

**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 Board of Trustees-University of Illinois for the product and/or services described herein.  
(Name of Person or Firm)

This is a request for: \_\_\_\_\_ (One-Time Contract per Requisition # 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 \_\_\_\_\_  
Pre-Assigned Specification No. \_\_\_\_\_  
Pre-Assigned Contract No. \_\_\_\_\_

**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  
Original Name \_\_\_\_\_ Telephone 312-747-9556

Theresa Browley Signature  
HEALTH Department Date

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

PROCUREMENT HISTORY

See attached

ESTIMATED COST

See attached

SCHEDULED REQUIREMENTS

See attached

EXCLUSIVE OR UNIQUE CAPABILITY

See attached

OTHER

S. S. R. B.

DATE \_\_\_\_\_  
APPROVED \_\_\_\_\_  
CONDITIONALLY APPROVED \_\_\_\_\_  
RETURN TO DEPT. \_\_\_\_\_  
DISAPPROVED \_\_\_\_\_

06 APR 27 PM 2:01

PROVED BY: [Signature]  
Department Head  
Or Designee

3-9-06  
Date

\_\_\_\_\_  
Board Chairperson Date

**CITY OF CHICAGO  
 PURCHASE REQUISITION**

Copy (Department)

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

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
<b>LINE TOTAL:</b>											0.00
<b>REQUISITION TOTAL:</b>											0.00

If 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.

**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 through 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 bioterrorism, 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-CADE** 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**

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#### **Exclusive or Unique Capability**

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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, 10<sup>th</sup> Floor  
Chicago, Illinois 60612-4394

Chicago Department of Public Health  
Attention: Theresa Browley  
Email: Browley\_Theresa@cdph.org  
333 S. State 2<sup>nd</sup> 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.

UNIVERSITY OF ILLINOIS  
AT CHICAGO

School of Public Health (MC 923)  
Center for the Advancement of Distance Education  
1603 West Taylor Street, 10<sup>th</sup> Floor  
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,



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](mailto: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](mailto:kuffner@uic.edu).

Attachment follows

UNIVERSITY OF ILLINOIS  
AT CHICAGO

School of Public Health (MC 923)  
Center for the Advancement of Distance Education  
1603 West Taylor Street, Room 1068  
Chicago, Illinois 60612-4394

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

**UIC**

UNIVERSITY OF ILLINOIS  
AT CHICAGO

School of Public Health (MC 923)  
Center for the Advancement of Distance Education  
1603 West Taylor Street, Room 1068  
Chicago, Illinois 60612-4394

**Training and Education Needs**

<b>CDC Cooperative Agreement</b>	<b>UIC Role</b>
<p><b>Outcome 1A: All Hazards Planning (CDC Coop)</b> 5) Increase all-hazard incident management capability by conducting regional, jurisdictional and State training to:</p> <p style="padding-left: 40px;">a) Include the Emergency Management Independent Study Program, IS 700, "National Incident Management System: An Introduction<sup>14</sup>" 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</p> <p>All hazards using the 15 National Planning Scenarios as a guide</p> <ul style="list-style-type: none"> <li>• Scenario 1: Nuclear Detonation – 10-Kiloton Improvised Nuclear Device</li> <li>• Scenario 2: Biological Attack – Aerosol Anthrax</li> <li>• Scenario 3: Biological Disease Outbreak – <b>Pandemic Influenza</b></li> <li>• Scenario 4: Biological Attack – Plague</li> <li>• Scenario 5: Chemical Attack – Blister Agent</li> <li>• Scenario 6: Chemical Attack – Toxic Industrial Chemicals</li> <li>• Scenario 7: Chemical Attack – Nerve Agent</li> <li>• Scenario 8: Chemical Attack – Chlorine Tank Explosion</li> <li>• Scenario 9: Natural Disaster – Major Earthquake</li> <li>• Scenario 10: Natural Disaster – Major Hurricane</li> <li>• Scenario 11: Radiological Attack – Radiological Dispersal Devices</li> <li>• Scenario 12: Explosives Attack – Bombing Using Improvised Explosive Device</li> <li>• Scenario 13: Biological Attack – Food Contamination</li> <li>• Scenario 14: Biological Attack – Foreign Animal Disease (Foot and Mouth Disease)</li> </ul>	<p><b><u>Online Single and Multiplayer Simulation</u></b></p> <p>Develop an innovative training simulation of a dispensing drill that will improve and demonstrate competency in learners to help them save lives.</p> <p>Learners will:</p> <ul style="list-style-type: none"> <li>• Become competent performing the specific assigned tasks for their role</li> <li>• Identify all equipment necessary for their defined role</li> <li>• Be able to act in the presence of distracters that may affect drill performance</li> <li>• Take an all-hazards approach (but start with pandemic flu?)</li> <li>• 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)</li> <li>• Connect with Biowatch, NEDDS, etc (IN and MO have our LMS and are in your Biowatch region)</li> <li>• Could share with IDPH</li> </ul> <p><b><u>Develop training scenarios for NEDSS</u></b></p> <p>Develop training scenarios to build into NEDSS (or CHESS) to help with speed to interpretation.</p>

