| Form Corporate 2020: to be used only for Delegate Agency Grant Agreements funded wholly by Corporate funds and not involving construction or loans (Rev 11/19) |
|---|

**Additional Exhibits to this Agreement may be found at:**
http://www.chicago.gov/content/cityinfo/law/termsandconditions/Corporate2020.pdf

| | | |
|---|---|---|
| | **Delegate Agency Grant Agreement** of the City of Chicago ("**City**") | Title of the Program<br><br>**Out of School Time Programming - Year Round** |
| Contract (P.O.) Number:<br>**117009** | Specification Number:<br>**1037579** | Vendor Number:<br>**154375/A** |
| Name and address[1] of Delegate Agency ("**You**"):<br><br>**Centro Romero**<br>**6216 N Clark Street**<br>**Chicago, Illinois 60660**<br>**Email: d.funes@centroromero.org** | City Department ("**Department**") and Address:<br><br>Department of Family and Support Services<br>1615 West Chicago Avenue<br>Chicago, Illinois 60622<br>Attn: Commissioner<br>Telephone: (312) 743-0300 | Term of Agreement:<br><br>Start Date/ Date of Agreement:<br>January 1, 2020<br><br>End Date: December 31, 2021 |
| Maximum Compensation (subject to the availability and appropriation of funds and satisfactory performance):<br><br>**$255,910.00** | Committed Compensation:<br><br>**$85,303.00** | |

| |
|---|
| Fund Numbers and amounts: **Exhibit A** |
| Is the Delegate Agency a Business Associate (as defined in HIPAA)? Yes ☐ No ☒ |
| Special Conditions: the above grant is subject to the Special Conditions or limitations as are set forth in the attached page(s) |

| |
|---|
| Brief Description of Program (the "**Program**"):<br><br>Grant funds are to develop viable urban communities by providing decent housing, a suitable living environment, and expanding economic opportunities, principally for persons of low and moderate income |

[1] Address must be a street address (Post Office boxes are not acceptable) from which you administer programs providing Services principally to low and moderate income residents of the City of Chicago.

## *SPECIAL CONDITIONS*

You acknowledge and agree:

The City Council of the City, a municipal corporation and home rule unit of local government existing under the Constitution of the State of Illinois, has appropriated corporate funds to be used for the Program.

The City desires to enter into this Agreement with you to provide services under the Program. You represent that you have the institutional, managerial, professional and financial capability to provide services in connection with the Program to the full satisfaction of the City and that you are ready, willing and able to enter into this Agreement.

This Agreement will take effect as of the Start Date and continue through the End Date or until the Services are completed or until this Agreement is terminated, whichever occurs first (the "**Term**"). All Services must be performed within the Term and as more specifically required under this Agreement. "**Agreement**" means this Delegate Agency Grant Agreement, including all exhibits attached to it and incorporated in it by reference, and all amendments, modifications or revisions made in accordance with its terms.

Any payments under the first year of this Agreement will be made from Fund Numbers identified above and are subject to the annual appropriation and availability of funds. In subsequent years, the City may change the fund numbers at its sole discretion. The "**Maximum Compensation**" is the maximum compensation that you may be paid under this Agreement, without an amendment to this Agreement authorizing a higher amount.

Notwithstanding the Maximum Compensation, the amount of funds the City commits to pay to you as of the effective date of this Agreement ("**Committed Compensation**") is reflected in the "Budget" attached as Exhibit A and incorporated by reference. If the City has funds available, and those funds are appropriated for the services/programs covered by this Agreement, then the City, in its sole discretion, may increase the amount of Committed Compensation by written notification from the Commissioner of the Department or other legally designated official, as applicable ("**Commissioner**") to you and subject to the satisfactory submission of a revised Budget Summary by you. You must submit a revised Budget to the Department, for approval by the Department and the City Comptroller (Attention: Grant and Project Accounting Division), reflecting such additional funds, the cumulative Committed Compensation and the revised fund number. Once approved by the Department and the City Comptroller, the revised Budget will supersede the Budget attached as Exhibit A. In no event will the cumulative Committed Compensation exceed the Maximum Compensation without a written amendment to this Agreement. In the event that the City pays you the total amount of Committed Compensation for the Services without providing written notification of an increase in the amount of Committed Compensation, no further payments shall be made under this Agreement unless and until (a) the City has provided written notification of an increase in the amount of Committed Compensation and (b) the City has approved a revised Budget submitted by you.

You must comply with all the Terms and Conditions of this Agreement including those found on Exhibit D. You agree to comply with the requirements set forth in the following exhibits which are attached to and made a part of this Agreement. All provisions listed in the Exhibits have the

same force and effect as if they had been listed in the body of this Agreement.

Exhibit A Budget
Exhibit B Scope of Services and Time Limits for Performance
Exhibit C Economic Disclosure Statement and Affidavit (Certificate of Filing)

The signature page to this Agreement follows Exhibit C.

Exhibit D Terms and Conditions
Exhibit E Insurance Requirements
Exhibit F HIPAA Requirements

Exhibits D through F may be found at the link on the first page of this Agreement.

