

22092

ADOPTED
BOARD OF TRUSTEES OF
COMMUNITY COLLEGE DISTRICT NO. 508

BOARD OF TRUSTEES OF COMMUNITY COLLEGE DISTRICT NO. 508
County of Cook and State of Illinois

JUL 6 - 2000

COUNTY OF COOK
AND STATE OF ILLINOIS

RENEW UPWARD MOBILITY PROGRAM AGREEMENT
ILLINOIS DEPARTMENT OF MANAGEMENT SERVICES
CITY COLLEGES OF CHICAGO
(Amend Board Report #21554 dated 10-7-99)

THE CHANCELLOR

REPORTS

that the State of Illinois initiated, in cooperation with one of the employee representative unions, a pre-paid tuition program for employees covered under the State of Illinois Personnel Code, but not under the State University Retirement System, designed to promote career advancement and mobility; and that the City Colleges of Chicago participated in this program during Fiscal Year 2000; (Board Report No.21554); and,

that qualified State of Illinois employees attended the City Colleges of Chicago, and under the Agreement with the State of Illinois utilizing the deferment method of billing, the CCC has billed and received tuition/fee payments from the State of Illinois; and,

that the State of Illinois will again offer said program for the fiscal year beginning July 1, 2000 and ending June 30, 2001, and that all institutions interested in participating in the Upward Mobility Program must enter into a Tuition/Fee Payment Agreement designed to allow enrollment with deferred tuition for the participating employees, and the billing of deferred tuition to the State of Illinois Department of Central Management Services and to the student in accordance with amounts and formula to be shown on each form.

RECOMMENDS

that the Board of Trustees approves renewal of the Tuition/Fee Payment Agreement with the State of Illinois Upward Mobility Program effective July 1, 2000 to June 30, 2001; and authorizes the Chairman and Secretary to execute said Agreement on behalf of the Board.

Respectfully submitted,

Wayne D. Watson
Chancellor

July 6, 2000

22092

STATE OF ILLINOIS
UPWARD MOBILITY PROGRAM

TUITION/FEE PAYMENT INTERGOVERNMENTAL AGREEMENT

The Illinois Department of Central Management Services ("CMS") and Name of School:
the City Colleges of Chicago ("Institution") agree to the
following:

1. For State employees who present a properly completed and signed Upward Mobility Program Participation Verification Agreement (the "PVA") and who enroll in courses identified on that form, the Institution agrees to bill tuition and fees to CMS and to the student in accordance with the amounts and formula shown on the form. The amounts billed to CMS and the student shall not exceed the Institution's standard tuition and fee rates.
2. CMS agrees to pay to the Institution the amount billed to CMS in accordance with the amount and formula identified on the PVA. CMS will not be responsible for payment for books or other fees or expenses.
3. In the event the State employee withdraws from the Institution and a refund is due, the refund shall be made to CMS and the employee in proportion to the amount each paid for each item of tuition and fees.
4. The obligations of CMS and the State shall cease immediately and without penalty or further payment being required, if in any fiscal year the Illinois General Assembly or Federal Funding Source Fails to appropriate or otherwise make available appropriate funds for this Agreement.
5. The Institution will maintain books and records relating to this Agreement and will make such books and records available for review and audit in accordance with the Illinois Procurement Code.

Effective: July 1, 2000 to June 30, 2001

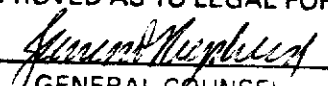
DEPARTMENT OF
CENTRAL MANAGEMENT SERVICES

BY: _____

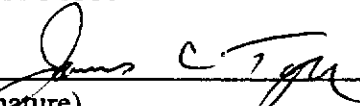
TITLE: _____

DATE: _____

s:\mw\billing\tfpa
um-publ

APPROVED AS TO LEGAL FORM

GENERAL COUNSEL

INSTITUTION

BY:  _____
(Signature)

TITLE: **CHAIRMAN OF THE BOARD**

DATE: _____

CERTIFICATIONS

I. The Vendor certifies that it is not barred from being awarded a contract or subcontract under Section 10.1 or 10.3 of the Illinois Purchasing Act (30 ILCS 505/10.1, 505/10.3).

