CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**FIXED RATE AGREEMENT**

FY26

**BETWEEN**
**THE STATE OF ILLINOIS, DEPARTMENT OF CHILDREN AND FAMILY SERVICES (DCFS)**
**AND**
**UNIVERSITY OF ILLINOIS**
The Board of Trustees of the University of Illinois, on behalf of the University of Illinois Chicago,

The parties to this Fixed Rate Agreement (Agreement) are the State of Illinois (State), acting through the undersigned agency (Department) and ^BOARD OF TRUSTEES UNIV OF ILL (Provider) (collectively, the "Parties" and individually, a "Party"). The Agreement, consisting of the signature page, the parts listed below, and any additional exhibits or attachments referenced in this Agreement, constitute the entire agreement between the Parties. No promises, terms, or conditions not recited, incorporated or referenced herein, including prior agreements or oral discussions, are binding upon either Provider or Department.

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**PART TWO – Department-Specific Terms**

**PART THREE – Project-Specific Terms**

CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**The Parties or their duly authorized representatives hereby execute this Agreement.**

**Department of Children and Family Services**

By: [redacted]
Signature of Heidi E. Mueller, Director

By: [redacted]
Signature of Designee

Date: 10/30/2025

Heidi E. Mueller by Will Blount-Stephens
Director by Deputy Director

**THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS**

By: [redacted]
Signature of Authorized Representative

Date: 9/18/25

Printed Name: Paul N. Ellinger

Printed Title: Comptroller [redacted] 9/18/25
Comptroller Delegate Date
Peggy Diskin, Director Pre-Award Services
Office of Sponsored Programs

E-mail:

By: _____
Signature of Second Provider Approver, if applicable

Date: _____

Printed Name: _____

Printed Title: _____

Second Provider Approver
(optional at Provider's discretion)

If this Agreement is in the amount of $250,000 or more in a fiscal year, or order against a master contract in the amount of $250,000 or more in a fiscal year, this Agreement will not be binding and enforceable until it is also approved and signed in writing by the General Counsel and the Chief Financial Officer of the Department in accordance with 30 ILCS 105/9.02.

By: See attached $250K memo
Signature of Second Department Approver, if applicable

Date: _____

Printed Name: Brian L. Dougherty

Printed Title: General Counsel

Second Department Approver

By: See attached $250K memo
Signature of Third Department Approver, if applicable

Date: _____

Printed Name: Kiersten Neswick

Printed Title: Chief Financial Officer

Third Department Approver

## PART ONE – THE UNIFORM TERMS

### ARTICLE I
### DEFINITIONS

1.1. Definitions. Capitalized words and phrases used in this Agreement have the meanings stated in 2 CFR 200.1 unless otherwise stated below.

"Allowable Costs" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Award" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Budget" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Catalog of State Financial Assistance" or "CSFA" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Close-out Report" means a report from the Provider allowing Department to determine whether all applicable administrative actions and required work have been completed, and therefore closeout actions can commence.

"Conflict of Interest" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Cooperative Research and Development Agreement" has the same meaning as in 15 USC 3710a.

"Direct Costs" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Financial Assistance" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Funds" means the Financial Assistance made available to Provider through this Agreement.

"GATU" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Grant Agreement" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Grant Compliance Enforcement System" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Grantee Portal" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Indirect Costs" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Indirect Cost Rate" means a device for determining in a reasonable manner the proportion of Indirect Costs each Program should bear. It is a ratio (expressed as a percentage) of the Indirect Costs to a Direct Cost base. If reimbursement of Indirect Costs is allowable under an Award, Department will not reimburse those Indirect Costs unless Provider has established an Indirect Cost Rate covering the applicable activities and period of time, unless Indirect Costs are reimbursed at a fixed rate.

"Indirect Cost Rate Proposal" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Obligations" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Period of Performance" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Prior Approval" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Profit" means an entity's total revenue less its operating expenses, interest paid, depreciation, and taxes. "Profit" is synonymous with the term "net revenue."

"Program" means the services to be provided pursuant to this Agreement. "Program" is used interchangeably with "Project."

"Program Costs" means all Allowable Costs incurred by Provider and the value of the contributions made by third parties in accomplishing the objectives of the Award during the Term of this Agreement.

"Related Parties" has the meaning set forth in Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 850-10-20.

"SAM" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"State-issued Award" means the assistance that a grantee receives directly from a State agency. The funding source of the State-issued Award can be federal pass-through, State or a combination thereof. "State-issued Award" does not include the following:

- contracts issued pursuant to the Illinois Procurement Code that a State agency uses to buy goods or services from a contractor or a contract to operate State government-owned, contractor-operated facilities;
- agreements that meet the definition of "contract" under 2 CFR 200.1 and 2 CFR 200.331, which a State agency uses to procure goods or services but are exempt from the Illinois Procurement Code due to an exemption listed under 30 ILCS 500/1-10, or pursuant to a disaster proclamation, executive order, or any other exemption permitted by law;
- amounts received for services rendered to an individual;
- Cooperative Research and Development Agreements;
- an agreement that provides only direct cash assistance to an individual;
- a subsidy;
- a loan;
- a loan guarantee; or
- insurance.

"Illinois Stop Payment List" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Unallowable Cost" has the same meaning as in 44 Ill. Admin. Code 7000.30.

"Unique Entity Identifier" or "UEI" has the same meaning as in 44 Ill. Admin. Code 7000.30.

## ARTICLE II
## AWARD INFORMATION

2.1. Term. This Agreement is effective on **7/1/2025** and expires on **6/30/2028** (the Term), unless terminated pursuant to this Agreement.

2.2. Amount of Agreement. Funds (check one) ☐ must not exceed or ☒ are estimated to be **$1,036,200.00**, of which $ 0 are federal funds. Provider accepts Department's payment as specified in this ARTICLE.

2.3. Payment. Payment will be made as follows (*see* additional payment requirements in ARTICLE IV; additional payment provisions specific to this Award may be included in **PART TWO** or **PART THREE**):

_____

_____

_____

2.4. Award Identification Numbers. If applicable, the Federal Award Identification Number (FAIN) is _____, the federal awarding agency is _____, and the Federal Award date is _____. If applicable, the Assistance Listing Program Title is _____ and Assistance Listing Number is _____. The Catalog of State Financial Assistance (CSFA) Number is _____ and the CSFA Name is _____. If applicable, the State Award Identification Number (SAIN) is _____.

## ARTICLE III
## PROVIDER CERTIFICATIONS AND REPRESENTATIONS

3.1. Registration Certification. Provider certifies that: (i) it is registered with SAM and [redacted] is Provider's correct UEI; (ii) it is in good standing with the Illinois Secretary of State, if applicable; and (iii) Provider has successfully completed the annual registration and prequalification through the Grantee Portal.

Provider must remain current with these registrations and requirements. If Provider's status with regard to any of these requirements changes, or the certifications made in and information provided in the uniform grant application changes, Provider must notify Department in accordance with ARTICLE XV.

3.2. Tax Identification Certification. Provider certifies that [redacted] is Provider's correct federal employer identification number (FEIN) or Social Security Number. Provider further certifies, if applicable: (a) that Provider is not subject to backup withholding because (i) Provider is exempt from backup withholding, or (ii) Provider has not been notified by the Internal Revenue Service (IRS) that Provider is subject to backup withholding as a result of a failure to report all interest or dividends, or (iii) the IRS has notified Provider that Provider is no longer subject to backup withholding; and (b) Provider is a U.S. citizen or other U.S. person. Provider is doing business as a (check one):

- ☐ Individual
- ☐ Sole Proprietorship
- ☐ Partnership
- ☐ Corporation (includes Not For Profit)
- ☐ Medical Corporation
- ☒ Governmental Unit
- ☐ Estate or Trust
- ☐ Pharmacy-Non-Corporate
- ☐ Pharmacy/Funeral Home/Cemetery Corp.
- ☐ Tax Exempt
- ☐ Limited Liability Company (select applicable tax classification)
  - ☐ P = partnership
  - ☐ C = corporation

If Provider has not received a payment from the State of Illinois in the last two years, Provider must submit a W-9 tax form with this Agreement.

3.3. Compliance with Uniform Grant Rules. Provider certifies that it must adhere to the applicable Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, which are published in Title 2, Part 200 of the Code of Federal Regulations (2 CFR Part 200) and are incorporated herein by reference. 44 Ill. Admin. Code 7000.40(c)(1)(A). The requirements of 2 CFR Part 200 apply to the Funds awarded through this Agreement, regardless of whether the original source of the funds is State or federal, unless an exception is noted in federal or State statutes or regulations. 30 ILCS 708/5(b).

3.4. Representations and Use of Funds. Provider certifies under oath that (1) all representations made in this Agreement are true and correct and (2) all Funds awarded pursuant to this Agreement must be used only for the purpose(s) described herein. Provider acknowledges that the Award is made solely upon this certification and that any false statements, misrepresentations, or material omissions will be the basis for immediate termination of this Agreement and repayment of all Funds.

3.5. Specific Certifications. Provider is responsible for compliance with the enumerated certifications in this Paragraph to the extent that the certifications apply to Provider.

(a) **Bribery.** Provider certifies that it has not been convicted of bribery or attempting to bribe an officer or employee of the State of Illinois, nor made an admission of guilt of such conduct which is a matter of record.

(b) **Bid Rigging.** Provider certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Paragraph 33E-3 or 33E-4 of the Criminal Code of 2012 (720 ILCS 5/33E-3 or 720 ILCS 5/33E-4, respectively).

(c) **Debt to State.** Provider certifies that neither it, nor its affiliate(s), is/are barred from receiving an Award because Provider, or its affiliate(s), is/are delinquent in the payment of any debt to the State, unless Provider, or its affiliate(s), has/have entered into a deferred payment plan to pay off the debt.

(d) **International Boycott.** Provider certifies that neither it nor any substantially owned affiliated company is participating or will participate in an international boycott in violation of the provision of the Anti-Boycott Act of 2018, Part II of the Export Control Reform Act of 2018 (50 USC 4841 through 4843), and the anti-boycott provisions set forth in Part 760 of the federal Export Administration Regulations (15 CFR Parts 730 through 774).

(e) **Discriminatory Club Dues or Fees.** Provider certifies that it is not prohibited from receiving an Award because it pays dues or fees on behalf of its employees or agents, or subsidizes or otherwise reimburses employees or agents for payment of their dues or fees to any club which unlawfully discriminates (775 ILCS 25/2).

(f) **Pro-Children Act.** Provider certifies that it is in compliance with the Pro-Children Act of 2001 in that it prohibits smoking in any portion of its facility used for the provision of health, day care, early childhood development services, education or library services to children under the age of eighteen (18) (except such portions of the facilities which are used for inpatient substance abuse treatment) (20 USC 7181-7184).

(g) **Drug-Free Workplace.** If Provider is not an individual, Provider certifies it will provide a drug free workplace pursuant to the Drug Free Workplace Act. 30 ILCS 580/3. If Provider is an individual and this Agreement is valued at more than $5,000, Provider certifies it will not engage in the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance during the performance of the Agreement. 30 ILCS 580/4. Provider further certifies that if it is a recipient of federal pass-through funds, it is in compliance with the government-wide requirements for a drug-free workplace as set forth in 41 USC 8103.

(h) **Motor Voter Law.** Provider certifies that it is in full compliance with the terms and provisions of the National Voter Registration Act of 1993 (52 USC 20501 *et seq.*).

(i) **Clean Air Act and Clean Water Act.** Provider certifies that it is in compliance with all applicable standards, orders or regulations issued pursuant to the Clean Air Act (42 USC 7401 *et seq.*) and the Federal Water Pollution Control Act, as amended (33 USC 1251 *et seq.*).

(j) **Debarment.** Provider certifies that it is not debarred, suspended, proposed for debarment or permanent inclusion on the Illinois Stop Payment List, declared ineligible, or voluntarily excluded from participation in this Agreement by any federal department or agency (2 CFR 200.205(a)), or by the State (30 ILCS 708/25(6)(G)).

(k) **Non-procurement Debarment and Suspension.** Provider certifies that it is in compliance with Subpart C of 2 CFR Part 180 as supplemented by 2 CFR Part 376, Subpart C.

(l) **Health Insurance Portability and Accountability Act.** Provider certifies that it is in compliance with the

Health Insurance Portability and Accountability Act of 1996 (HIPAA) (Public Law No. 104-191, 45 CFR Parts 160, 162 and 164, and the Social Security Act, 42 USC 1320d-2 through 1320d-7), in that it may not use or disclose protected health information other than as permitted or required by law and agrees to use appropriate safeguards to prevent use or disclosure of the protected health information. Provider must maintain, for a minimum of six (6) years, all protected health information.

(m) **Criminal Convictions.** Provider certifies that:

(i) Neither it nor a managerial agent of Provider (for non-governmental Providers only, this includes any officer, director or partner of Provider) has been convicted of a felony under the Sarbanes-Oxley Act of 2002, nor a Class 3 or Class 2 felony under Illinois Securities Law of 1953, or that at least five (5) years have passed since the date of the conviction; and

(ii) It must disclose to Department all violations of criminal law involving fraud, bribery or gratuity violations potentially affecting this Award. Failure to disclose may result in remedial actions as stated in the Grant Accountability and Transparency Act. 30 ILCS 708/40. Additionally, if Provider receives over $10 million in total federal Financial Assistance, during the period of this Award, Provider must maintain the currency of information reported to SAM regarding civil, criminal or administrative proceedings as required by 2 CFR 200.113 and Appendix XII of 2 CFR Part 200, and 30 ILCS 708/40.

(n) **Federal Funding Accountability and Transparency Act of 2006 (FFATA).** Provider certifies that it is in compliance with the terms and requirements of 31 USC 6101 with respect to Federal Awards greater than or equal to $30,000. A FFATA subaward report must be filed by the end of the month following the month in which the award was made.

(o) **Illinois Works Review Panel**. For Awards made for public works projects, as defined in the Illinois Works Jobs Program Act, Provider certifies that it and any contractor(s) or subcontractor(s) that performs work using funds from this Award, must, upon reasonable notice, appear before and respond to requests for information from the Illinois Works Review Panel. 30 ILCS 559/20-25(d).

(p) **Anti-Discrimination.** Provider certifies that its employees and subcontractors under subcontract made pursuant to this Agreement, must comply with all applicable provisions of State and federal laws and regulations pertaining to nondiscrimination, sexual harassment and equal employment opportunity including, but not limited to: Illinois Human Rights Act (775 ILCS 5/1-101 *et seq.*), including, without limitation, 44 Ill. Admin. Code 750- Appendix A, which is incorporated herein; Public Works Employment Discrimination Act (775 ILCS 10/1 *et seq.*); Civil Rights Act of 1964 (as amended) (42 USC 2000a - 2000h-6); Section 504 of the Rehabilitation Act of 1973 (29 USC 794); Americans with Disabilities Act of 1990 (as amended) (42 USC 12101 *et seq.*); and the Age Discrimination Act of 1975 (42 USC 6101 *et seq.*).

(q) **Internal Revenue Code and Illinois Income Tax Act**. Provider certifies that it complies with all provisions of the federal Internal Revenue Code (26 USC 1), the Illinois Income Tax Act (35 ILCS 5), and all regulations and rules promulgated thereunder, including withholding provisions and timely deposits of employee taxes and unemployment insurance taxes.

## ARTICLE IV
## PAYMENT REQUIREMENTS

4.1. Availability of Appropriation; Sufficiency of Funds. This Agreement is contingent upon and subject to the availability of sufficient funds. Department may terminate or suspend this Agreement, in whole or in part, without penalty or further payment being required, if (i) sufficient funds for this Agreement have not been appropriated or otherwise made available to Department by the State or the federal funding source, (ii) the Governor or Department reserves funds, or (iii) the Governor or Department determines that funds will not or may not be available for payment. Department must provide notice, in writing, to Provider of any such funding failure and its election to terminate or suspend this Agreement as soon as practicable. Any suspension or termination pursuant to this Paragraph will be effective upon the date of the written notice unless otherwise indicated.

4.2. Pre-Award Costs. Pre-award costs are not permitted unless specifically authorized by Department in **Exhibit A**,

**PART TWO** or **PART THREE** of this Agreement. If they are authorized, pre-award costs must be charged to the initial Budget Period of the Award, unless otherwise specified by Department. 2 CFR 200.458.

4.3. Cash Management Improvement Act of 1990. Unless notified otherwise in **PART TWO** or **PART THREE**, Provider must manage federal funds received under this Agreement in accordance with the Cash Management Improvement Act of 1990 (31 USC 6501 *et seq.*) and any other applicable federal laws or regulations. 2 CFR 200.305; 44 Ill. Admin. Code 7000.120.

4.4. Payments to Third Parties. Department will have no liability to Provider when Department acts in good faith to redirect all or a portion of any Provider payment to a third party. Department will be deemed to have acted in good faith when it is in possession of information that indicates Provider authorized Department to intercept or redirect payments to a third party or when so ordered by a court of competent jurisdiction.

4.5. Modifications to Estimated Amount. If the Agreement amount is established on an estimated basis, then it may be increased by mutual agreement at any time during the Term. Department may decrease the estimated amount of this Agreement at any time during the Term if (i) Department believes Provider will not use the funds during the Term, (ii) Department believes Provider has used Funds in a manner that was not authorized by this Agreement, (iii) sufficient funds for this Agreement have not been appropriated or otherwise made available to Department by the State or the federal funding source, (iv) the Governor or Department reserves funds, or (v) the Governor or Department determines that funds will or may not be available for payment. Provider will be notified, in writing, of any adjustment of the estimated amount of this Agreement. In the event of such reduction, services provided by Provider under **Exhibit A** may be reduced accordingly. Department must pay Provider for work satisfactorily performed prior to the date of the notice regarding adjustment. 2 CFR 200.308.

4.6. Timely Billing Required. Provider must submit any payment request to Department within fifteen (15) days of the end of the quarter, unless another billing schedule is specified in **ARTICLE II, PART TWO**, or **PART THREE**. Failure to submit such payment request timely will render the amounts billed Unallowable Costs which Department cannot reimburse. In the event that Provider is unable, for good cause, to submit its payment request timely, Provider must timely notify Department and may request an extension of time to submit the payment request. Department's approval of Provider's request for an extension must not be unreasonably withheld.

4.7. Certification. Each invoice and report submitted by Provider (or subrecipient) must contain the following certification by an official authorized to legally bind Provider (or subrecipient):

I hereby certify that the services listed above have met all the required standards set forth in the employment agreement and are proper charges against the State of Illinois and payment has not been received.

## ARTICLE V
## SCOPE OF AWARD ACTIVITIES/PURPOSE OF AWARD

5.1. Scope of Award Activities/Purpose of Award. Provider must perform as described in this Agreement, including as described in **Exhibit A** (Project Description), **Exhibit B** (Deliverables or Milestones), and **Exhibit D** (Performance Measures and Standards), as applicable. All Department-specific provisions and programmatic reporting required under this Agreement are described in **PART TWO** (Department-Specific Terms). All Project-specific provisions and reporting required under this Agreement are described in **PART THREE** (Project-Specific Terms).

5.2. Scope Revisions. Provider must obtain Prior Approval from Department whenever a scope revision is necessary for one or more of the reasons enumerated in 44 Ill. Admin. Code 7000.370(b)(2). All requests for scope revisions that require Department approval must be signed by Provider's authorized representative and submitted to Department for approval. Expenditure of funds under a requested revision is prohibited and will not be reimbursed if expended before Department gives written approval. 2 CFR 200.308.

5.3. Specific Conditions. If applicable, specific conditions required after a risk assessment are included in **Exhibit E**. Provider must adhere to the specific conditions listed therein. 44 Ill. Admin. Code 7000.340(e).

## ARTICLE VI
## BUDGET

**THIS SECTION IS INTENTIONALLY LEFT BLANK**

## ARTICLE VII
## ALLOWABLE COSTS

7.1. Allowability of Costs; Cost Allocation Methods. The allowability of costs and cost allocation methods for work performed under this Agreement will be determined in accordance with 2 CFR Part 200 Subpart E and Appendices III, IV, V, and VII.

7.2. Transfer of Costs. Cost transfers between Agreements, whether as a means to compensate for cost overruns or for other reasons, are unallowable. 2 CFR 200.451.

7.3. Commercial Organization Cost Principles. The federal cost principles and procedures for cost analysis and the determination, negotiation and allowance of costs that apply to commercial organizations are set forth in 48 CFR Part 31.

7.4. Financial Management Standards. The financial management systems of Provider must meet the following standards:

(a) **Accounting System**. Provider organizations must have an accounting system that provides accurate, current, and complete disclosure of all financial transactions related to each state- and federally-funded Program. Accounting records must contain information pertaining to State and federal pass-through awards, authorizations, Obligations, unobligated balances, assets, outlays, and income. These records must be maintained on a current basis and balanced at least quarterly. Cash contributions to the Program from third parties must be accounted for in the general ledger with other Funds. Third party in-kind (non-cash) contributions are not required to be recorded in the general ledger, but must be under accounting control, possibly through the use of a memorandum ledger. To comply with 2 CFR 200.305(b)(9) and 30 ILCS 708/97, Provider must use reasonable efforts to ensure that funding streams are delineated within Provider's accounting system. 2 CFR 200.302.

(b) **Source Documentation**. Accounting records must be supported by such source documentation as canceled checks, bank statements, invoices, paid bills, donor letters, time and attendance records, activity reports, travel reports, contractual and consultant agreements, and subaward documentation. All supporting documentation must be clearly identified with the Award and general ledger accounts which are to be charged or credited.

(i) The documentation standards for salary charges to Grants are prescribed by 2 CFR 200.430, and in the cost principles applicable to the Provider's organization.

(ii) If records do not meet the standards in 2 CFR 200.430, then Department may notify Provider in **PART TWO**, **PART THREE** or **Exhibit E** of the requirement to submit personnel activity reports. 2 CFR 200.430(g)(8). Personnel activity reports must account on an after-the-fact basis for one hundred percent (100%) of the employee's actual time, separately indicating the time spent on the Award, other grants or projects, vacation or sick leave, and administrative time, if applicable. The reports must be signed by the employee, approved by the appropriate official, and coincide with a pay period. These time records must be used to record the distribution of salary costs to the appropriate accounts no less frequently than quarterly.

(iii) Formal agreements with independent contractors, such as consultants, must include a description of the services to be performed, the period of performance, the fee and method of payment, an itemization of travel and other costs which are chargeable to the agreement, and the signatures of both the contractor and an appropriate official of Provider.

(iv) If third party in-kind (non-cash) contributions are used for Award purposes, the valuation of these contributions must be supported with adequate documentation.

(c) **Internal Control**. Provider must maintain effective control and accountability for all cash, real and personal property, and other assets. Provider must adequately safeguard all such property and must provide assurance that it is used solely for authorized purposes. Provider must also have systems in place that provide reasonable assurance that the information is accurate, allowable, and compliant with the terms and conditions of this Agreement. 2 CFR 200.303.

(d) **Cash Management**. Requests for advance payment must be limited to Provider's immediate cash needs. Provider must have written procedures to minimize the time elapsing between the receipt and the disbursement of Funds to avoid having excess funds on hand. 2 CFR 200.305.

7.5. Management of Program Income. Provider is encouraged to earn income to defray Program Costs where appropriate, subject to 2 CFR 200.307.

## ARTICLE VIII
## LOBBYING

8.1. Improper Influence. Provider certifies that it will not use and has not used Funds to influence or attempt to influence an officer or employee of any government agency or a member or employee of the State or federal legislature in connection with the awarding of any agreement, the making of any grant, the making of any loan, the entering into of any cooperative agreement, or the extension, continuation, renewal, amendment or modification of any agreement, grant, loan or cooperative agreement. Additionally, Provider certifies that it has filed the required certification under the Byrd Anti-Lobbying Amendment (31 USC 1352), if applicable.

8.2. Federal Form LLL. If any federal funds, other than federally-appropriated funds, were paid or will be paid to any person for influencing or attempting to influence any of the above persons in connection with this Agreement, the undersigned must also complete and submit Federal Form LLL, Disclosure of Lobbying Activities Form, in accordance with its instructions.

8.3. Lobbying Costs. Provider certifies that it is in compliance with the restrictions on lobbying set forth in 2 CFR 200.450. For any Indirect Costs associated with this Agreement, total lobbying costs must be separately identified in the Program Budget, and thereafter treated as other Unallowable Costs.

8.4. Procurement Lobbying. Provider warrants and certifies that it and, to the best of its knowledge, its subrecipients have complied and will comply with Illinois Executive Order No. 1 (2007) (EO 1-2007). EO 1-2007 generally prohibits Providers and subcontractors from hiring the then-serving Governor's family members to lobby procurement activities of the State, or any other unit of government in Illinois including local governments, if that procurement may result in a contract valued at over $25,000. This prohibition also applies to hiring for that same purpose any former State employee who had procurement authority at any time during the one-year period preceding the procurement lobbying activity.

