS.............$	1,454,531
TOTAL PERSONNEL COSTS ....$	5,717,910
SULTANT COSTS..................	0
IPMENT...............	286,150
PLIES...............	440,313
VEL...............	91,429
TIENT CARE-INPATIENT.............	0
TIENT CARE-OUTPATIENT...........	0
TERATIONS AND RENOVATIONS..........	0
HER...............	482,553
NSORTIUM/CONTRACTUAL COSTS..........	4,581,427
AINEE RELATED EXPENSES............	0
AINEE STIPENDS............	0
AINEE TUITION AND FEES............	0
AINEE TRAVEL............	0

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

BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 7	12,816,598	D. 10	12,816,598
B. 8	12,816,598	E.	0
C. 9	12,816,598	F.	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)

A. AMOUNT OF PHS DIRECT ASSISTANCE...................$	0
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..$	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD$	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION$	0

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74,SUBPART F,OR 45 CFR 92.25, 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(ADD/DEDUCT OPTION)
E. OTHER (SEE REMARKS)

[B]

TOTAL DIRECT COSTS........$	11,599,782
NDIRECT COSTS (10.49 X OF S&W/TADC) $	1,216,816
TOTAL APPROVED BUDGET...........$	12,816,598
	0
BIR FEE...............$	
EDERAL SHARE............$	12,816,598
ION-FEDERAL SHARE...............$	0

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:
A.THE GRANT PROGRAM LEGISLATION CITED ABOVE. B.THE GRANT PROGRAM REGULATION CITED ABOVE. C.THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS.IF ANY,NOTED BELOW UNDER REMARKS. D.PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E.45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. IN THE EVENT THERE ARE CONFLICTING OR OTHERWISE INCOMSISTENT POLICIES APPLICABLE TO THE GRANT, THE ABOVE ORDER OF PRECEDENCE SHALL PREVAIL. ACCEPTANCE OF THE GRANT TERMS AND CONDITIONS IS ACKNOWLEDGED BY THE GRANTEE WHEN FUNDS ARE DRAWN OR OTHERWISE OBTAINED FROM THE GRANT PAYMENT SYSTEM.

MARKS (OTHER TERMS AND CONDITIONS ATTACHED - ___ YES _X_ NO)

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

S GRANTS MANAGEMENT OFFICER:(SIGNATURE)	(NAME-TYPED/PRINT)	(TITLE)
Sharon H. Roberts	SHARON H. ROBERTSON	GRANTS MANAGEMENT OFFICER

OBJ. CLASS. 41.51		18. CRS.EIN: 1-366005820-A4	19. LIST NO.: CO-101-E05

FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT.ACTION FIN.ASST	AMT.ACTION DIR.ASST
A05-A217S 05-921027R	B. CCU517008	C. CCU90	D. 2,150,000	E. 0
A05-A217S 05-9213367	B. CCU517008	C. CCU90	D. 10,666,598	E. 0
A	B.	C.	D.	E.

(MODIFIED CDC VERSION 10/92)

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 08/29/2005
GRANT NO........: U90/CCU517008-06
APPROVAL LIST NO: CO-101-E05

DIRECT ASSISTANCE BUDGET:
=========================

PERSONAL SERVICE: 0
TRAVEL...........:   0
VACCINE..........:   0
OTHER SERVICE...:   0

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.

   Estimated Financial Status Report (FSR) – An estimated FSR for the period August 31, 2005 through February 28, 2006 is due to the Grants Management Officer named below by **May 30, 2006**.

   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 Astandard 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/CCU017010 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 AAudits 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 Financed 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, P.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. <u>**CDC CONTACT NAMES**</u>:

<u>Business and Grants Policy Contact</u>
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

<u>Programmatic Contact</u>
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

	BASE	EWIDS	CRI	Level 1 Lab	Total
Financial Assistance					
Personnel	$3,956,507	$0	$306,872	$0	$4,263,379
Fringe	$1,356,293	$0	$98,238	$0	$1,454,531
Consultant	$0	$0	$0	$0	$0
Equipment	$34,150	$0	$252,000	$0	$288,150
Supplies	$188,033	$0	$252,280	$0	$440,313
Travel	$82,307	$0	$9,122	$0	$91,429
Other	$342,468	$0	$140,085	$0	$482,553
Contracts	$3,694,147	$0	$887,280	$0	$4,581,427
Total Direct Cost	$9,653,905	$0	$1,945,877	$0	$11,599,782
Total Indirect Cost	$1,012,693	$0	$204,123	$0	$1,216,816
TOTAL--FA	$10,666,598	$0	$2,150,000	$0	$12,816,598
Direct Assistance					
Personnel	$0	$0	$0	$0	$0
Travel	$0	$0	$0	$0	$0
Other	$0	$0	$0	$0	$0
TOTAL--DA	$0	$0	$2,150,000	$0	$0
TOTAL AWARD	$10,666,598				$12,816,598

DPS PROJECT CHECKLIST

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

GENERAL INFORMATION:

Date: 5/2/06
REQ No.: 26466

Contact Person: Maribel Valdez
Tel: 7-8828   Fax: 7-1031   E-mail: @cityofchicago.org

Project Manager: Theresa Browley
Tel: 7-9556   Fax: 7-8835   E-mail: @cityofchicago.org

PO No.: (if known):

Modification No.: (if known):

Previous PO No.: (if known):

Project Description: Emergency Preparedness and Response Training

FUNDING:

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

LINE	FY	FUND	DEPT	ORGN	APPR	ACTV	OBJT	PROJECT	RPTG	$ DOLLAR AMOUNT
001	006	0847	041	4395		0140	0140		05BZ80	695128

Estimated Value $695128

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

SCOPE STATEMENT:

☒ Attached is a Detailed Scope of Services and/or Specification

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

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

TYPE OF PROCUREMENT REQUESTED (check all that apply):

NEW REQUEST
☒ Blanket Agreement
☐ Standard Agreement
☐ Small Orders

MOD/AMENDMENT
☐ Time Extension
☐ Vendor Limit Increase
☐ Scope Change/Price Increase/Additional Line Item(s)
☒ Other (specify): Sole Source

FORMS: ☒ Requisition   ☐ Special Approvals   ☐ Non-Competitive Review Board (NCRB)

CONTRACT TERM: 3yr   **Requested Term (number of months):** 5/15/06   6/31/09

PRE BID/SUBMITTAL REQUIREMENTS:

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

CITY OF CHICAGO
PURCHASE REQUISITION

Copy (Department)

DELIVER TO:	REQUISITION: 26466
041-4395 ADMIN 50 W WASHINGTON Chicago, IL 60601	PAGE: 1 DEPARTMENT: 41 - DEPARTMENT OF HEALTH PREPARER: Maribel E Valdez NEEDED: APPROVED: 3/21/2006

REQUISITION DESCRIPTION
EMERGENCY PREPAREDNESS AND RESPONSE TRAINING
SPECIFICATION NUMBER: 45395

COMMODITY INFORMATION

LINE	ITEM	QUANTITY	UOM	UNIT COST	TOTAL COST
1	94855	695,128.00	USD	0.00	0.00

EMERGENCY PREPAREDNESS AND RESPONSE FOR EDUCATION AND TRAINING TO KEY PUBLIC HEALTH PROFESSIONALS IN THE EVENT OF A BIOTERRORISM ATTACK, DESEASE OUTBREAKS, AND ANY OTHER PUBLIC HEALTH THREATS

SUGGESTED VENDOR: **REQUESTED BY:** Maribel E Valdez

DIST	BFY	FUND	COST CTR	APPR	ACCNT	ACTV	PROJECT	RPT CAT	GENRL	FUTR	Dist. Amt.
1	005	0847	0414395	0140	220140	0000	00000000	05BZ80	00000	0000	0.00
										LINE TOTAL:	0.00

REQUISITION TOTAL: 0.00

Where a commodity is for a particular or unique use other than standard quality, grades, color, size or other characteristics, give details of how it will be and for what purpose.
Requisitions prepared incorrectly will be returned to the using department.

Health Policy & Administration (MC 923)
School of Public Health
1603 West Taylor Street
Chicago, Illinois 60612-4394

University of Illinois-Chicago
Statement of Unique Capacity

The University of Illinois-Chicago (UIC) School of Public Health and College of Business Administration are uniquely qualified to partner with the Chicago Department of Public Health (CDPH) to create a Health Department focused avian influenza business continuity plan. At present, UIC is positioned to provide end-to-end academic and professional consultative services throughout the entire business continuity planning lifecycle from plan development to plan exercises to plan revisions.

Unique Qualifications

UIC has the only fully accredited School of Public Health in Illinois. As such, the faculty possesses the subject matter expertise and the professional experience necessary for a successful collaboration with the Executive Officers, Administration, and professional staff at CDPH. Moreover, the faculty has the expertise to provide an analysis of the readiness of public health workforce in responding to an urgent public health threat like avian influenza, perform environmental policy analysis, organizational behavior pertaining to public health departments, computerized management information systems, cost effectiveness and outcomes of public health services, and economic analysis of public health delivery programs. For example, the Illinois Public Health Preparedness Center (IPHPC) at UIC promotes public health workforce development by linking activities that assess, enhance, verify, and recognize competency in public health practice. As such, the faculty understands public health department business processes and operations and can translate them into avian influenza preparedness and continuity planning.

UIC has a fully accredited College of Business Administration (CBA). The faculty is comprised of world-renowned, award-winning professors who are leaders in their fields. The mission of the College is to be the key educational and research unit in meeting the challenges of the information-driven, process-oriented environment. The element of an information-driven, process analysis coupled with public health application is vital to develop an avian influenza business continuity plan.

UIC School of Public Health and College of Business Administration have partnered to create a fully online master's certificate program in Emergency Management and Continuity Planning. The program's faculty is drawn from academia, public health and emergency management practitioners, and business continuity planners from the private and public sectors.

UIC has partnerships with private sector business continuity professionals who have extensive academic and professional expertise and experience in business continuity/continuity of operations planning lifecycle-- development, implementation, exercise, and revision.

If you should have further questions, I would be happy to discuss them with you. Thank you for your time and consideration.

Best regards,

Kevin Croke, Ph.D.
UIC School of Public Health
312.355.0173
croke@uic.edu

UIC

Health Policy & Administration (MC 923)
School of Public Health
1603 West Taylor Street
Chicago, Illinois 60612-4394

Scope, Budget and Schedule

Activity	Description	Amount	Schedule
Background Information Development	Background information will be developed and a focus group held to establish a range of impacts of influenza on CDPH staffing, required activities and key industry sectors that would need to be included in CDPH business continuity plan. Focus group would involve 3 panelist and 10 participants.	$14,000	Background information development April15-July 15 Focus Group: July 15
Data Collection	Data collection will be undertaken regarding activity levels, staffing, information flow and the responsibility structure at CDPH under non emergency and emergency conditions	$32,000	April15-July 15
Preliminary Response Strategy Evaluation	Preliminary response strategy evaluation. This evaluation would include plans to reallocate staff during emergency, cross training of staff ,introduction of telecommuting plans	$34,000	May15-August15
Template Development	Development of preliminary templates for CDPH and key industry sectors to guide future development of integrated CDPH business continuity plans.	$10,000	July 15-August 15
Focus Groups	Holding 2 focus groups to present information and alternatives to key personnel in CDPH and representatives of key industry sectors. Key activity analysis, strategy alternatives and preliminary planning templates would be presented. The intent of the focus groups is to elicit feedback and buy in for the development of the CDPH business continuity plan	$6,000	August 15-August 21
Summary Recommendations	Development of summary recommendations regarding 2006-2007 actions to create CDPH business continuity plan. The recommendations would include proposed template for CDPH and key sector plans, selection of key industries needed to foster cooperative planning, emergency strategy recommendations and needed exercise development for the completed plan.	$4,000	August 21-September 10
TOTAL		$100,000	

If you should have further questions, I would be happy to discuss them with you. Thank you for your time and consideration.

Best regards,

Kevin Croke, Ph.D.
UIC School of Public Health
312.355.0173
croke@uic.edu

UIC

School of Public Health (MC 923)
Center for the Advancement of Distance Education
1603 West Taylor Street, 10th Floor
Chicago, Illinois 60612-4394

Chicago Department of Public Health
Attention: Theresa Browley Browley_Theresa@cdph.org
333 S. State 2nd Fl
Chicago, Illinois 60604   October 25, 2005

RE: Request to issue a sole source contract to UIC-CADE for Emergency Preparedness Training and Education

Dear Theresa,

The Chicago Department of Public Health (CDPH) and the Center for Advancement of Distance Education (CADE) in the School of Public Health at the University of Illinois at Chicago have entered into a partnership in which CADE has agreed to provide a dedicated unit, the Chicago Emergency Preparedness Training Group, which will offer full time staff support to address emergency preparedness training and education needs requested by CDPH.