**UIC**



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Chicago, Illinois 60612-4394

- 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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Center for the Advancement of Distance Education  
1603 West Taylor Street, Room 1068  
Chicago, Illinois 60612-4394

<b>CDC Cooperative Agreement</b>	<b>UIC Role</b>
<p><b>Outcome 6A: Emergency Response Communications</b></p> <p>5) Increase the number of public health experts to support Incident Command (IC) or Unified Command (UC)</p> <p><b>Measures:</b></p> <p>1) Percent of key stakeholders that are notified/alerted emergency communication system (Target: 90%)</p> <p><b>CRI</b> Reach out and track relevant training of individuals from other agencies</p> <p><b>DRAFT Measurement Descriptions and Methods of Data Collection</b></p> <p><b>Measures</b></p> <p>1. Percent of public health employees who have emergency response roles documented in their job descriptions that are trained in Incident Management</p> <p>2. Time to organize a NIMS-compliant medical and public health operations functional area with hospitals that supports:</p> <ul style="list-style-type: none"> <li>• incident epidemiological profiling</li> <li>• pre-hospital care</li> <li>• medical care</li> <li>• mental health</li> <li>• hazard threat/disease containment</li> <li>• mass casualty care</li> </ul> <p>(Target: 3 hours of plan activation)</p> <p>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)</p> <p>28. Percent of volunteers needed to support epidemiologic investigation that have been trained</p>	<p>Add emergency reporting based on who is trained/certified and ready for response. Link this to other systems.</p> <p>Add features as needed to track and provide training to CRI recipients.</p> <p>Assist in making sure all staff login and use the LMS...and take an assessment (if required)</p> <p>Provide CDPH staff training and ongoing technical assistance in the use of the LMS.</p> <p>Train and register each worker into the LMS.</p>

**New Data Systems Development**

**UIC**

UNIVERSITY OF ILLINOIS  
AT CHICAGO

School of Public Health (MC 923)  
Center for the Advancement of Distance Education  
1603 West Taylor Street, Room 1068  
Chicago, Illinois 60612-4394

CDC Cooperative Agreement	UIC Role
<p><b>Outcome 1A: All Hazards Planning</b> 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 <i>Countermeasure and Response Administration</i></p>	<p>Develop a system to track persons <i>vaccinated during an event.</i></p> <p>Develop a system that maintains and tracks vaccination or prophylaxis status of public health responders</p>