8.5. Subawards. Provider must include the language of this ARTICLE in the award documents for any subawards made pursuant to this Award at all tiers. All subrecipients are also subject to certification and disclosure. Pursuant to Appendix II(I) to 2 CFR Part 200, Provider must forward all disclosures by contractors regarding this certification to Department.

8.6. Certification. This certification is a material representation of fact upon which reliance was placed to enter into this transaction and is a prerequisite for this transaction, pursuant to 31 USC 1352. Any person who fails to file the required certifications will be subject to a civil penalty of not less than $10,000, and not more than $100,000, for each such failure.

## ARTICLE IX
## MAINTENANCE AND ACCESSIBILITY OF RECORDS; MONITORING

9.1. Records Retention. Provider must maintain for three (3) years from the date of submission of the final expenditure report, adequate books, all financial records and, supporting documents, statistical records, and all other records pertinent to this Award, adequate to comply with 2 CFR 200.334, unless a different retention period is specified in 2 CFR 200.334, 44 Ill. Admin. Code 7000.430(a) and (b) or **PART TWO** or **PART THREE**. If any litigation, claim or audit is started before the expiration of the retention period, the records must be retained until all litigation, claims or audit exceptions involving the records have been resolved and final action taken.

9.2. Accessibility of Records. Provider, in compliance with 2 CFR 200.337 and 44 Ill. Admin. Code 7000.430(f), must make books, records, related papers, supporting documentation and personnel relevant to this Agreement available to authorized Department representatives, the Illinois Auditor General, Illinois Attorney General, any Executive Inspector General, Department's Inspector General, federal authorities, any person identified in 2 CFR 200.337, and any other person as may be authorized by

Department (including auditors), by the State of Illinois or by federal statute. Provider must cooperate fully in any such audit or inquiry.

9.3. Failure to Maintain Books and Records. Failure to maintain adequate books, records and supporting documentation, as described in this ARTICLE, will result in the disallowance of costs for which there is insufficient supporting documentation and also establishes a presumption in favor of the State for the recovery of any Funds paid by the State under this Agreement for which adequate books, records and supporting documentation are not available to support disbursement.

9.4. Monitoring and Access to Information. Provider must monitor its activities to assure compliance with applicable state and federal requirements and to assure its performance expectations are being achieved. Department will monitor the activities of Provider to assure compliance with all requirements, including applicable programmatic rules, regulations, and guidelines that the Department promulgates or implements, and performance expectations of the Award. Provider must timely submit all financial and performance reports, and must supply, upon Department's request, documents and information relevant to the Award. Department may make site visits as warranted by Program needs. 2 CFR 200.329; 200.332. Additional monitoring requirements may be in **PART TWO** or **PART THREE**.

## ARTICLE X
## FINANCIAL REPORTING REQUIREMENTS

10.1. Providers Required to Submit an Audit. Providers required to submit an audit in accordance with **PART ONE** must complete the Checklist & Interrogatory for Financial and Statistical Reporting contained in Exhibit I. Providers that meet the requirements outlined in Exhibit I must also submit a Consolidated Financial Report (CFR).

10.2. Effect of Failure to Comply. Failure to comply with the reporting requirements in this Agreement may cause a delay or suspension of funding or require the return of improper payments or Unallowable Costs, and will be considered a material breach of this Agreement. Provider's failure to comply with ARTICLE X, ARTICLE XI, or ARTICLE XVII will be considered prima facie evidence of a breach and may be admitted as such, without further proof, into evidence in an administrative proceeding before Department, or in any other legal proceeding. Provider should refer to the State Provider Compliance Enforcement System for policy and consequences for failure to comply. 44 Ill. Admin. Code 7000.80.

## ARTICLE XI
## PERFORMANCE REPORTING REQUIREMENTS

11.1. Required Periodic Performance Reports. Provider must submit performance reports as requested and in the format required by Department no later than the due date(s) specified in **PART TWO** or **PART THREE**. 44 Ill. Admin. Code 7000.410. Provider must report to Department on the performance measures listed in **Exhibit D**, **PART TWO** or **PART THREE** at the intervals specified by Department, which must be no less frequent than annually and no more frequent than quarterly, unless otherwise specified in either **PART TWO**, **PART THREE (approved as an exception by GATU)**, or on **Exhibit E** pursuant to specific conditions. For certain construction-related Awards, such reports may be exempted as identified in **PART TWO** or **PART THREE**. 2 CFR 200.329.

## ARTICLE XII
## AUDIT REQUIREMENTS

12.1. Audits. Provider is subject to the audit requirements contained in the Single Audit Act Amendments of 1996 (31 USC 7501-7507), Subpart F of 2 CFR Part 200, and the audit rules and policies set forth by the Governor's Office of Management and Budget. 30 ILCS 708/65(c); 44 Ill. Admin. Code 7000.90.

12.2. Entities That Are Not "For-Profit".

(a) This Paragraph applies to Providers that are not "for-profit" entities.

(b) Single and Program-Specific Audits. If, during its fiscal year, Provider expends at least $1,000,000 in federal Awards (direct federal and federal pass-through awards combined), Provider must have a single audit or program-specific audit conducted for that year as required by 2 CFR 200.501 and other applicable sections of Subpart F of 2 CFR Part 200. The audit report packet must be completed as described in 2 CFR 200.512 (single audit) or 2 CFR 200.507 (program-specific audit), 44 Ill. Admin. Code 7000.90(h)(1) and the current GATA audit manual and submitted to the Federal Audit Clearinghouse, as required by 2 CFR 200.512. The results of peer and external quality control reviews, management letters issued by the auditors and their respective corrective action plans if significant deficiencies or material weaknesses are identified, and the CYEFR(s) must be submitted to the Grantee Portal at the same time the audit report packet is submitted to the Federal Audit Clearinghouse. The due date of all required submissions set forth in this Paragraph is the earlier of (i) thirty (30) calendar days after receipt of the auditor's report(s) or (ii) nine (9) months after the end of Provider's audit period.

(c) Financial Statement Audit. If, during its fiscal year, Provider expends less than $1,000,000 in federal Awards, Provider is subject to the following audit requirements:

(i) If, during its fiscal year, Provider expends at least $750,000 in State-issued Awards, Provider must have a financial statement audit conducted in accordance with the Generally Accepted Government Auditing Standards (GAGAS). Provider may be subject to additional requirements in **PART TWO, PART THREE** or **Exhibit E** based on Provider's risk profile.

(ii) If, during its fiscal year, Provider expends less than $750,000 in State-issued Awards, but expends at least $500,000 in State-issued Awards, Provider must have a financial statement audit conducted in accordance with the Generally Accepted Auditing Standards (GAAS).

(iii) If Provider is a Local Education Agency (as defined in 34 CFR 77.1), Provider must have a financial statement audit conducted in accordance with GAGAS, as required by 23 Ill. Admin. Code 100.110, regardless of the dollar amount of expenditures of State-issued Awards.

(iv) If Provider does not meet the requirements in subsections 12.3(b) and 12.3(c)(i-iii) but is required to have a financial statement audit conducted based on other regulatory requirements, Provider must submit those audits for review.

(v) Provider must submit its financial statement audit report packet, as set forth in 44 Ill. Admin. Code 7000.90(h)(2) and the current GATA audit manual, to the Provider Portal within the earlier of (i) thirty (30) calendar days after receipt of the auditor's report(s) or (ii) six (6) months after the end of Provider's audit period.

12.3. "For-Profit" Entities.

(a) This Paragraph applies to Providers that are "for-profit" entities.

(b) Program-Specific Audit. If, during its fiscal year, Provider expends at least $1,000,000 in federal pass-through funds from State-issued Awards, Provider must have a program-specific audit conducted in accordance with 2 CFR 200.507. The auditor must audit federal pass-through programs with federal pass-through Awards expended that, in the aggregate, cover at least 50 percent (0.50) of total federal pass-through Awards expended. The audit report packet must be completed as described in 2 CFR 200.507 (program-specific audit), 44 Ill. Admin. Code 7000.90 and the current GATA audit manual, and must be submitted to the Provider Portal. The due date of all required submissions set forth in this Paragraph is the earlier of (i) thirty (30) calendar days after receipt of the auditor's report(s) or (ii) nine (9) months after the end of Provider's audit period.

(c) Financial Statement Audit. If, during its fiscal year, Provider expends less $1,000,000 in federal pass-through funds from State-issued Awards, Provider must follow all of the audit requirements in Paragraphs 12.3(c)(i)-(v), above.

(d) Publicly-Traded Entities. If Provider is a publicly-traded company, Provider is not subject to the single audit or program-specific audit requirements, but must submit its annual audit conducted in accordance with its regulatory requirements.

12.4. Performance of Audits. For those organizations required to submit an independent audit report, the audit must be conducted by the Illinois Auditor General (as required for certain governmental entities only), or a Certified Public Accountant or Certified Public Accounting Firm licensed in the State of Illinois or in accordance with Section 5.2 of the Illinois Public Accounting

Act (225 ILCS 450/5.2). For all audits required to be performed subject to GAGAS or Generally Accepted Auditing Standards, Provider must request and maintain on file a copy of the auditor's most recent peer review report and acceptance letter. Provider must follow procedures prescribed by Department for the preparation and submission of audit reports and any related documents.

12.5. Delinquent Reports. When audit reports or financial statements required under this ARTICLE are prepared by the Illinois Auditor General, if they are not available by the above-specified due date, they must be provided to Department within thirty (30) days of becoming available. Provider should refer to the State Provider Compliance Enforcement System for the policy and consequences for late reporting. 44 Ill. Admin. Code 7000.80.

## ARTICLE XIII
## TERMINATION; SUSPENSION; NON-COMPLIANCE

13.1. Termination.

(a) Either Party may terminate this Agreement, in whole or in part, upon thirty (30) calendar days' prior written notice to the other Party. However, Agreement terminations by Providers with case carrying responsibilities require ninety (90) calendar day's prior written notice.

(b) If terminated by the Provider, Provider must include the reasons for such termination, the effective date, and, in the case of a partial termination, the portion to be terminated. If Department determines in the case of a partial termination that the reduced or modified portion of the Award will not accomplish the purposes for which the Award was made, Department may terminate the Agreement in its entirety. 2 CFR 200.340(a)(3).

(c) This Agreement may be terminated, in whole or in part, by Department:

(i) Pursuant to a funding failure under Paragraph 4.1;

(ii) If Provider fails to comply with the terms and conditions of this or any Award, application or proposal, including any applicable rules or regulations, or has made a false representation in connection with the receipt of this or any Award; or

(iii) If the Award no longer effectuates the Program goals or agency priorities, and if this termination is permitted in the terms and conditions of the Award, which must be detailed in **Exhibit A**, **PART TWO** or **PART THREE**.

13.2. Suspension. Department may suspend this Agreement, in whole or in part, pursuant to a funding failure under Paragraph 4.1 or if the Provider fails to comply with terms and conditions of this or any Award. If suspension is due to Provider's failure to comply, Department may withhold further payment and prohibit Provider from incurring additional Obligations pending corrective action by Provider or a decision to terminate this Agreement by Department. Department may allow necessary and proper costs that Provider could not reasonably avoid during the period of suspension.

13.3. Non-compliance. If Provider fails to comply with the U.S. Constitution, applicable statutes, regulations or the terms and conditions of this or any Award, Department may impose additional conditions on Provider, as described in 2 CFR 200.208. If Department determines that non-compliance cannot be remedied by imposing additional conditions, Department may take one or more of the actions described in 2 CFR 200.339. The Parties must follow all Department policies and procedures regarding non-compliance, including, but not limited to, the procedures set forth in the State Provider Compliance Enforcement System. 44 Ill. Admin. Code 7000.80 and 7000.260.

13.4. Objection. If Department suspends or terminates this Agreement, in whole or in part, for cause, or takes any other action in response to Provider's non-compliance, Provider may avail itself of any opportunities to object and challenge such suspension, termination or other action by Department in accordance with any applicable processes and procedures, including, but not limited to, the procedures set forth in the State Provider Compliance Enforcement System. 2 CFR 200.342; 44 Ill. Admin. Code 7000.80 and 7000.260.

13.5. Effects of Suspension and Termination.

(a) Department may credit Provider for allowable expenditures incurred in the performance of authorized services under this Agreement prior to the effective date of a suspension or termination.

(b) Except as set forth in subparagraph (c), below, Provider must not incur any costs or Obligations that require the use of Funds after the effective date of a suspension or termination, and must cancel as many outstanding Obligations as possible.

(c) Costs to Provider resulting from Obligations incurred by Provider during a suspension or after termination of the Agreement are not allowable unless Department expressly authorizes them in the notice of suspension or termination or subsequently. However, Department may allow costs during a suspension or after termination if:

(i) The costs result from Obligations properly incurred before the effective date of suspension or termination, are not in anticipation of the suspension or termination, and the costs would be allowable if the Agreement was not suspended or terminated prematurely. 2 CFR 200.343.

13.6. Close-out of Terminated Agreements. If this Agreement is terminated, in whole or in part, the Parties must comply with all close-out and post-termination requirements of this Agreement. 2 CFR 200.340(d).

## ARTICLE XIV
## SUBCONTRACTS/SUBAWARDS

14.1. Subcontracting/Subrecipients/Delegation. Provider must not subcontract nor issue a subaward for any portion of this Agreement nor delegate any duties hereunder without Prior Approval of Department. Provider must follow all applicable requirements set forth in 2 CFR 200.332.

14.2. Application of Terms. If Provider enters into a subaward agreement with a subrecipient, Provider must notify the subrecipient of the applicable laws and regulations and terms and conditions of this Award by attaching this Agreement to the subaward agreement. The terms of this Agreement apply to all subawards authorized in accordance with Paragraph 14.1. 2 CFR 200.101(b).

14.3. Liability as Guaranty. Provider will be liable as guarantor for any Funds it obligates to a subrecipient or subcontractor pursuant to this ARTICLE in the event Department determines the funds were either misspent or are being improperly held and the subrecipient or subcontractor is insolvent or otherwise fails to return the funds. 2 CFR 200.345; 30 ILCS 705/6; 44 Ill. Admin. Code 7000.450(a).

## ARTICLE XV
## NOTICE OF CHANGE

15.1. Notice of Change. Provider must notify Department if there is a change in Provider's legal status, FEIN, UEI, SAM registration status, Related Parties, senior management (for non-governmental Providers only) or address. If the change is anticipated, Provider must give thirty (30) days' prior written notice to Department. If the change is unanticipated, Provider must give notice as soon as practicable thereafter. Department reserves the right to take any and all appropriate action as a result of such change(s).

15.2. Failure to Provide Notification. To the extent permitted by Illinois law (*see* Paragraph 21.2), Provider must hold harmless Department for any acts or omissions of Department resulting from Provider's failure to notify Department as required by Paragraph 15.1.

15.3. Notice of Impact. Provider must notify Department in writing of any event, including, by not limited to, becoming a party to litigation, an investigation, or transaction that may have a material impact on Provider's ability to perform under this Agreement. Provider must provide notice to Department as soon as possible, but no later than five (5) days after Provider becomes aware that the event may have a material impact.

15.4. Effect of Failure to Provide Notice. Failure to provide the notice described in this ARTICLE is grounds for termination of this Agreement and any costs incurred after the date notice should have been given may be disallowed.

## ARTICLE XVI
## STRUCTURAL REORGANIZATION AND RECONSTITUTION OF BOARD MEMBERSHIP

16.1. Effect of Reorganization. This Agreement is made by and between Department and Provider, as Provider is currently organized and constituted. Department does not agree to continue this Agreement, or any license related thereto, should Provider significantly reorganize or otherwise substantially change the character of its corporate structure, business structure or governance structure. Provider must give Department prior notice of any such action or changes significantly affecting its overall structure or, for non-governmental providers only, management makeup (for example, a merger or a corporate restructuring), and must provide all reasonable documentation necessary for Department to review the proposed transaction including financial records and corporate and shareholder minutes of any corporation which may be involved. Department reserves the right to terminate the Agreement based on whether the newly organized entity is able to carry out the requirements of the Award. This ARTICLE does not require Provider to report on minor changes in the makeup of its board membership or governance structure, as applicable. Nevertheless, **PART TWO** or **PART THREE** may impose further restrictions. Failure to comply with this ARTICLE constitutes a material breach of this Agreement.

## ARTICLE XVII
## CONFLICT OF INTEREST

17.1. Required Disclosures. Provider must immediately disclose in writing any potential or actual Conflict of Interest to Department. 2 CFR 200.112; 30 ILCS 708/35.

17.2. Prohibited Payments. Payments made by Department under this Agreement must not be used by Provider to compensate, directly or indirectly, any person currently holding an elective office in this State including, but not limited to, a seat in the General Assembly. In addition, where Provider is not an instrumentality of the State of Illinois, as described in this Paragraph, Provider must request permission from Department to compensate, directly or indirectly, any officer or any person employed by an office or agency of the State of Illinois. An instrumentality of the State of Illinois includes, without limitation, State departments, agencies, boards, and State universities. An instrumentality of the State of Illinois does not include, without limitation, units of Local Government and related entities.

17.3. Request for Exemption. Provider may request written approval from Department for an exemption from Paragraph 17.2. Provider acknowledges that Department is under no obligation to provide such exemption and that Department may grant such exemption subject to additional terms and conditions as Department may require.

## ARTICLE XVIII
## EQUIPMENT OR PROPERTY

18.1. Purchase of Equipment. For any equipment purchased in whole or in part with Funds, if Department determines that Provider has not met the conditions of 2 CFR 200.439, the costs for such equipment will be disallowed. Department must notify Provider in writing that the purchase of equipment is disallowed.

18.2. Prohibition against Disposition/Encumbrance. Any equipment, material, or real property that Provider purchases or improves with Funds must not be sold, transferred, encumbered (other than original financing) or otherwise disposed of during the Award Term without Prior Approval of Department unless a longer period is required in **PART TWO** or **PART THREE** and permitted by 2 CFR Part 200 Subpart D. Use or disposition of real property acquired or improved using Funds must comply with the requirements of 2 CFR 200.311. Real property, equipment, and intangible property that are acquired or improved in whole or in part using Funds are subject to the provisions of 2 CFR 200.316. Department may require the Provider to record liens or other appropriate notices of record to indicate that personal or real property has been acquired or improved with this Award and that use and disposition conditions apply to the property.

18.3. Equipment and Procurement. Provider must comply with the uniform standards set forth in 2 CFR 200.310–

200.316 governing the management and disposition of property, the cost of which was supported by Funds. Any waiver from such compliance must be granted by either the President's Office of Management and Budget, the Governor's Office of Management and Budget, or both, depending on the source of the Funds used. Additionally, Provider must comply with the standards set forth in 2 CFR 200.317-200.327 to establish procedures to use Funds for the procurement of supplies and other expendable property, equipment, real property and other services.

18.4. Equipment Instructions. Provider must obtain disposition instructions from Department when equipment, purchased in whole or in part with Funds, is no longer needed for their original purpose. Notwithstanding anything to the contrary contained in this Agreement, Department may require transfer of any equipment to Department or a third party for any reason, including, without limitation, if Department terminates the Award or Provider no longer conducts Award activities. Provider must properly maintain, track, use, store and insure the equipment according to applicable best practices, manufacturer's guidelines, federal and state laws or rules, and Department requirements stated herein.

18.5. Domestic Preferences for Procurements. In accordance with 2 CFR 200.322, to the greatest extent practicable and consistent with law, Provider must, under this Award, provide a preference for the purchase, acquisition, or use of goods, products, or materials produced in the United States (including but not limited to iron, aluminum, steel, cement, and other manufactured products). The requirements of this Paragraph must be included in all subawards and in all contracts and purchase orders under this Award.

## ARTICLE XIX
## PROMOTIONAL MATERIALS; PRIOR NOTIFICATION

19.1. Promotional and Written Materials. Use of Funds for promotions is subject to the prohibitions for advertising or public relations costs in 2 CFR 200.421(e). To use Funds in whole or in part to produce any written publications, announcements, reports, flyers, brochures or other written materials, these uses must be allowable under 2 CFR 200.421 and 200 .467 and Provider must include in these publications, announcements, reports, flyers, brochures and all other such material, the phrase "Funding provided in whole or in part by the [Department]." 2 CFR 200.467. Exceptions to this requirement must be requested, in writing, from Department and will be considered authorized only upon written notice thereof to Provider.

19.2. Prior Notification/Release of Information. Provider must notify Department ten (10) days prior to issuing public announcements or press releases concerning work performed pursuant to this Agreement, or funded in whole or in part by this Agreement, and must cooperate with Department in joint or coordinated releases of information.

## ARTICLE XX
## INSURANCE

20.1. Maintenance of Insurance. Provider must maintain in full force and effect during the Term of this Agreement casualty and bodily injury insurance, as well as insurance sufficient to cover the replacement cost of any and all real or personal property (including equipment), or both, purchased or, otherwise acquired, or improved in whole or in part, with funds disbursed pursuant to this Agreement. 2 CFR 200.310. Additional insurance requirements may be detailed in **PART TWO** or **PART THREE**.

20.2. Claims. If a claim is submitted for real or personal property, or both, purchased in whole with funds from this Agreement and such claim results in the recovery of money, such money recovered must be surrendered to Department.

## ARTICLE XXI
## LAWSUITS AND INDEMNIFICATION

21.1. Independent Contractor. Neither Provider nor any employee or agent of Provider acquires any employment rights with Department by virtue of this Agreement. Provider must provide the agreed services and achieve the specified results free from the direction or control of Department as to the means and methods of performance. Provider must provide its own equipment and supplies necessary to conduct its business; provided, however, that in the event, for its convenience or otherwise, Department makes any such equipment or supplies available to Provider, Provider's use of such equipment or supplies provided by Department pursuant to this Agreement is strictly limited to official Department or State of Illinois business and not for any other purpose,

including any personal benefit or gain.

21.2. Indemnification and Liability.

(a) **Non-governmental entities**. This subparagraph applies only if Provider is a non-governmental entity. To the extent permitted by law, Provider agrees to hold harmless Department against any and all liability, loss, damage, cost or expenses, including attorneys' fees, arising from the intentional torts, negligence or breach of contract of Provider, with the exception of acts performed in conformance with an explicit, written directive of Department. Indemnification by Department will be governed by the State Employee Indemnification Act (5 ILCS 350/1 *et seq.*) as interpreted by the Illinois Attorney General. Department makes no representation that Provider, an independent contractor, will qualify or be eligible for indemnification under said Act.

(b) **Governmental entities**. This subparagraph applies only if Provider is a governmental entity. Neither Party shall be liable for actions chargeable to the other Party under this Agreement including, but not limited to, the negligent acts and omissions of the other Party's agents, employees or subcontractors in the performance of their duties as described under this Agreement, unless such liability is imposed by law. This Agreement is not construed as seeking to enlarge or diminish any obligation or duty owed by one Party against the other or against a third party.

## ARTICLE XXII
## MISCELLANEOUS

22.1. Gift Ban. Provider is prohibited from giving gifts to State employees pursuant to the State Officials and Employees Ethics Act (5 ILCS 430/10-10) and Illinois Executive Order 15-09.

22.2. Assignment Prohibited. This Agreement must not be sold, assigned, or transferred in any manner by Provider, to include an assignment of Provider's rights to receive payment hereunder, and any actual or attempted sale, assignment, or transfer by Provider without the Prior Approval of Department in writing renders this Agreement null, void and of no further effect.

22.3. Copies of Agreements upon Request. Provider must, upon request by Department, provide Department with copies of contracts or other agreements to which Provider is a party with any other State agency.

22.4. Amendments. This Agreement may be modified or amended at any time during its Term by mutual consent of the Parties, expressed in writing and signed by the Parties.

22.5. Severability. If any provision of this Agreement is declared invalid, its other provisions will remain in effect.

22.6. No Waiver. The failure of either Party to assert any right or remedy pursuant to this Agreement will not be construed as a waiver of either Party's right to assert such right or remedy at a later time or constitute a course of business upon which either Party may rely for the purpose of denial of such a right or remedy.

22.7. Applicable Law; Claims. This Agreement and all subsequent amendments thereto, if any, are governed and construed in accordance with the laws of the State of Illinois. Any claim against Department arising out of this Agreement must be filed exclusively with the Illinois Court of Claims. 705 ILCS 505/1 *et seq.* Department does not waive sovereign immunity by entering into this Agreement.

22.8. Compliance with Law. Provider is responsible for ensuring that Provider's Obligations and services hereunder are performed in compliance with all applicable federal and State laws, including, without limitation, federal regulations, State administrative rules, including but not limited to 44 Ill. Admin. Code Part 7000, laws and rules which govern disclosure of confidential records or other information obtained by Provider concerning persons served under this Agreement, and any license requirements or professional certification provisions.

22.9. Compliance with Freedom of Information Act. Upon request, Provider must make available to Department all documents in its possession that Department deems necessary to comply with requests made under the Freedom of Information Act. 5 ILCS 140/7(2).