The specific activities to be addressed during the current funding period of September 1, 2005 - August 31, 2006 are outlined in the document that lists the deliverables. The deliverables detail how CADE staff will develop the DVC simulation; produce requested videos; set up a digital media asset library; and, provide technical assistance to customize and implement the learning management system (LMS).

We believe that CADE should be the sole source provider for these agreed upon activities based on the following facts, collectively.

1. CADE has a history of working with CDPH since 2002; CDPH has invested over $500,000 in the Learning Management System. CADE developed and customized the CDPH LMS.
2. CDC approved redirecting CDPH carry-over funds of $313, 000 to be used by CADE to develop the online Dispensing and Vaccination Center simulation, training videos and the Learning Management System implementation and development.
3. CADE is the only Public Health Training Center currently developing public health simulations and the only one doing this in Chicago.
4. CDC supports CADE's involvement with the simulation development.
5. Changing vendors at this point would be inefficient and impractical and would require a long and expensive ramp-up time.
6. CADE has identified dedicated staff that is ready and available to work on the specified activities; travel to CDPH regularly to meet face-to-face and provide updates on progress; and, to complete the project by the 8/30/06 deadline.
7. CADE has an extensive background in technology applications related to public health. (See attachment for more detail on resources and services
8. CADE employs highly skilled technical staff along with public health professionals. Staff includes simulation programmers, LMS programmers, epidemiologists, GIS programmers, GIS experts, multimedia professionals, information architecture specialists, instructional designers, online game designers, and graphic designers. (Credentials will be provided upon request.)
9. CADE has worked with the CDC since 1997 and CADE was a subcontractor with the Illinois Public Health Preparedness Center in 2000, when it was one of the first four such Centers funding by CDC to address preparedness training.
10. CADE is familiar with CDC reporting requirements for funded activities.
11. CADE developed a customizable Learning Management System (LMS) for the Illinois Public Health Preparedness Center and the online courses available on the LMS.
12. CADE developed and customized the LMS for public health departments in 4 states.
13. CADE staff manages the education and training activities of the Illinois Public Health Preparedness Center and the Mid-America Public Health Training Center.

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Research Data Management

Survey deployment, online evaluations, and customized data management and analysis solutions to support research projects.

> SAS/IntrNet Statistical Data Analysis
> Online Data Collection Instrument Development
> Online Course Evaluation Questionnaire (CEQ) Systems
> Research Data Management Consulting
> Geographic Information Systems

Clients look to CADE for reliable online evaluation/survey systems, complex custom data entry tools and analyses, and Geographic Information System (GIS) mapping. The Research Data Management (RDM) group specializes in these services and consults with principal investigators on how to optimize and enhance research plans, survey methods and data analysis. We provide advanced online statistical and spatial analysis, website creation, and result presentation to support research studies.
GIS allows CADE clients to manage their data in a spatial environment and access visual representations of their data. From the internet, clients can log in to a secure website designed specifically for their project needs to view a map of their data or run spatial queries. CADE can also generate thematic maps illustrating potential relationships between variables.

Our online data management services include SAS/IntrNet reporting for use in data cleaning and preliminary statistical analyses, and administrative databases to enhance data collection and provide real-time reporting. We develop SAS/IntrNet pages with a client interface to permit online data analysis, graphing and trend analysis. CADE's Survey Development Application generates user-friendly online multiple choice, all that apply, tabular, and open-ended questions. Built-in features include skip patterns and field entry validation.

Hours of administrative labor have been saved with our quick, reliable, secure course evaluation system. Instructors and administrators create online evaluations that combine closed and open-ended questions. The system automatically sends email reminders (at administrator-determined frequencies) to those who still need to complete the evaluation, thus ensuring a high response rate. Results are available to administrators and instructors immediately at the conclusion of the evaluation period. Instructors receive email notification when the evaluations are available online. Special surveys can also be programmed through the system and sent to select groups of students or instructors.

Public Health Workforce Development

The Public Health Workforce Development area provides services that support and enhance public health workforce development and preparedness, professional skill advancement, and leadership development. It also offers innovative and customizable technological approaches and solutions to workforce development activities. Projects currently managed within CADE include:

Illinois Institute for Maternal and Child Health Leadership
The Illinois Institute for Maternal and Child Health Leadership (IIMCHL) is a year-long fellowship/certificate program created to teach leadership skills and the assessment, assurance and policy development core functions of public health to persons with leadership potential. Learn more about the Illinois Institute for Maternal and Child Health Leadership.

Illinois Maternal and Child Health Data Use Academy
The Illinois Maternal and Child Health Data Use Academy (DUA) certificate program focuses on how to use data effectively in maternal and child health. It addresses MCH epidemiology as applied to both program and policy development, and provides skills-building for the translation of data into action in

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communities. The Academy is based on the curriculum developed by CityMatCH at the University of Nebraska. Academy members are teams representing communities, and they come to the academy with a project intended to advance maternal and child health in their region. Learn more about the Illinois Maternal and Child Health Data Use Academy.

Illinois Public Health Preparedness Center

The Illinois Public Health Preparedness Center (IPHPC) works to enhance the readiness of the public health workforce in responding to routine and urgent public health threats, including bioterrorism events. IPHPC provides for public workforce development through a battery of more than 60 competency-based, completely online courses that are continuously available and offered in a unique self-directed, instructor-led format. The center collaborates with the health departments in the States of Illinois and Indiana and the City of Chicago to develop a comprehensive learning management system for public health workers, and using this expertise to assist health departments and preparedness centers in other states to do the same. Learn more about the Illinois Public Health Preparedness Center.

IPHPC also provides staff services to the Public Health Practitioner Certification Board, Inc. (PHPCB) which offers competency-based certification to public health administrators and emergency response coordinators. Its members are appointed by the Illinois Public Health Association (IPHA), the Illinois Association of Public Health Administrators (IAPHA), and the Illinois Association of Boards of Health (IABoH). Learn more about the Public Health Practitioner Certification Board.

Mid-America Public Health Training Center

The Mid America Public Health Training Center (MAPHTC) uses a collaborative, comprehensive, integrated approach to training the public health workforce through competency-based, coordinated public health training programs. MAPHTC was established by a HRSA grant to the University of Illinois at Chicago School of Public Health and Indiana University Department of Public Health. Learn more about Mid-America Public Health Training Center.