II. The Vendor certifies that it has not been barred from contracting with a unit of State or local government as a result of a violation of Section 33-E3 or 33-E4 of the Criminal Code of 1961 (720 ILCS 5/33E-3, 5/33E-4)

III. The Vendor certifies that it is not in default on an educational loan as provided in Public Act 85-827 (5 ILCS 385/1) (a partnership shall be considered barred if any partner is in default on an educational loan).

IV. The Vendor certifies that it does not pay dues or fees on behalf of its employees or agents, nor subsidizes or otherwise reimburses them for payment of their dues or fees, to any club which unlawfully discriminates (775 ILCS 25/0.01).

V. Under penalties of perjury, I certify that the name, taxpayer identification number, and legal status listed below are correct.

Name: City Colleges of Chicago

Taxpayer Identification Number:
Social Security
Number _____
or
Employer Identification
Number 36-2606236

(If you are an individual, enter your name and SSN as it appears on your Social Security Card. If completing this certification for a sole proprietorship, enter the owner's name followed by the name of the business and the owner's SSN. For all other entities, enter the name of the entity as used to apply for the entity's EIN and the EIN.)

Legal Status (check one):

- Individual
- ~~xxx~~ Governmental entity
- Owner of Sole Proprietorship
- Nonresident alien individual
- Partnership
- Estate or legal trust
- Tax-exempt hospital or extended partnership,
- Foreign corporation,
- care facility
- estate, or trust
- Corporation providing or billing
- Other
- medical and/or health care services
- Corporation NOT providing or billing
- medical and/or health care services

VI. This certification is required by the Drug Free Workplace Act (30 ILCS 580/1) for contracts and grants effective January 1, 1992, and thereafter. The Drug Free Workplace Act requires that no grantee or contractor shall receive a grant or be considered for the purposes of being awarded a contract from the State for the procurement of any property or services unless that the grantee or contractor will provide a drug free workplace and that individuals must not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the contract or grant. False certification or violation of the certification may result in sanctions including, but not limited to, suspension of contract or grant payments, termination of the contract or grant and debarment of contracting or grant opportunities with the State for at least one (1) year but not more than five (5) years.

CONTRACTOR/GRANTEE: For the purpose of this certification, "grantee" or "contractor" means a corporation, partnership, or other entity with twenty-five (25) or more employees at the time of issuing the grant, or a department, division, or other unit thereof, directly responsible for the specific performance under a contract or grant of \$5,000 or more from the State.

The contractor/grantee certifies and agrees that it will provide a drug free workplace by:

- (a) Publishing a statement:
 - (1) Notifying employees that the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, including cannabis, is prohibited in the grantee's or contractor's workplace.
 - (2) Specifying the actions that will be taken against employees for violations of such prohibition.
 - (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will:
 - (A) abide by the terms of the statement; and
 - (B) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- (b) Establishing a drug free awareness program to inform employees about:
 - (1) the dangers of drug abuse in the workplace;

- (2) the grantee's or contractor's policy of maintaining a drug free workplace;
 - (3) any available drug counseling, rehabilitation, and employee assistance programs; and
 - (4) the penalties that may be imposed upon employees for drug violations.
- (c) Providing a copy of the statement required by subparagraph (a) to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
 - (d) Notifying the contracting or granting agency within ten (10) days after receiving notice under part (B) of paragraph (3) of subsection (a) above from an employee or otherwise receiving actual notice of such conviction.
 - (e) Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted, as required by section 5 of the Drug Free Workplace Act.
 - (f) Assisting employees in selecting a course of action in the event drug counseling, treatment, and rehabilitation is required and indicating that a trained referral team is in place.
 - (g) Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

INDIVIDUALS: If vendor is an individual, or an individual doing business in the form of a sole proprietorship, the individual certifies that the individual will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the contract. Vendor certifies that it will not engage in the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance in the performance of the contract. This requirement applies to contracts of more than \$5000.

VII. Non-discrimination: In compliance with the State and Federal Constitutions, the Illinois Human Rights Act, the U. S. Civil Rights Act, and Section 504 of the Federal Rehabilitation Act, the Department of Central Management Services does not unlawfully discriminate in employment, contracts, or any other activity.