22.10. Compliance with Whistleblower Protections. Provider must comply with the Whistleblower Act (740 ILCS 174/1 *et seq.*) and the whistleblower protections set forth in 2 CFR 200.217, including but not limited to, the requirement that Provider and its subrecipients inform their employees in writing of employee whistleblower rights and protections under 41 U.S.C. 4712.

22.11. Precedence.

(a) Except as set forth in subparagraph (b), below, the following rules of precedence are controlling for this Agreement: In the event there is a conflict between this Agreement and any of the exhibits or attachments hereto, this Agreement controls. In the event there is a conflict between **PART ONE** and **PART TWO** or **PART THREE** of this Agreement, **PART ONE** controls. In the event there is a conflict between **PART TWO** and **PART THREE** of this Agreement, **PART TWO** controls. In the event there is a conflict between this Agreement and relevant statute(s) or rule(s), the relevant statute(s) or rule(s) controls.

(b) Notwithstanding the provisions in subparagraph (a), above, if a relevant federal or state statute(s) or rule(s) requires an exception to this Agreement's provisions, or an exception to a requirement in this Agreement is granted by GATU, such exceptions must be noted in **PART TWO** or **PART THREE**, and in such cases, those requirements control.

22.12. Headings. Articles and other headings contained in this Agreement are for reference purposes only and are not intended to define or limit the scope, extent or intent of this Agreement or any provision hereof.

22.13. Counterparts. This Agreement may be executed in one or more counterparts, each of which are considered to be one and the same agreement, binding on all Parties hereto, notwithstanding that all Parties are not signatories to the same counterpart. Duplicated signatures, signatures transmitted via facsimile, or signatures contained in a Portable Document Format (PDF) document are deemed original for all purposes.

22.14. Attorney Fees and Costs. Unless prohibited by law, if Department prevails in any proceeding to enforce the terms of this Agreement, including any administrative hearing pursuant to the Grant Funds Recovery Act or the Grant Accountability and Transparency Act, Department has the right to recover reasonable attorneys' fees, costs and expenses associated with such proceedings.

22.15. Continuing Responsibilities. The termination or expiration of this Agreement does not affect: (a) the right of Department to disallow costs and recover funds based on a later audit or other review; (b) the obligation of the Provider to return any funds due as a result of later refunds, corrections or other transactions, including, without limitation, final Indirect Cost Rate adjustments and those funds obligated pursuant to ARTICLE XIV; (c) the Consolidated Financial Report ; (d) audit requirements established in 44 Ill. Admin. Code 7000.90 and ARTICLE XII ; (e) property management and disposition requirements established in 2 CFR 200.310 through 2 CFR 200.316 and ARTICLE XVIII; or (f) records related requirements pursuant to ARTICLE IX. 44 Ill. Admin. Code 7000.440.

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CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**EXHIBIT A**

**PROJECT DESCRIPTION**

See **PART THREE** – Project-Specific Terms/Program Plan for the requirements of this Agreement, including, but not limited to Sections:

Section 1.4 Brief Descriptions of Services under DCFS Agreement

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CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**EXHIBIT B**

**DELIVERABLES OR MILESTONES**

Are as stated in **PART THREE** – Project-Specific Terms/Program Plan/Scope of Services.

Provider must not perform services, provide supplies or incur expenses in an amount exceeding the amount shown in Exhibit F and stated in the Pricing/Rate Schedule in Exhibit F, unless the Department has authorized a higher amount in writing prior to the Provider performing the services, providing the supplies, or incurring the expenses.

**WHERE SERVICES ARE TO BE PERFORMED:** Unless otherwise disclosed in this section all services must be performed in the United States. If the Provider performs the services purchased hereunder in another country in violation of this provision, such action may be deemed by the State as a breach of the Agreement by Provider.

Provider must disclose the locations where the services required will be performed and the known or anticipated value of the services to be performed at each location. If the Provider received additional consideration in the evaluation based on work being performed in the United States, it is a breach of the Agreement if the Provider shifts any such work outside the United States.

[redacted]
7/25/25

- Complete Address of Location where services will be performed:
  Pediatric Resource Center
  1800 N. Knoxville Ave, Suite B & C
  Peoria, IL 61603

Value of services performed at this location: 74%

- Complete Address of Location where services will be performed:
  OSF St. Francis Medical Center
  530 NE Glen Oak Avenue
  Peoria, IL 61637

Value of services performed at this location: 25%

- Complete Address of Location where services will be performed:
  Carle Health Methodist Hospital
  221 NE Glen Oak Avenue
  Peoria, IL 61636

Value of services performed at this location: 1%

See **PART THREE** – Project-Specific Terms/Program Plan for the requirements of this Agreement, including, but not limited to Sections:

Section 1.5 Geographical Service Areas
Section 1.6 DCFS Clients
Section 1.7 Provider Clients
Section 1.8 Average Length of Services
Section 1.9 Definitions
Section 2.0 Target Population
Section 3.0 Referral and Admission Procedures
Section 5.0 Service Parameters
Section 5.2 Description of Services
Section 7.0 Discharge Policy/Conclusion of Services/After Care

CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**EXHIBIT C**

**CONTACT INFORMATION**

**CONTACTS FOR NOTIFICATION AND PROGRAM ADMINISTRATION:**

Unless specified elsewhere, all notices required or desired to be sent by either Party must be sent to the persons listed below. Provider must notify Department of any changes in its contact information listed below within five (5) business days from the effective date of the change, and Department must notify Provider of any changes to its contact information as soon as practicable. The Party making a change must send any changes in writing to the contact for the other Party. No amendment to this Agreement is required if information in this Exhibit is changed.

**FOR OFFICIAL NOTIFICATIONS**

**DEPARTMENT CONTACT**

Name: Office of Contract Administration

Title:

Address: 406 E. Monroe Street, Springfield, IL

**PROVIDER CONTACT**

Name: Peggy Diskin

Title: Director, Pre-Award Services OSP

Address: 809 S MARSHFIELD AVE # 511 MB CHICAGO, IL 60612-4305

**PROVIDER PAYMENT ADDRESS**
(If different than the address above)

Address: 28395 NETWORK PL CHICAGO , IL 60673-1283

**PROVIDER CHIEF FINANCIAL OFFICER**

Name: Karen McCormack

Address: 304 AOB (M/C 672) 1737 W. Polk Street Chicago, IL 60612-7227

Phone: 312-996-3373

E-mail Address: gcopost@uic.edu

**FOR PROGRAM ADMINISTRATION**

**DEPARTMENT CONTACT**

Name: Office of Contract Administration

Title:

Address: 406 E. Monroe Street, Springfield, IL

Phone: (217)785-3930

TTY#:

E-mail Address: DCFS.ContractSubmissions@illinois.gov

**PROVIDER CONTACT**

Name: Peggy Diskin

Title: Director, Pre-Award Services OSP

Address:

Phone: (312) 996-9005

TTY #:

E-mail Address: awards@uic.edu

CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**EXHIBIT D**

**PERFORMANCE MEASURES AND STANDARDS**

See **PART THREE** – Project Specific Terms/Program Plan for the requirements of this Agreement, including, but not limited to Sections:

5.3 Outcomes and metrics
6.0 Treatment Goals/Service plans

Services are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to:

1. Prevent substitute care placement;
2. Promote family reunification;
3. Stabilize foster care placements;
4. Facilitate youth development; and
5. Ensure the safety, permanency, and wellbeing of children.

Services to youth must be responsive to the cultural background, beliefs, and practices of individual youth and, as applicable, to a youth's parent(s), guardian(s) and/or other significant persons involved with the youth. Services should be responsive to lesbian, gay, bisexual, transgender, queer and Intersex (LGBTQI+) youth and, as applicable, to a youth's parent's, guardian(s), and other significant persons involved with the youth.

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CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**EXHIBIT E**

**SPECIFIC CONDITIONS**

See **PART THREE** – Project-Specific Terms/Program Plan for the requirements of this Agreement, including, but not limited to

Sections:

4.0 Program Staff

5.0 Service Parameters

Department may remove (or reduce) a Specific Condition included in this Exhibit or in PART THREE of this Agreement by providing written notice to the Provider, in accordance with established procedures for removing a Specific Condition.

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CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**EXHIBIT F**
**RATE SCHEDULE**

| RATE CNT | PAY FREQ | SERVICE NARRATIVE | BEGIN DATE | END DATE | TYPE SERV | ESTIMATED RATE AMT |
|---|---|---|---|---|---|---|
| 01 | OT | AGENCY COUNSELING | 7/1/2025 | 6/30/2028 | 0401 | $240.00 |
| 02 | OT | MED. EXP. REL. TO ABUSE AND NE | 7/1/2025 | 6/30/2028 | 1101 | $334.05 |

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CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**Multi-Year Reference # 2122872016**

**MULTIYEAR SCHEDULE**

| Contract Year | ESTIMATED AMOUNT* |
|---|---|
| Current | $345,400.00 |
| Year 2 | $345,400.00 |
| Year 3 | $345,400.00 |
| Year 4 | $0.00 |
| Year 5 | $0.00 |
| Year 6 | $0.00 |
| Year 7 | $0.00 |
| Year 8 | $0.00 |
| Year 9 | $0.00 |
| Year 10 | $0.00 |

* A multiyear Agreement does not imply a written commitment or obligation by the Department to provide an Agreement at the stated estimated amounts, and all multiyear Agreements are subject to termination and cancellation in any year for which the General Assembly fails to make an appropriation to make payments under the terms of this Agreement.

Further, the Department may terminate this Agreement at the end of the fiscal year, with a 30 day notice, by letter of acknowledgement due to lack of utilization.

This statement does not supersede the termination clause in **PART ONE** or **PART TWO** of the Agreement but is in addition to.

CDC: UNI Program Name: PEDIATRIC MEDICAL ASSESSMENT Agreement Number: 2122872016

**PART TWO – DEPARTMENT-SPECIFIC TERMS**

In addition to the uniform requirements in **PART ONE**, Department has the following additional requirements for its Provider:

**ARTICLE I**
**DEFINITIONS**

"Fixed Rate Agreement" means a type of agreement for services in which reimbursement is made on the basis of a rate, unit cost or allowable cost incurred and is supported by a bill or statement. Pursuant to the Illinois Grant Funds Recovery Act, funds reimbursed on the basis of a rate in accordance with a purchase of care contract are not grant funds for purposes of this Act.

"Non-Substitute Care Program" means any purchase of care program for services consistent with 30 ILCS 500/1-15.68 that does not include substitute care services.

"Persons subject to background checks" has the same meaning as in 89 Ill. Admin. Code 385.

"Substitute Care Program" means a program that provides substitute care for children and youth in a facility or home licensed by the Department, including foster programs; group homes (including shelter care), institutional residential care and transitional living programs.

"Work Product" means any and all tangible items or things that have been or will be prepared, created, developed, invented or conceived by Provider, or jointly by Provider and the Department in the performance of this Agreement, including but not limited to any of the following:

(i) works of authorship (such as manuals, research materials, instructions, printed material, graphics, artwork, images, illustrations, photographs, computer programs, computer software, scripts, object code, source code or other programming code, HTML code, flow charts, notes, outlines, lists, compilations, manuscripts, writings, pictorial materials, schematics, formulae, processes, algorithms, data, information, multimedia files, text web pages or web sites, other written or machine readable expression of such works fixed in any tangible media, and all other copyrightable works);

(ii) trademarks, service marks, trade dress, trade names, logos, or other indicia of source or origin;

(iii) ideas, designs, concepts, personality rights, methods, processes, techniques, apparatuses, inventions, formulas, discoveries, or improvements, including any patents, trade secrets and know-how; and

(iv) domain names.

**ARTICLE II**
**AWARD INFORMATION**

2.1. Term of this Agreement. If a start date is not identified, the term will commence upon the last dated signature of the Parties.

2.2 Provider must not commence billable work in furtherance of the Agreement prior to final execution of the Agreement except where permitted pursuant to either 30 ILCS 500/1-10 or 30 ILCS 500/20-80.

## ARTICLE III
## PROVIDER CERTIFICATIONS AND REPRESENTATIONS

3.1 Under penalties of perjury, Provider certifies that [redacted] is Provider's correct Department of Human Rights number (DHR#).

3.2 The Department will notify Provider under separate cover of sub-recipient and federal dollars paid by program description and CFDA number. The notification will be for each twelve-month period ending June 30th.

3.3 Standard Certifications.

Provider acknowledges and agrees that compliance with this subsection and subsection 3.1 of Article III of **PART ONE** to the extent that the certifications apply to Provider for the term of the Agreement and any renewals is a material requirement and condition of this Agreement. By executing this Agreement Provider certifies compliance with this subsection and subsection 3.1 of Article III of **PART ONE** to the extent that the certifications apply to Provider, and is under a continuing obligation to remain in compliance and report any non-compliance.

This section and section 3.5 of Article III of **PART ONE**, apply to subcontractors and sub-recipients used on this Agreement. Provider must include the language of Article III from **PART ONE** and **PART TWO** of this Agreement in any subcontract or sub-award used in the performance of the Agreement. Provider must use the Subcontract/Sub-Award Agreement (CFS 968-SUB) for any Subcontract/Sub- Award used in the performance of this Agreement. Those Subcontracts/Sub-Awards with a total annual value of $100,000 or greater must also complete and sign the Financial Disclosures and Conflicts of Interest Form (CFS 968-D). If this Agreement extends over multiple fiscal years, including the initial term and all renewals, Provider and its subcontractors/sub-recipients must confirm compliance with these sections in the manner and format determined by the Department by the date specified by the Department and in no event later than July 1 of each year that this Agreement remains in effect.

As part of each certification, Provider acknowledges and agrees that should Provider or its subcontractors/sub-recipients provide false information, or fail to be or remain in compliance with the Standard Certification requirements, one or more of the following sanctions may apply:

- the Agreement amount may be reduced,
- the Agreement may be void by operation of law,
- the Department may void the Agreement, in whole or in part, and
- the Provider and its subcontractors/sub-recipients may be subject to one or more of the following: suspension, debarment, denial of payment, civil and/or criminal prosecution, civil fine, or criminal penalty.

Identifying a sanction or failing to identify a sanction in relation to any of the specific certifications does not waive imposition of other sanctions or preclude application of sanctions not specifically identified.

3.3.1 Provider certifies it and its employees and subcontractors/sub-recipients will comply with applicable Department rules including Part 307, Indian Child Welfare Services which defines the special rights of American Indians; the U.S. Constitution; the 1970 Illinois Constitution. All providers with whom the Department contracts must submit the applicable documentation from the CFS 968-32 Civil Rights Packet assuring that they do not discriminate in their employment and service delivery practices, including semi-annual updates.

3.3.2 Provider certifies it complies with the Illinois Religious Freedom Protection and Civil Union Act and all state laws and rules applicable to civil unions and which prohibit discrimination, and will provide persons entering into a civil union, the legal relationship between two persons of either the same or opposite sex established pursuant to the Illinois Religious Freedom Protection and Civil Union Act, with the same obligations, responsibilities, protections, and benefits afforded or recognized by the law of Illinois to spouses. 750 ILCS 75/1 et seq.

3.3.3 To the extent there was a current vendor providing the services covered by this Agreement and the employees of that vendor who provided those services are covered by a collective bargaining agreement, Provider certifies (i) that it will offer to assume the collective bargaining obligations of the prior employer, including any existing collective bargaining agreement with the bargaining representative of any existing collective bargaining unit or units performing substantially similar work to the services covered by the contract subject to its bid or offer; and (ii) that it shall offer employment to all employees currently employed in any existing bargaining unit who perform substantially similar work to the work that will be performed pursuant to this contract. This does not apply to heating, air conditioning, plumbing and electrical service contracts. 30 ILCS 500/25-80.

3.3.4 Provider certifies that it and its affiliates are not delinquent in the payment of any debt to the State (or if delinquent has entered into a deferred payment plan to pay the debt or is actively disputing or seeking resolution), and Grantee and its affiliates acknowledge the State may declare the contract void if this certification is false or if Provider or an affiliate later becomes delinquent and has not entered into a deferred payment plan to pay off the debt. 30 ILCS 500/50-11, 50-60.

3.3.5 Provider certifies it is not in violation of the "Revolving Door" provisions of the Illinois Procurement Code. 30 ILCS 500/50-30.

3.3.6 Provider, if an individual, sole proprietor, partner or an individual as member of a LLC, certifies that he/she has not received (i) an early retirement incentive prior to 1993 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code or (ii) an early retirement incentive on or after 2002 under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. 30 ILCS 105/15a; 40 ILCS 5/14-108.3; 40 ILCS 5/16-133.

3.3.7 If Provider has been convicted of a felony, Provider certifies at least five years have passed after the date of completion of the sentence for such felony, unless no person held responsible by a prosecutor's office for the facts upon which the conviction was based continues to have any involvement with the business. 30 ILCS 500/50-10.

3.3.8 Provider certifies that it is not in violation of the Lead Poisoning Prevention Act, as it applies to owners of residential buildings, or any violation has been mitigated. 30 ILCS 500/50-14.5, 410 ILCS 45.

3.3.9 Provider certifies that information technology, including electronic information, software, systems and equipment, developed or provided under this Agreement comply with the applicable requirements of the Illinois Information Technology Accessibility Act Standards as published at (www. doit.illinois.gov/initiatives/accessibility/iitaa.html) 30 ILCS 587.

3.3.10 Provider certifies that the funds awarded, and payments made pursuant to this Agreement will be used only for the specific purposes authorized in, and meet all the requirements of, the approved Agreement, Budget, and Program Plan/Scope of Services.

3.3.11 **Unlawful Discrimination.** All adults, children and youth must be treated in a manner consistent with the Illinois Human Rights Act (775 ILCS 5/101 et. seq.) and the Department's non-discrimination guidelines as outlined in the Department's rules and procedures, including but not limited to Appendix K, Support and Well-Being of Lesbian, Gay, Bisexual, Transgender and Questioning Youth to Procedure 302, Services Delivered by the Department. This includes freedom from discrimination and denial of services based upon an individual's sexual orientation, gender identity, and gender expression (SOGIE). All adults, children and youth have the right to equal access to services provided by DCFS and its contracted providers.

## ARTICLE IV
## PAYMENT REQUIREMENTS

4.1 Format of Pricing. The Department will compensate Provider for the initial term as follows:

When applicable, the Department will pay per the payment rates listed in Exhibit F "Pricing/Rate Schedule".

4.2 For payment, the Provider must submit to the Department invoice vouchers or reporting forms, as required by the Department, on a monthly basis, unless otherwise agreed. Such invoices or reporting forms must be submitted within 30 days after the end of each month (unless otherwise stipulated in this Agreement) in which services are provided and must include information to support the claim for payments, as may be requested by the Department.

Send invoices to: Person identified as Program Monitor.

4.3 Surety Bond. The Department's Director may authorize advance disbursements for any new program initiative to any Grantee contracting with the Department. As a prerequisite for an advance disbursement, the Grantee must post a surety bond in the amount of the advance disbursement and have a purchase of service contract approved by the Department. (20 ILCS 505/5) (from Ch. 23, par. 5005). Bond must be submitted within 10 days of the effective date of the contract. The bond must be from a surety licensed to do business in Illinois by the Illinois Department of Insurance or other applicable regulatory entity. An irrevocable letter of credit from an Illinois financial institution in good standing is an acceptable substitute. The form of surety must be acceptable to the Department.

4.4 Payment Terms: Payments, including late payment charges, will be paid in accordance with the State Prompt Payment Act and rules when applicable. 30 ILCS 540; 74 Ill. Adm. Code 900. This will be Contractor's sole remedy for late payments by the Department. Payment terms contained on Contractor's invoices will have no force and effect. Payments delayed at the beginning of the State's fiscal year because of the appropriation process will not be considered a breach of this Agreement.

4.5 Billing. The Department will process vouchers for payment within 60 days of verification, except in the lapse period beginning July 1 at which time the Department will make reasonable efforts to process vouchers for payment within 30 days of voucher verification. The Provider waives the right to full payment if vouchers, reporting forms or required supporting information are submitted later than 30 days after the end of the fiscal year or more than 30 days following the expiration or termination of the Agreement, whichever is first. The Provider agrees that the Department reserves the right to correct any mathematical or computational error(s) in the payment subtotals or total contract obligation.

4.5.1 Substitute Care Programs

4.5.1.1 The Provider must submit the Monthly Claim Statement for the previous month to the Department's Central Payment Unit (CPU) within the timeframes indicated on the Department's Claiming System.

4.5.1.2 The Department may make funding payments concurrently with the provision of services. Each current funding payment will be subsequently compared and reconciled to actual billings created by the entry of Placement/Payment Authorization forms (CFS-906) and purchased capacity where applicable. Adjustments will be made to the current funding based upon those reconciliations and anticipated utilization changes. Current funding may be withheld for failure to comply with financial reporting requirements.

4.5.1.3 The Provider must complete the Placement/Payment Authorization Form (CFS 906) immediately after placement of a Department client and then transmit the 906 placement information via a telephone call or fax to the Department specified office.

4.5.1.4 If this Agreement relates to Institutional Residential Care, Child Welfare Group Homes or Transitional/ Independent Living programs, the appropriate Department Region must receive such telephone call or fax within two (2) working days of the client's placement or discharge.

4.5.2 Non-Substitute Care Programs

4.5.2.1 For payment, the Provider must submit to the Department invoice vouchers or reporting forms, as required by the Department, on a monthly basis, unless otherwise agreed. Such invoices or reporting forms must be submitted within 30 days after the end of each month (unless otherwise stipulated in this Agreement) in which services are provided and must include information to support the claim for payments, as may be requested by the Department.

## ARTICLE V
## SCOPE OF AWARD ACTIVITIES/PURPOSE OF AWARD

5.1 Supplies and/or Services Required. Services delivered by the Provider must comply with all Department of Children and Family Services laws, rules, regulations, procedures, protocols, and policy guides (available for viewing on the DCFS website at www. DCFS.illinois.gov), all of which are hereby incorporated by reference and made a part of this Agreement. The contractual service requirements are identified in the Project Description/Deliverables or Milestones, which are attached hereto and incorporated herein as Exhibits A and B.

5.2 Providers are expressly prohibited from charging Department clients and the public for services encompassed by the Agreement and materials that arise out of the performance of the Agreement.

5.3 Provider/Staff Specifications. Any staff specifications are detailed in **PART THREE** – Project-Specific Terms/Program Plan, Project Description/Deliverables or Milestones, which are attached hereto and incorporated herein.

5.4 The Provider must comply with Department employment requirements in effect during the Agreement Term.

5.5 Upon request of the Department, the Contractor will participate to the extent and in the manner as requested by the Department in developing and delivering services to Department clients within a designated geographic region.

## ARTICLE VI
## BUDGET

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## ARTICLE VII
## ALLOWABLE COSTS

7.1 Allowable Expenses. Unless otherwise agreed upon and stated in the Project Description/Deliverables or Milestones, this Agreement does not allow for reimbursement of any expense incurred by Provider, including but not limited to telephone or other communications device, postage, copying, travel, transportation, lodging, food and per diem. If allowed under the Project Description/Deliverables or Milestones, any approved travel expenses will be reimbursed at rates not to exceed the Travel Regulation Council and Governor's Travel Control Board rules. The Department reserves the right to review all out of state travel requests and to review all DCFS salary reimbursements for reasonableness and adjust accordingly.

7.2 Taxes. Pricing must not include and Provider must not bill for any taxes unless accompanied by proof the Department is subject to the tax. If necessary, Provider may request the Department's Illinois tax exemption number and federal tax exemption information.

7.3 Reimbursement of administrative costs other than inspection and monitoring for purposes of issuing licenses may not exceed 20% of the costs of other services. (20 ILCS 505/5a.)

## ARTICLE VIII
## LOBBYING

**THIS SECTION IS INTENTIONALLY LEFT BLANK.**

## ARTICLE IX
## MAINTENANCE AND ACCESSIBILITY OF RECORDS; MONITORING

9.1 The Provider must assist the Department in its functions of reviewing financial and programmatic records and monitoring and evaluating performances under this Agreement. Except in emergency situations, the Department will attempt to notify the Provider at least five (5) days prior to a review of financial and programmatic records relating to this Agreement. The Provider must allow Department employees, federal officials authorized by the Director, and other qualified persons, total access to all financial and programmatic records relating to this Agreement.

9.2 If the Provider is licensed by the Department, it must submit a Licensed Child Welfare Agency Management Self Reporting Form, in compliance with Department Rule 401, Licensing Standards for Child Welfare Agencies, Appendix C (89 Ill. Admin. Code 401).

9.3 Pursuant to Department Rule 401.270 Records Retention (89 Ill. Admin. Code 401.270), Provider must maintain general, personnel and licensing records available for inspection by authorized persons from the Department for at least five (5) years due to federal claiming regulations.

9.4 Provider must identify its staff responsible for contract monitoring and require that they attend trainings provided by the Department on the Department rules and procedures.