[remainder of page intentionally left blank]

# EXHIBIT A

# BUDGET

**(Attached)**

# EXHIBIT B

## SCOPE OF SERVICES
## (WORK PROGRAM((S))

**(Attached)**

Form Corporate 2020: to be used only for Delegate Agency Grant Agreements funded wholly by Corporate funds and not involving construction or loans (Rev 11/19)

# EXHIBIT C

## ECONOMIC DISCLOSURE STATEMENT & AFFIDAVIT

**(Certificate of Filing attached)**

| Form Corporate 2020: to be used only for Delegate Agency Grant Agreements funded wholly by Corporate funds and not involving construction or loans (Rev 11/19) |
|---|

**Signature page to Delegate Agency Grant Agreement**

| Name of Delegate Agency:<br>**Centro Romero** | Contract (P.O.) Number:<br>**117009** |
|---|---|

Signed at Chicago, Illinois:

| **City Approval** | **Delegate Agency Acceptance** |
|---|---|
| Typed Name and Title of Approving City Official:<br><br>Lisa Morrison Butler, Commissioner, Department of Family and Support Services | Typed Name and Title of Authorized Delegate Agency Official (executive director or corp. president)[1] :<br><br>Daysi J. Funes, Executive Director |
| Signature of Approving City Official: | Signature of Approving Delegate Agency Official: |
| Date of Signature: | Date of Signature:<br>1/6/20 |

Notarization of signature of Delegate Agency Official:

State of Illinois
County of Cook

This instrument was acknowledged before me on 1-6-2020 (date) by Daysi J. Funes (name/s of person/s) as Executive Director (type of authority, e.g., officer, trustee, etc.) of **Centro Romero** (name of party on behalf of whom instrument was executed).

Signature of Notary Public

SEAL:

OFFICIAL SEAL
JOSEPH M MARTENS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/02/21

[1] If this Agreement is signed by any individual other than the corporate president or the executive director of Delegate Agency, attach a copy of that section of Corporate By-Laws or other authorization, such as a resolution by the Board of Directors, that permits the individual to sign the Agreement for Delegate Agency.

OFFICIAL SEAL
JOSEPH M MARTENS
NOTARY PUBLIC - STATE OF ILLINOIS
MY COMMISSION EXPIRES:10/02/21

CENTROM-01 TSHE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 12/11/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER
Lamb Insurance Services
311 West Superior, Suite 500
Chicago, IL 60654

CONTACT NAME:
PHONE (A/C, No, Ext): (312) 883-0000 FAX (A/C, No): (888) 389-8061
E-MAIL ADDRESS: service@lambis.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : GuideOne Mutual Insurance Company | 15032 |
| INSURER B : | |
| INSURER C : | |
| INSURER D : | |
| INSURER E : | |
| INSURER F : | |

INSURED
Centro Romero
6216 N Clark Street
Chicago, IL 60660

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | X COMMERCIAL GENERAL LIABILITY | | | | | | | |
| | CLAIMS-MADE X OCCUR | | | 010006885 | 1/1/2020 | 1/1/2021 | EACH OCCURRENCE | $ 1,000,000 |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | $ 100,000 |
| | | | | | | | MED EXP (Any one person) | $ 5,000 |
| | | | | | | | PERSONAL & ADV INJURY | $ 1,000,000 |
| | GEN'L AGGREGATE LIMIT APPLIES PER: | | | | | | GENERAL AGGREGATE | $ 3,000,000 |
| | X POLICY PRO-JECT LOC | | | | | | PRODUCTS - COMP/OP AGG | $ 2,000,000 |
| | OTHER: | | | | | | | $ |
| | AUTOMOBILE LIABILITY | | | | | | COMBINED SINGLE LIMIT (Ea accident) | $ |
| | ANY AUTO | | | | | | BODILY INJURY (Per person) | $ |
| | OWNED AUTOS ONLY / SCHEDULED AUTOS | | | | | | BODILY INJURY (Per accident) | $ |
| | HIRED AUTOS ONLY / NON-OWNED AUTOS ONLY | | | | | | PROPERTY DAMAGE (Per accident) | $ |
| | | | | | | | | $ |
| | UMBRELLA LIAB / OCCUR | | | | | | EACH OCCURRENCE | $ |
| | EXCESS LIAB / CLAIMS-MADE | | | | | | AGGREGATE | $ |
| | DED / RETENTION $ | | | | | | | $ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY | | | | | | X PER STATUTE / OTH-ER | |
| | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N (Mandatory in NH) | N / A | | 010006886 | 1/1/2020 | 1/1/2021 | E.L. EACH ACCIDENT | $ 500,000 |
| | If yes, describe under DESCRIPTION OF OPERATIONS below | | | | | | E.L. DISEASE - EA EMPLOYEE | $ 500,000 |
| | | | | | | | E.L. DISEASE - POLICY LIMIT | $ 500,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
City of Chicago is listed as Additional Insured in regard to general liability where required by written contract.

CERTIFICATE HOLDER

City of Chicago
City Controller's Office
Federal Funds Insurance Unit
33 N. LaSalle St. Suite 800
Chicago, IL 60602

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

CERTIFICATE OF FILING FOR

CITY OF CHICAGO ECONOMIC DISCLOSURE STATEMENT

EDS Number: 147526
Certificate Printed on: 02/21/2020

Date of This Filing:12/14/2019 05:01 PM
Original Filing Date:12/14/2019 05:01 PM

Disclosing Party: Centro Romero
Filed by: Mr. Joseph M. Martens

Title:Resource Developer

Matter: DFSS-CORP-YS-OST:
Applicant: Centro Romero
Specification #: 1037579
Contract #: 117009

The Economic Disclosure Statement referenced above has been electronically filed with the City. Please provide a copy of this Certificate of Filing to your city contact with other required documents pertaining to the Matter. For additional guidance as to when to provide this Certificate and other required documents, please follow instructions provided to you about the Matter or consult with your City contact.

A copy of the EDS may be viewed and printed by visiting http://webapps1.cityofchicago.org/EDSWeb and entering the EDS number into the EDS Search. Prior to contract award, the filing is accessible online only to the disclosing party and the City, but is still subject to the Illinois Freedom of Information Act. The filing is visible online to the public after contract award.