Vendor, its employees and subcontractors, agree not to commit unlawful discrimination and agree to comply with applicable provisions of the Illinois Human Rights Act, the Public Works Employment Discrimination Act, the U.S. Civil Rights Act and Section 504 of the Federal Rehabilitation Act, and rules applicable to each. The equal employment opportunity clause of the Department of Human Rights' rules is specifically incorporated herein.

The Americans with Disabilities Act (42 U.S.C. 12101 et seq.) and the regulations thereunder (28 CFR 35.130) (ADA) prohibit discrimination against persons with disabilities by the State, whether directly or through contractual arrangements, in

the provision of any aid, benefit or service. As a condition of receiving this contract, the undersigned vendor certifies that services, programs and activities provided under this contract are and will continue to be in compliance with the ADA.

VIII. Early Retirement. Vendor certifies he/she has informed the director of the agency in writing if he/she was formerly employed by that agency and has received an early retirement incentive under Section 14-108.3 or 16-133.3 of the Illinois Pension Code. Vendor acknowledges and agrees that if such early retirement incentive was received, this contract is not valid unless the official executing the contract has made the appropriate filing with the Auditor General prior to execution.

IX. Retention of Records: The vendor or contractor shall maintain, for a minimum of five years after the completion of the contract, adequate books, records, and supporting documents to verify the amounts, recipients, and uses of all disbursements of funds passing in conjunction with the contract; the contract and all books, records, and supporting documents related to the contract shall be available for review and audit by the Auditor General; and the contractor agrees to cooperate fully with any audit conducted by the Auditor General and to provide full access to all relevant materials. Failure to maintain the books, records, and supporting documents required by this Section shall establish a presumption in favor of the State for the recovery of any funds paid by the State under the contract for which adequate books, records, and supporting documentation are not available to support their purported disbursement.

X. Sexual Harassment: Effective July 1, 1993, the vendor or contractor shall have written sexual harassment policies that shall include, at a minimum, the following information: (i) the illegality of sexual harassment; (ii) the definition of sexual harassment under State law; (iii) a description of sexual harassment, utilizing examples; (iv) the vendor's internal complaint process including penalties; (v) the legal recourse, investigative and complaint process available through the Department of Human Rights and the Human Rights Commission; (vi) directions on how to contact the Department and Commission; and (vii) protection against retaliation as provided by Section 6-101 of the Illinois Human Rights Act. A copy of the policies shall be provided to the Department upon request.

XI. For contracts exceeding \$10,000, the vendor certifies that neither it nor any substantially-owned affiliated company is participating or shall participate in an international boycott in violation of the provisions of the U.S. Export Administration Act of 1979 or the regulations of the U.S. Department of Commerce promulgated under that Act.

The undersigned acknowledges and agrees that each of the certifications or amendments shall be incorporated into and made a part of the invitation for bids,

22092

TAXPAYER IDENTIFICATION NUMBER

Under penalties of perjury, I certify that the name, taxpayer identification number, and legal status listed below are correct.

Name of Institution: Show the official business name used to file Illinois and United States taxes using the SSN or EIN shown below. If you are an entity doing business in another name, please show the name of the official entity and the name of the entity you are doing business as in the following form: "Official EIN Name" d.b.a. "Name Of Contracting Entity"

Name (official EIN name) Board of Trustees of Community College District No. 508
City Colleges of Chicago

d.b.a. _____

Employer Identification Number 36-2606236

Legal Status (check one):

_____ Individual

_____ Nonresident Alien

_____ Sole Proprietorship

_____ Tax Exempt/Hospital/Extended Care Facility

_____ Partnership/Legal Corporation

_____ Pharmacy/Funeral Home/Cemetery Corporation

_____ Corporation

_____ Medical Corporation

xxx Government

_____ Pharmacy (non-corporate)

_____ Estate or Trust

INSTITUTION

BY: [Signature]
(Signature)

TITLE CHAIRMAN OF THE BOARD

DATE: [Signature]
ASSISTANT BOARD SECRETARY

APPROVED AS TO LEGAL FORM
[Signature]
GENERAL COUNSEL

22092

request for proposals, agreement, contract, amendment, renewal or other similar document to which these certifications are attached.