**Research Data Management (epi)**

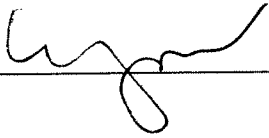
CDC Cooperative Agreement	UIC Role
<p><b>Outcome 4A: Health Intelligence Integration and Analysis</b> To produce timely, accurate, and actionable health intelligence or information in support of prevention, awareness, deterrence, response, and continuity planning operations.</p> <p><b>Measures:</b> 2) 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)</p>	<p>Identify and organize non traditional data sets. Assist in developing relevant analysis and linking with standard data sets.</p> <p>Provide evaluative assistance in large scale exercises in order to meet required performance measures.</p>

Submitted by:

**UIC**

UNIVERSITY OF ILLINOIS  
AT CHICAGO

School of Public Health (MC 923)  
Center for the Advancement of Distance Education  
1603 West Taylor Street, Room 1068  
Chicago, Illinois 60612-4394



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

3-16-06

Date

**UIC**



DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Service

Centers for Disease Control  
and Prevention

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

AUG 31 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/DSLRL

08/29/2005

93.283

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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)

SUPERSEDES AWARD NOTICE DATED \_\_\_\_\_  
EPT THAT ANY ADDITIONS OR RESTRICTIONS \_\_\_\_\_  
VIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.

GRANT NO. U90/CCU517008-06

5. ADMINISTRATIVE CODES CCU90

PROJECT PERIOD 08/31/2005 THROUGH 08/30/2010

BUDGET PERIOD 08/31/2005 THROUGH 08/30/2006

TITLE OF PROJECT (OR PROGRAM)  
**PUBLIC HEALTH PREPAREDNESS AND RESPONSE FOR BIOTERRORISM**

GRANTEE NAME AND ADDRESS  
**CHICAGO DEPARTMENT OF HEALTH  
DEPUTY COMMISSIONER  
333 SOUTH STATE STREET, ROOM 200  
CHICAGO, 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**

11. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)  
PHS GRANT FUNDS ONLY  
TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION  
(PLACE NUMERAL ON LINE) 1

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

SALARIES AND WAGES.....\$	4,263,379
FRINGE BENEFITS.....\$	1,454,531
TOTAL PERSONNEL COSTS.....\$	5,717,910
CONSULTANT COSTS.....\$	0
EQUIPMENT.....\$	286,150
SUPPLIES.....\$	440,313
TRAVEL.....\$	91,429
PATIENT CARE-INPATIENT.....\$	0
PATIENT CARE-OUTPATIENT.....\$	0
ALTERATIONS AND RENOVATIONS.....\$	0
OTHER.....\$	482,553
CONSORTIUM/CONTRACTUAL COSTS.....\$	4,581,427
TRAINEE RELATED EXPENSES.....\$	0
TRAINEE STIPENDS.....\$	0
TRAINEE TUITION AND FEES.....\$	0
TRAINEE TRAVEL.....\$	0
TOTAL DIRECT COSTS.....\$	11,599,782

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	0
C. 9	12,816,598	F. 0	0

INDIRECT COSTS (10.49 % OF S&M/TADC) \$	1,216,816
TOTAL APPROVED BUDGET.....\$	12,816,598
SBIR FEE.....\$	0
FEDERAL SHARE.....\$	12,816,598
NON-FEDERAL SHARE.....\$	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 B

D. OTHER RESEARCH (ADD/DEDUCT OPTION)

E. OTHER (SEE REMARKS)

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 INCONSISTENT 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.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES  NO)

SPONSOR:  
\*IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER: (SIGNATURE) *Sharon H. Robertson* (NAME-TYPED/PRINT) SHARON H. ROBERTSON (TITLE) GRANTS MANAGEMENT OFFICER

OBJ. CLASS. 41.51	18. CRS. E.I.N: 1-366005820-A4	19. LIST NO.: CO-101-E05		
FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FIN. ASST	AMT. ACTION DIR. ASST
05-A217S 05-921027R	a. CCU517008	c. CCU90	d. 2,150,000	e. 0
05-A217S 05-9213367	a. CCU517008	c. CCU90	d. 10,666,598	e. 0
2.A	a.	c.	d.	e.