9.5 The Contractor must comply with the DCFS program monitoring procedures established by DCFS and adhere to any corrective action or performance improvement plan developed through the monitoring process.

9.6 Source Documentation. The Provider must maintain time and attendance records for all staff whose salaries are funded in whole or in part pursuant to this Agreement and consistent with generally accepted business practices.

9.7 The Provider must submit an electronic copy of its audit and all attachments via the Grantee Portal.

Written requests for waivers must be submitted to the Deputy Director, Office of Budget and Finance, 15115 S Dixie Highway, Harvey IL 60426, before the due date of the required report and must specify the reason/s for the request.

9.8 The Office of the Inspector General (OIG) of the Department has the authority to impound and have access to records and facilities without advance notice when the Department has reason to believe that advance notice could jeopardize its investigation. For the purposes of this section, documents and records include all computer, electronic and digital data. In cooperation with the OIG, the Provider must:

1) Fully comply with requests or Notices of Impounding by the OIG for the production of documents and records;

2) Refrain from removing, altering or tampering with documents requested or impounded by the OIG or that are the subject of a pending OIG investigation;

3) Maintain any records identified by the OIG in a manner to prevent tampering, altering or removal by employees; and

4) Allow and encourage employees to speak to the OIG regarding pending investigations.

## ARTICLE X
## FINANCIAL REPORTING REQUIREMENTS

10.1 Excess Revenue Calculations will be made per Department Rule and Procedure. Upon request by the Department, the Provider must document the nature of costs funded by excess revenue dollars. The Department will notify the Provider of the excess revenue calculation.

10.2 When all the Agreements with one Provider, expire or terminate prior to the end of a fiscal year, the revenue and expense sections of the Department's cost report will be submitted with an opinion from a certified public accountant within 30 days after expiration or termination. For Substitute care programs or programs as determined by the Director or his/her designee, the Department will issue a determination of excess revenue using the opined revenue and expenses. No later than 15 days after notification, the Provider must return by check(s) (with Department contract numbers identified on all checks and/or correspondence) any excess revenue due.

10.3 All checks must be made payable to:

**Treasurer, State of Illinois**
**c/o Illinois Department of Children & Family Services**
**406 East Monroe Street, Station #412**
**Springfield, IL 62701**

## ARTICLE XI
## PERFORMANCE REPORTING REQUIREMENTS

11.1 Performance Record / Suspension. Upon request of the Department, Provider must meet to discuss performance or provide program performance updates to help ensure proper performance of the Agreement. The Department may consider Provider's performance under this Agreement and compliance with law and rule to determine whether to continue the Agreement, suspend Provider from doing future business with the State for a specified period of time, or to determine whether Provider can be considered responsible on specific future grant/contract opportunities. The Department also reserves the right, within its sole discretion, to reduce or suspend service referrals to Provider or to reduce program amounts based on operational or programmatic needs.

## ARTICLE XII
## AUDIT REQUIREMENTS

**THIS SECTION IS INTENTIONALLY LEFT BLANK.**

## ARTICLE XIII
## TERMINATION; SUSPENSION; NON-COMPLIANCE

13.1 Termination for Cause. The Department may terminate this Agreement, in whole or in part, immediately upon notice to the Provider if: (a) the Department determines that the actions or inactions of the Provider, its agents, employees or

subcontractors/sub-recipients have caused, or reasonably could cause, jeopardy to health, safety, or property, or (b) the Provider has notified the Department that it is unable to perform the Agreement.

If Provider fails to perform to the Department's satisfaction any material requirement of this Agreement, is in violation or breach of a material provision of this Agreement, including the Program Plan/Scope of Services and any Supplemental Terms and Provisions, or the Department determines that the Provider lacks the financial resources to perform the Agreement, the Department must provide written notice to the Provider to cure the problem identified within the period of time specified in the Department's written notice. If not cured by that date the Department may either: (a) immediately terminate the Agreement, in whole or in part, without additional written notice, or (b) enforce the terms and conditions of the Agreement.

13.2 Department's Compensation upon Termination. Should Provider breach this Agreement and not cure any breach susceptible of being cured within the time specified by the Department, or for termination due to any of the reasons stated above, the Department retains its rights to seek any available legal or equitable remedies, including but not limited to monetary damages and reasonable attorney fees and costs.

13.3 Termination for Convenience. No termination of services may be made without full consideration of the best interests of the Department client. The Provider will abide by the Department's determination of the best interests of the Department client.

## ARTICLE XIV
## SUBCONTRACTS/SUB-AWARDS

14.1 Subcontracts/Sub-Awards. If subcontractors/sub-recipients will be utilized, Provider must identify below or in an attachment the names and addresses of all subcontractors/sub-recipients it will be entering into a contractual agreement with in the performance of this Agreement, together with a description of the work to be performed by the subcontractor/sub-recipient and the anticipated amount of money, to the extent the information is known, that each subcontractor/sub-recipient is expected to receive pursuant to this Agreement. Provider must provide a copy of any subcontracts/sub-awards to the Department's Office of Contract Administration. A subcontractor/sub-recipient may identify information that is deemed proprietary or confidential. All subcontracts/sub-awards must include the same certifications that Provider must make as a condition of this Agreement. The Provider agrees to systematically and accurately track all monies billed by its subcontractors/sub-recipients under applicable subcontracts/sub-awards. The Provider must accurately report those services provided by subcontractors/sub-recipients and who is ultimately receiving State or federal funds, in order to prevent conflicts of interest and possible financial improprieties.

Will subcontractors be utilized? ☐ Yes ☑ No Will sub-recipients be utilized? ☐ Yes ☑ No

- Subcontractor Name: _____

Amount to be paid: $_____

Address: _____

Description of work: _____

- Sub-recipient Name: _____

Amount to be paid: $_____

Address: _____

Description of work: _____

**If the total annual value of any subcontract/sub-award is $100,000 or greater, the subcontract/sub-award must include the Financial Disclosures and Conflicts of Interest document for the Subcontractor/Sub-Recipient.** If at any time during the term of the Agreement, Provider adds or changes any subcontractors/sub-recipients, Provider must promptly notify, by written amendment to the Agreement, the Department's Office of Contract Administration of the names and addresses, description of the work to be performed and the expected amount of money that each new or replaced subcontractor/sub-recipient will receive pursuant to the Agreement. Provider must provide a copy of any such subcontracts/sub-awards and applicable Financial Disclosures and Conflicts of Interest. Any subcontracts/sub-awards entered into prior to award of the Agreement are done at the Provider's and subcontractor's/sub- recipient's risk.

Subcontracted/sub-awarded services must be provided pursuant to a written contract/agreement between the subcontractor/sub-recipient and the Provider and must comply with all provisions contained in this Agreement. The Provider remains responsible and liable for the performance of any person, organization or corporation with which it contracts or otherwise enters into agreements with.

**For those Agreements that include a subcontractor or sub-recipient, Provider certifies that the Provider has complied with Section 14.1 in PART ONE and PART TWO of this Agreement.**

## ARTICLE XV
## NOTICE OF CHANGE

15.1 Notices and other communications provided for herein must be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by courier (UPS, Federal Express or other similar and reliable carrier), by e-mail, or by fax showing the date and time of successful receipt. Notices must be sent to the individuals who signed the Agreement using the contact information following the signatures. Each such notice will be deemed to have been provided at the time it is actually received. By giving notice, either Party may change the contact information.

15.2 Written notice of changes of name, ownership, taxpayer identification number or taxpayer certification should be provided at least 60 calendar days in advance. Such changes may require new licenses and Agreements.

15.3 The Department retains the right to amend, Program Plans, and Agreements based on its operational needs after notifying the Provider of the changes.

15.4 Both parties agree to give 14 calendar days' written notice prior to termination of contractual services to any Department client in substitute care, however, that the Department may terminate services immediately with no prior written notice in those rare instances where the Department determines that notice would threaten the health, safety, or welfare of any Department Client. Notwithstanding any other provision to the contrary, notice as required by this paragraph must be sent by CERTIFIED MAIL to the Contractor at its principal address indicated on Page 21, and to the Department at the Regional Office of client origin, and will be effective upon mailing.

## ARTICLE XVI
## STRUCTURAL REORGANIZATION AND RECONSTITUTION OF BOARD MEMBERSHIP

16.1 Board of Directors. Provider must provide a list of its Board of Directors with contact information including name, address, phone number (including fax) and email.

## ARTICLE XVII
## CONFLICT OF INTEREST

17.1. The Provider must create and adopt a Conflict of Interest Policy that reflects the specifications outlined in Department Rule 437, Employee Conflict of Interest (89 Ill. Admin. Code 437).

17.2 Financial Disclosures and Conflicts of Interest. **See attached Financial Disclosures and Conflicts of Interest attached hereto as pages D1 –D11 and incorporated herein.**

## ARTICLE XVIII
## EQUIPMENT OR PROPERTY

18.1 All equipment the Department assigns to Provider is owned by the Department. The use of State-owned property and equipment for personal use or private gain is strictly prohibited. Providers assigned equipment must also properly use, maintain, secure, and store the equipment in accordance with Department Administrative Procedures 19 Property Control and 20 Electronic Mail/Internet Usage/SACWIS Search Function (available at http://dcfswebresource.dcfs.illinois.gov). Providers must return all assigned equipment to the Department upon request.

18.2 The Provider is strictly prohibited from using any funds provided under this Agreement for the purchase or acquisition of real estate or other real property.

## ARTICLE XIX
## PROMOTIONAL MATERIALS; PRIOR NOTIFICATION

**THIS SECTION IS INTENTIONALLY LEFT BLANK.**

## ARTICLE XX
## INSURANCE

20.1 Insurance. Provider must, at all times during the term and any renewals maintain and provide a Certificate of Insurance naming the Department as an additional insured for all required bonds and insurance. Certificates may not be modified or canceled until at least 30 days' notice has been provided to the Department. Provider must provide: (a) General Commercial Liability in the amount of $1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and $2,000,000 Annual Aggregate; (b) Professional Liability occurrence in the amount of $1,000,000 per occurrence (Combined Single Limit Bodily Injury and Property Damage) and $2,000,000 Annual Aggregate; (c) Auto Liability, including Hired Auto and Non-owned Auto, (Combined Single Limit Bodily Injury and Property Damage) in amount of $1,000,000 per occurrence; and (d) Worker's Compensation Insurance in the amount required by law. Insurance does not limit Provider's obligation to indemnify, defend, or settle any claims.

## ARTICLE XXI
## LAWSUITS AND INDEMNIFICATION

21.1 Indemnification and Liability. Neither Party will be liable for incidental, special, consequential or punitive damages.

21.2 The Provider agrees to immediately notify the Department of service of summons on Provider of an action against Provider for any and all liability, loss, damage, cost or expenses including attorneys' fees, arising from the acts or omissions of the Provider and/or its employees and/or its subcontractors/sub-recipients relating to services delivered by Provider to the Department.

## ARTICLE XXII
## MISCELLANEOUS

22.1 Time is of the Essence. Time is of the essence with respect to Provider's performance of this Agreement. Provider must continue to perform its obligations while any dispute concerning the Agreement is being resolved unless otherwise directed by the Department.

22.2 Force Majeure. Failure by either Party to perform its duties and obligations will be excused by unforeseeable circumstances beyond its reasonable control and not due to its negligence, including acts of nature, health crises, epidemics, pandemics, acts of terrorism, riots, labor disputes, fire, flood, explosion, and governmental prohibition. The non-declaring Party may cancel the Agreement without penalty if performance does not resume within 30 days of the declaration.

22.3 Confidential Information. Each Party, including its agents and subcontractors/sub-recipients, to this Agreement may have or gain access to confidential data or information owned or maintained by the other Party in the course of carrying out its responsibilities under this Agreement.

22.3.1 Performance by the Provider may include access to and use of documents and data which may be confidential or considered proprietary to the Department or a Department Provider, or which may otherwise be of such a nature that its dissemination or use, other than in performance of the Agreement, would be adverse to the interest of the Department or others.

22.3.2 Provider will presume all information received from the Department or to which it gains access pursuant to this Agreement is confidential. Provider information specifically prohibited from disclosure by federal or State law or rules and regulations implementing federal or State law or covered by any other exemption in the Freedom of Information Act (FOIA) will be exempt from disclosure. Any information not prohibited or exempt from disclosure under federal law, State law, or applicable FOIA exemption is public. No confidential data collected, maintained, or used in the course of performance of the Agreement will be disseminated except as authorized by law and with the written consent of the disclosing Party, either during the period of the Agreement or thereafter. The Provider must return any and all data collected, maintained, created or used in the course of the performance of the Agreement, in whatever form it is maintained, promptly at the end of the Agreement, or earlier at the request of the Department, or notify the Department in writing of its destruction. The foregoing obligations do not apply to confidential data or information lawfully in the Provider's possession prior to its acquisition from the Department; received in good faith from a third-party not subject to any confidentiality obligation to the Department; now is or later becomes publicly known through no breach of confidentiality obligation by the Provider; or is independently developed by the Provider without the use or benefit of the Department's confidential information.

22.3.3 Except as may be required by state or federal law, regulation or order, the Provider must not release information concerning persons served by the Department without prior written approval of the Director of the Department, or designee.

22.3.4 Unauthorized Access. If Provider has knowledge of any unauthorized access or use of shared Confidential Information of the Department, it must: (i) notify the Department immediately, which in no event will be longer than twenty four (24) hours from receiving notice of the unauthorized access and use; (ii) take prompt and appropriate action to prevent further unauthorized access or use; (iii) cooperate with the Department and any government authorities with respect to the investigation and mitigation of any such unauthorized access and use, including the discharge of each Parties' duties under the law; and (iv) take such other actions as the Department may reasonably direct to remedy such unauthorized access and use, including, if required under any federal or state law, providing notification to the affected persons. Provider must bear the losses and expenses (including attorneys' fees) associated with a breach of Confidential Information of the Department including, without limitation, any costs: (1) of providing notices of a data breach to affected persons, and to regulatory bodies; and (2) of remedying and otherwise mitigating any potential damage or harm of the data breach, including, without limitation, establishing call centers and providing credit monitoring or credit restoration "Services", as requested by the Department.

22.3.5 The Provider must inform its employees and subcontractors/sub-recipients of such confidentiality obligations, as well as the penalties for violation thereof, and must assure their compliance therewith. The Provider acknowledges that nothing herein prevents the Provider from sharing any confidential information with the Department for youth for whom the Department has legal responsibility, and the Provider is required to deliver said information to the Department upon request as allowable under state or federal law.

22.4 Use and Ownership. All Work Product will be deemed work for hire under copyright law and all intellectual property and other laws, and the Department is granted sole and exclusive ownership to all such Work Product, unless otherwise agreed in writing. Provider hereby assigns to the Department all right, title, and interest in and to such Work Product including any related intellectual property rights, and waives any and all claims that Provider may have to such Work Product including any so-called "moral rights" in connection with the Work Product. Provider acknowledges the Department may use the Work Product for any purpose. Confidential data or information contained in such Work Product will be subject to confidentiality provisions of this Agreement.

22.4.1 The Provider must, upon request of the Department, execute all papers and perform all other acts necessary to assist the Department to obtain and register copyrights, patents or other forms of protection provided by law for the Work Product.

22.4.2 The Provider must provide the Department with all computer source code, object code, and all other documentation necessary to understand and use such codes.

22.4.3 The Provider, its employees and any subcontractors/sub-recipients, must not copyright, copy, reproduce, allow or cause to have the Work Product copied, reproduced or used for any purpose other than performance of the Provider's obligations under this Agreement without the prior written consent of the Department's Director.

22.4.4 Upon expiration or termination of this Agreement, all Work Product whether in paper, electronic or other forms must be, at the option of the Department, delivered to the Department by the Provider or destroyed.

22.4.5 The Department, in its sole discretion, has the right to limit or restrict access to its data and Work Product. The Department also has the right to limit or restrict individuals who work on specific Department projects.

22.5 Solicitation and Employment. Provider must not employ any person employed by the Department during the term of this Agreement to perform any work under this Agreement. Provider must give notice immediately to the Department's Director if Provider solicits or intends to solicit Department employees to perform any work under this Agreement.

22.6 Compliance with the Law. Provider must be in compliance with applicable tax requirements and must be current in payment of such taxes. Provider must obtain at its own expense, all licenses and permissions necessary for the performance of this Agreement. Provider must comply with all provisions of the Uniform Conviction Information Act statute (20 ILCS 2635, et seq.) and all other applicable state and federal statutory requirements including all applicable Criminal Justice Information Security (CJIS) requirements. The CJIS Security Policy can be accessed on-line at: https://le.fbi.gov/cjis-division/cjis-security-policy-rosource-center.

22.7 Schedule of Work. Any work performed on Department's premises must be done during the hours designated by the Department and performed in a manner that does not interfere with the Department and its personnel.

22.8 Background Check.

22.8.1 Provider must require all employees, subcontractors/sub-recipients, and volunteers working on this Agreement who have access to clients or confidential client information, to undergo a driver history and criminal history background check via fingerprints, a check of the Child Abuse and Neglect Tracking System and other state child protection systems, as appropriate, and a check of the Illinois Sex Offender Registry whenever the Department deems it reasonably necessary and at the Department's expense all as set forth in Department rules, regulations, procedures and protocols. Provider or subcontractor/sub-recipient must reassign immediately any such individual who, in the opinion of the State, does not pass the background check. If Provider is not licensed through DCFS, it must require the aforementioned checks **at least every two (2) years**. Provider must require employees and volunteers to immediately notify their supervisor of any arrest or conviction of any criminal offense other than a minor traffic violation or any report to or indicated finding of abuse or neglect by the Department. Provider must immediately notify the Department of any such report by its employee or volunteer.

22.8.2 If Provider is a substitute care provider, Provider certifies that all persons subject to a background check have successfully completed a background check in accordance with Department Rule 385.20 or any other applicable

requirement. The Provider further acknowledges that the Department may declare the Agreement void if this certification is false.

22.8.2.1 All persons subject to background check screening must complete the Department's authorization forms and certify by their signature that the information provided on their authorization forms is true and accurate and acknowledge that any misrepresentation or omission of any material fact on the authorization forms will render them ineligible to perform services pursuant to the Agreement.

22.8.2.2 Provider's failure to comply with the background check screening requirements constitutes grounds for immediate Agreement termination and, for Providers who are substitute care providers, reimbursement of costs and expenses to the Department for all background check screenings authorized by the Provider for applicants who are not persons subject to background checks as defined in Department Rule 385.20.

22.9 Applicable Law. The Department must not enter into binding arbitration to resolve any Agreement dispute.

22.10 Anti-Trust Assignment. If Provider does not pursue any claim or cause of action it has arising under federal or State antitrust laws relating to the subject matter of the Agreement, then upon request of the Illinois Attorney General, Provider must assign to the Department rights, title and interest in and to the claim or cause of action.

22.11 Providers who hire qualified veterans and certain ex-offenders may be eligible for tax credits. 35 ILCS 5/216, 5/217. Please contact the Illinois Department of Revenue (telephone # 217-524-4772) for information about tax credits.

22.12 Business Enterprise Program (BEP). When available BEP providers should be the preferred provider under this Agreement.

22.13 Warranties for Supplies and Services.

22.13.1 Provider warrants that the supplies furnished under this Agreement will: (a) conform to the standards, specifications, drawing, samples or descriptions furnished by the Provider or furnished by the Provider and agreed to by the Department, including but not limited to all specifications attached as exhibits hereto; (b) be merchantable, of good quality and workmanship, and free from defects for a period of twelve months or longer if so specified in writing, and fit and sufficient for the intended use; (c) comply with all federal and state laws, regulations and ordinances pertaining to the manufacturing, packing, labeling, sale and delivery of the supplies; (d) be of good title and be free and clear of all liens and encumbrances and; (e) not infringe any patent, copyright or other intellectual property rights of any third party. Provider agrees to reimburse the Department for any losses, costs, damages or expenses, including without limitations, reasonable attorney's fees and expenses, arising from failure of the supplies to meet such warranties.

22.13.2 Provider must ensure that all manufacturers' warranties are transferred to the Department and must provide a copy of the warranty. These warranties are in addition to all other warranties, express, implied or statutory, and will survive the Department's payment, acceptance, inspection or failure to inspect the supplies.

22.13.3 Provider warrants that all services will be performed to meet the requirements of the Agreement in an efficient and effective manner by trained and competent personnel. Provider must monitor performances of each individual and must reassign immediately any individual who is not performing in accordance with the Agreement or Program Plan/Scope of Services, who is disruptive or not respectful of others in the workplace, or who in any way violates the Agreement or Department policies.

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## PART THREE – PROJECT-SPECIFIC TERMS/PROGRAM PLAN

In addition to the uniform requirements in **PART ONE** and the Department-Specific Terms in **PART TWO**, the Department has the following additional requirements for this Project:

See Attached Program Plan for the requirements of this Agreement, including, but not limited to Sections:

8.0 Client and Program Reporting
9.0 Fiscal and Program Monitoring

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Revised: _08/15/22____
Reviewed: _____

## PROGRAM PLAN OUTLINE

**Program Plan Name: Pediatric Medical Assessment Agreement #: 212287-2016**

### 1.0 Provider Descriptive Information

#### 1.1 Provider Agency Name: Board of Trustees University of Illinois

Address: 809 S MARSHFIELD AVE # 511 MB
CHICAGO, IL 60612-4305

#### 1.2 Corporate Office Information:

Legal Entity Status: GOVERMENTAL ENTITY

License Status, if applicable: NA

Accreditation Status, if applicable: NA

Executive Director: Stephanie Johnson

Telephone #: 309-624-9595

Email Address: saj@uic.edu

##### 1.2.1 Board of Directors:

##### 1.2.2 Subcontracts/Sub-grants:

***Any subcontractors/sub-grantees submitted to provide services under this Agreement shall meet the same background requirements and credentialing as required for staff funded under this Agreement. Moreover, if subcontractors/sub-grantees are used, the provider must maintain records of services provided, payments made via the subcontract/sub-grant agreement, and proof of monitoring the subcontractor's/sub-grantee's performance. All subcontracts/sub-grants must follow the instructions and use the forms prescribed in Part II, Article XVII, Subcontracts/Sub-grants, of the applicable DCFS Agreement.***

#### 1.3 Brief Description of Various Services Offered by Provider:

The Pediatric Resource Center provides multiple services to children suspected of being physical abused, sexually abused or neglected. The physicians and nurse practitioner provide medical assessment tasks and medical expertise for child physical abuse, child sexual abuse and neglect cases. Case coordination staff perform crisis counseling, medical advocacy, case management, education and medical social services to children and their families involved in investigation for child abuse or neglect. Additional services to the non-

offending parent or caregivers include education for special needs of child victims and links to other needed medical and community services and resources.

### 1.4 Brief Description of Services Provided Under DCFS Agreement:

By providing specialized medical evaluations and case coordination services to children when concerns of physical abuse or sexual abuse, as well as neglect, have been raised, the Pediatric Resource Center works to ensure that children are in a safe environment by working with DCFS and law enforcement. In addition, the medical evaluation ensures that the physical well-being of the referred to the Pediatric Resource Center is addressed, and healthcare needs are met.

**Services are to promote permanency by maintaining, strengthening and safeguarding the functioning of families to (1) prevent substitute care placement (2) promote family reunification, (3) stabilize foster care placements, (4) facilitate youth development, and (5) ensure the safety, permanency and wellbeing of children.**

### 1.5 Geographical Service Area(s):

[redacted] 7/25/25

| Accessibility Y/N | County of Service | Complete Address of Where Services Are Delivered | Description of Services provided at the Site, Program Contact Name, Telephone #, Fax #, & e-mail address |
|---|---|---|---|
| All sites are handicapped accessible | Central Region | Main program locations:<br><br>Pediatric Resource Center<br>1800 N. Knoxville Suites B&C,<br>Peoria, IL 61603 | Medical evaluation and case coordination services for physical abuse, sexual abuse and neglect occur at the 1800 N Knoxville address.<br>Stephanie Johnson – P 309-624-9595<br>F 309-624-9694<br>saj@uic.edu |
| | | OSF St. Francis Medical Center<br>530 Glen Oak Avenue<br>Peoria IL 61637 | Medical evaluation and case coordination services for physical abuse, sexual abuse and neglect occur at the 1800 N Knoxville address.<br>Stephanie Johnson – P 309-624-9595<br>F 309-624-9694<br>saj@uic.edu |
| | | Carle Health Methodist Hospital<br>221 Glen Oak Avenue<br>Peoria IL 61636 | Medical evaluation and case coordination services for physical abuse, sexual abuse and neglect occur at the 1800 N Knoxville address. |
| | | | Stephanie Johnson – P 309-624-9595<br>F 309-624-9694<br>saj@uic.edu |

***The provider shall notify DCFS in writing of any changes in sites where client services are being delivered.***

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**1.6 DCFS Clients**

Client Capacity Under DCFS Agreement: 600
Capacity at Any Given Time: 120

**1.7 Agency Clients**

Client Capacity Under Program: N/A
Capacity at Any Given Time: N/A

**1.8 Average Length of Services:** 60 DAYS

**1.8.1 Services beyond the program plan service parameters:** ***The Provider shall obtain prior authorization from DCFS to serve clients outside of the program plan parameters.***

**1.9 Definitions:**

**1.9.1 Client** a "client" receiving services in this program may be any child who is the subject of a DCFS investigation for sexual abuse, physical abuse, neglect, or risk of harm, and is less than 18 years of age or up to 21 years of age if under DCFS guardianship.