Mid-America Regional Public Health Leadership Institute

The Mid-America Regional Public Health Leadership Institute (MARPHLI) is an academic-based year-long leadership development experience for public health practitioners and community partners. The Institute has been developed to assist practitioners holding leadership positions at all levels of the public health system to develop greater effectiveness in helping their agencies carry out the core functions of assessment, policy development and assurance. Learn more about the Mid-America Regional Public Health Leadership Institute.

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Chicago, Illinois 60612-4394

Web Site Design and Development

Attractive, user-friendly sites and systems that deliver messages clearly and provide enhanced online functionality.

      Site Design and Development
      Web-based Training Modules
      Online Conference Archives
      Learning Management Systems
      Content Management Systems

Clearly defined objectives and attentive project management lie at the core of every successful online endeavor. CADE provides the creative vision and process oversight to ensure that web sites are developed according to their core objectives and maximize their impact following their launch. This process includes designing an engaging and user-friendly interface, incorporating a set of features that achieves the necessary functionality without distracting visitors from the site's primary intent, and constructing a clear development plan to guide the project.

We provide the entire solution: graphic design, project management, editorial and copywriting services, brand and identity development, and integration with print collateral. We help our clients coalesce their ideas and clarify their objectives. We provide a thorough work process that reinforces intended outcomes through appropriate communication channels. We bring years of experience building sites for diverse internet audiences to every stage of development: assessment, planning, creation, delivery, and evaluation.

CADE creates standalone web sites for organizations, centers, schools and colleges. These can include static pages or dynamic, database-driven content. We also specialize in integrating interface design and functionality with online systems, media streaming, and research data collection and analysis.

Information and Administrative Systems Development

Feature-rich systems and applications that support advanced reporting, evaluation and training management for learners, administrators, and instructors.

      Learning Management Systems
      Content Management Systems
      Intranet Development
      Online Quiz and Survey Composer
      Course Evaluation Systems
      Proposal Tracking Systems

CADE develops powerful and effective information and administrative systems. Our combined technical expertise and project management skills help to produce sophisticated online applications that empower administrators and benefit users. We specialize in assisting our clients with scope development and project organization, since we don't believe off-the-shelf products can meet the requirements of complex data infrastructures. Each of our projects involves individualized project oversight and custom software development.
CADE's information and administrative systems range from Learning Management Systems, to resource-rich intranets, to online quizzing and evaluation applications integrated into registration and certification systems. We've developed systems to track proposals, monitor and administer certificate approval processes, and allocate personnel and facility resources. This has resulted in more efficient processes and time-saving techniques.

Our attractive system hosting and maintenance packages let us manage your technical needs after the development phase, so that you can continue to concentrate on pursuing your core objectives.

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1603 West Taylor Street, 10th Floor
Chicago, Illinois 60612-4394

Webcasting and Multimedia Production

Engaging real-time and on-demand learning experiences and customized interactive communications opportunities.

> Live Interactive Webcasting
> On-Demand Webcasts and Presentations
> Webconferencing, Videoconferencing and Audioconferencing
> Conference Recording and Online Archiving
> Audio and Video Production and Editing
> CD-ROM Production

CADE has been streaming video and audio over the web since 1997. We bring a wealth of expertise and creative and technical insight to our webcasting and multimedia projects. Our webcast services are performed by premier media specialists using <u>state-of-the-art digital production facilities</u>.

Production Studio

CADE's production studio is fully equipped for live video production and sound booth audio recording. The studio includes facilities for capturing remote audio and video and streaming it over the internet. Two Polycom 512 units provide ISDN and IP videoconferencing. A ten-foot satellite dish can downlink any North American C- or Ku-band signal. Two Gentner telephone couplers permit capturing or sending audio via a telephone. A ProTools hardware device captures audio directly into digital file format. Two full AV racks allow input/output in DVCAM, DV and S-VHS video formats. Six Hewlett Packard networked workstations enable the monitoring and managing of two simultaneous live webcasts.

Production Equipment

CADE has an extensive inventory of video and audio production equipment. This includes digital still and video cameras, switchers, lighting, cables, microphones, tripods and mixers. We have full travel capabilities to permit field production from any location.

Video and Audio Editing Studios

CADE's video editing studio has four workstations in both Mac and PC platforms. Two workstations have AVID Express DV with Mojo for video editing for the web. A compositing workstation permits motion graphic rendering and effects using Adobe After Effects, as well as CD-ROM interface construction using Macromedia Authorware. The audio editing suite has Digidesign ProTools 24 MIX+ connected to a Human User Interface (HUI) and two Digidesign ProTools 001 workstations. These are routed to DAT recorders, minidisk recorders, cassette recorders, a telephone coupler, CD player and compressor/limiters.

To meet the specific interests of its target audience, CADE has developed its own full-feature webcasting and webconferencing system: CADEmedia. CADEmedia integrates registration, event delivery, archiving, technical support, evaluation and reporting. It is designed to deliver complex presentations to a wide audience in a manner that is not technologically intimidating to the end user. CADEmedia is database-driven and customizable, resulting in a flexible presentation delivery mechanism that can meet a variety of training and communication needs. Our live webcasts can be archived and integrated seamlessly with <u>dynamic web sites</u>.

CADE devises a media delivery approach to match the outcome objectives of each project or event. We regularly run synchronous online collaborations, operate international videoconferences and audioconferences, and develop self-launching multimedia CD-ROMs and DVDs. CADE frequently travels to <u>record and archive conferences online</u>.

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Center for the Advancement of Distance Education
1603 West Taylor Street, 10th Floor
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All CADE servers are constantly scanned for the presence of any viruses. A complete virus scan of all workstations also takes place once a week. Server system log files are scanned for unusual activity, which is immediately investigated. Network and Server Administration staff applies critical and non-critical patches as needed.

Data Integrity
CADE employs extensive data backup and server redundancy procedures. We perform full backups to tape weekly of all servers, along with incremental and daily backups.

CADE SERVICES

Distance Learning Development

Services and applications that support the delivery of training by integrating instructional design principles and adult learning theory.