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

**NOTICE OF  
COOPERATIVE AGREEMENT**  
(Continuation Sheet)

PAGE 2 OF 5

DATE ISSUED AUG 31 2005

AWARD NO. U90/CCU517005-06

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**.

**NOTICE OF  
COOPERATIVE AGREEMENT  
(Continuation Sheet)**

PAGE 3 OF 5

DATE ISSUED AUG 8 1 2805

AWARD NO. U90/CCU517005-06

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

**NOTICE OF  
COOPERATIVE AGREEMENT**  
(Continuation Sheet)

PAGE 4 OF 5

DATE ISSUED *Aug 31 2005*

AWARD NO. U90/CCU517005-06

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.

**NOTICE OF  
COOPERATIVE AGREEMENT**  
(Continuation Sheet)

PAGE 5 OF 5

DATE ISSUED AUG 31 2005

AWARD NO. U90/CCU517005-06

15. CDC CONTACT NAMES:

Business and Grants Policy Contact

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

Programmatic Contact

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

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

Level 1 Lab

Total

**BASE**

**EWIDS**

**CRI**

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	\$286,150
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
<b>TOTAL--FA</b>	<b>\$10,666,598</b>	<b>\$0</b>	<b>\$2,150,000</b>	<b>\$0</b>	<b>\$12,816,598</b>

**Direct Assistance**

Personnel	\$0	\$0	\$0	\$0	\$0
Travel	\$0	\$0	\$0	\$0	\$0
Other	\$0	\$0	\$0	\$0	\$0
<b>TOTAL--DA</b>					
<b>TOTAL AWARD</b>	<b>\$10,666,598</b>	<b>\$0</b>	<b>\$2,150,000</b>	<b>\$0</b>	<b>\$12,816,598</b>

# CPAC PROJECT CHECKLIST

For CPAC Team Use Only	
Date Received	_____
Date Returned	_____
Date Accepted	_____

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

**PROJECT**

Date: 3/22/06

ID No. (Spec, RX, Project) : 45395

Department: #41 Health

Bureau: Bioterrorism

Contract No.(if known 26466)

Project Title/Description Emergency Preparedness and Response Training

Contact Person: Maribel Valdez

Tel: 7-8828 Fax: 7-1031 E-mail: \_\_\_\_\_

Project Manager: Theresa Browley

Tel: 7-9556 Fax: 7-8835 E-mail: \_\_\_\_\_

Estimated Value \$695,128

**SCOPE STATEMENT**

Attached is a detailed scope of services and/or specification

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

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

**TYPE OF PROCUREMENT REQUESTED** (check all that apply)

Competitive Bid     RFQ/RFP/RFS/RFI     Sole Source     Term Agreement     One Shot

Mod/Amendment     Time Extension     Additional Funding     Small Order     S/O Emergency

**FORMS**

F-25\* (add line items)     F-10 \*(special approval)     SSRB\*\*(Sole Source approval)

F-26\* (new term agreement)     RX (one-shot requisition)     OBM Authorization

F-27\* (time extension)     APRF (all purpose request form)

F-29\* (change vendor limit)

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

**FUNDING**

City:  Corporate     Bond     Enterprise     Grant\*     Other \_\_\_\_\_

State:  IDOT/Transit     IDOT/Highway     Grant\*     Other \_\_\_\_\_

Federal:  FHWA     FTA     FAA     Grant\*     Other \_\_\_\_\_

Funding Strips 005-0847-0414395-0140-220140-05BZ80

06 MAR 22 PM 3:02

\* Attach copy of applicable grant agreement terms and conditions language:

**TIME FRAME**

Date Needed: 5/1/06

Requested Contract Term (y/m/d): 5/1/06-6/30/11

**PRE BID/SUBMITTAL REQUIREMENTS**

Requesting Pre Bid/Submittal Conference?     Yes     No    Requesting Pre Bid/Submittal be Mandatory?     Yes     No

Requesting Site Visit?     Yes     No    Requesting Site Visit be Mandatory?     Yes     No