CONTRACTOR/VENDOR

City Colleges of Chicago

NAME: James C. Tyree

BY: *Raymond M. Hancock*
ASSISTANT BOARD SECRETARY

(Signature) *James C. Tyree*

TITLE: **Chairman**
Board of Trustees

certif.doc

APPROVED AS TO LEGAL FORM

James W. McPherson
GENERAL COUNSEL

22092

STATE OF ILLINOIS
UPWARD MOBILITY PROGRAM

HIGHER EDUCATION INSTITUTION CONTACTS

To facilitate communication with higher education institutions, the State of Illinois would like you to identify your chief academic officer who would act as the principal contact for the Upward Mobility Program. This individual would: (1) receive up-to-date information about the Upward Mobility Program; (2) be available to Upward Mobility Program career counselors and to students participating in the Program to answer questions about your institution's policies; (3) be actively involved in supporting the Upward Mobility Program by communicating to Upward Mobility Program administrators any problems or questions that arise.

The Upward Mobility Program is aware that institutions vary in terms of administrative structure. The Program would also like to have the names of additional persons to contact regarding admissions, enrollment, registration, tuition and fee payments and (if applicable) Continuing Education, Adult Education and Vocational/Occupational Education. Please complete the following by naming a principal liaison and other contacts appropriate for your institution.

Name and Address of Institution: City Colleges of Chicago
226 West Jackson Blvd
Chicago IL 60606

Principal Liaison (Chief Academic Officer)

Name: Deidra J. Lewis
Title: Vice Chancellor for Academic Affairs, Planning, & Research
Office Address: 226 West Jackson Blvd
Chicago IL 60606
Zip Code

Work Phone: (312) 553-2759
Primary Administrative Duties: _____

Admissions/Enrollment/Registration Contact:

Name: Cynthia Armster
Title: Interim Assoc Vice Chancellor for Academic Support & Student Services
Office Address: 226 West Jackson Blvd
Chicago IL 60606
Zip Code

Work Phone: (312) 553-2931
Primary Administrative Duties: _____

Tuition and Fee Payment Contact:

22092

Name: Simon Visser
Title: Interim Associate Vice Chancellor of Finance/Controller
Office Address: 226 West Jackson Blvd
Chicago IL 60606

Zip Code

Work Phone: (312) 553-2828

Primary Administrative Duties: _____

Continuing Education Contact:

Name: Valerie Roberson
Title: Associate Vice Chancellor for Adult Education
Office Address: 226 West Jackson Blvd
Chicago IL 60606

Zip Code

Work Phone: (312) 553-2726

Primary Administrative Duties: _____

Adult Education Contact:

Name: Valerie Roberson
Title: Associate Vice Chancellor for Adult Education
Office Address: 226 West Jackson Blvd
Chicago IL 60606

Zip Code

Work Phone: (312) 553-2726

Primary Administrative Duties: _____

Vocational/Occupational Education Contact:

Name: William McMillan
Title: Associate Vice Chancellor for Occupational Programs
Office Address: 226 West Jackson Blvd
Chicago IL 60606

Zip Code

Work Phone: (312) 553-2732

Primary Administrative Duties: _____

Please complete and return to: Upward Mobility Program, 200 West Washington, Springfield, IL 62706

22092

STATE OF ILLINOIS
UPWARD MOBILITY PROGRAM

TUITION AND FEES - EFFECTIVE 2000-2001 SCHOOL YEAR

SCHOOL City Colleges of Chicago

TUITION RATES
PER CREDIT HOUR

<u>In District or In-State</u>	<u>Out-Of-District or Out-Of-State</u>	<u>Undergraduate</u>	<u>Graduate</u>	<u>Ph.D/Psy.D</u>
<u>47.50</u>	OD OS <u>106.11/177.23</u>	<u> </u>	<u> </u>	<u> </u>

FEES
(Covered By Upward Mobility)

<u>Registration</u>	<u>Student Development</u>	<u>Laboratory</u>	<u>Activity</u>	<u>Facility</u>
<u>25.00</u>	<u> </u>	<u>20.00</u>	<u> </u>	<u>3.00/crhr 9hr max</u>

If your school has a standard cost for a certain number of credit hours, please complete this section.

Standard Cost Of Classes:

 credit hours = \$
 credit hours = \$
 credit hours = \$

Please return to: Upward Mobility Program
200 West Washington
Springfield, IL 62706