- Web-based Training Modules
- Learning Management Systems
- Registration Systems
- Online Quiz and Survey Composer
- Courseware Development
- Distance Learning Training and Consulting
- CD-ROM Production

CADE has extensive experience developing distance learning modules and applications. Our approach is customized to the specific training objectives of each project, but rooted more generally in learning sciences theory and cognitive approaches to human-computer interaction. CADE has developed web-based training on subjects ranging from pediatric oral health management, to BMI-for-age growth charts, to bioterrorism and emergency outbreak risk assessment, to genetics and family medicine, to women's health and retail pharmacy. Our modules strategically blend text, graphics, multimedia, activities and self-assessment for users with varying learning styles. Constructing user pathways and interweaving instructional topics underlies our methodology for optimizing learning sequences.

CADE's Learning Management Systems are web-based applications through which training content is delivered and managed. They provide functionality for cataloging and launching courses, registering users, tracking user progress and assessing user learning. CADE also builds registration systems—complete with personal logins and certification—and online quiz and survey composer applications.
For greater stand-alone portability, we develop self-starting CD-ROM training modules that don't require internet connectivity. These CD-ROMs can contain graphics, video, self-assessment and resource toolkits and can be custom printed to match the branded identity of the learning campaign.

Learning Management Systems
How can you quickly and effectively prepare a public health workforce for bioterrorist attacks or unexpected emergency health incidents?

An LMS is a web-based application through which training content is delivered and managed. It includes functionality for cataloging and launching courses, registering users, tracking user progress and assessing user learning. The LMS uses a browser interface to display a public front-end for the learner and a private back-end for administrators and instructors. It seamlessly displays real-time information, drawn from a secure database, within a graphically attractive and user-friendly interface. Competency-driven assessment and course associations are integrated in the system, as are online quizzing and evaluation processes. The result is

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measurement and reporting of training progress that is both accurate and automated.

The LMS can be custom programmed to meet the specific needs of the state agency. To optimize the learning value of the system, an agency may want to identify workers who required training in particular competencies. One can also instantly create a roster of those workers, sortable by public health role, to determine what targeted training to provide to specific groups based upon need.

Federal funding requirements stipulated that Illinois needed to ensure that 80% of its workforce had been assessed for competencies associated with their professional roles by the end of the first year of implementation. As evidenced in the LMS's extensive administrative reporting features, over 85% of the 5,500 local health department workforce had been assessed by that benchmark. To help meet that objective, CADE provided face-to-face training and consultation sessions with all county and local health departments on how to use the system and optimize tasks. These meetings also generated valuable client feedback, which is being incorporated into future upgrades and feature enhancements.

"The CADE LMS has provided us with the opportunity to gather information about the learning needs of the public health workforce from both the state agency perspective and the broader public health system in local communities," says Gina M. Swehla, Chief of the Division of Human Resources at IDPH.

In partnership with the Illinois Center for Public Health Preparedness, CADE has developed LMS's for a number of states, cities and centers on a variety of models: Iowa Department of Public Health; Iowa Center for Public Health Preparedness; Missouri Department of Health and Senior Services; St. Louis University Center for Public Health Preparedness; Chicago Department of Public Health; Indiana State Department of Health; Mid-America Public Health Training Center. While they share a common core, each LMS is custom developed to meet the specific feature needs, user expectations, and public health objectives of the client.

Features
- Browser-based interface, available over the web
- SQL server databasing, ASP.NET programming
- Scalable and stable
- Secure data
- Supports online and face-to-face training options
- Centralizes course and learner administration
- Convenient reporting and learner assessment
- Course recommendations linked to competencies and assessment results
- Intuitive and user-friendly
- Fully developed and tested
- Built-in certification, quizzing, evaluation
- Course sharing with other systems
- For the learner: E-mail confirmation, view history, self-assessment by competency
- Calendars, FAQs, mass e-mails to subgroups and customized e-mails
- Multiple levels of administration permit customization beyond standard course administrator and global administrator; cascading system of read/modify/approve rights based on administrative level
- Asynchronous dialogue course approval process for administrators
- Individually branded interface
- SCORM compliant
- Section 508 compliant

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Attachment to Sole Source Provider Letter

UIC AND CADE RESOURCES

University of Illinois at Chicago and the Illinois Medical District

The University of Illinois at Chicago (UIC) is the largest institution of higher learning in the Chicago area and one of the top seventy Research 1 universities in the United States. The UIC campus comprises more than seventy buildings on approximately 187 acres. UIC has 25,000 students, 12,000 faculty and staff, and 15 colleges. UIC is recognized nationally and internationally for its research strength and its first-rate student education. UIC offers 88 bachelor's, 86 master's and 58 doctoral degree programs.

CADE is located at the eastern edge of the Illinois Medical District, the world's largest concentration of advanced public and private health care facilities. The District includes 560 acres of medical research facilities, labs, biotech business incubator, raw development area, universities, and over 40 healthcare related facilities. The IMD generates approximately $220 million in research annually and is the nation's largest urban medical district. It holds the nations' largest college of medicine (UIC's College of Medicine) and is the State of Illinois' largest biotechnology/medical complex.

Center for the Advancement of Distance Education (CADE)

CADE develops distance learning solutions to facilitate and improve training, communication, and collaboration among health professionals, students, and members of the general public. CADE provides expertise across the full spectrum of development processes to support successful online learning and research data initiatives. Our flexibility and breadth ensures that we deliver the right combination of system features and services to meet the strategic interests of our clients. CADE specializes in services and development activities in seven core categories.

1. Distance Learning Development
2. Webcasting and Multimedia Production
3. Web Site Design and Development
4. Information and Administrative Systems Development
5. Research Data Management
6. Public Health Workforce Development
7. Computers, Servers and Data Integrity

Computers, Servers and Data Integrity

Computers and Servers
CADE's web servers host web sites, online databases, asynchronous conferencing, live synchronous conferencing, audio and video streaming, online survey deployment, web site statistical tracking and analysis software. In addition to the applications developed internally, we also support a host of third-party applications. These include Lotus LearningSpace (content management), Arc IMS (geocoding), Helix Universal Server (media streaming), SSL using Thawte Server Certificates, ActivePDF (generating PDF files from active databases), Browserhawk (user system detection and analysis), TestTrack Pro (issue tracking), and SAS/IntrNet (data analysis). CADE primarily uses UIC's OC-3 (155mbps) connection for Internet connectivity but still maintains complete operational control over its internal network infrastructure.

To protect the privacy of database records and the integrity of our network, CADE servers are firewall protected and are stored in a locked server room. The server room has three sources of air conditioning to provide redundancy and maintain optimal temperature. Monitoring software automatically notifies the Network and Server Administration staff via telephone and e-mail if temperature, humidity or power thresholds are exceeded.