**1.9.2 Unit of Service** A unit of "Medical Case Management" services constitutes a group of tasks to be completed by a health care provider which contributes to the medical piece of a child abuse investigation. The initial standard unit requires approximately 3 hours of service. A unit of "Case Coordination" services consists of medical social services that contribute to the health care piece of an investigation and the psycho- social concerns of the alleged child victim. A unit of case coordination requires approximately 6 hours of service. A listing of services for each unit can be found in section 5.0. Complex cases may require an additional unit of case coordination or medical case management or both. These tasks are delineated in Section 5.0. This is a fee for service contract.

**1.9.3 Other Definitions Pertinent to the Program** .

**2.0 Target Population:**

**2.1 Inclusions**: Children and families who have open cases with the Department and who are approved for referral by the designated Department staff person as evidenced by the Pediatric Resource Center Intake Form or other documentation.

Any child under the age of 21 years and under DCFS guardianship, and is suspected or known to be sexually abused, physically abused, or neglected, and any child under the age of 18 years who is under investigation by DCFS for an allegation of sexual abuse, physical abuse, or neglect, is eligible for consideration for services.

Interpreter services are provided as needed such as sign language, Spanish speaking and other languages are available as well.

**2.2 Exclusions:** Clients whose referrals have not been approved by the designated Department staff person.

Children who need only a Health Care Passport, children whose sole medical need is one of primary care, and children whose court jurisdiction for the allegation lies within Cook County or outside of the State of Illinois.

## 3.0 Referral and Admission Procedures:

### 3.1 Provider Responsibility:

**3.1.1 Referral Decision-Making Criteria:** DCFS workers are responsible for referring cases within 48 hours or less of receiving the case. They are responsible for the following additional tasks: providing background information and providing investigative scene information, including injury and scene photos.
Referrals may be made to the Pediatric Resource Center during the hours of Monday thru Friday, 8:30 to 5:00 (excluding Holidays). Referrals to the Pediatric Resource Center (PRC) will be made by the Child Protection Investigator (CPI) or a follow-up worker at the time when the need for a medical evaluation or medical consultation is determined. Additional referrals may come from caregivers and medical providers. In these instances, PRC staff will coordinate the referral process with DCFS staff. The DCFS worker or their designee will call the PRC case coordinator to request an appointment for the requested medical examination, which is to be scheduled within 30 days of the request. For situations requiring after- hours services, DCFS investigator or designee should call the Pediatric Resource Center main number (309-624-9595), press "0" and ask the operator to page the Pediatric Resource Center medical provider on call. The DCFS worker will inform the client for the reasons of the referral and the time, date and location of the initial appointment. The Pediatric Resource Center staff may also inform the client's caregiver of the appointment date, time and location.

Prior to the exam, the DCFS worker must provide the PRC case coordinator with all pertinent past medical records or make arrangements for the PRC worker to obtain them.

**3.1.2 Admission Notification Procedures**: The Provider must accept all referrals made by authorized DCFS staff that meets eligibility and intake criteria. The intake criteria for direct services include:

1. a child under the age of 18,

2. the child resides in Illinois, with preference given to children residing in counties included in the DCFS Central region,

3. court jurisdiction for potential juvenile, civil, and criminal court for alleged incident(s) lies within the state of Illinois, and

4. there is reasonable suspicion of physical abuse, sexual abuse, or neglect and one of the following situations applies: (i) child has not had a physical examination and it is determined by a PRC staff that the child needs an exam for purposes of child maltreatment assessment and/or health, (ii) child has had a physical examination, but some area of medical evaluation or expertise that can be provided by the PRC was omitted, (iii) child requires additional medical or social services with regard to the alleged child maltreatment that can be provided or arranged by the PRC or (iv) the Department has requested a second opinion regarding the child's condition.

The Provider must accept all referrals made by authorized DCFS staff that meets eligibility and intake criteria as defined in Section 2.0 of this program plan, except when the contract is at capacity. Referrals may be made to the PRC during the hours of Monday thru Friday, 8:30 to 5:00 (excluding Holidays) by phoning the PRC and providing the case coordinator with the needed intake criteria. For situations requiring after-hours services, DCFS investigator or designee should call the PRC main number (309-624-9595), press "0" and ask the operator to page the PRC medical provider on call.

The PRC must accept clients who need various types of medical and medical social services intervention, including those that need an exam, those that need a consult, and those that need medical social service intervention.
PRC staff must verbally notify the DCFS caseworker and the designated DCFS staff person of rejection of a referral within 48 hours of receipt of the referral and provide reason(s) for rejection based on intake criteria.

The PRC Coordinator must notify the DCFS worker of the appointment time for the medical examination within 2 days for ninety percent of the cases, and within 1 week for 99% percent of the cases. Examination appointment times must be set according to medical necessity and health care provider availability. For cases that do not require an examination, the PRC coordinator must respond to the DCFS worker in the same time frame with a medical plan.

Emergent Referrals: The PRC may see children on an emergency basis during normal working hours, which are 8:30 am to 5 p.m., Monday through Friday. If PRC staff is available, an emergency referral received in the morning may be scheduled in the afternoon. When the need arises, staff may work outside of normal business hours to accommodate emergency situations.

**3.2** **Department Responsibility**: The Department caseworker or designated staff person will identify eligible clients in need of services and contact.

The referring DCFS worker shall complete the following tasks:

1. Contacting the PRC Coordinator by phone in order to share any pertinent information prior to the appointment

2. Notifying the physical custodian of the child of the appointment time and arranging for transportation, if necessary.

3. Make arrangements with the parent or guardian to bring the child's medical card or insurance card, and to accomplish the pre-signing o f any necessary forms, such as release of information forms, insurance forms, consent to treatment forms for cases in which the authorized person will not be present at the exam.

4. Assisting the PRC Coordinator as necessary in order to complete the evaluation.
5. Providing copies of past medical records and copies of other information pertinent to the medical piece of the investigation both before and after the examination.

6. Notifying the PRC case coordinator of a cancellation 24 hours in advance of the appointment, or as soon as it is known that the appointment will not be kept

**3.3** **Client Contacts**: Clients are seen on an as need basis. Provider can bill for 2 units each of medical consultation services and case coordination per child.

## 4.0 Program Staff:

***The Provider shall maintain personnel records of all employees who provide direct or supportive services to Department clients and a personnel information matrix listing staff assigned to/providing services under this program plan. This also includes contracted services for contractual providers. The following information for each employee shall be maintained in the Provider's records:***

- ***Proof of education, including high school, college and training programs.***
- ***A detailed summary of each employee or contractor's work experience.***
- ***Annual employee performance evaluations.***
- ***Documentation that a background check was completed, including but not limited to a CANTS check.***
- ***Copy of a valid driver's license (if applicable).***
- ***Auto liability insurance coverage (if applicable).***
- ***Staff medical exam form, appropriate Form CFS-600 through CFS-604 (if applicable).***
- ***Proof of State Required Licensure (if applicable)."***

**4.1** **Qualifications:**

**4.1.1 Direct Service**: Health Care Providers must be either physicians or nurse practitioners licensed to practice in the State of Illinois and have special training on child maltreatment. Case coordinators must possess a bachelor's degree or higher in social work, psychology, or a related field from an accredited school.

**4.1.2 Supervisory**: PRC Medical Director must receive on-going supervision from the University of Illinois Pediatric Department Chair, who is a licensed physician in the state of Illinois, in addition to ongoing peer reviews with other physicians who are specially trained in the area of child maltreatment. All other Health Care Providers must be supervised by the PRC Medical Director. Case coordinators must receive supervision from the PRC Medical Director in addition to the PRC Executive Director. Executive Director must receive supervision from the University Of Illinois Department Of Pediatrics. The Executive Director must have extensive knowledge of Pediatric Resource Center services and aspects of medical evaluations and specialized social services needed by children referred to this program.

**4.2 Minimum Staffing Expectations**: The program must be staffed with both medical providers and case coordinator/ hospital social workers. This includes on- call coverage after office hours and on the weekends and/or holidays

**4.3 Staff Development:**

**4.3.1 DCFS Required Trainings**: At this time, no DCFS trainings have been scheduled. If and when DCFS trainings are scheduled, the assigned DCFS Program liaison will notify the Medical Director/Executive Director or designee at least two weeks in advance. The Executive Director or his or her designee will be required to attend all DCFS offered trainings. Such trainings may consist of the following:

- Contract Planning and preparation
- Budgeting and financial accountability
- Data Entry and data tracking
- Outcomes achieved and activities planned for program improvement.
- Changes to DCFS Rule or Procedure affecting the Medical Resource Programs.

**4.3.2 Provider Required Trainings**: The University of Illinois, Department of Pediatrics holds Grand Rounds for one hour each week, covering various aspects of pediatric medicine. All pediatric dept. medical staff is required to attend Grand Rounds 50% of the time. Non-medical PRC staff attend Grand Rounds when the topics pertain to the field of child maltreatment, child development, or topics pertinent to assisting the clients of the PRC, which is about 4 times per year.

Additionally, the primary focus for staff development is for each staff member to become proficient in the areas of the program that pertain to their position and remain current in these areas through on-going

education and training. Staff will have varying goals, but all will learn confidentiality rules. Other areas for education will include the process and elements of child abuse investigations, treatment issues for child abuse and neglect victims, the specifics of physical examinations in cases of abuse, and evaluation of injuries, as well as computer software utilization. Staff will learn through several pathways, including direct supervision, team meetings that encompass discussion and training on child maltreatment, attendance at local, state, regional or national conferences.

When funding permits, each PRC direct services staff person will attend one off-site seminar per year on a topic that will increase their knowledge and enhance their abilities in the services they offer.

4.3.3 **Other Staff Development Activities**: PRC Medical Director must receive on-going supervision from the University of Illinois Pediatric Department Chair, who is a licensed physician in the state of Illinois. In addition to on- going peer reviews with other medical providers who are specially training in the area of child maltreatment. All other Health Care Providers must be supervised by the PRC Medical Director. Case coordinators will receive supervision from the PRC Medical Director in addition to the PRC Executive Director.

***"Provider must submit its staff development plan to the DCFS Program Monitor upon request."***

## 5.0 Service Parameters:

***"The Provider shall support achievement of the outcomes of safety, permanency, and well-being for children and their parents and other family members served under this Agreement. The Provider also agrees to ensure the safety and well-being of all clients while receiving services under this Agreement. The physical plant shall be safe, adequately maintained, and free from damage. Staffing levels shall assure the adequate supervision necessary to provide therapeutic treatment to clients. A safe and caring environment is critical for supporting therapeutic treatment, and the Provider shall facilitate and maintain this environment so that all treatment services provided to clients are supported."***

The Pediatric Resource Center (PRC) offers a standard evaluation which includes a variety of medical and social services to DCFS concerning the medical and health care aspects of a child abuse investigation. The tasks completed vary and are dictated by the needs of the specific child and case. All standard cases must receive and will be billed for one unit of case coordination and one unit of medical case management. Complex cases, including: a.) cases that have multiple allegations of physical abuse, neglect and/or sexual abuse allegations b.) cases that require more than one in-person examination, c.) cases requiring the Pediatric Resource Center case coordinator to collect past medical records from 3 or more sources, d.) cases which cause the case coordinator's time to go beyond the standard of 7 hours, e.)

cases requiring the medical provider's time to go beyond the standard of 3 hours, f.) cases requiring the Pediatric Resource Center health care provider to review records from 3 or more sources, g.) other special case needs may be billed for 1 additional unit of case coordination and/or 1 additional unit of medical case management, as specified in Section 5.2.

1. Services provided include: Casework services for children 0 to 21 who are referred to the PRC by DCFS for assistance in the medical aspects of a child abuse or neglect investigation.
2. Medical assessments regarding child maltreatment allegations

of children 0 to 21 years of age, (18-21: DCFS youth in care only) who are alleged victims of physical abuse, sexual abuse, and/or neglect.
3. Court-worthy documentation of evaluation
4. Medical case management and case coordination to identify and make recommendations for each child's identified health needs.
5. Appropriate and timely follow-up of targeted medical services for each child.
6. Social services to alleged child victims and their caretakers.
7. Data tracking system to monitor each child served by the PRC.
8. Physician consultation and case coordination on abuse and neglect cases in which some medical services have been provided, but more evaluation and/or analysis is desired.
9. Information, education and crisis counseling for child victims and their caretakers pertaining to issues of abuse or neglect.
10. Completion and coordination of an Illinois State Police Sexual Assault Evidence Collection Kit, when appropriate

**5.1 Provider Physical Plant**:

***"The Provider shall maintain a facility that is large enough to safely accommodate the clientele. The facility(ies) will contain sufficient equipment and furniture to provide the services offered and which satisfies Department licensing requirements (if applicable)."***

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The business offices of the Pediatric Resource Center are located in the OSF Center for Health building at 1800 N. Knoxville Ave, Suite B, Peoria, Illinois, 61603. This area contains the offices of the Executive Director, Medical Director, one staff physician, 3 case coordinators, 2 nurse practitioners, and 3 clerical staff.

The Pediatric Resource Center conducts the majority of its clinical work in the University Pediatrics space, Suite C, operated by the University Of Illinois College Of Medicine. The PRC has a 3 medical procedure rooms in this suite designated for its use. The rooms contains an exam table, medical supplies, a desk, chairs, business forms, toys, a phone and a video colposcope. Also available to PRC staff for use is a small conference room equipped with a table and chairs. It is used for charting, conferences with parents and professionals, and counseling.

The Pediatric Resource Center staff also serves children who have in-patient status at Children's Hospital of Illinois at OSF Saint Francis Medical Center and Carle Health Methodist Hospital. These children are seen in their rooms at these institutions. If it would be necessary for a child who has been referred for an examination for evaluation of their injuries, PRC staff would utilize these hospitals for the admission, and subsequent exam and testing.

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PRC staff travels on rare occasions to outlying agencies, clinics, and hospitals to serve children who, for medical reasons, cannot be transported to the PRC facility or who would be better served at another location.

The Pediatric Resource Center will maintain a facility that is large enough to safely accommodate the clientele. The facility(ies) will contain sufficient equipment and furniture to provide the services offered and which satisfies Department licensing requirements (if applicable).

**Description of Services**: The Pediatric Resource Center case coordination staff must offer intake services to DCFS staff between the hours of 8:30 a.m. and 5:00 p.m., Monday through Friday. All intake calls must be answered based on the presenting medical issue. The PRC staff person must gather intake information, triage the case, and initiate a plan of action to develop a medical plan to meet the medical needs of the child.

If the PRC determines that the child needs an examination, the case coordinator must schedule this with the DCFS investigator and/or the child's caregiver. Timeframes for medical exams shall be as soon as the same day,
**5.2** or within 30 days, depending on the child's medical needs and the elements of the investigation. At the time of referral, the medical case management and case coordination functions of the Pediatric Resource Center personnel must be initiated for each client who qualifies.

The case coordination functions must include:

1. By telephone, 5 days a week, accept intakes from DCFS staff and document pertinent intake information on the PRC intake form.

2. Evaluate the case for needed medical and medical social service action

3. Triage the case with a PRC health care provider and make an initial plan for medical evaluation.

4. Inform the DCFS referring staff person of the PRC's initial medical plan of action, which may include need for past medical records, timing and scheduling of the in-person examination, additional information needed from the investigator including statements and information gathered from the child's environment where the incident occurred.

5. Identifying and requesting pertinent past medical records from the DCFS referring staff person.

6. Cataloging materials received

7. Setting up the appointment with the medical provider, the DCFS referral person, the child's caretaker, and the clinic.

8. Explaining the medical examination and evaluation to the child and caretaker.

9. Providing emotional support and advocacy to the child before, during, and after the exam.

10. Providing the child and/or caretaker with pertinent results of the medical exam.

11. Participate in developing a safety plan for the identified child victim.

12. Informing DCFS and the caretaker of any medical problems found and giving medical recommendations, as specified by the PRC health care provider.

13. Providing crisis counseling, education and information, and referrals to the caretaker for additional services needed by the child victim.

14. Providing the PRC medical documentation to the DCFS investigator.

15. Answering questions posed by the investigator that may arise from the PRC medical documentation.

16. Coordinate diagnostic process, including participating in conferences with health care provider, and custodian or care-taker and providing information regarding referrals to appropriate community agencies and programs.

17. Function as service coordinator and advocate for the abused or neglected child.

18. PRC staff will assist families with problems they may have in paying for medical bills incurred during the PRC investigation through referrals to financial assistance programs, including but not limited to Illinois Crime Victim Assistance program.

[redacted] 7/25/25

***"Services delivered by the Provider shall comply with all Department of Children and Family Services laws, rules, regulations, procedures, protocols, and policy guides (available for viewing on the DCFS website at www.state.il.us/dcfs), all of which are hereby incorporated by reference and made a part of this Agreement."***

**5.2.1 Specialized Services**: The medical provider must:

1. Triage the case with the PRC intake worker and make a preliminary plan for necessary medical evaluation.

2. List past medical history information needed to properly evaluate the child.

3. Review past medical history collected, noting further information needed.

4. Examine the child, if necessary (this will be billed to public aid, private insurance, or, in cases where the child is uninsured, payment will be requested from DCFS special funds).

5. Supervise forensic photo-documentation of injuries.

6. Formulate an extended plan of medical services for children whose evaluation is not completed with the exam. Examples include, but are not limited to: radiological testing, such as skeletal survey, blood work, and other tests, as indicated by the medical history and the child's presenting status.

[redacted] 71325125

7. Evaluate the child's overall status, based on the information collected; such as the examination, past medical records, current status, and results of medical tests.

8. Complete court-worthy medical documentation for the child, including a medical impression and recommendations.

9. Recommend further action that will advance the investigation and/or meet the child's health care needs.

10. Provide medical consultation and case coordination without an examination of the child, i.e., death cases, and cases in which the child has received adequate medical physical examinations, but the case requires an expert opinion based on existing medical records and surrounding DCFS investigation.

For services listed below, the PRC may bill (1) additional unit of medical care management and/or (1) additional unit of case coordinator management provided some of the following additional services are required.

1. Gathering client's past medical records from 3 or more sources.

2. Ordering and arranging for any additional medical and medical follow-up n ecessary to complete the medical plan of the investigation.

3. Assessing the outcomes of follow-up procedures needed for the medical investigative pieces.

4. When needed, PRC staff will follow-up on future recommended medical testing and treatment by informing the patient, parent, caretaker, or DCFS of needed action.

5. Provide emotional support and advocacy to the child during additional exams.

6. Act as a resource for DCFS, providing additional information to assist with explaining medical issues provided in the PRC medical documentation, including but not limited to, medical journal articles or textbook articles, when applicable, regarding a child's specific medical status, condition or abnormality.

7. Provide follow-up and analysis of additional recommended tests such as repeat STD testing, repeat skeletal survey, ophthalmology consult, etc.

8. Documentation of extended services, which may include a second exam, medical tests and procedures, and medical subspecialist consultation.

9. All Services to be provided:

Since the primary thrust of individual client services is medical case management and case coordination, the PRC must provide the referring DCFS worker with a medical plan within the first 2 working days of receipt of the intake. The PRC must provide case coordination and medical case management for the duration of the PRC medical evaluation. The PRC may provide a review of the child's health status including review of child's medical and social history, a review of medical records, including x-rays, a physical examination, when indicated, and corresponding social services, when warranted.

[redacted] 7/25/25

The medical evaluation shall be performed by one of several health care providers, including the PRC's Medical Director, staff physician, and 2 Nurse Practitioners, or, when deemed appropriate by the PRC Medical Director, other University of Illinois College of Medicine staff.

All health care providers must have expertise in the area in which they are providing assistance.

The initial medical evaluation must consist of:

1. A comprehensive medical history gathered from multiple sources, which will incorporate the perspectives of both pediatric and child maltreatment expertise.

2. A pediatric physical examination, when necessary, to include a thorough examination and evaluation of any areas of concern. This exam and evaluation may be documented on specially developed Pediatric Resource Center Medical Forms (see Appendix 1) or electronic medical record. When deemed appropriate by the health care provider, the physical examination may also include examination of the child's external genitalia and a more invasive exam (ie: rectal or pelvic examination). When indicated, appropriate specimen collection, laboratory/radiologic tests, photography, or other necessary diagnostics and documentation will be performed in compliance with legal standards at the initial visit.

[redacted] 7/25/25

A copy of the medical evaluation forms is given in Appendix 1.

3. Neuro-developmental surveillance in patients under 5 years of age, will be performed unless the health care provider determines it is not appropriate. If concerns regarding d evelopment are raised, a validated neuro-developmental screening tool may be performed.

4. Video colposcopy, when indicated and conditions are favorable. This initial medical evaluation is designed to identify sequelae of trauma as well as potential health and developmental concerns. PRC staff will make appropriate recommendations for additional medical evaluation and
treatment.

Separate from the initial medical evaluation, the PRC's health care providers must also provide administrative and case management services, which shall include:

1. A complete report of the medical evaluation, including assessment and recommendations.

2. Contact with physicians and other professionals in the local community, as needed, to expand the information obtained during the medical evaluation.

3. Participation in professional staffings, as indicated below.

4. Physician-to-physician contact, where indicated, to assure proper and timely secondary referral.

The PRC case coordinator will discuss the evaluation and medical plan with the referring DCFS staff person prior to, and after, the

medical exam or evaluation to help develop appropriate services for the child.

During outpatient exams, a PRC case coordinator or other PRC staff member must be present during the child's examination to address the child's psycho-social needs. Some short-term education and crisis counseling is also provided to the caretaker, if needed. [redacted] 7/25/25

After the initial medical evaluation, the PRC's must will assist in coordination of medical services to meet identified needs. This could include assistance to caretaker, follow-up calls to facilitate further intervention and referrals.

After past medical records are obtained, they must be reviewed and evaluated by the assigned PRC physician or nurse practitioner.

The PRC assigned case coordinator must assist DCFS in appropriate and timely delivery of the targeted medical services and coordinated case plan for the safety and health of the child.

The PRC's program must allow for more frequent, or intense, follow-up when needed and requested by DCFS. To enable the PRC to be most responsive to the needs of the children they have seen, the PRC will strive to take intakes as soon as a caller is on the line.

The PRC case coordinator must schedule evaluation as determined by the child's presenting medical history and condition. The out-patient medical exam must be performed at the OSF Center for Health Knoxville Pediatric Resource Center's outpatient clinic or other locations as needed. The University and OSF/Children's Hospital of Illinois will contribute to this program's "in-kind" services, which include nursing personnel, receptionist services, space/exam rooms, and administrative costs (telephone, photocopying, etc.) for the clinic proper. Evaluations of children who are residing at Children's Hospital of Illinois or Carle Health Methodist Medical Center must be done at the hospital location when possible. [redacted] 7/25/25

In order to assure complete delivery of identified needed services to each patient, a computerized patient data collection system must be maintained to include demographic information and the date and type of initial medical evaluation.

**5.2.2 Hard Goods**: N/A

**5.2.3 Fiscal Agent**: **N/A**

**5.3 Outcomes and metrics:** PRC will triage and provide an initial medical plan for 95% of the cases accepted by the PRC from DCFS referral.

The PRC will provide a medical assessment for 85% of the cases referred by DCFS.

A complete physical exam will be accomplished for 95% of children examined by the PRC.

The PRC staff will provide to DCFS documentation of the PRC medical evaluation in 100% of the DCFS cases accepted.

The medical evaluation and written documentation will be completed by 60 days after the initial Department referral in 80% of the cases, and within 90 days for 90% of the cases.

The PRC staff will provide two or more services of the following services to alleged child victims and their families in 95% of cases referred by DCFS: crisis counseling, advocacy, health care counseling, case coordination, p arent counseling, education, information, and referral.

For 100% of the cases accepted, the PRC will assist DCFS in the creation of a safety plan for the alleged child victim by communication pertinent medical information.

85% of patient survey respondents will indicate that "PRC services were helpful to me and my child" by marking "1: Strongly Agree" or "2: Agree" on the PRC Patient Satisfaction Survey.

## 6.0 Treatment Goals/Service Plans:

General purposes will be served for all referred clients: 1) to provide medical and case coordination services to DCFS in the evaluation and treatment of children for the allegation of child physical abuse, sexual abuse and neglect; 2) to document findings; 3) if possible, to provide an opinion as to whether the child shows forensic evidence of injuries, and if so, if these injuries were either accidentally or intentionally inflicted, and to add this information to the overall investigation in an orderly fashion; 4) to provide medical social services and medical case management services to provide assistance to ensure the health, physical and emotional well-being, and safety of the child.

