

22630

STATE OF ILLINOIS
UPWARD MOBILITY PROGRAM

TUITION/FEE PAYMENT INTERGOVERNMENTAL AGREEMENT

The Illinois Department of Central Management Services ("CMS") and Name of School:
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, 2001 to June 30, 2002

DEPARTMENT OF
CENTRAL MANAGEMENT SERVICES

INSTITUTION

BY: _____

BY: _____

(Signature)

TITLE: _____

TITLE: _____

DATE: _____

DATE: _____

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) City Colleges of Chicago
Board of Trustees of Community College District No. 508

d.b.a. _____

Employer Identification Number 36-2606236

Legal Status (check one):

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Nonresident Alien |
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Tax Exempt/Hospital/Extended Care Facility |
| <input type="checkbox"/> Partnership/Legal Corporation | <input type="checkbox"/> Pharmacy/Funeral Home/Cemetery Corporation |
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Medical Corporation |
| <input type="checkbox"/> ^{XXX} Government | <input type="checkbox"/> Pharmacy (non-corporate) |
| <input type="checkbox"/> Estate or Trust | |

INSTITUTION

BY: _____

(Signature)

TITLE: _____

DATE: _____

**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

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

Admissions/Enrollment/Registration Contact:

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

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

Tuition and Fee Payment Contact:

Name: Irene Ree
Title: Controller
Office Address: 226 West Jackson Blvd
Chicago IL 60606

Work Phone: (312) 553-2805 Zip Code
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

Work Phone: (312) 553-2726 Zip Code
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

Work Phone: (312) 553-2726 Zip Code
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

Work Phone: (312) 553-2732 Zip Code
Primary Administrative Duties:

Please complete and return to: Upward Mobility Program, 200 West Washington, Springfield, IL 62701

**STATE OF ILLINOIS
UPWARD MOBILITY PROGRAM**

TUITION AND FEES - EFFECTIVE 2001-2002 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>
50.00	OD OS 116.24 193.06			

FEES
(Covered By Upward Mobility)

<u>Registration</u>	<u>Student Development</u>	<u>Laboratory</u>	<u>Activity</u>	<u>Facility</u>
25.00		20.00	\$100.00	

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 62701



MEMO TO: Yolande Bourgeois

FROM: Simon Visser *S.V.*

DATE: May 9, 2001

SUBJECT: Upward Mobility Program Board Report FY2002

Your office must review the attached before we can submit to the Board for approval. Upward Mobility Program is requesting that the completed forms be returned by June 12, 2001. Your assistance is appreciated.