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Other factors that strengthen this partnership between CDPH and CADE are related to the fact that CADE is housed at the School of Public Health at the University of Illinois at Chicago (UIC). The attachment to this letter includes a brief description of UIC and CADE's resources. It is followed by a more detailed description of all related CADE services.

Termination terms: CDPH may terminate this Agreement with 30 days written notice to CADE for the following reasons: Your funder has terminated their Agreement with CDPH, or has rescinded CDPH's capacity to contract with the University. Under these circumstances, CDPH shall pay the University only for those services and System access provided prior to the termination date. University shall refund to CDPH any prepayment accordingly.

We look forward to our continued partnership. If you require any additional information, please contact us.

Sincerely,

Colleen Monahan, DC, MPH, Director
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http://www.uic.edu/sph/cade
312-515-1360
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cc
Victoria Wiebel, MPH, Assistant Director
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Mary Jo Kuffner, Asst. Director of Administration
University of IL at Chicago School of Public Health
Center for Advancement of Distance Education
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Attachment follows

AGREEMENT
Between
THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINIOS
Center for the Advancement of Distance Education
And
THE CHICAGO DEPARTMENT OF PUBLIC HEALTH
For
Emergency Preparedness and Response

This Agreement is made and entered into between the **Board of Trustees of the University of Illinois and the Center for the Advancement of Distance Education**, a body corporate and politic whose principal office is at Urbana, Illinois, on behalf of the **Emergency Preparedness and Response Program**, hereinafter referred to as the **UIC-CADE**, hereby enter into an agreement for the Emergency Preparedness and Response Program with the **Chicago Department of Public Health** with principal address at 333 South State Street, Chicago, Illinois, 60604 hereinafter referred to as **CDPH.**

I.   Project Description

A. Training

The Emergency Preparedness and Response Program is a federally funded program thru the Center for Disease Control. The relationship between **The University of Illinois-Center for the Advancement of Distance Education and the Chicago Department of Public Health** was to ensure the delivery of appropriate education and training to key public health professionals, infectious disease specialists, emergency department personnel and other healthcare providers in preparedness for and response to bio-terrorism, other disease outbreaks, and other public health threats and emergencies, through the use of existing curricula and other sources including schools of public health and medicine, academic health centers, CDC training networks, and other providers.

This partnership will allow for the development of a dedicated unit to provide full time support to **CDPH** to meet the needs as outlined in Table A. **UIC-CADE** will Manage and develop all projects from their offices at UIC. **UIC-CADE** will assist **CDPH** with assessing training needs and develop an ongoing plan for meeting training needs through multiple sources. It will further help to develop the capacity at the state and local public health agency to facilitate or provide education and training sessions and services. It provides access to distance learning capabilities in the form of an identified location to receive satellite broadcasts and a higher level of Internet connectivity, video, and imaging capacity to view live feeds.

Over the next 5 years in collaboration with **UIC-CADE, CDPH** will develop its online training simulation for the dispensing and vaccination center as well as the receiving, storage and staging area for the receipt of the Strategic National Stockpile. **UIC-ADE**

will assist **CDPH** with the development of an appropriate training plan and evaluation method for its employees.

B. Continuity of Operations Planning

Increased emphasis and attention is being placed on business continuity for disaster recovery for both private and public businesses, specifically for an avian influenza epidemic. Little consideration or guidance, at this point, has been devoted to departments of public health to maintain continued essential emergency services as well as to fit into an urban center's planning and preparedness for avian influenza.

At a minimum, the CDC estimates that:

- From 25-35% of the workforce could be affected at any given time
- The economic impact in the U.S could range from $71.3 to $166.5 billion
- The epidemic could persist for two months or longer
- The influenza may impact the capacity of key health service agencies such as health departments to carry out emergency measures due to temporary staff attrition
- Any plans to contain the effects of the outbreak will involve both key private and public sectors of the local economy such as education, transportation, food and pharmaceutical sectors in a partnership with local health departments

In recognizing the importance of internal business continuity as one of the vital components to the avian influenza preparedness plan, the Chicago Department of Public Health needs to insure its continued effectiveness during the emergency conditions created by a widespread epidemic. Establishing this plan specifically for CDPH subscribes to a proactive planning paradigm for disaster recovery focusing on integrating public health processes, systems, plans, and personnel into an overall urban emergency response, which will mitigate the disruption of CDPH vital operations during the period of the emergency.

CDPH avian influenza business continuity plan can be created, in stages, given a consensus regarding required emergency activities during the incident, needed emergency CDPH staffing and infrastructure resources, estimated degradation of CDPH staffing capacity during the outbreak and essential cooperative planning by key sectors of Chicago industries. CDPH plans will have to be carried out under conditions in which the department staff itself will be at substandard levels and the normal lines of responsibility and information may be impaired. For example, the CRI plan estimates that 18,000 individuals are needed in a 48-hour span for a mass prophylaxis campaign in Chicago. In such a case, The Department's Executive Administration cannot cease to function, even if a quarter of its staff is incapacitated. In addition, a decision tradeoff process will need to be established to meet staffing shortages by reallocation of resources towards the public health response to a pandemic. Determining cross-skilling (job skills and capabilities across positions) and critical job function analyses of the Executive Administration are two tasks necessary in creating a business continuity plan for just the Executive Administration.

CDPH will contract with a local academic institution, which has assembled and organized a team of experts (from both academia and private industry) who have extensive experience in developing, exercising, and revising business continuity plans. The breadth and depth of experience in both public and private business and, more importantly, public health will provide CDPH with a partner in their creation of an avian influenza business continuity plan.

II. SCOPE OF SERVICES

A. Training
CDPH / Chicago Emergency Preparedness Training Group
Budget/Deliverables Meeting; October 7, 2005, Revised on 10.12.05

I. UIC-CADE will develop 11 roles for the Dispensing/Vaccination Center Simulation (DVC) – 11 roles for this year (bold, indented)

Leadership
OPERATIONS COMMUNICATIONS COORDINATOR (OCC)
    --ON-SITE COORDINATOR (DVC Setup)
    --OPERATIONS SUPPORT COORDINATOR (?)