The initial medical evaluation shall be completed within 30 days of acceptance of the original Department referral, if at all possible. The case management/coordination services are also contracted for 30 days. If warranted, Extended Services will constitute an additional 30 days of services by one or both of the service providers (case coordinator, medical case manager).

## 7.0 Discharge Policy/Conclusion of Services/After Care:

**7.1 Definition of Grounds for Discharge/Conclusion of Services** A client will be discharged when all tasks set forward in medical evaluation are completed or attempts to complete are exhausted. This includes the medical evaluation and assessments, and the case-specific medical follow-up and coordination.

**7.1.1 Discharge Process when a Client's Treatment Goals are met:**
Case will be discharged in 30 to 60 days if services are completed and no further services from the PRC are warranted. If, due to the complexity of the case, additional time is needed to complete services, including the evaluation and report, a verbal status report may be given to DCFS, and the case may remain open for services until the identified services are completed.

**7.1.2 Discharge Process when a Client's Treatment Goals are unmet**
If the goals cannot be met, the PRC case coordinator shall discuss the impediments with the referring DCFS staff person or their designee. In these cases, upon agreement of PRC and DCFS, the efforts to provide services will cease.

**7.2 Aftercare Services (If Applicable): N/A**

## 8.0 Client and Program Reporting:

***"The Provider shall ensure that all services provided to a client are documented in full compliance with applicable Department rule and procedures, including Rule 302, Services Delivered by the Department of Children and Family Services."***

***"The Provider shall provide to each referring worker, on a monthly basis, a written client progress report, including dates and units of service provided. The Provider further agrees to attach these client progress reports to their monthly CFS1042 billing or approved billing form."***

**8.1 Client Reports**: For each child served with a medical consultation, a report must be generated which will include a description of the services provided, outcomes, an impression, and recommendations. The report may include pertinent past medical history, findings of the general physical examination, laboratory results, social services provided, and recommendations. In addition, the health care provider will complete PRC documentation on each child seen, which may include physical examination forms and body charts, all of which are attached as Appendix I for outpatient cases, and a medical consult report for inpatient cases. The completed written evaluation must be provided to the DCFS referent within two working days after they are completed.

The PRC Executive Director must attend an annual meeting with representatives of the Department to address quality of care issues, program development, and real or potential problems.

The PRC must keep complete records on services given to clients, and make this data available to the Department.

The Pediatric Resource Center must complete the following documentation:

1. PRC medical examination with body charts, when indicated

2. Growth charts, when applicable

3. Developmental surveillance, when indicated

4. Photographs, when appropriate and attainable

**8.2** **Program Reports**: The PRC shall develop and administer a Client Satisfaction Survey to all clients upon completion/discharge from services. The Provider will compile the results of the survey on a quarterly and annual basis and submit the results in narrative report to the assigned program monitor.

Programmatic reports will be submitted to the contract monitor. The reports will include reporting on program outcome goals, as well as quarterly service statistics and narrative report.

The PRC will furnish the Contract Liaison a monthly report that includes, but is not limited to, the following information:

1. Number of referrals
2. Number of referrals pending
3. Number of initial evaluations completed
4. Number of extended service units completed

***"The Provider shall develop and administer a Client Satisfaction Survey to all clients upon completion/discharge from services. The provider will compile the results of the survey on a quarterly and annual basis and submit the results in narrative report to the assigned program monitor."***

**8.3** **Immediate Reporting Requirements**:

***"The Provider's program supervisor shall immediately notify the assigned caseworker of any significant events, changes in family circumstances, or unusual incidents involving the client or family members. The assigned caseworker will also be expected to inform the Provider of such events. Examples of such events and incidents would include: incidents of suspected abuse or neglect which have been or are to be reported to the Child Abuse Hotline; police involvement/intervention with the family; major health problems or death in the immediate family; emotional, mental or physical deterioration; change in household composition; change in residence; suspected drug or alcohol abuse; any circumstance or incident which poses a threat to the safety and well-being of any involved children, or would pose such a threat if the children were in the current custody of the parent/client; other significant information or changes in family circumstances. The assigned caseworker is also expected to report any modification in the dispositional court order to the Provider."***

***"Any Provider doing business with the Department is a "mandated reporter" of child abuse or neglect. Failure to comply with the Abused and Neglected Child Reporting Act (325 ILCS 5/1 et. Seq.) may result in license suspension or revocation. Furthermore, the acquisition of privileged information from***

***Agency clients regarding abuse or neglect does not excuse the failure to report."***

The staff of the Pediatric Resource Center must immediately notify the DCFS State Central Registry if they suspect any additional allegations of abuse or neglect. Pediatric Resource Center staff will also call the assigned investigator to inform them of this call. Additionally, Pediatric Resource Center staff must call the assigned investigator regarding any major health problems, or safety concerns, of the child being evaluated.

## 9.0 Fiscal and Program Monitoring:

### 9.1 Provider Self-Monitoring and Self-Assessment:

[redacted] 7/25/25

1. The Medical Director of the Pediatric Resource Center shall review work of medical staff. The Executive Director shall supervise the case coordinators and clerical staff. On cases that are medically complex, the PRC Medical Director may consult with other attending physicians, who have a particular subspecialty. Staff from the University Of Illinois College Of Medicine - Peoria Pediatrics Department Administrative Office reviews the PRC's operations. The Pediatric Resource Center will utilize community experts, when necessary, to offer advice and expertise on various matters, when deemed applicable.

2. The Medical Director and Executive Director of the Pediatric Resource Center must continually monitor its staff and services to assure that children and families have access to assistance within 3 days of referral. Records must be maintained that indicate the date/time of referral and the date of initial contact with the child or family.

3. The Medical Director/Executive Director must train and supervise staff in expectations for service delivery and service outcomes to clients. Supervision of direct service staff shall occur as needed, but not less than once every 6 months. Supervisory consults or meetings must be documented in personnel files and be available to DCFS contract monitors.

The PRC must have a quality assurance program whereby random samplings of PRC cases are reviewed by PRC staff, which includes two pediatricians with board certification in Child Abuse Pediatrics. In addition, all sexual abuse exams determined to be abnormal or unusual presentations are also reviewed by PRC staff. PRC staff will hold monthly medical peer review through the Midwest Regional CAC. The PRC shall participate in quarterly case-specific peer review through Midwest Regional Children's Advocacy Center MyCaseReview.

### 9.2 DCFS Monitoring:

#### 9.2.1 Program Monitoring:

***"The Provider must cooperate with any program review, evaluation or other monitoring activities that are requested or required by the Department, including licensing reviews and audits."***

**9.2.2 Fiscal Monitoring:**

***"The Provider is required to secure prior DCFS approval to exceed the overall authorized Agreement level."***

**9.3 Corrective Action and Performance Improvement:**

**"The Provider shall comply with the DCFS program monitoring procedures established by DCFS and adhere to any corrective action or performance improvement plan developed through the monitoring process. Failure to comply with the terms of the Agreement and program plan could result in DCFS pursuing any remedy which is provided under the Agreement."**

## 10.0 Billing and Payment Procedures

**10.1 Billing Submittal:**

***"Billing for services shall be prepared each month by the Provider and presented to the designated Department liaison for review and receiving officer signature. Each billing shall be submitted on a CFS 1042 form furnished by the Department or a Provider generated computer billing summary that replicates the CFS 1042.***

***CFS 1042 Billing summaries shall be completed in accordance with the instructions on the back of that form, including DCFS ID Numbers for all clients. Each billing summary shall have only one service month for all clients from only one region. Separate CFS 1042's must be submitted for each region."***

***"Such invoices or reporting forms shall be submitted within 30 days after the end of each month in which services are provided."***

**10.2 Description of Types of Service(s) that are Billable:**
medical examination and related medical testing must be billed to IDPA or the family's private insurance as applicable.

Medical Case Management Services: This evaluation will constitute an assessment by a health care provider which will include the tasks listed in program plan and be billed to DCFS at 1 standard rate and a maximum of 2 units.

Case Coordination services listed in program plan will be billed to the contract at 1 standard rate and a maximum of 2 units.

***"If allowed under this program, approved transportation expenses such as mileage and parking will be reimbursed at a rate not to exceed that allowed by the State of Illinois Travel Regulation Council and Governor's Travel Control Board Rules (found at http://www2.illinois.gov/cms/Employees/travel/Pages/default.aspx)."***

**10.3 Payment:**

***"The Department will make payments to the Provider upon submission of an accurate bill by the Provider to reimburse for the services provided by the program. Payments will be made as outlined in 10.1."***

**10.4 Additional Requirements for Fixed Rate Agreements:**

***"The Provider shall submit to DCFS: quarterly outcome measures report, quarterly client listing with name & DCFS ID (as required), quarterly personnel matrix and a quarterly progress report describing the services provided and number of clients served."***

**Quarterly reports including: outcome measures, client listing (as required), personnel matrix and progress reports are due according to the following schedule:**

- ***These reports shall be submitted to the Department's designee per the following schedule:***
- ***First Quarter (July – September) due October 31***
- ***Second Quarter (October – December) due January 31***
- ***Third Quarter (January – March) due April 30***
- ***Fourth Quarter (April – June) Due July 15th***

Providers should be reminded that Administrative Costs cannot exceed 20% of the costs for other services provided.

## FINANCIAL DISCLOSURES AND CONFLICTS OF INTEREST

Financial Disclosures and Conflicts of Interest forms ("forms") must be accurately completed and submitted by the vendor and any parent entity(ies). There are nine **(9)** steps to this form and each must be completed as instructed in the step heading, unless otherwise provided. The Agency will consider this form when evaluating the bid, offer, or proposal or awarding the contract.

Failure to fully disclose shall render the contract, bid, proposal, subcontract, or relationship voidable by the Director if s/he deems it in the best interest of the State of Illinois and may be cause for barring Vendor from future contracts, bids, proposals, subcontracts, or relationships with the State. The requirement of disclosure of financial interests and conflicts of interest is a continuing obligation. If circumstances change and the previously submitted form is no longer accurate, disclosing entities must provide an updated form.

Separate forms are required for the vendor and any parent entity(ies).

**This disclosure is submitted for:**

☑ Vendor

☐ Vendor's Parent Entity(ies) (100% ownership)

☐ Subcontractor(s)

| | |
|---|---|
| Vendor Name | The Board of Trustees of the University of Illinois |
| Doing Business As (DBA) | The Board of Trustees of the University of Illinois |
| Parent Entity | N/A |
| Instrument of Ownership or Beneficial Interest | |
| | |

**STEP 1**
**SUPPORTING DOCUMENTATION SUBMITTAL**
(All vendors complete regardless of annual bid, offer, or contract value)

NOTE: Disclosures for Steps 1 through 7 need only be filled out once per entity. You must select one of the eight options below and select the documentation you are submitting. You must provide the documentation the applicable section requires with this form.

☐ Option 1 – Publicly Traded Entities

1.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($136,080) of the annual salary of the Governor.

OR

1.B. ☐ Attach a copy of the Federal 10-K, and skip to Step 3.

☐ Option 2 – Privately Held Entities with more than 100 Shareholders

2.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($136,080) of the annual salary of the Governor.

OR

2.B. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership share in excess of 5% and attach the information Federal 10-K reporting companies are required to report under 17 CFR 229.401.

Also complete Step 2, Option B.

☐ Option 3 – All other Privately Held Entities, not including Individuals and Sole Proprietorships

3.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($136,080) of the annual salary of the Governor.

Also complete Step 2, Option B.

☐ Option 4 – Foreign Entities

4.A. ☐ Complete Step 2, Option A for each qualifying individual or entity holding any ownership or distributive income share in excess of 5% or an amount greater than 60% ($136,080) of the annual salary of the Governor.

OR

4.B. ☐ Attach a copy of the Securities Exchange Commission Form 20-F or 40-F and skip to Step 3.
Also complete Step 2, Option B.

☐ Option 5 – Not-for-Profit Entities

☐ Complete Step 2, Option B.

☑ Option 6 – Governmental Entities

☑ Complete Step 2, Option B.

[redacted]
7/24/25

☐ Option7 – Individuals

☐ Skip to Step 3.

☐ Option 8 – Sole Proprietors

☐ Skip to Step 3.

# STEP 2
# DISCLOSURE OF FINANCIAL INTEREST OF BOARD OF DIRECTORS

Complete Option A and/or Option B. Additional rows may be inserted into the tables or an attachment may be provided if needed. Individuals, sole proprietors, and governmental entities are not required to complete Step 2.

**OPTION A – Ownership Share and Distributive Income**

**Ownership Share** – If you selected Option 1A, 2A, 2B, 3A, 4A in Step 1, provide the name and address of each individual and their percentage of ownership if said percentage exceeds 5%, or the dollar value of their ownership if said dollar value exceeds $136,080.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 2, Table X.

| TABLE – X | | | |
|---|---|---|---|
| **Name** | **Address** | **Percentage of Ownership** | **$ Value of Ownership** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

**Distributive Income** – If you selected Option 1A, 2A, 3A, or 4A in Step 1, provide the name and address of each individual and their percentage of the disclosing vendor's total distributive income if said percentage exceeds 5% of the total distributive income of the disclosing entity, or the dollar value of their distributive income if said dollar value exceeds $136,080.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 2, Table Y.

| TABLE – Y | | | |
|---|---|---|---|
| **Name** | **Address** | **% of Distributive Income** | **$ Value of Distributive Income** |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please certify that the following statements are true.

I have disclosed all individuals or entities that hold an ownership interest of greater than 5% or greater than $136,080.

☐ Yes ☐ No

I have disclosed all individuals or entities that were entitled to receive distributive income in an amount greater than $136,080 or greater than 5% of the total distributive income of the disclosing entity.

☐ Yes ☐ No

**OPTION B – Disclosure of Board of Directors or Board of Managers**

If you selected Option 2, 3, 4, 5 or 6 in Step 1, list members of your board of directors or board of managers.

☑ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 2, Option B. [redacted] 7/24/25

| TABLE – Z | |
|---|---|
| **Name** | **Address** |
| see attached list | |
| | |
| | |
| | |
| | |
| | |

## STEP 3
## DISCLOSURE OF LOBBYIST OR AGENT

☐ Yes ☑ No. Is your company represented by or do you employ a lobbyist or other agent required to register under the Lobbyist Registration Act (lobbyist must be registered pursuant to the Act with the Secretary of State) or other agent who is not identified through Step 2, Option A above and who has communicated, is communicating, or may communicate with any State Agency officer or employee concerning the bid or offer? If yes, please identify each lobbyist and agent, including the name and address below.

If you have a lobbyist that does not meet the criteria, then you do not have to disclose the lobbyist's information.

| Name | Address | Relationship to Disclosing Entity |
|---|---|---|
| | | |

Describe all costs/fees/compensation/reimbursements related to the assistance provided by each representative lobbyist or other agent to obtain an Agency contract:

# THE BOARD OF TRUSTEES OF THE UNIVERSITY OF ILLINOIS

***MEMBERS OF THE BOARD***

***JUNE 13, 2025***


***ADDRESS:*** ***BOARD OF TRUSTEES OFFICE***
***UNIVERSITY OF ILLINOIS***
***ROOM 352, HENRY ADMINISTRATION BUILDING, MC-350***
***506 SOUTH WRIGHT STREET***
***URBANA, IL 61801***

***TELEPHONE:*** ***217-333-1920***
***EMAIL:*** ***UIBOT@UILLINOIS.EDU***


Governor J. B. Pritzker, *ex officio*
Office of the Governor
207 State House
Springfield, IL 62706-1150

J. Carolyn Blackwell
[redacted]
**Term: 2023-2029**

Ramón Cepeda
[redacted]
**Term: 2021-2027**

Tamara Craig Schilling
[redacted]
**Term: 2001-2027**

Joseph Gutman
[redacted]
**Term: 2025-2031**

Suzet McKinney
363 E. Wacker Dr. Unit 2602
Chicago, IL 60601
**Term: 2025-2031**

Wilbur C. Milhouse III
[redacted]
**Term: 2023-2029**

Sarah C. Phalen
[redacted]
**Term: 2021-2027**

Jesse Ruiz
[redacted]
**Term: 2023-2029**

Bryan Traubert
[redacted]
**Term: 2025-2031**

**Student Members of the Board**
**(July 1, 2024-June 30, 2025)**

Ariana Mizan
University of Illinois at Urbana-Champaign
255 Illini Union, MC 384
1401 West Green Street
Urbana, IL 61801-7892

Quinn Basta
University of Illinois at Chicago
Office of the Student Trustee
395 UIC Student Center East, MC-330
750 S. Halsted Street
Chicago, IL 60607-7015

*Christian Johnson
University of Illinois at Springfield
One University Plaza, MS PAC 184
Springfield, IL 62703-5407

**Student with Official Vote*

## STEP 4
## PROHIBITED CONFLICTS OF INTEREST

Step 4 must be completed for each person disclosed in Step 2, Option A and for Individuals and sole proprietors identified in Step 1, Options 7 and 8 above.

Please provide the name of the person for which responses are provided in Step 6:

| | | |
|---|---|---|
| 1. | Do you yourself hold, or are you the spouse or minor child of a person who holds an elective office in the State of Illinois or a seat in the General Assembly? | ☐ Yes ☐ No |
| 2. | Have you, your spouse, or minor child been appointed to or employed in any offices or agencies of State government and receive compensation for such employment in excess of 60% ($136,080) of the salary of the Governor? | ☐ Yes ☐ No |
| 3. | Are you or are you the spouse or minor child of an officer or employee of the Capital Development Board or the Illinois Toll Highway Authority? | ☐ Yes ☐ No |
| 4. | Have you, your spouse, or an immediate family member who lives in your residence currently or who lived in your residence within the last 12 months been appointed as a member of a board, commission, authority, or task force authorized or created by State law or by executive order of the Governor? | ☐ Yes ☐ No |
| 5. | If you answered yes to any question in 1-4 above, please answer the following: Do you, your spouse, or minor child receive from the vendor more than 7.5% of the vendor's total distributable income or an amount of distributable income in excess of the salary of the Governor ($226,800)? | ☐ Yes ☐ No |
| 6. | If you answered yes to any question in 1-4 above, please answer the following: Is there a combined interest of self with spouse or minor child more than 15% in the aggregate of the vendor's distributable income or an amount of distributable income in excess of two times the salary of the Governor ($453,600)? | ☐ Yes ☐ No |

## STEP 5
## POTENTIAL CONFLICTS OF INTEREST RELATING TO PERSONAL RELATIONSHIPS

Step 5 must be completed for each person disclosed in Step 2, Option A and for Individuals and sole proprietors identified in Step 1, Options 7 and 8 above.

Please provide the name of the person for which responses are provided in Step 6:

| | | |
|---|---|---|
| 1. | Do you currently have, or in the previous 3 years have you had State employment, including contractual employment of services other than this contract? | ☐ Yes ☐ No |
| 2. | Has your spouse, father, mother, son, or daughter, had State employment, including contractual employment for services, in the previous 2 years? | ☐ Yes ☐ No |
| 3. | Do you hold currently or have you held in the previous 3 years elective office of the State of Illinois, the government of the United States, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois? | ☐ Yes ☐ No |
| 4. | Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding elective office currently or in the previous 2 years? | ☐ Yes ☐ No |

| | | |
|---|---|---|
| 5. | Do you hold or have you held in the previous 3 years any appointive government office of the State of Illinois, the United States of America, or any unit of local government authorized by the Constitution of the State of Illinois or the statutes of the State of Illinois, which office entitles the holder to compensation in excess of expenses incurred in the discharge of that? | ☐ Yes ☐ No |
| 6. | Do you have a relationship to anyone (spouse, father, mother, son, or daughter) holding appointive office currently or in the previous 2 years? | ☐ Yes ☐ No |
| 7. | Do you currently have or in the previous 3 years had employment as or by any registered lobbyist of the State government? | ☐ Yes ☐ No |
| 8. | Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) that is or was a registered lobbyist? | ☐ Yes ☐ No |
| 9. | Do you currently have or in the previous 3 years had compensated employment by any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | ☐ Yes ☐ No |
| 10. | Do you currently have or in the previous 2 years had a relationship to anyone (spouse, father, mother, son, or daughter) who is or was a compensated employee of any registered election or re-election committee registered with the Secretary of State or any county clerk in the State of Illinois, or any political action committee registered with either the Secretary of State or the Federal Board of Elections? | ☐ Yes ☐ No |

## STEP 6
## EXPLANATION OF AFFIRMATIVE RESPONSES

If you answered "Yes" in Step 4 or 5 (1-10), please provide a detailed explanation that includes, but is not limited to the information detailed in the key below.

Name (of person identified in affirmative responses to questions in Steps 4 or 5)

A. Relationship to Contractor
B. Position/Title or Elected/Appointed Office
C. State Agency or Organization
D. Start/End dates of employment or elected/appointed term
E. Salary/Compensation
F. Date Compensation Began
G. DCFS Contract # (if applicable)

☐ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 6.

| **The below explanations A-H are provided for Step___(indicate 4 or 5), Question _____ (Specify which Step 4 or 5 question (1-10) is explained below. Mark n/a if necessary.)** | |
|---|---|
| A. | |
| B. | |
| C. | |
| D. | |
| E. | |

| | |
|---|---|
| F. | |
| G. | |
| H. | |

| The below explanations A-H are provided for Step _____(indicate 4 or 5), Question _____ (Specify which Step 4 or 5 question (1-10) is explained below. Mark n/a if necessary.) | |
|---|---|
| A. | |
| B. | |
| C. | |
| D. | |
| E. | |
| F. | |
| G. | |
| H. | |

| The below explanations A-H are provided for Step _____(indicate 4 or 5), Question _____ (Specify which Step 4 or 5 question (1-10) is explained below. Mark n/a if necessary.) | |
|---|---|
| A. | |
| B. | |
| C. | |
| D. | |
| E. | |
| F. | |
| G. | |
| H. | |

## STEP 7
## DISCLOSURE OF CURRENT AND PENDING CONTRACTS
**(All vendors complete regardless of annual bid, offer, or contract value)**

Do you or your Affiliates have any contracts, pending contracts, bids, proposals, subcontracts, or other ongoing procurement relationships with units of State of Illinois governments? ☑ Yes ☐ No.

If "Yes", please specify below. Vendors must disclose all other public funding that they or their Affiliates receive. Affiliates are business concerns, organizations, or individuals that control each other or that are controlled by a common third party. Please identify each contract, pending contract, bid, proposal and other ongoing procurement relationship with or the actual or anticipated receipt of any other funding from units of State of Illinois government or other governmental entities by showing awarding government entity name and other descriptive information including the project title, value, and contract reference, purchase order, or bid number. Vendor agrees to systematically and accurately track, and properly allocate, all funding received and monies billed by Vendor and its Affiliates under this Contract and under contracts with other governmental entities.