Clinical
CLINICAL COORDINATOR (CC)*
    --CLINICAL CONSULTANT (CCon)*
    --MENTAL HEALTH WORKER*

Triage
TRIAGE STATION CAPTAIN*
    --TRIAGE – INDIVIDUAL SCREENER
    --TRIAGE – GROUP SCREENER

Forms distribution
FORMS DISTRIBUTION CAPTAIN*
    --FORMS DISTRIBUTOR

Forms review
FORMS REVIEW CAPTAIN
    --FORMS REVIEWER

Dispensing
DISPENSING CAPTAIN*
    --ADULT DISPENSER
    --FAMILY/PEDIATRIC DISPENSER

Clinical support
CLINICAL SUPPORT TEAM CAPTAIN*
    --CLINICAL SUPPORT TEAM MEMBER (for Pan-Flu holding room)

Relief team member
RELIEF TEAM MEMBER

Planning
SITUATION COORDINATOR
REPORTING COORDINATOR
ADMINISTRATIVE SUPPORT STAFF

Logistics
FACILITY COORDINATOR
FACILITY TEAM MEMBER
SUPPLY COORDINATOR
SUPPLY OFFICERS
SUPPLY RUNNERS
IT/COMMUNICATIONS COORDINATOR
CLEAN-UP TEAM MEMBER
Target (minimum): One new role / month (Need to prioritize roles)

> NOTE: Delivery of each new simulation scenario is contingent on timely turnaround time on all of the support materials, examples for didactic and decision tree.

Pandemic flu scenario. A pandemic flu scenario will be added to the simulation, including additional elements specific to the disease, such as quarantine rooms.

DVC Setup. A new simulation interface will be added to the game to include the setup of a DVC. This will include a drag and drop function of the DVC elements, such as tables, cones, caution tape, and signs.

Develop and connect Geographic Information System (GIS) to simulation.
This GIS will host exact measurements of a typical dispensing center. It will also enable the importation of real demographic data from the area served by the DVC into the simulation in order to determine setup, supply and flow-through needs.

Development of the Receiving, Staging, and Storage Simulation

This training simulation targets non-CDPH City Departmental staff who have been identified to perform critical support roles during a large scale public health emergency. For example, City Water Department and Fleet Management staffs have been delegated to perform medical supply warehousing and distribution functions. During a large scale event, tons of federally owned medical supplies will be provided to the City. These supplies (aka the Strategic National Stockpile, or SNS) must be rapidly offloaded, stored, staged, and reconfigured / palletized to multiple hospital and public dispensing center supplies. The warehousing processes and supply configurations are not intuitive; they require a core pre-trained staff. Water and Fleet staff will undergo both didactic and hands on training. The hands on portion will employ an experiential module. The module

4

will consist of multiple pallets of simulated cases of medical supplies to represent the SNS.

II. Videos

UIC-CADE will produce a minimum of 7 training/documentation videos, including:

> RSS: Break-down of Med-Packs (May)
> Isolation and Quarantine protocols
> JIT pre-DVC video to be played at the ATC
> Training videos for the defined non-CDPH audience (2)
> Emergency Mobilization Plan for the city of Chicago
> Management Team pre-requisite video - Chris Kosmos in studio (Oct/Nov)

III. Set up Digital media asset library

The digital media asset library will be a searchable database of media assets, including photographs, videos, and other educational materials such as PowerPoint and PDF files. The photographs, PowerPoint and PDF files will be available for full download. The videos will have short clips available. The entire video footage will be available upon request.

IV. Learning Management System

UIC-CADE will provide technical assistance and instructional design assistance in implementing the LMS. **UIC-CADE** will also help to coordinate pilot studies and evaluation of LMS use, making all necessary enhancements and changes to the LMS to make it more user friendly on both the administrative and the user side. **UIC-CADE** will make any requested changes to the LMS and will provide design documents and requirement specifications for any such changes. **CDPH** will participate in the Learning Management System Partners Group.

The new SCORM compliant Learning Content Management System will be implemented in the spring. LMS development will continue throughout the year.

The rollout schedule for the LMS is as follows:

We will start with 20 people from the CDPH training group for a soft launch, followed by adding 300 CDPH employees. The schedule for the soft launch is as follows:

October 17 - 1st email send to the 20 pilot group; includes information concerning the LMS, their role, schedule of rollout including milestones, and minimum technology specs.

October 24 - 2nd email including step-by-step instructions on creating a profile and customizing username/password
October 31 - 3rd email on taking the self-assessment, enrolling in the pre-requisite course on the Incident Command System
November 7 - Ongoing LMS use; complete the NIMS (IS-700) course
November 14 - Survey sent out to evaluate use of LMS
November 21 - Focus group to get more feedback

The group of 300 will have 6 weeks to fill out the registration, do the self-assessment, the ICS pre-requisite course and the NIMS (IS-700) course. They will be done by January 31, 2006.

The **UIC-CADE** agrees that the data collected and analyzed in this Project is the property of the **CDPH**. CDPH will receive hard copies and electronic data files of all data collected. The **UIC-CADE** understands that any analysis, publication or distribution of the data requires the written consent of Christine Kosmos, Deputy Commissioner and Director of Emergency and Response Program. **The CDPH** requests that **CDPH**, the CADE and CDC are acknowledged in any publication, presentation or public distribution of the data.

The **UIC-CADE** will oversee the assessment of the quality and readiness of data to support the evaluation.

The **UIC-CADE** will provide dedicated staff to **CDPH** who will attend emergency preparedness meetings as requested by **CDPH** in terms of planning and informational meetings will provide a quarterly report to the **CDPH** on the progress of deliverables.

The **UIC-CADE** will ensure that the Training Team submits a written evaluation report to the Program Director along with the program progress report for submission to the funding agent the Center for Disease Control

The **UIC-CADE** will facilitate communication relative to the data collection and evaluation activities, and assist in report preparation.

The **UIC-CADE** will ensure that preliminary results are provided to **CDPH** as needed for grant reports.

The **UIC-CADE** will assist the **CDPH** in establishing mechanisms for monitoring, implementation, collection, analysis and reporting of program training data.

Both parties agree to review the scope of service and deliverables for subsequent grant years no later than September 1 of the preceding grant year.

B. Continuity of Operations Planning

Staffing:

Project staffing will be drawn from the faculty of the UIC School of Public Health, UIC College of Medicine, UIC College of Business Administration and consultants with specific experience in business continuity planning.

I. Background Information and development: Background information will be developed and a focus group held to establish a range of impacts of influenza on CDPH staffing, required activities and key industry sectors that would need to be included in CDPH business continuity plan. Focus group would involve 3 panelist and 10 participants. II.