☑ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 7.

| Awarding Government Entity | Project Title | Status | Value | Contract # Reference/P.O./Illinois Procurement Bulletin # |
|---|---|---|---|---|
| | | | | |
| | | | | |

Please explain the procurement relationship if other than contract, purchase order, or bid:

| Award ID | PI Name | Sponsor Name | Sponsor Award Number |
|---|---|---|---|
| 095517 | Merriman, David F | Illinois Department of Revenue | |
| 103876 | Mohammadian, Abolfazl | Illinois Department of Transportation | TS-20-326 |
| 105241 | Sriraj, P.S. | Cook County (Illinois) | 21-UICES-00-ES |
| 106266 | Prendergast, Heather Marie | Cook County Health and Hospitals | |
| 107747 | Jimenez, Antonio D | Illinois Department of Public Health | 28780002J |
| 110268 | Merriman, David F | Chicago Metropolitan Agency for | C-23-0020 |
| 111873 | Glassgow, Anne Elizabeth | Illinois Department of Public Health | 36300015K |
| 112634 | Jones, Shanett Latrice | Illinois Department of Public Health | 38700003K |
| 112954 | Roeder, Lisa A | Illinois Department of Public Health | 38780061K |
| 113021 | Welter, Christina Rose | Illinois Department of Public Health | FAIN NE11OE000090, CDC-RFA- |
| 113191 | Sriraj, P.S. | Illinois Department of Transportation | TS-22-336 |
| 113204 | Misch, Diane Marie | Illinois Department of Public Health | 36300012K / U4A45818 |
| 113665 | Lowe, Catherine | Illinois Department of Transportation | TS-22-336 |
| 113978 | Lin, Jie | Illinois Department of Transportation | TS-22-346 |
| 114643 | Erricolo, Danilo | Illinois Department of Transportation | TS-22-339 |
| 114954 | Fleisher, Jonah | Rush University Medical Center | |
| 115644 | Morales, Paola Z. | Illinois State Board of Education | |
| 115996 | Etminan, Sodabeh | IL Primary Health Care Assoc | 43791001L |
| 116062 | Khare, Manorama Mocherla | Illinois Department of Public Health | 46100004L |

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|---|---|---|---|
| 116192 | Gaudino, Reginald Jean | Illinois Department of Human | 4100195562 |
| 116646 | Wells, Christina | Illinois Department of Public Health | 41580084L |
| 116855 | Khare, Manorama Mocherla | Illinois Department of Public Health | 43206002L |
| 117053 | Geiger, Jennifer | Illinois Department of Children and | 1781829014 / fain 2101ILNCC6 |
| 117464 | Lewis, Amanda E | Illinois Department of Central | |
| 117515 | Rocha, Jack Paul | Illinois Department of Commerce and | 22-203738 |
| 117762 | Sriraj, P.S. | Illinois Department of Transportation | 23-1437-48501 |
| 117896 | Schraeder, Cheryl D | Illinois Department of Human | |
| 117905 | Barron, Cynthia K | Regional Office of Education #17 | |
| 118209 | Lesondak, Linda Marie | Illinois Department of Public Health | 56380003M |
| 118305 | Carnahan, Leslie Renee | Illinois Department of Public Health | 53000001M |
| 118381 | Berry, Vikas | Viroscope | |
| 118406 | Mirza, Mansha Parven | Illinois Department of Public Health | 53280005M |
| 118407 | Thompson Bobitt, Julie Lorraine | Illinois Department of Public Health | NU58DP00752 3/53202001M |
| 118529 | Lewis, Amanda E | Illinois Department of Human | 4100189580 |
| 118735 | Sriraj, P.S. | Illinois Department of Transportation | 25-1439-52480 |
| 118742 | Hsu, Lewis | Illinois Department of Public Health | 53788132M |
| 118814 | Glassgow, Anne Elizabeth | Illinois Department of Public Health | 56300004M |
| 119070 | Madigan, Dana Marie | Illinois Department of Public Health | 52100004M |
| 119090 | Nelson, Peter C | Illinois Department of Transportation | 25-UIC-Gateway |

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|---|---|---|---|
| 119134 | Issa, Mohsen | Illinois State Toll Highway Authority | |
| 119153 | Holton, John Kingsley | Illinois Department of Human | 4100198624 |
| 119512 | Buhimschi, Catalin Sorin | Illinois Department of Public Health | 53788112M |
| 119546 | Kaur, Ravneet | Illinois Department of Public Health | T12HP46106 |
| 119552 | Giampietro, Philip F | Illinois Department of Public Health | 53788113M |
| 119751 | Sood, Manu R | Illinois Department of Public Health | 53788105M |
| 120236 | Kaur, Ravneet | Illinois Department of Public Health | 53204001M |
| 120371 | Anand, Sushant | Arete Biosciences | |
| 120838 | Lewis, Amanda E | Illinois Department on Aging | 2025-01-IGA |
| 121001 | Maheswaran, Anjana Bairavi | Illinois Courts (Administrative Office of the | 25SAMHSA04 / H79SM089825 |
| 121249 | Henricks, Kasey John Patrick | Illinois Criminal Justice Information | |
| 121575 | Moody, Mary L | Illinois Department of Human | |
| 121702 | Brown, Christerralyn Alyce | Illinois Department of Commerce and | 24-775003 |
| 121709 | Caldwell, Stefani Alexander | Illinois Department of Public Health | 66300001N |
| 121756 | Lin, Janet Yueh-Yun | Illinois Capital Development Board | HTC013 |
| 121828 | Merriman, David F | Illinois Department of Human Rights | |
| 122033 | Molina, Yamile | Illinois Department of Public Health | 56100012M |
| 122093 | Carnahan, Leslie Renee | Illinois Department of Public Health | 66100005N |
| 122094 | Carnahan, Leslie Renee | Illinois Department of Public Health | 66100004N |
| 122122 | Main, Catherine M | Illinois Board of Higher Education | ECACE-2500-UIC |

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|---|---|---|---|
| 122164 | Shikano, Sojin | BAnta Pharmaceuticals, Inc. | 0418 |
| 122165 | Carnahan, Leslie Renee | Illinois Department of Public Health | 66100002N / NU58DP007162 |
| 122358 | Geller, Stacie E | Illinois Department of Public Health | |
| 122398 | Cordova, Teresa L | Illinois Department of Human | 4100203221 |
| 122417 | Wainwright, Samuel Jacob | Illinois Department of Healthcare and | 023 / 2C2CMS331741 |
| 122506 | Williams, Terry L | Illinois Law Enforcement Training and | 20250297 |
| 122510 | Gordon, Christina Marie | Illinois Department of Public Health | 51580157M |
| 122518 | Suarez, Liza | Illinois Office of the Attorney General | |
| 122549 | Schraeder, Cheryl D | Illinois Department of Human | 45CEB04056 |
| 122555 | Bay, Stephanie Vallera | Illinois Department of Human | 45CEB04054 |
| 122556 | Bay, Stephanie Vallera | Illinois Department of Human | 45CEB04055 |
| 122577 | Ayala, Jose | Illinois Student Assistance Commission | 691-2075-81 |
| 122608 | Schraeder, Cheryl D | Illinois Department of Human | 45CEB04057 |
| 122640 | Gaudino, Reginald Jean | Illinois Department of Financial and | |
| 122644 | Campbell, Rebecca | Illinois Department of Public Health | 66300003N |
| 122688 | Ellison, Angela M | Illinois Department of Public Health | 66380004N / B0454543 |
| 122720 | Hairston, Creasie Finney | Illinois Department of Human | |
| 122747 | Saraf, Santosh Lumdas | Illinois Department of Public Health | 63788166N |
| 122764 | Mercer, Antonia Marie | Illinois Department of Human | GATA: 672037 UEI: W8XEAJDKMX |
| 122765 | Bay, Stephanie Vallera | Illinois Department of Human | 46CEF03248 |

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|---|---|---|---|
| 122789 | Mercer, Antonia Marie | Illinois Department of Human | FCSEQ03385 |
| 122929 | Jimenez, Antonio D | Illinois Department of Human | 43CEC03082 |
| 122961 | Vaughan, Andrea R | Hope Inst for Children & Families | 44CEA03284 |
| 122992 | Jimenez, Antonio D | Illinois Department of Human | 43CEC03668 |
| 123000 | Charest, Taylor Anne | Illinois Department of Human | 43CEC03596 / B08TI088101 |
| 123070 | Johnson, Stephanie A | Illinois Department of Children and | 2285979016 |
| 123111 | Wlochowicz, Andrea Pappalardo | Respiratory Health Assn of Metropolitan | 63283008N |
| 123181 | Madigan, Dana Marie | Illinois Department of Public Health | 52100004M-1 |
| 123282 | Stewart, Lorelei | Illinois Arts Council | |
| 123287 | Tiwari, Anuj | Illinois Department of Public Health | |
| 123308 | Dixon, Mark | Autism Program of IL | 1505-0001(44CXA03284) |
| 123482 | Florestal-Kevelier, Raphael | Illinois Board of Higher Education | 26_UIC_MHEAC |
| 123704 | Chval, Kathryn Bouchard | Golden Apple Foundation | |
| 123754 | Christison, Amy L | Illinois Department of Public Health | 63286009N / NU58DP007352 |
| 123774 | Back, Lindsey Therese | Illinois Board of Higher Education | 26ICWS22 |
| 123781 | Vaughan, Andrea R | Illinois Secretary of State (Illinois | |
| 123953 | Khare, Manorama Mocherla | Illinois Department of Public Health | 63206001N |
| 124102 | Jasenof, Ian Greg | Illinois Department of Public Health | 66280009N |

| Project Title | Anticipated Total | Project Start Date | Project End Date |
|---|---|---|---|
| IDOR - PA Student Training Program FY19 | $ 314,060.40 | 05/16/2019 | 05/15/2026 |
| Moving towards an Equitable Transportation System in Northeastern Illinois: Gender and Ethnicity Gap on Mobility | $ 476,824.00 | 04/15/2021 | 05/15/2026 |
| Equity Performance Measures: Invest in Cook Pilot and Statewide Application | $ 105,269.44 | 09/23/2021 | 11/30/2026 |
| TARGET Health | ########## | 10/09/2021 | 12/31/2026 |
| IDPH Direct HIV/HCV Testing 2022 | $ 513,525.00 | 07/01/2021 | 06/30/2026 |
| Cook County Property Tax Working Group | $ 865,234.00 | 12/09/2022 | 11/30/2025 |
| Illinois Pediatric Mental Health Care Access Expansion Program (IL PMHCA_X) | $ 2,376,445.00 | 10/01/2022 | 06/30/2026 |
| HIV and STI Education and Training | $ 3,404,000.00 | 04/01/2023 | 03/31/2028 |
| Ryan White Part B Lead Agent | $ 4,163,558.67 | 04/01/2023 | 03/31/2026 |
| Strengthening Illinois' Public Health Administration (SIPA) | $ 4,316,006.00 | 12/01/2022 | 11/30/2027 |
| Understanding gaps in transit service for Inter-county (5311 and 5307) Trips in Rural Illinois | $ 486,710.00 | 06/16/2023 | 12/31/2025 |
| DPH/IDA – Pediatric Mental Health Care Access – Illinois | $ 1,084,530.11 | 10/01/2022 | 06/30/2026 |
| Understanding Black Perspectives and Creating More Positive Public Transit Experiences in Chicago | $ 310,537.00 | 07/24/2023 | 12/31/2025 |
| IDOT | $ 331,338.00 | 07/28/2023 | 12/31/2025 |
| Bridge Health Monitoring and Optimizing Inspections | $ 385,249.00 | 07/24/2023 | 07/23/2027 |
| Complex Abortion Referral Line for Access,(CARLA) | $ 67,179.00 | 07/01/2023 | 06/30/2026 |
| Spanish Language Arts Professional Development Delivery | $ 750,000.00 | 02/01/2024 | 06/30/2026 |
| IPHCA Emergency Department Oral Health Diversion Program Opportunity MSHC Nitrous Grant | $ 31,258.00 | 12/15/2023 | 08/31/2026 |
| WISEWOMAN Program Evaluation and Wise Words Text Messaging | $ 329,707.00 | 10/01/2023 | 06/30/2026 |

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| Cannabis Research Institute (CRI) | $ 7,000,000.00 | 06/05/2024 | 06/30/2027 |
| Illinois Department of Public Health: Public Health Grant Agreement for State Loan Repayment Program (SLRP) for Licensed Practitioner | $ 11,500.00 | 02/01/2024 | 01/31/2026 |
| Evaluation of A Strategic Approach to Advancing Health Equity for Priority Populations with or at risk for diabetes. (1815-Diabetes) | $ 337,500.00 | 07/01/2023 | 06/29/2026 |
| Permanency Enhancement Project | $ 127,191.00 | 07/01/2023 | 06/30/2026 |
| African Descent Citizens Reparations Commission (ADCRC) | $ 588,636.00 | 07/01/2024 | 12/31/2025 |
| The Talking Tree | $ 25,000.00 | 04/01/2024 | 03/31/2026 |
| Center for Freight Transportation for Efficient and Resilient Supply Chain (FERSC) | $ 500,000.00 | 04/16/2024 | 03/15/2029 |
| New Accountabilities Management FY25 &FY26 | $ 3,265,092.00 | 07/01/2024 | 06/30/2026 |
| ROE #17 -- LEAD Hub Diverse Leader Program | $ 239,175.00 | 08/01/2024 | 08/20/2026 |
| Preventing Trauma by Strengthening Communities (PTSC) - L.P. Johnson Rockford Illinois | $ 200,000.00 | 07/01/2024 | 06/30/2026 |
| ENACT 2.0 Community Health Worker Curriculum, Instruction, and Evaluation Partner | $ 1,048,214.12 | 07/01/2024 | 06/30/2026 |
| Advancing Aerial Viral Detection: Innovations in Infection Control | $ 50,000.00 | 06/01/2024 | 10/31/2025 |
| Planning Early for Aging and Caregiving with Ease: Meeting the Information Needs of Dementia caregivers' (PEACE of MIND) | $ 197,751.67 | 07/01/2024 | 06/30/2026 |
| IDPH Dementia Program Needs Assessment, Implementation & Evaluation Plan, Y3 | $ 66,939.00 | 07/01/2024 | 06/30/2026 |
| IDHS Research and Training Hub | $ 5,383,777.00 | 07/01/2024 | 06/30/2027 |
| METSI (Metropolitan Transportation Support Initiative) | $ 2,500,000.00 | 07/01/2024 | 06/30/2026 |
| IDPH Sickle Cell Follow Up (SCFU25-27) | $ 261,000.00 | 07/01/2024 | 06/30/2027 |
| DPH/UIC-AIM – Illinois DocAssist Evaluation and Expansion | $ 2,487,025.00 | 07/01/2024 | 06/30/2026 |
| Homelessness Mortality and Morbidity Report | $ 674,833.00 | 07/01/2024 | 06/30/2026 |
| Research, Development and Operation of the Illinois Gateway Traveler Information System | $ 5,882,031.00 | 10/01/2024 | 09/30/2026 |

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|---|---|---|---|
| RRFP #24-03 COMPREHENSIVE EVALUATION OF OPTIONS FOR BRIDGE DECK OVERLAY MATERIALS | $ 93,750.00 | 08/26/2024 | 02/25/2026 |
| Williams Consent Decree Implementation Evaluation | $ 1,087,568.00 | 07/01/2024 | 06/30/2026 |
| FY25 Genetics Counseling Grant | $ 214,312.50 | 07/01/2024 | 06/30/2027 |
| Illinois Oral Health Workforce Activities (Evaluation Project) | $ 130,000.00 | 09/01/2024 | 06/30/2026 |
| Regionalized Care in the Treatment of Biochemical Genetic Diseases Detected from State of IL Newborn (Genetic Counseling 2025-2027) | $ 693,394.28 | 07/01/2024 | 06/30/2027 |
| Genetic Counseling 2025-27 | $ 571,500.00 | 07/01/2024 | 06/30/2027 |
| Prostate Cancer Outreach and Screening Evaluation | $ 200,000.00 | 07/01/2024 | 06/30/2026 |
| Engineering and Design of Paper-based PCR Platform | $ 59,523.00 | 10/01/2024 | 03/31/2026 |
| State of Illinois Multi-Sector Plan for Aging | $ 1,025,000.00 | 01/01/2025 | 12/31/2026 |
| Assisted Outpatient Treatment Program-Project Evaluation | $ 377,272.77 | 02/11/2025 | 09/29/2028 |
| Institute 2 Innovate Program Evaluation | $ 149,950.00 | 03/14/2025 | 02/28/2026 |
| IDHS FY26 BPCSS- Updating Drug Interaction Contract | $ 40,000.00 | 07/01/2025 | 06/30/2026 |
| Dept of Commerce and Economic Opportunity: Paraprofessional to LBS1 Apprenticeship | $ 499,372.00 | 10/01/2024 | 09/30/2026 |
| Maternal Mortality Review Abstraction 2025-2026 | $ 154,485.00 | 07/01/2025 | 06/30/2026 |
| Comprehensive Community Wellness Center for Chicago's Southwest Side | ########## | 03/01/2025 | 02/28/2030 |
| IDHR Statewide Illinois Hate and Extremism Statewide Landscape Study | $ 519,762.00 | 04/18/2025 | 09/17/2026 |
| Illinois Breast and Cervical Cancer Program Right to Know and Disseminate | $ 245,000.00 | 04/01/2025 | 06/30/2026 |
| Health Systems Intervention FY26 | $ 75,000.00 | 07/01/2025 | 06/30/2026 |
| Illinois Breast and Cervical Cancer Program: Community Navigation Toolkit | $ 70,000.00 | 07/01/2025 | 06/30/2026 |
| Multilingual Programming Project | $ 51,150.00 | 06/03/2025 | 10/31/2025 |

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|---|---|---|---|
| Development of biased antagonists of the chemokine receptor CXCR4 | $ 39,625.00 | 06/01/2025 | 05/31/2026 |
| Evaluation of Illinois Breast Cervical Cancer Screening Program | $ 200,000.00 | 07/01/2025 | 06/30/2026 |
| ED Toolkit Statewide Rollout Year 2 | $ 205,071.00 | 07/01/2025 | 06/30/2026 |
| Illinois New Americans Plan Report | $ 186,265.00 | 07/01/2025 | 06/30/2026 |
| SUPPORT Grant to Demonstrate Expanded and Improved SUD Services Infrastructure-Illinois | $ 872,000.00 | 09/01/2024 | 12/30/2026 |
| FY 25 ILETSB - Law Enforcement Camera Grant | $ 37,057.68 | 07/01/2025 | 06/30/2030 |
| Illinois Department of Public Health: Public Health Grant Agreement for State Loan Repayment Program (SLRP) for Licensed Practitioner | $ 5,000.00 | 06/01/2025 | 05/30/2026 |
| Total Access Collaborative for Trauma-Informed Care Statewide Initiative (TACTIC-SI) | $ 484,674.00 | 07/01/2025 | 06/30/2026 |
| Program 792 - Quality Assurance and Data Analytics - WCD (Williams Consent Decree) | $ 867,789.00 | 07/01/2025 | 06/30/2026 |
| Accessible Housing and Assistive Technology (AHAT) (791) - Suffix WCD | $ 76,526.00 | 07/01/2025 | 06/30/2026 |
| Accessible Housing and Assistive Technology (AHAT) (791) - Suffix CCD | $ 2,659,744.00 | 07/01/2025 | 06/30/2026 |
| FY26 AIM High Grant Agreement | $ 8,994,000.00 | 06/20/2025 | 06/30/2026 |
| Program 792 - Quality Assurance and Data Analytics - CCD (Colbert Consent Decree) | $ 1,834,701.00 | 07/01/2025 | 06/30/2026 |
| CROO IGA | $ 1,500,000.00 | 07/01/2025 | 06/30/2028 |
| IDPH Title V MCH Epidemiology IGA FY26 | $ 220,000.00 | 07/01/2025 | 06/30/2026 |
| School-based Health Centers | $ 600,000.00 | 07/01/2025 | 06/30/2027 |
| Behavioral Health Crisis Hub | $ - | 07/01/2025 | 06/30/2026 |
| Comprehensive Sickle Cell Clinical Care 2026 | $ 483,900.00 | 07/01/2025 | 06/30/2026 |
| FY26 Grants for Bureau for Family Nutrition Programs Special Supplemental Nutrition Program for Women, Infants and Children (BFPC) | $ 9,553.00 | 07/01/2025 | 09/30/2026 |
| Assistive Technology Services to IL-DHS-DRS Customers | $ 1,167,908.00 | 07/01/2025 | 06/30/2026 |

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| FY26 Grants for Bureau for Family Nutrition Programs Special Supplemental Nutrition Program for Women, Infants and Children (WIC) | $ 227,911.37 | 07/01/2025 | 06/30/2026 |
| SUPR 2026 Global Project | $ 400,000.00 | 07/01/2025 | 06/30/2026 |
| FY26 TAP RCADD Center for Literacy | $ 118,420.00 | 07/01/2025 | 06/30/2026 |
| Mobile Medication for Opioid Use Disorder (MOUD) FY 26 | $ 1,489,656.00 | 07/01/2025 | 06/30/2026 |
| Breaking Down Silos: Increasing MAT Workforce through training in screening, treatment, and management of Opioid Use - FY26 | $ 125,000.00 | 07/01/2025 | 06/30/2026 |
| Children's Justice Medical Consultation and Network Development Project / Pediatric Resource Center | $ 679,608.00 | 07/01/2025 | 06/30/2028 |
| RESCUE Illinois School Evaluation Program (RISEP) | $ 45,000.00 | 07/01/2025 | 06/30/2026 |
| Homelessness Mortality and Morbidity Report | $ 351,610.00 | 07/01/2025 | 06/30/2026 |
| IAC Returning General Operating Support | $ - | 09/01/2025 | 08/31/2026 |
| One Health IL Vulnerability Dashboard | $ 779,908.00 | 09/01/2025 | 08/31/2026 |
| Autism Awareness Project | $ - | 07/01/2025 | 06/30/2026 |
| Mental Health Early Action on Campus Act Execution at University of Illinois Chicago Base Grant | $ 1,025,000.00 | 07/01/2025 | 06/30/2026 |
| Golden Apple Foundation -- UIC Scholars Institute 2025 | $ 219,599.00 | 04/01/2025 | 03/31/2026 |
| Healthy Family Lifestyles Illinois: YMCA Healthy Weight and Your Child | $ 20,000.00 | 07/01/2025 | 06/29/2026 |
| Urban Public Policy Fellowship: Internships and Leadership Development to Drive Social Change in Illinois | $ 41,750.00 | 09/25/2025 | 08/31/2026 |
| Center for Literacy Partnership with Chicagoland Libraries to Deliver Family Literacy Programming | $ 51,955.00 | 07/01/2025 | 06/30/2026 |
| 1815 Cardiovascular (Evaluation of The National Cardiovascular Program) | $ 156,318.00 | 07/01/2025 | 06/29/2026 |
| IDPH Birth Equity Innovation_FY26 Expansion | $ 150,000.00 | 07/01/2025 | 06/30/2026 |

## STEP 8
## POTENTIAL CONFLICTS OF INTEREST FOR RELATED PARTY TRANSACTIONS

NOTE: For purposes of Steps 8 and Step 9 of this Contract, **Key Management Staff** is defined to include the top three highest paid staff funded under this Contract and the top persons managerially responsible for the services under this Contract.

Does any Key Management Staff receive compensation or payment in any form from another organization? ☐ Yes ☑ No [redacted] 7/24/25

If so, name the employee and the other organization, the position held, the amount of annual compensation or type of payment, and the date when the employee began receiving such compensation or payment.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 8, Part I.

| Name of Staff | Other Organization | Position Held and Work Hours (Time of day/ total hours per week) | Current Annual Compensation and Date of Hire at Other Organization |
|---|---|---|---|
| | | | |

Does any Key Management Staff, Officer, Board Member, owner, or majority stockholder (or members of their immediate families, i.e., spouse, father, mother, son, or daughter):

A. Hold an ownership interest in an organization that leases, subcontracts, or provides services or materials to you paid in whole or in part from funds generated by this Contract? ☐ Yes ☑ No

B. Serve as an executive officer or board member of an organization that subcontracts or provides services or materials to you paid in whole or in part from funds generated by this Contract? ☐ Yes ☑ No

C. Serve as an employee of an organization that subcontracts or provides services or materials and part of his/her job duties include performing services related to the subcontract or the provision of services or materials to the organization for which he/she is a board member? ☐ Yes ☑ No [redacted] 7/24/25

If you answered yes to A, B, or C above, disclose the name of the individual(s), the organization(s), the nature of the lease(s), materials, services or subcontract(s).

☐ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 8, Part II.

| Name of Staff, Board Member, Owner or Stockholder | Organization Leasing, Contracting, Providing Services or Materials | Nature of Lease, Services, Material or Subcontract |
|---|---|---|
| | | |

## STEP 9
## POTENTIAL CONFLICTS OF INTEREST
## RELATING TO DEBARMENT & LEGAL PROCEEDINGS

**(All vendors complete regardless of annual bid, offer, or contract value)**

Please provide the name of the person or entity for which responses are provided:

1. Has any Key Management Staff or the Contracting Entity been debarred or suspended, or otherwise excluded or ineligible from participation in federal assistance programs or under other statutory or regulatory compliance requirements from contracting with any governmental entity? ☐ Yes ☑ No

2. Have any Key Management Staff had adverse action taken in relation to a professional license? ☐ Yes ☑ No

3. Has the Contracting Entity had any bankruptcies? ☐ Yes ☑ No

4. Has the Contracting Entity had any adverse civil judgments and administrative findings? ☐ Yes ☑ No

5. Has the Contracting Entity or any Key Management Staff had any criminal felony convictions? ☐ Yes ☑ No [redacted] 7124125

If you answered "Yes", please provide a detailed explanation that includes, but is not limited to the name, entity, and position title of each individual.

☐ Check here if including an attachment with requested information in a format substantially similar to the format below; please reference Step 9.

| Name | Position | Organization | Nature of Proceedings | Date of Proceedings |
|---|---|---|---|---|
| | | | | |
| | | | | |

## SIGN THE DISCLOSURE

(All vendors must complete regardless of annual bid, offer, or contract value)

This disclosure is signed, and made under penalty of perjury, by an authorized officer or employee on behalf of the bidder offer or/Vendor pursuant to Sections 50-13 and 50-35 of the Illinois Procurement Code. This disclosure information is submitted on behalf of:

Name of Disclosing Entity: The Board of Trustees of the University of Illinois

Signature: [redacted] Date: 09/08/2025

Printed Name: Anees Ftaima Title: Director, Conflict of Commitment and Interest

Phone Number: 312-996-4070 Email: anees@uic.edu

Department of Children & Family Services
Exhibit I
**CHECKLIST & INTERROGATORY for FINANCIAL and STATISTICAL REPORTING**

Name of Reporting Agency: _____

Reporting for the Period Ended: _____

**To Be Completed & Submitted by the Provider Agency WITH YOUR AUDITED FINANCIAL REPORTING PACKAGE due within 180 Days of the Provider Agency's Fiscal Year End**

**Interrogatory & Reporting Checklist – To Be Completed and Submitted by the Provider Agency**
If your agency is required to provide an Independent Financial audit, the following Reporting Checklist must be completed and enclosed. The reporting checklist should be completed by Provider Agency staff.

**Audit Engagement Letter & Peer Review**

| | Circle Answer | |
|---|---|---|
| Was an Engagement Letter executed? | Yes/Enclosed | No |
| Public accounting firms and sole practitioners that are conducting an audit of your financial statements are required to undergo a peer review every three years. Obtain a copy of the most recent Peer Review and Auditor's letter of response, enclose these with the annual audit and cost reporting submission documents. (Please enclose the most recent letter, even if you have already submitted the same letter in prior years.) | Enclosed | |

**Auditor Communication**

| | | |
|---|---|---|
| Was an Auditor's Communication with Those Charged with Governance (AU-C Section 260) received? If yes, please enclose the communication. | Yes/Enclosed | No |
| Were those charged with governance notified of fraud (or that the auditors obtained information that indicated a fraud may exist) identified during the audit? (AU-C Section 240) If yes, please enclose the communication. | Yes/Enclosed | No |
| Were those charged with governance notified of Other Matters Related to Fraud resulting in the auditors Evaluation of Fraud Risk Factors? (AU-C Section 240). If yes, please enclose the communication. | Yes/Enclosed | No |
| The auditor reviewed the Provider Agency's financial policies and management/financial practices in their consideration of fraud. | Yes | No |

## Management Letter

| | | | |
|---|---|---|---|
| Was a Management Letter received? If yes, please enclose. A Management Letter typically includes issues identified of lesser concern than issues identified in the Auditors Communication noted above. | Yes/Enclosed | | No |
| Did management prepare a response to the Management Letter and respective corrective action plan? If yes, please enclose. | Yes/Enclosed | No | N/A |
| Was a schedule of the status of prior year Management Letter issues prepared? If yes, please enclose the schedule. | Yes/Enclosed | | No |

## Independent Auditor's Report & Financial Statements

Circle Answer

| | | | |
|---|---|---|---|
| The <u>Independent Auditor's Report & Financial Statements are enclosed</u> and contains:<br>- Independent Auditor's Report (Opinion)<br>If a Consolidated Financial Report (CFR) is completed, the independent auditor must express an "In Relation To" Opinion on the Cost and Revenue Schedules. For additional information related to the opinion, please refer to the point captioned "Instructions for the auditor – In Relation To Opinion of the Consolidated Financial Report (CFR)".<br>If a Consolidated Year End Financial Report (CYEFR) is completed, the independent auditor may need to express an "In Relation To" Opinion.<br>(See pages 8 and 9 for instructions) | Yes | | No |
| - Reports on Compliance and Internal Controls Over Financial Reporting in accordance with Government Auditing Standards (if not contained in the Single Audit) | Yes | No | N/A |
| - Statement of Financial Position | Yes | No | N/A |
| - Statement of Activities | Yes | No | N/A |
| - Statement of Cash Flows | Yes | No | N/A |
| - Statement of Functional Expenses including management and general expenses and fundraising expenses. The statement should show by functional and natural classifications the expenses for each individual program thus enabling the association of audited costs with Department funding. (A program is defined as a coherent assembly of activities and supporting resources contained within an administrative framework to implement an organization's mission or some specific related aspect of that mission. In the context of Department contracting and Provider Agency cost reporting, material differences in contract program plans are used to distinguish programs as being separate from one another. The Department will rarely issue separate contracts for the same program in the same period. One program can be, and often is, supported by more than one funding source.) | Yes | No | N/A |
| -Notes to the Financial Statements | Yes | No | N/A |

## Single Audit

| | Circle Answer | |
|---|---|---|
| Was the total amount of Federal Funds spent from all grant sources verified by the auditors? | Yes | No |
| Was the total amount of Federal Funds spent from all grant sources **greater than or equal** to $1,000,000? | Yes | No |
| Was a Single Audit, in conformance with 2 CFR 200 Subpart F, performed and uploaded into the FAC? | Yes | No |

## Consolidated Financial Report (CFR) or Consolidated Year-End Financial Report (CYEFR)

| | | | |
|---|---|---|---|
| Is your Agency required to file a CFR or CYEFR? | Yes | No | |
| If your Agency is required to file a CFR or CYEFR, did the independent auditor express an opinion on them? If your Agency is required to file, instructions are attached for the auditor to use in preparing your In Relation To Opinion (see pages 8 and 9). | Yes | No | N/A |
| Does the Report of Service Units on the CFR include all clients served regardless of the referral source? | Yes | No | N/A |
| Can the Cost schedule of the CFR or CYEFR be tied to the Statement of Functional Expenses contained in the audit report? If not, please construct and enclose a crosswalk between them. | Yes | No | |
| Are any non-allowable costs as defined by 2 CFR 200 Subpart E or 89 Illinois Administrative Code Section 356.60 (Disallowable Costs and Reduced Reimbursement) included in any program columns of the CFR or CYEFR? A list of non-allowable costs is provided at the end of this document for reference. | Yes | No | |
| If non-allowable costs are included in any program columns of the CFR or CYEFR, please prepare and enclose a schedule that identifies the non-allowable cost item, the reported amount, and the program column and line number containing the non-allowable cost. | Enclosed | N/A | |

## Licensed Child Welfare Agency Management Self Reporting Form

| | Circle Answer | |
|---|---|---|
| Is the Provider Agency licensed by the Department? If yes, please enclose the most recently completed Licensed Child Welfare Agency Management Self Reporting Form. | Yes/Enclosed | No |

## Illinois Attorney General Form 990

| | Circle Answer | |
|---|---|---|
| Is the Provider Agency required to file the Illinois Attorney General AG-990 form? If yes, please enclose the most recently completed AG-990 form. | Yes/Enclosed | No |

## Related Party Transactions

| | | |
|---|---|---|
| Were all related party relationships and transactions identified and disclosed, as required by FASB ASC 850-10-50? If disclosure is required, please enclose a schedule that identifies each related party, the relationship between the related parties, a brief description of the transactions (items or services) with the related party, and the amount of such transactions. | Yes/Enclosed | No |
| Did the auditors become aware of the (possible) existence of material related party transactions not otherwise disclosed (AU-C Section 550)? | Yes | No |

## Cost Allocation Plan / Indirect Cost Rate

| | | |
|---|---|---|
| Does a reasonable and consistent cost allocation plan exist for allocable management and general expenses, based on the benefit received? | Yes | No |
| Was the plan utilized for the actual allocation of allocable management and general expenses? | Yes | No |
| Are costs not directly charged or allocated, included in the indirect cost rate pool? | Yes | No |
| What basis is utilized for the allocation of indirect costs? Please attach your cost policy statement/cost allocation plan. | Enclosed | |
| Are costs allocated at least monthly or quarterly? | Yes | No |
| Does the Agency utilize a negotiated indirect cost rate? | Yes | No |
| Does the Agency utilize the De Minimus rate? | Yes | No |
| Are payroll costs allocated among two (2) or more programs? | Yes | No |
| If payroll costs are allocated among two (2) or more programs, was a generally accepted allocation method used to assign payroll costs across multiple programs? | Yes | No |
| Are non-payroll costs allocated among two (2) or more programs? | Yes | No |
| If non-payroll costs are allocated among two (2) or more programs, was a generally accepted allocation method used to assign non-payroll costs across multiple programs? | Yes | No |
| Does a reasonable segregation of duties exist for the finance and accounting functions? | Yes | No |
| Does the accounting system minimally include a chart of accounts and appropriate accounting journals? | Yes | No |
| Is the chart of accounts at least as detailed as the authorized budget (if applicable) by cost category? | Yes | No |
| Are procedures in place to ensure that transactions are properly recorded and charged to the correct program? | Yes | No |
| Does a written policy exist for the accrual and use of benefit time? | Yes | No |
| If a written policy exists, was benefit time accrued and used in accordance with the written policy? | Yes | No |
| Were time and attendance records maintained for all staff who are paid in full or in part from Department funds? | Yes | No |

## Contact Information and Certification

Name of Lead CPA/Auditor: _____

Name of Auditing Firm: _____

Address of Auditing Firm: _____

_____

Lead CPA/Auditor License Number: _____

Contact Person at Provider Agency: _____

Email: _____

Phone Number: _____

By signing this report, I certify to the best of my knowledge and belief that the answers are true, complete and accurate. I am aware that any false, fictitious, or fraudulent information of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3279-3730 and 3801-3812; 30 ILCS 708/120).

| | | |
|---|---|---|
| Executive Director | _____ Printed Name | _____ Signature |
| Chief Financial Officer | _____ Printed Name | _____ Signature |
| Board President | _____ Printed Name | _____ Signature |
| Board Treasurer | _____ Printed Name | _____ Signature |

## Consolidated Financial Report (CFR) – When a CFR must be completed and submitted

Consolidated Financial Report (CFR)

Provider agencies contracted for delivery of 24-hour substitute care services[1], Intact Family Services programs, and Child Welfare Services (CWS) referral programs shall submit an annual Consolidated Financial Report (CFR) regardless of the Department funding amount.

[1]24-hour Substitute Care Services include:

- Childcare Institution Programs
- Shelter Care Programs
- Group Home Programs
- Independent Living and Transitional Living Programs
- Community Integrated Living Arrangement Programs
- Agency Foster Care Programs

Generally excluded from reporting on the CFR are governmental entities, individuals, contractual employees, electronic data processing services, and out of state providers serving 5 or fewer Department youth.

If a certified independent financial audit is NOT required, but your Agency is required to submit a CFR, the CFR is not required to have an in relation to opinion on the revenue and expense schedules.

If you are required to submit the CFR to more than one State Agency (Illinois Department of Human Services (DHS), Children and Family Services (DCFS) and the State Board of Education/Illinois Purchase Care Review Board (ISBE/IPCRB)), you must start all the CFR schedules (except Report of Service Units) with the "Total Agency" column, taken from the audited financial statements, then break out into columns, all programs that all entities require you to report in detail. In this way, only one set of CFR schedules needs to be completed, with copies submitted to all the entities requiring submittal.

All seven (7) schedules of the Consolidated Financial Report must be completed.

1. Agency Information Page
2. Program Names Schedule
3. Costs Schedule
4. Revenues Schedule
5. Service Unit Schedule
6. Personnel Schedule
7. Contractual Schedule

Please utilize the Illinois State Board of Education (ISBE) website to submit your CFR: https://sec1.isbe.net/cfr.

To set up a new account go to: https://sec1.isbe.net/cfr/adminsetup.aspx.

CFR Submittal

The Provider Agency shall submit an electronic copy of all required reports and attachments via the Audit Report Review Management (ARRM) System or the Central Repository Vault (CRV).

**Requests for extensions of the CFR should be sent on or before the due date to:**

Office of Planning and Budget Development
Department of Children and Family Services
Mail Station 440
406 East Monroe Street
Springfield, Illinois 62701-1498

**Failure to comply with financial and statistical reporting requirements will follow the Grantee Compliance Enforcement System policy and may result in being placed on the Illinois Stop Payment List.**

Please note the contract program plan may identify financial and statistical reporting requirements in addition to those stated here. The Provider Agency shall adhere to additional reporting requirements if stated in the contract program plan.

All questions regarding Audits, Reporting Requirements, CFR or the CYEFR may be directed to dcfs.financialreporting@illinois.gov .

**Instructions for the Auditor** – "In Relation To" Opinion on the Consolidated Financial Report (CFR)

The independent certified public accountant may elect to add a paragraph to the opinion on the basic financial statements. Or, the independent certified public accountant may issue a separate report on the supplementary information. In either case, an opinion must be expressed on the Cost and Revenue schedules of the CFR. An example of an acceptable opinion follows:

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The Consolidated Financial Report Revenue and Expense Schedule found on pages xx-xx is presented for purposes of additional analysis and is not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Auditing standards (AU-C Section 725) prescribe the procedures to be performed when an auditor is opining on whether supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole. In addition to these standard required procedures, perform the following on the CFR schedule of Program Costs and Schedule of Program Revenue:

- Obtaining Department Rules (89 Illinois Administrative Code Sections 356, 357, 360 and 434). Available at http://www.state.il.us/dcfs/policy/index.shtml. Obtaining DCFS instructions for preparing the CFR Schedule of Program Costs and Revenue and comparing the classifications used therein to those allowed by the instructions.
- Agreeing the total expense amounts detailed in the CFR Schedule of Program Costs to the provider's GAAP based financial statements.
- Agreeing the total revenue amounts detailed in the CFR Schedule of Program Revenue to the provider's GAAP based financial statements and to the program that the revenue was received for.
- Reviewing the methodology used to allocate costs among programs for reasonableness ensuring that the methodology was consistently followed. Agreeing allocated amounts to the general ledger and applicable payroll records.
- Reading 89 Illinois Administrative Code 356.60 (Disallowable Costs and Reduced Reimbursement), CFR 200 Subpart E, and the CFR instructions to ensure that those costs are included on Line 47 of the CFR and a detailed list of those costs are included either in a separate attachment or through the use of the on-line CFR.
- Mathematically checking all footings and cross footings on the CFR Schedule of Program Costs and Revenues.

**Instructions for the Auditor** – "In Relation To" Opinion on the Consolidated Year End Financial Report (CYEFR).

Only those grantees required to have an audit under the Federal/GATA audit requirements are required to have an In Relation To opinion on their CYEFR. Auditing Standard AU-C Section 725 prescribes the procedures to be performed when an auditor is opining on whether supplementary information is fairly stated, in all material respects, in relation to the financial statements as a whole.

The auditor will be opining on whether the Consolidated Year End Financial Report (CYEFR) is fairly stated, in all material respects, in relation to the financial statements as a whole. The CYEFR is completed by a grantee as part of the Grant Accountability and Transparency Act (GATA) audit requirements. Any grantee receiving a State award [grant] or Federal pass through award grant from a State agency must complete the CYEFR.

Reporting for the In Relation To opinion must comply with Auditing Standard AU-C Section 725. The CYEFR that is being opined upon may be included by the audited entity as supplementary information with the financial statements or may be reported separately. The location of the auditor's In Relation To opinion is dependent on where the supplementary information is placed (with financials or in a separate report). Part .A17 of AU-C Section 725 provides Illustrative Reporting Examples for reporting on supplementary information in relation to the financial statements as a whole, to be followed by the auditor.

89 Illinois Administrative Code Section 356.60 (Disallowable Costs and Reduced Reimbursement)

Section 356.60 Disallowable Costs and Reduced Reimbursement

Certain costs shall not be considered by the Department for reimbursement. Cost standards may be applied to costs claimed to yield reasonable costs. Disallowable costs shall include:

a) expenses resulting from transactions with related parties and/or parent organizations which are greater than the expense to the related party;
b) non-straight-line depreciation;
c) research items except as approved by the Department for program evaluation;
d) bad debts;
e) special benefits to owners, including owner and key-man life insurance;
f) compensation to non-working owners and officers;
g) discounts, rebates, allowances, and charity grants offered by the agency;
h) entertainment expenses;
i) fund-raising;
j) revenue producing expenses;
k) legal fees for litigation with governmental agencies;
l) non-program related activities;
m) membership to national, state, or parent organizations;
n) awards and grants to individuals;
o) fines and penalties;
p) mortgage and loan principal payments;
q) contingency funds;
r) losses on other grants and contracts;
s) expenses relating to the development of bids or proposals;
t) housing of non-clients (does not prohibit the expense of live-in staff);
u) severance pay;
v) federal and state income tax;
w) sales tax; and
x) other costs not reasonably related to services.

## Special Instructions for Reporting on the Schedule of Service Units

As part of the annual financial and statistical reporting requirements, contracted providers of 24-hour substitute care services delivered on behalf of Department youth must provide information identifying the days of care delivered for all clients regardless of funding source, and, if applicable, the license (infrequently, the program) capacity of the program.

This information is annually reported on the "Schedule of Service Units" of the Consolidated Financial Report (CFR) – an Illinois statewide financial and statistical reporting form. The financial and statistical information is generally reported by DCFS contract. However, contracts may be combined for these reporting purposes if the contracted rates are identical.

**Reporting Days of Care (includes certain absent days defined below)**

- A sum of the days of care provided to all youth (DCFS and all other placing agencies/private funders) when the youth is:
    - in the living arrangement, or
    - days when any child who is absent from his/her living arrangement due to:
        - hospitalization for psychiatric or medical reasons,
        - runaway,
        - placement in a county-operated detention center,
        - or admission to an inpatient alcohol or other drug abuse treatment program licensed by the Illinois Department of Human Services.
        - AND, when during those absent days, one or more service to or on behalf of the child are provided and the provision of service is documented in the child's treatment record.
- The days of care (and certain absent days) should be reported in the column captioned "Client Units Delivered/Provided" on the Schedule of Service Units of the CFR
- Do NOT report DCFS contracted capacity (guaranteed) days.

**Reporting Days the Program Operated**

- Report the number of calendar days the program operated.
- For reporting purposes here, count holidays and weekends as working days.

**Reporting the Beginning and Ending License (or infrequently, program) Capacity**

- Report the licensed capacity at the beginning of the reporting period (or beginning date of the program if after the beginning date of the reporting period) and at the end of the reporting period (or end of the program if before the ending date of the program).
- If a change has occurred in the capacity, the date of the change should be reported.
- Infrequently, the Department will approve a rate setting program capacity that is less than the license capacity. If a program capacity that is less than the license capacity has been approved, report the program capacity here instead of the license capacity.

**Schedule of Service Units (24-hour substitute care programs)**

| Program Description | Service Unit Type | Client Units of Enrollment | Client Units Delivered/ Provided | Days Program Operated | Beginning License Capacity | Ending License Capacity | Date of Change |
|---|---|---|---|---|---|---|---|
| Short description of the program. (e.g. Residential – Young Children) | Always "Days" | Not Used | Days in placement and certain absent days | Calendar days the program operated during the reporting period | License, or approved program capacity, at the beginning of the reporting period. Generally, Independent Living programs will not have a license capacity. | License, or approved program capacity, at the end of the reporting period. Generally, Independent Living programs will not have a license capacity. | Date of change in the license capacity or approved program capacity |

## Special Instructions for Reporting Medicaid Revenues Paid for agreements containing a DCFS Medicaid Carve Out

Beginning on July 1, 2013 (FY2014), funding for Medicaid Mental Health Services provided to youth residing in institution and group home settings has been disbursed through Medicaid Carve Out (MRC) Agreements. Beginning July 1, 2017 (FY2018), DCFS began a pilot program for Medicaid Carve Out for specialized foster care (MFC).

For cost reporting years ending on or after 2015 , providers may choose to report the costs and revenues associated with Medicaid carve out separately on the CFR (not combined with any other programs i.e. Medicaid Group Home, Medicaid Institution and Medicaid Group Home Fee for Service). If the revenues and expenses are not reported separately, they should be reported in the Medicaid Agreement where the costs to provide the Medicaid Mental Health Services are recorded.

Costs supporting RSA-level staff in residential programs are currently included in DCFS placement per diem rates and are reimbursed to the Department through Title IV-E/non-Medicaid funds.

Residential providers who wish to have RSA-level staff participate in Medicaid billing for Medicaid-eligible behavioral health services are required to report costs and revenues associated with RSA staff in a separate Medicaid program/cost center on the annual cost report. RSA staff costs for Medicaid services must be allocated to the Medicaid program, along with any of the Medicaid revenue received for RSA-level Medicaid reimbursable services. Allocation of such RSA costs must be clearly articulated in the cost allocation statement.

**When reporting Medicaid costs and revenue as a separate program/cost center on the cost report the method for determining the allocation of Medicaid costs must be documented in the cost allocation plan. The allocation plan must demonstrate that Medicaid-specific costs are reasonable and allocable to the Medicaid services provided. The Medicaid program is not subject to excess revenue adjustments using this method but remains subject to Department audit.**

Medicaid Managed Care (Youth in Care) and Medicaid Fee-For-Service Revenue should not be reported as Department revenue. Please report as Medicaid Rehab Option (MRO), or Department of Public Aid/Healthcare and Family Services.

If reported separately, the Medicaid Carve Out Agreements are not included in the excess revenue reviews. If reported in their respective contract that the costs were incurred, **the excess revenue is based on the proportion of Department revenue (excluding Medicaid) to total revenue (including Medicaid).**

# *Department of Children and Family Services*
# *Contracts Exceeding the $250,000 Limit*
# *For FY 2026*

***Descriptor Code*** **UNI**

Provider **212287** **BOARD OF TRUSTEES UNIV OF ILL**

| | |
|---|---|
| ***Contract Number*** | 2122872016 |
| ***Lead Region*** | 1B |
| ***Program Name*** | PEDIATRIC MEDICAL ASSESSMENT |
| ***Direct Services - Current*** | $345,400.00 |
| ***Expenses - Current*** | $0.00 |
| ***Multi-Year Total*** | $1,036,200.00 |
| ***Prev Yr Obligation*** | |
| ***Comments*** | |

1B 2204181744000800

Increaseing overall contract $100,000 due to an increae in utilization - NF 12.31.24

Date: July 1, 2025

To: Heidi E. Mueller, Director
Brian L. Dougherty, General Counsel
Kiersten Neswick, Chief Financial Officer

From: Will Blount Stephens, Deputy Director, Office of Contract Administration

Subject: FY2026 $250,000 Contracts for Approval

Attached please find the contract summary for Fiscal Year 2026, which details all proposed contracts exceeding the $250,000 threshold. This submission is made in compliance with 30 ILCS 105/9.02(a)(1), which requires advance approval for contracts exceeding the threshold.

We respectfully request your review and approval of these contract commitments. Please provide your approval by signing on the designated signature line included with the attached documentation.

| Descriptor Code | Pages |
|---|---|
| ADP – Adoption | 1-4 |
| ADS – Adoption Specialty | 5-9 |
| AFC – Adolescent Foster Care | 10-15 |
| APS – Adoption Preservation | 16-21 |
| AVA – Advocate Agency | 22-34 |
| CAC – Child Advocacy Centers | 35 |
| CAR – Child Abuse Research | 36-46 |
| CAS – Child Advocacy Support | 47 |
| CCI – Child Care Institution | 48-59 |
| CCN – Crisis Nurseries | 60-67 |
| CDS – Contractual Direct Services | 68-88 |
| CIP – Clinical Intervention | 89 |
| COD – COD Specific | 90-118 |
| CON – Contractual Services | 119-156 |
| CPP – Child Parent Psychotherapy | 157-160 |
| CSA – Counseling Agency | 161-189 |
| CSI – Counseling Intact | 190-196 |
| CSL – Counseling Individual | 197-199 |
| CST – Counseling Toxicology | 200-208 |
| CWS – Child Welfare Services | 209-226 |

| | |
|---|---|
| DRR – Day Care Resource & Referral | 227 |
| EBI – Evidence Based Interventions | 228-250 |
| EFS – Extended Family Services | 251-263 |
| FAC – Family Advocacy Centers | 264-292 |
| FCA – Foster Care Agency | 293-296 |
| FCD – Foster Care Individual | 297 |
| FCE - Foster Care Exempt | 298-313 |
| FCN – Foster Care Non-Standardized | 314-339 |
| FCS – Foster Care Standardized | 340-356 |
| FPS – Family Preservation | 357-362 |
| GH – Group Home | 363-371 |
| HAB – Family Habilitation | 372-375 |
| IFS – Intact Family Services | 376-418 |
| IGA – Inter-Governmental Agreement | 419-452 |
| ILO – Independent Living Option | 453-456 |
| INO – Institution Out of State | 457-490 |
| IPS – Intensive Placement Stabilization | 491-512 |
| MCG – Medicaid Group Home | 513-524 |
| MCI – Medicaid Child Care Institution | 525-560 |
| MGF – Medicaid GH-Fee for Service | 561 |
| NOR – Norman Consent Decree | 562-598 |
| PCD – Performance FC Traditional | 599-639 |
| PPT – Pregnant & Parenting Teen | 640-642 |
| PSY – Psychiatric Hospitalization | 643-645 |
| PTG – Parent Training Groups | 646-655 |
| RAP – Wraparound – Flex | 656-669 |
| SBP – Sexual Behavior Problems | 670 |
| TLP – Transitional Living Program | 671-695 |
| TLS – Transitional Living Services | 696-711 |
| TRO – Transportation Only | 712-717 |
| UNI – University – State | 718-749 |
| UNP – University – Private | 750-752 |
| VIT – Visitation | 753-774 |
| YES – Youth Emergency Services | 775-788 |
| YIC – Youth in Crisis | 789-796 |
| YOU – Project Strive | 797-803 |

[redacted]

Heidi E. Mueller, Director — Date

[redacted]

Brian L. Dougherty, General Counsel — Date 7/9/25

[redacted]

Kiersten Neswick, Chief Financial Officer — Date