II. Data Collection: Data collection will be undertaken regarding activity levels, staffing, information flow and the responsibility structure at CDPH under non emergency and emergency conditions.

III. Preliminary Response Strategy Evaluation: Preliminary response strategy evaluation. This evaluation would include plans to reallocate staff during emergency, cross training of staff, introduction of telecommuting plans.

IV. Template Development: Development of preliminary templates for CDPH and key industry sectors to guide future development of integrated CDPH business continuity plans

V. Focus Groups: Holding 2 focus groups to present information and alternatives to key personnel in CDPH and representatives of key industry sectors. Key activity analysis, strategy alternatives and preliminary planning templates would be presented. The intent of the focus groups is to elicit feedback and buy in for the development of the CDPH business continuity planning templates would be presented. The intent of the focus groups is to elicit feedback and buy in for the development of the CDPH business continuity plan.

VI. Summary Recommendations: Development of summary recommendations regarding 2006-2007 actions to create CDPH business continuity plan. The recommendations would include proposed template for CDPH and key sector plans, selection of key industries needed to foster cooperative planning, emergency strategy recommendations and needed exercise development for the completed plan.

III. <u>DURATION OF CONTRACT/RENEWAL OPTIONS</u>

The term of this agreement shall be from September 1, 2005 through August 31, 2010. Subject to continued funding, this agreement may be automatically renewed by mutual written agreement of both parties until the end of the project period. **CDPH** may terminate this Agreement with 30 days written notice to **UIC-CADE** for the following reason: Your grantor has terminated their agreement with **CDPH** or has rescinded **CDPH"S** capacity to contract with **UIC-CADE**. Under these circumstances, CDPH shall pay the **UIC-CADE** only for those services and system access provided prior to the termination date **UIC-CADE** shall refund to **CDPH** any prepayment accordingly.

IV. ADMINISTRATION OF CONTRACT

Program:
Theresa Browley, PHN III
Clinical Nurse Educator
Chicago Department of Public Health

333 South State, Room 200
Chicago, Illinois 60604
(312) 747-9556

Steve Mier
Director of Preparedness Projects
Chicago Department of Public Health

333 S State St, Room 200
Chicago, Illinois, 60604
(312) 747-9783

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

IV. COMPENSATION

The **University** agrees to fulfill the responsibilities detailed in this contract for the $795,128 subject to the final approval of the budget by the Center for Disease Control. The parties agree to review the proposed budget for subsequent years no later than July 30 of the each year of the contract. All parties agree that the final budget for evaluation activities in subsequent years is subject to the availability of funds for the total project.

Method of payment

To receive payment The **UIC-CADE** will invoice **CDPH monthly for the training portion** in the amount of $57,927. In year one, CADE will invoice in the amount of $84,956 per month. UIC will invoice CDPH for the business continuity planning in the amount of $100,000 at the completion of the project.

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

Table A- see attached

Non-Competitive Procurement Request for University of Illinois
Center for the Advancement of Distance Education
Chicago Department of Public Health
Emergency Preparedness and Response Program

Procurement History

1. Federal funding requirements stipulated that Illinois needed to ensure 80% of the public health workforce had been assessed for the 9 emergency preparedness competencies created by Columbia University's Nursing program. In partnership with the Illinois Center for Public Health Preparedness, UIC-CADE developed the Learning Managements System for a number of states, cities and centers based on a variety of models. While each Learning Management System shares a common core, each LMS is custom developed to meet the specific needs for each client.

   The Centers for Disease Control (CDC) and Prevention has funded every jurisdiction in the country to accelerate their planning efforts for their response to a pandemic influenza outbreak. The CDC has ensured funding for at least two years.

2. This is a continuation of a previous procurement. UIC-CADE has been the only contractor of the Learning Management System since 2002 for CDPH. The UIC-CADE LMS allows CDPH to gather information about the learning needs of our public health workforce and track development. As well as place required and non-required courses on the LMS.

3. There have been no attempts to competitively bid this requirement.
4. A large component of the grant funding allocated to this contract is for the development of the Online Dispensing and Vaccination game Simulation. UIC-CADE is the only entity in the nation developing online game simulations for the public health workforce. CDPH plays a key role in the development of this simulation as our employees will be able to utilize this as a safe environment to master new emergency preparedness skills. CDPH has invested over $500,000 in the LMS which UIC-CADE developed and customized to CDPH specifications. Changing vendors at this point would be inefficient and impractical and would require a long and expensive ramp up time.

The development of continuity of operations plans for department of public health is a novel concept with an urgent need. Research in the field of organizations experienced in the development of these plans has yielded no one organization that has experience in this specific task. UIC, however, is only fully accredited school of public health in the state of Illinois. In addition, the Illinois Public Heatlh Preparedness center is acclimated to these types of emergencies. The school of business has expertise in the information driven, process analysis coupled with public health application which is vital to develop the business continuity plan for CDPH.

5. This request is for a 5-year period.
6. The CDC emergency preparedness grant to date has been reauthorized for a 5 year period. In addition, CDC has guaranteed funding for local response to pandemic influenza for two years.

Estimated cost

1. The estimated total cost is $4,008,115 for the 5- year period from 2005-2010. The funding source is the federal Center for Disease Control State and local preparedness grant.
2. The estimated fiscal cost per fiscal years is $795,128 an additional 324,475 is included for the development of the Receiving , Staging and Storage Simulation.
3. The basis for estimating the cost is an examination of the previous year's contracts and amendments. The current estimate represents an increase from previous budgeted amounts due to the inclusion of the development costs for the online simulation.
4. UIC-CADE has both institutional and historical information relevant to the success of the grant and the expertise required to develop and enhance the LMS and the online game simulation. If we changed vendors at this point we would have to invest a substantial dollar amount which would be duplicating a Learning Management System which has already been developed by UIC-CADE.
5. Negotiation of the price occurred between CDPH Emergency Preparedness and Response Program and UIC-CADE. The estimated

10

cost is deemed reasonable based on historical activities and the desired enhancements to the system.

Exclusive or Unique Capability
1. Please see attached
2. Please see attached
3. Please see attached
4. Please see attached
5. Please see attached
6. Please see attached
7. Please see attached
8. Not Applicable

MBE/WBE Compliance plan

This agreement is with the Board of Trustees of the University of Illinois who request a waiver of the MBE/WBE.